



THE ROLE OF UNITED NATIONS CHILDREN'S FUND (UNICEF) IN HEALTH AND GENDER EQUALITY MANAGEMENT WITHIN NIGERIA

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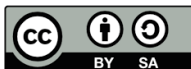
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The challenges of societal building have become multidimensional, therefore demanding the domestic and international support of intergovernmental organisations like the United Nations Children's Fund (UNICEF). The International organisation was initially founded as the United Nations International Children's Emergency Fund in 1946 when it started operations, but it changed its name in 1953 while retaining its original acronym. UNICEF's role in the development of societies cannot be neglected. The international organisation has continually supported the development of education and various areas of children's health needs, as well as fundamental human rights, in different parts of the globe. This study focused on the role of UNICEF in the management of children's health needs in Nigeria. It used secondary published materials to present the ongoing role of UNICEF in promoting a culture of health among Nigerian children across different parts of the country. It also found that UNICEF is instrumental in promoting children's health management in Nigerian schools. The paper recommends increased management of children's health needs and promotion of children's rights and privileges in Nigeria.

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1. INTRODUCTION

UNICEF, as an international organisation, believes that the protection, management, and provision of children's needs are crucial to the survival of the human race and to well-being. Consequently, in October 1953, the organization was elevated to a permanent branch of the United Nations system with an international mandate to address the pressing needs of children in different parts of the globe, especially in education and health.¹ Thus, over the years, UNICEF began to focus on the hungry, sick, ill-fed, illiterate, and destitute children in different parts of the globe, therefore transforming UNICEF into an organisation for human child development. They began to assist and help societies, states, and nations in many areas of human existential challenges. They focused on creating domestic, national, and international environments that provided direct health services, sanitation, and basic education to children worldwide.

To address the health needs of children around the globe, UNICEF has formed partnerships with national governments, regional and continental organisations, and other international agencies, especially those under the United Nations, to improve children's healthcare. The UNICEF partnership with the World Health Organization (WHO) aims to address the health needs of children worldwide. UNICEF also has an alliance with the Food and Agriculture Organization (FAO) aimed at addressing the nutritional needs of children worldwide, which translates into transforming their allied health needs. UNICEF also works closely with the United Nations Educational, Scientific and Cultural Organization (UNESCO) to address children's educational needs. At the same time, the United Nations' Bureau of Social Affairs was a close partner of UNICEF in addressing children's social welfare needs.²

It could be argued that a healthy population is vital to societal, national, and international development and global transformations, as it is a strong asset for the all-round development of human societies. Unfortunately, the

¹ Kelechi Johnmary Ani, 'The Role of UNICEF in the Educational Development of Federal Capital Territory Abuja, Nigeria' (2015) 6(12) *Journal of Educational and Learning Technology* 1385.

² Kelechi Johnmary Ani, 'The Role of UNICEF' 1385.

status of medical and healthcare provision in Nigeria is at a global low level, especially when analysed in relation to access and the quality of healthcare vis-à-vis the security of human populations across the length and breadth of the country. While all age brackets of the Nigerian state are poorly managed in terms of responsive health and quality health provision, it could be argued that the dependency nature of children has made them face more health risks in the Nigerian state, where children of all ages are progressively kidnapped by terrorists and killed in their numbers when their ransom requests are not met.

Many children in the Nigerian state die of avoidable and minimal health challenges due to poverty, government failure to provide basic health needs of the Nigerian state, and the threats of other forms of diseases. The reality in Nigeria is that inadequate medical care, sanitation, environmental health management, and poor nutrition increase infant and child mortality rates across the Nigerian state. It is needless to say that hundreds of Nigerian children die from malnutrition, while others perish from curable and preventable diseases, including intestinal diseases, infectious diseases, and parasitic diseases. Diarrhea, diphtheria, whooping cough, and polio have sentenced thousands of Nigerian children to death, disability, and blindness, as well as have successfully made others mentally challenged.³ UNICEF promotes good health based on two basic principles:

- a. Every child is entitled to enjoy good health, protection from disease and proper medical care for survival, personal growth and development.
- b. No child should be deprived of their right to health care services, which implies that government should ensure primary health care facilities are available in every local government area and that these centres have the necessary trained personnel and drugs to treat common illnesses⁴.

UNICEF Nigeria has in the past supported the development of the National HIV/AIDS Education Sector Plan as well as the integration of

³ Ibid

⁴ Ibid; Nusirat Bola Salaudeen, 'UNICEF and the Rights of Children: Nigeria's Perspective' (MA thesis, Ahmadu Bello University 2005) 9.

Family Life education as well as HIV/AIDS education into the regular school curriculum⁵.

UNICEF, through its health education, raised the handwashing campaign to a new global level in Nigeria by conducting sensitization programs in schools and communities on Global Handwashing Day in the Federal Capital Territory, Abuja. Within that campaign, UNICEF taught Nigerian children from different ethnic groups that they can save their lives and that of their friends by washing their hands before eating and after using the toilet. UNICEF has engaged in teaching nutrition and home economics, as well as HIV/AIDS education, which are fundamental to the sustenance of the good health of Nigerian children. The increasing threat of HIV/AIDS epidemic on the national, regional, and global lives of humanity has reached near pandemic levels. Thousands of Nigerian children have died of AIDS-related diseases⁶. The case of the increasing death of children who were infected with the illness through mother-to-child transmission has become the most pathetic form of this national challenge.

Perhaps the most tragic victims are the 2.7 million children under the age of 15 who are HIV positive. A total of 580,000 of them died in 2001, and were sadly replaced by 800,000 new cases. Other children will fall victim to AIDS in a different way... The UN estimates that by the end of the decade, well over 10 million children will lose their mothers to AIDS. As one WHO physician explains the grim logic, "As more women die of AIDS, the number of orphans will rise exponentially"⁷.

This study is divided into five sections. The first section is the study's introduction. It documented the background to the study. It was followed by a literature review on UNICEF Nigeria and gender equality, which concluded with the gap in the literature and the significance of the study. The next section of the study presented a detailed analysis of how UNICEF Nigeria promoted the health of school-age children across

⁵ Kelechi Johnmary Ani, 'The Role of UNICEF' 1385.

⁶ Ibid

⁷ See *New York Times* (28 November 1996) A10; Kelechi Johnmary Ani, 'The Role of UNICEF' 1385.

multiple environments in the country. That section gave way to the section on the implications of UNICEF's activities for sustainable development in Nigeria. It is widely known that every country pursues the quest to promote its development in a bid to attain sustainable development. The last section, which presented the study's conclusion and recommendations, was documented to wrap up the study. Thus, we wish to introduce you to the second section of the study, which presents the academic literature on UNICEF sourced from various academic platforms. The relevant sections were extracted and presented in the section that follows. These literature sections include scholarly citations from published books, academic journal articles and publications, as well as other documentary sources that advanced the study's theme.

2. LITERATURE REVIEW ON UNICEF AND GENDER EQUALITY

In September 2000, 188 Heads of State from around the world met, signed the Millennium Declaration, and established the Millennium Development Goals (MDGs). Those goals have several sections that capture the focal areas of UNICEF activities. While most goals aim to achieve significant progress in development by 2015, one of the goals was to be achieved by 2005 – gender parity in primary and secondary education”⁸. The quest for gender parity in different parts of the globe, especially Nigeria, is progressively undermined by the culture, religion, and age-long practices of the people. Despite several efforts to increase enrolment and reduce the gender gap, access to education has still declined, with the overall proportion of girls’ enrolment in schools in Nigeria remaining a challenge for UNICEF Nigeria. The scenario is worsened by the fact that some of the unlettered children end up going into child labour, child marriage, and other forms of vices that undermine their overall health. Research findings indicate that where schooling opportunities exist for girls, their participation significantly lags behind that of boys by 20 percent at the primary level and drops further at the secondary and tertiary

⁸ AA Jekayinfa, 'The Roles of United Nations Children’s Fund (UNICEF) in Revitalizing Girls’ Education in Nigeria' (2006) 2(1) *African Journal of Historical Sciences in Education*.

levels 9. This disparity in children's education levels undermines their ability to assimilate the best of health culture.

“In many countries, boys get better health care and better food than girls due to the preference for male children by many Nigerian parents. This preference is largely connected to the preservation of the family name and the transmission of family inheritance, which largely empowers men to provide for and manage their health needs more than women. As a result, an estimated 1 million girls die each year because they are born female”¹⁰. Carol Bellamy wrote that “among children not attending school, there are twice as many girls as boys, and among illiterate adults, there are twice as many women as men”¹¹. “The relationship between illiteracy and poor health culture is widely known, as illiterates tend to mismanage their health and expose their lives to multiple health hazards. Gender imbalance between boys and girls in favour of boys is a common feature of enrolment trends in educational institutions in many countries in Sub-Saharan Africa”¹². Unfortunately, girls in Nigerian society are progressively suffering under the yoke of age-long inequality in knowledge, resource access, etc which undermines the overall quality of their health. “Inequality exists in Nigeria in political, social and educational spheres, and the girl children are being discriminated against based on their gender”¹³. “In Nigeria, nearly seven million school-aged children are not enrolled in school. Some 56 percent of them are girls”¹⁴

It is worth noting that UNICEF previously launched its girl-child education intervention program in 25 countries worldwide, with Nigeria among the selected countries to fast-track the process. The program focuses on intervening in girls' education in states with the lowest enrolment rates to achieve gender parity. This educational empowerment

¹⁰ *Hartford Courant* (17 December 1992) 1. See also John T Rourke, *International Politics on World Stage* (9th edn, McGraw-Hill 2003) 513.

¹¹ Carol Bellamy, *The State of the World's Children* (Oxford University Press 1996) 71.

¹² Joyce Mangvwat and Elizabeth Abama, 'Adult Education for African Women' in Ayodele Fajonyomi and Idowu Biao (eds), *Policy Issues in Adult and Community Education* (Dibal-Sauki Press 2000) 65.

¹³ *Ibid*

¹⁴ Geoffrey Njoku and Samuel Kaalu, 'UNICEF and Partners Launch Girls' Education Initiative in Nigeria' (UNICEF) https://www.unicef.org/infobycountry/media_43620.html accessed 31 December 2010.

can improve girls' access to health care. It would also improve their access to health management resources and the adequate use of health facilities for a better life. UNICEF launched the Nigerian brand of the United Nations Girls' Education Initiative (UNGEI) called Nigerian Girls' Education Initiative (NGEI). UNICEF Nigeria, as a lead agency of the United Nations Girls' Education Initiative (UNGEI), supported the Federal Government of Nigeria in developing the Strategy for Accelerating Girls' Education in Nigeria (SAGEN) in 2003. Consequently, UNICEF began to expand its development partners for girl-child education and the management of their health needs, particularly by improving sanitary practices in many Nigerian schools.

“At the May 27, 2005 Nigeria's Children Day Celebration, leaders called for accelerated progress on girls' education. The theme of the day was ‘Educate the girl child, educate the nation’¹⁵ This theme connotatively explains the procreative abilities of the girl child and its implications for the national health of the country. The Nigerian Girls' Education Initiative (NGEI) was launched by UNICEF in collaboration with the Federal Ministry of Education and other development partners, including the Department for International Development (DFID), the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the United States Agency for International Development (USAID). The UNICEF Deputy Country Representative declared that “providing quality education for all children is a must”, and particular attention should be paid not only to the development of the country, but to fulfil the rights of every child to education¹⁶. Educating girls is among the vital investment that promotes the future development of a country. Dr. Robert Limlim, UNICEF's Deputy Representative, stated that “for Nigeria to achieve the goal of being among the largest 20 economies in the world, it must rapidly educate its children, most of all girls. Educated girls will, in turn, educate their children, provide better health care for their families

¹⁵ Jekayinfa (n 8).

¹⁶ United Nations Girls' Education Initiative, 'Nigeria's Children's Day: Leaders Call for Accelerated Progress on Girls' Education' <http://www.ungei.org/news2005015.htm> accessed 20 October 2010.

and provide their children with adequate nutrition, which has strong implications for the overall health of the masses.”¹⁷

The education of girls is a vital factor in dealing with the root causes of societal poverty and national underdevelopment. An educated girl has the chance of a happy, healthier, and successful future through proper education. Child labour has strong implications for a country's national health. Child Labour is a principal concern to the ILO and UNICEF. This is because it has been estimated “that 13 percent (73 million) of the world's children between the ages of 10 and 13 go to work, not school”¹⁸. This is only a tip of the ugly picture of child labour across the world, which remained an undeniable reality in the Nigerian developmental history. An ILO official has stated that no reliable figures of child labour across nations exist. Today, however, a significant number of child workers under ten years or an even larger number of those in the age bracket of fourteen to fifteen years are found doing all types of humiliating work, which endangers their future health. “If all of these could be counted and if proper account were taken of the domestic work performed full-time by girls, says the official, the total number of child workers around the world today might well be in the hundreds of millions”¹⁹

UNICEF Nigeria has consistently criticized labour abuses of children as it directly undermines their mental health. It was to checkmate these growing labour anomalies that the international community adopted the 1999 agreement known as the Worst Forms of Child Labour Convention. The convention barred countries from inflicting on children any form of compulsory labour similar to slavery. Amongst these ugly forms of child labour are the recruitment of child soldiers, using children for illicit prostitution and trafficking, which has remained a nightmare to Nigeria's national image, and having children work in inherently dangerous conditions. These children are subsequently exposed to multiple forms of health hazards that undermine their adult lives and lead

¹⁷ Ibid

¹⁸ Ibid

¹⁹ International Labour Organization, 'Child Labour Today: Facts and Figures' (Report, Geneva, 10 June 1996) <http://www.ilo.org>.

them to an early grave. “UNICEF and other international organizations, supported by local human rights organizations, have vigorously promoted the right of the children to live and develop their full potential in sound health based on the near-universal signing of the Convention on the Rights of the Child, which includes the right to healthy development”²⁰

UNICEF plays a substantial role in health and gender equality management in Nigeria, primarily through an equity-focused model that integrates child survival, maternal and newborn health, nutrition, immunization, WASH, adolescent girl programming, and girls’ education. Its institutional mandate explicitly links child survival to basic education and gender equality, and its work in Nigeria is generally implemented in partnership with the government rather than as a parallel system. Across the Nigeria-focused literature, UNICEF’s role is described less as direct service delivery alone and more as a mix of policy advocacy, technical support, equity analytics, programme financing, community engagement, and coordination in both development and humanitarian settings.

The literature also shows why this role matters. Nigeria combines severe health inequities with entrenched gender disparities, especially across rural–urban, regional, and wealth lines. EQUIST analyses identify the poorest, rural, and northwestern populations as bearing the heaviest maternal and child mortality burden. Studies on reproductive health, maternal care, immunization, and girls’ education repeatedly trace poor outcomes to restrictive gender norms, weak primary care systems, poverty, early marriage, and low female decision-making power. Within this context, the central question is not whether UNICEF is present, but how effective its presence has been in shifting both health outcomes and the gendered structures that shape them. The evidence suggests clear contributions to equity targeting, immunization strategy, nutrition treatment, WASH access, and girls’ education, but also shows weaker results in sustainability, disability inclusion, structural norm change, and system-wide institutionalization of gender-transformative practice.

²⁰ RC Mishra, *Encyclopaedia of Education: Early Childhood Care and Education*, vol 1 (APH Publishing Corp 2008) 95.

It is important to note that there is currently a gap in the literature, as no existing study examines the role of UNICEF Nigeria in promoting children's health in Nigeria. This study is therefore significant, as it will contribute to the body of literature on the role of international governmental organisations in promoting children's health in sub-Saharan Africa. The next section presents the findings of this study on UNICEF's role in the health of Nigerian children.

3. FINDINGS ON HEALTH MANAGEMENT

The primary idea that has promoted the growth and sustenance of UNICEF throughout the Cold War era was that children were above the political and Cold War divide, a period characterised by multiple health threats due to both wars. The aim of UNICEF, which was to protect children affected by World War II, soon became caught up in its growing role on the world stage. Notwithstanding that the health needs at that time were practically overwhelming, the changing dynamics of the world problem continued to increase demands on UNICEF. Consequently, UNICEF sent aid to children who were ravaged by war in Greece and the Middle East following the creation of the state of Israel.

Among the hungry, sick, ill-fed, illiterate, and destitute children in different parts of the globe, UNICEF became an organisation for human development. They began to help nations assist their children in many areas of human activity. They were creating the environment that provided direct health services, sanitation and basic education to children, as well as assisting in the health and entrepreneurial empowerment of poor mothers.

Unfortunately, the ratification process for the rights of children was not as speedy as envisaged by the coalition of international proponents of the legal instrument. The high-water mark of the child survival and development revolution was the 1990 World Summit for Children, then the largest-ever gathering of Heads of State and Government, including 71 Presidents and Prime Ministers. In all, the representatives of 159 governments committed themselves to the joint

Declaration and Plan of Action on behalf of the world's children.²¹ The meeting showed that global leaders have resolved, at the world's highest political level, to reduce existential challenges facing global children.

Naturally, a healthy population is vital to educational development and Nigeria's economic growth because it is a strong asset for the increasing creative power of the mind, which promotes economic development. In contrast, an unhealthy population poses challenges to educational development and often consumes more of national resources. The fate of children in Nigeria's nation-building process is a key indicator of national development and of children's chances of going to school. In recent years, UNICEF has educated Nigerians on the need to promote personal hygiene. "Healthy and well-nurtured surroundings allow children to resist abuse and avoid exploitation. Caring environments fortify children against harm in the same way that proper nutrition and good health care fortify them against disease"²²

UNICEF taught children that they can save lives by washing their hands before eating and after using the toilet. Dr. Suomi Sakai, Representative of UNICEF in Nigeria, stated that "hand washing is simple, powerful, and everybody can do it. Every time you wash your hands at a restaurant, school, home, and work, you may be saving a life, your own or someone else's. But we have to do it every day of the year, not just the Global Hand Washing Day"²³

UNICEF and the World Health Organization (WHO) joined hands with other national efforts to contain the cholera outbreak in Nigeria and promote sanitation after the death of over 352 people as at August 30, 2010. The staff of UNICEF in Abuja were sent to health care centres in the F. C. T Area Councils and other Local Councils in different states of the federation to urge the citizenry to adopt increased personal hygiene practices to reduce the incidence of cholera. UNICEF Nigeria equally sponsored a media health outreach program on the radio.

²¹ *ibid* 45.

²² Nusirat Bola Salaudeen, 'UNICEF and the Rights of Children: Nigeria's Perspective' (MA thesis, Ahmadu Bello University 2005) 2.

²³ *Ibid*

UNICEF Nigeria soon supported the development of the National HIV/AIDS Education Sector Plan and the integration of Family Life education and HIV/AIDS education into the regular school curriculum. Today, it is not unusual to see HIV/AIDS clubs in secondary schools scattered across different nooks and crannies of the country. UNICEF Nigeria partnered with the National Youth Service Corps (NYSC) to promote HIV/AIDS and Family Life Education. UNICEF-sponsored facilitators trained some NYSC members on the basic knowledge of HIV/AIDS and Family Life Education.

The trained NYSC members automatically form the Anti-HIV/AIDS Community Development Group. Upon accepting this UNICEF-sponsored training, they are subsequently posted to primary and secondary schools to serve. They are expected to establish and/or coordinate the HIV/AIDS and Family Life Clubs in their respective schools as an integral part of their national service program. The club sensitizes the larger student body and the immediate environment on the causes, prevention strategies, and ways of managing HIV/AIDS in society. Student members of the club participate in state, regional, and national competitions, with winners adequately rewarded with cash, HIV/AIDS and Family Life Education kits, and other motivational gifts. At the end of their national service, NYSC members are often given a certificate signed by NYSC officials, UNICEF Country Representatives, and other partners.

UNICEF's health programme in Nigeria provides vital inputs to the National Programme on Immunization (NPI) and ensures an integrated approach to health education and communication. The area UNICEF has focused on is promoting reproductive health education for women and children. They engage in safe motherhood programmes and control river blindness.²⁴ Jacques Boyer, UNICEF Deputy Representative in Nigeria, has stated that “sports can play an important, complementary role in the health and education of children. It is something the Nigerian National School Health Policy recognizes and supports, and UNICEF

²⁴ *ibid* 9.

hopes that parents and caregivers will as well.²⁵ Okon and Anderson²⁸ have shown that education is one of the social institutions that help to transform human communities. It helps societies to achieve their societal building goals and prepares individuals in a society to cross the numerous existential bridges that confront the life of man daily. It helps children to tackle the social, developmental, and other challenges of life.

4. IMPLICATIONS FOR SUSTAINABLE DEVELOPMENT

The health of a nation is stronger when the younger generation is healthier and more productive than when it has an aging population. This could explain UNICEF's choice to promote children's health, which will directly produce positive developmental effects on the country. Consequently, it could be argued that UNICEF's role in health management has strong implications for individual human capital development and, by extension, would transform the dynamics of sustainable development in the country. This is rooted in the fact that only the living and the healthy persons can contribute meaningfully and sustainably to a country's national development. The sick are often bedridden and incapacitated; hence, they would either stay at home in the Nigerian context, praying or taking native drugs, while in most cases, they could find their way to the hospital, where they will be treated with modern health materials. However, it is fundamental to note that when sickness strikes, the individual facing the health challenge is strategically handicapped in making productive developmental contributions, as they focus on bouncing back to good health.

Similarly, development progresses faster when children within a country, or better still, youths, are energetic and healthy; hence, UNICEF's promotion of the health of Nigerian children and youths ensures the protection of their future and provides security for human capital development. It is the overall quality of a country's human capital that can promote and speedily transform the sustainable development of that state. This is what UNICEF Nigeria has focused on. For instance, through its

²⁵ Paul Fedeski and Geoffrey Njoku, 'UNICEF Joins British Council for Nigeria Launch of School Sports Programme Inspired by Olympics' (UNICEF, 2010) https://www.unicef.org/nigeria/media_5506.html accessed 22 December 2010.

²⁸ EE Okon and AI Anderson, *The School and Nigerian Society* (University Press 1982) 23.

informal radio programme, UNICEF Nigeria has promoted health awareness among many Nigerians.

One of the radio audiences, Aishatu, stated that “I learnt while listening to the radio that by boiling your water before drinking, you can protect yourself and family members from contracting cholera disease. We also hear on the radio that we should wash our hands before eating, when we visit the toilet and before preparing meals for our families”²⁷. This radio programme on the health management of society therefore goes beyond improving the health consciousness and healthy living culture of children and youths, considering that radio audiences are not age-specific. Ironically, according to sources from the Federal Government of Nigeria’s 2008 Demographic and Health Survey, “42.6 percent of Nigerians (64 million people) do not have access to an improved source of water, and 68.8 percent (103 million people) do not have access to safe sanitation. An estimated 46.2 million people practice open defecation”²⁸. Thus, UNICEF Nigeria's quest to provide safe drinking water to schoolchildren has broader water security implications for the larger society where the water is provided. A borehole sunk by UNICEF in society A within the Nigerian state will serve many individuals in that society, including those who do not need education. The overall analysis is that the health support from UNICEF Nigeria to school-age children in different Nigerian societies is, by extension, developmental support for their parents, because in the Nigerian state, health insurance does not cover the whole population. Hence, any form of health security from UNICEF for the lives of Nigerian children protects the parents' economy, who would otherwise be under extreme financial pressure to source funds for their children's health management.

²⁷ Samuel Kaalu, 'UNICEF Collaborates with Partners to Fight Cholera Outbreak in Nigeria' (UNICEF, 2010) https://www.unicef.org/nigeria/media_5719.html accessed 21 December 2010.

²⁸ Paula Fedeski and Olaokun Soyinka, 'UNICEF and WHO Join National Efforts to Contain Cholera Outbreak in 11 States' (UNICEF, 2010) https://www.unicef.org/nigeria/media_5647.html accessed 22 December 2010.

5. CONCLUSION AND RECOMMENDATIONS

UNICEF is a reputable international organisation that has worked diligently to promote the rights and welfare of children worldwide. This study has documented their role in promoting children's health and gender-based rights and in providing basic healthcare across different schools in the country. The study found that these UNICEF healthcare initiatives are fundamental to transforming children's rights to good health while enhancing overall peace and security in their societies within the Nigerian state. The head teachers and principals responsible for managing basic education in the country also need to advance the culture of protecting institutional facilities. This is because we live in a country where individuals, groups, and government workers sometimes neglect institutional or government facilities, thereby exposing them to rapid deterioration and destruction that undermine their efficient use by the wider citizenry.

The study also recommends increased national and international support towards the welfare of Nigerian children. This has become imperative considering the multiple challenges undermining the welfare, rights, and privileges of Nigerian children. The government can extend its health insurance policy to cover all Nigerian children, both those within and those outside educational institutions. This has become imperative because many Nigerian children from poor backgrounds have been sentenced to an eternity due to the challenge of extreme poverty that their parents live in. Several Nigerian children have died due to their parents' lack of finances to buy even the least of medications for the treatment of widespread malaria and many other common but basic illnesses that are widespread within the Nigerian state, and that is very unfortunate. It should be noted that the government is not doing enough to extend health facilities to rural societies, especially those in isolated areas, and the implication is the crisis of child mortality within the country. The situation of Nigerian children in relation to their health needs calls for private-sector support. There is a need for pharmaceutical and other health institutions to join hands in providing basic health facilities across different school locations. The wealthy politicians in different villages also need to provide more health facilities in the schools in their areas. That has

become imperative as it will serve as their own way of giving back to their societies that have often supported them in their political quest.