
COLLABORATION AND THE PROVISION OF CHILD HEALTH CARE SERVICE IN INTERNALLY DISPLACED PERSONS CAMPS IN MAIDUGURI, BORNO STATE, NIGERIA

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ABSTRACT: *The Boko Haram Terrorism has led to the displacement of a lot of people in Borno State. Majority of those displaced are children and are leaving in Maiduguri, the Borno State Capital. These children are mostly affected especially their health status. The need for the provision of effective health services for them cannot be over emphasized and this can be facilitated through collaboration among agencies. This study therefore, guided by the obligatory humanistic theory, assesses the impact of collaboration among agencies on the provision of healthcare for Children in Internally Displaced Persons (IDPs) camps in Borno State. The study was conducted in the eleven (11) official camps in Maiduguri. The study employed both qualitative and quantitative techniques in generating data. In the case of primary data, questionnaire were administered to government officials, Interview conducted with NGOs, and Focus Group Discussion was conducted with IDPs, while the secondary data were official records from Borno both descriptive and inferential statistics were used for analysis of the data obtained. The study found out there was agreement among the respondents that their health status of children in the camp has improved. There are health facilities in all the camps in Maiduguri which is maintained by both government health officials and NGOs. These agencies are saddled with the responsibilities of provision of qualitative child health care services and the services are collaboratively provided. There are consistent immunization services for the children by both the government and the NGOs. The total number of successful deliveries in the camps from 2014 to 2017 was 19097. This success was owing to qualitative antenatal care services. The study concludes that collaboration has been effective in the provision of healthcare needs of pediatrics in IDPs camps in Maiduguri. The study, therefore, recommends among others that agencies should work out a modality to ensuring that such facilities are provided in their return and reintegration efforts.*

KEYWORDS: *Borno, Children, Collaboration, Health Care, Internally Displaced Persons*

INTRODUCTION

Nigeria has one of the highest numbers of displaced persons in Africa as at 2016 and accounts for about 15 million internally displaced by conflict and generalised violence (Bilak et al, 2016). This does not include internal displacement induced by development projects that are regulated by states. Between July and October 2012, National Emergency Management Agency (NEMA) (2013) estimated that a total of 7.7 million people were affected by inter-communal conflicts and flooding across the federation. Out of the affected population 2.1 million people were internally displaced (IDPs) as a result of terrorist activities. Boko Haram terrorist group have been killing people and destroying homes, leading to the exodus of millions of internally-displaced persons

who have turned Maiduguri into a congested capital. There are over 1.5 million IDPs that are displaced from about 18 local government areas of Borno state who were forced to leave the comfort of their homes to take refuge in the state capital as IDPs. NEMA (2013) reports that Boko Haram terrorists had forced residents of various communities in Borno State to take refuge in Maiduguri, Adamawa, Bauchi, Gombe, Taraba, Bauchi, Yobe and Abuja, but as at July 2016, about 1.5 million IDPs are being camped in various public school premises, newly-completed but yet-to-be-commissioned housing estates, as well as among host communities in Maiduguri..

Borno State is worst affected in the North eastern region of Nigeria by terrorist activities, hence it has the largest number of IDPs. There are about one million five hundred internally displaced persons in the state (Sidi, 2015). These IDPs live in easily identifiable camps; others seek shelter in spontaneously created camps or in churches, schools, and other public building, while others move into the homes of family or relatives in Maiduguri, the state capital. The federal government and indeed Borno State government lack the capacity to offer protection to all the displaced persons. The available health facilities and personnel in the state are not sufficient to cater for the health needs of IDPs and the capacity by the state government to provide health services to all the IDPs is lacking. Non-Governmental Organization (NGOs) is available in Maiduguri to assist the government in the management of IDPs.

The need for child health care service in the camp is quintessential because of their vulnerability to ailment. Pediatric services must necessarily include the provision of immunization and antenatal care for the displaced. This is to ensure that child killer diseases are eliminated from the camps. The extent to which government and NGOs have provided health services to IDPs in Maiduguri has not been documented, hence, the need for this study. The research question was raised to guide this paper.

i. Has the intervention of Agencies enhanced the provision of child care in IDP camps in Maiduguri?

The paper also set out to test the hypothesis that states that;

HO₁ Collaboration among agencies has not significantly reduced the outbreak of child killer diseases in among IDP Children in Borno state.

LITERATURE REVIEW

Children as IDPs, on account of their young age are more exposed to the difficulties and risks associated with displacements (Shahid, 2014). Their health is mostly addressed in perspective of reproductive health, malnutrition and immunization programs and their psychological needs remains mostly a neglected area. During internal displacement, population bearing the brunt of health-related inadequacies is people in young age (Shahid, 2014). The highest morbidity levels in elderly are caused by bad environmental conditions which further exacerbated due to non-availability of appropriate healthcare facilities provided by the responsible agencies. The health challenges of the IDPs calling for the systematised approach in response vary.

Central to all the frameworks or principles on the management of IDPs is the health of IDP children, which is a key component of humanitarian assistance and a priority in the management

of their well-being. The health needs of the displaced persons are so important that it is regarded as a separate indicator for their management, which is partly touched when discussing on their quality of lives. IDPs children should enjoy access to health services equivalent to that of the host population, while everyone has the right under international law to the highest standards of physical and mental health. Government and NGOs plan their child health care interventions based on needs, risks and vulnerabilities, which are determined as part of an inter-agency assessment by a competent health and nutrition partners to secure these children. There are so many health challenges confronting the IDP Children which ranges from malaria, malnutrition, measles, diarrhea, respiratory tract infections, maternal and child mortality, and HIV/AIDs.

One of the greatest challenged to meeting the healthcare needs of IDP children is the lack of coordination among agencies saddled with the responsibilities of providing humanitarian assistance to the IDPs (Mampaa & Ifatimehin, 2018). ECHO (2006) reported that basic humanitarian needs in form of health care are not systematical addressed in camps in northern Uganda. However, where there is collaboration among agencies, the health challenges of the IDPs are usually mitigated. For example, a report by ACAPS (2014), showed that 40% of the outbreak of cholera in Maiduguri were reported to be from IDP camps, this percentage decreased significantly due to the medical intervention by Medicine Sans Frontiers (MSF) and state ministry of health. The agency collaboration as required by the Guiding principles, Kampala convention and National Policy on IDPs are a sure means of improving the health status of IDPs.

Similarly, internally displaced frequently suffer the highest mortality rates in humanitarian emergencies. In Uganda, the HIV/AIDS rate among the internally displaced is six times higher than in the general population. The government has failed to control the spread of the disease among camps in Uganda, and little was done by the non-governmental organisations to stop the spreading (The Monitor, 2005). The result of the dismal failure by both government agencies and NGOs led to the high prevalence rate of HIV/AIDS among the IDPs, hence an ineffective health status of the IDPs.

Obligatory Humanistic Theory

Within anthropology and normative public administration, the origin of moral obligation in the assistance of others can be traced to the work of Carolyn Pope Edwards (1985) and Ronald Cohen (1989). In the first instance, Edwards (1985) creatively addressed the issue of ethical discourse. Couched within a discussion of ethical relativism, the author stressed the importance of understanding and comparing discourses associated with rights and morals. The author also was interested in the research methodologies that might be employed in assessing these. One key issue is the author's cogent statement of the following, 'Ethical discourse' can be defined as a string of...arguments containing 'moral statements' (statements about *what* actions or attitudes are obligatory or virtuous) and/or 'ethical statements' (statements about *why* those actions or attitudes are morally right or wrong)". In the second instance, Cohen (1989) built his argument upon considerations of human rights and cross-cultural variations in their interpretation. It is irrelevant to assert and defend simplistic polarities of relativism versus universal moral imperatives the answer to such questions [of what works and what should be done helping others] lies out in the hurly-burly amid the blooming, buzzing confusion of real-world experience, where rights or a

sense of what is just and fair emerge. Both these authors stressed early-on that the use of empirical, case-based data is essential. This theory is relevant to this study in so many regards. In the first instance, when situated within the context of this study, the management of IDPs in Borno state requires economic, cultural, ethnic, psycho-social, and geopolitical boundary crossing in two regards. First, the prevailing security situation in Maiduguri is such that agencies in the management of IDPs most especially, for the NGOs most especially will not strive, however, the situation is different as both the government and NGOs have maintained contacts despite difference in culture, language, and geographical locations, with IDPs both in camp and outside camps in Maiduguri. In the other instance, the financial commitment to people in need, buttress the point that the theory is simply in the right direction as far the study is concerned.

A key component of the theory that makes it more relevant to this study is that it sees the management of the vulnerable as more of a right than a privilege. Humanitarianism is equated to human right in this study. The main element of a human right within the prism of this study as they affect the IDPs include; Attention to needs and rights of vulnerable groups, freedom of discrimination through consultation, participation, accountability, human right consistencies and progressive realisation. The main effect of human rights within the context of Humanistic Theory is that it re-frames the basic needs rights. In other words, satisfying the needs of the IDPs and ensuring their safe return is regarded not merely assistance, but as a question of social justice and concrete government and networks of NGOs' obligations. The theory sees the management of IDPs not as a privilege but as a fundamental human right. Meaning that it is legally sanctioned that every IDP has the right to access to protection from abuse, quality of life, health care, and access to education. Therefore policymakers owe it a duty to ensure that they fulfill the constitutional obligation of protecting human rights which is contrary to a violation of the law.

Another key assumption that makes the theory more relevant is in the aspect of the moral framework as it relates to the “should, would and could” paradigm for which all the organisations in the management of IDPs are guided by accordingly. At the “should” level, both the government and the NGOs are obligated to act not necessarily because the law requires them to both because it is expected that they should act in support of the vulnerable. However, what is more, important is what the organisation could do. At the more practical level, the moral imperative to help the structurally dispossessed and functionally abused is critical to this theory. This assumption place more emphasis on the management of IDPs as a moral obligation than rights. The moral imperative to assist others has been codified in The Guiding Principle which translated in the Kampala Convention and National Policy on IDPs that obligated both the Government and NGOs to manage IDPs.

Equally, the theory is more relevant to the study because it calls for the assessment of the needs of the IDPs and not just assumed needs of vulnerable. A key aspect of protection mainstreaming is that the IDPs are involved in their management. The assistance given to them must be what they want and not what is assumed for them to want. This aspect will be used to validate this theory in the cause of the study. To facilitate the empowerment of the vulnerable, their managers must recognise the needs to assess their needs and make provision accordingly.

Finally, this theory is relevant to this study because of the requirement of inter-agency collaboration. There must be a web of humanitarian actors synergising to avoid repetition and waste to enhance the capacity of the IDPs. In the context of limited resources and a finite amount of infrastructure, understanding who has the capacity and the willingness to perform which tasks enables greater efficiency in resource distribution. In this regard, government and NGOs have been working together to ameliorate the plight of the displaced persons in camps and host in Maiduguri, Borno state.

METHODOLOGY

The study was conducted in eight official camps and three un-official camps. The study utilized primary source of data. The primary source was obtained through structured questionnaire and interview. The population of the study comprises of governmental official, NGOs, and IDPs. The first category of the population consists of a staff of NEMA, Borno SEMA, the staff of Ministries of health, and education, security personnel and civilian JTF totaling 1,973. The second category of the population is 45 NGOs in Maiduguri. The last category of the population consists of 64,065 adult registered IDPs living in official camp; and 34,642 living in unofficial camp. The total population of IDPs as at the time of data collection was 98,707 (August 2017). The total population of the study is 100,695 (SEMA, 2017). However, it is important to note that camp setting is dynamics.

The sample size of the study is 747; comprising of 333 officials of government agencies (obtained using Yamane Formula), 398 IDPs (obtained using Yamane Formula) and 16 NGOs (purposively obtained). A multistage sampling technique was adopted to select the sample. Simple random sampling technique and proportionate sampling techniques were applied to select 333 government officials of camps (both official and unofficial). Purposive sampling technique was used to select All NGOs that have been in Maiduguri since 2014 whose core competencies are within the scope of this study. Convenient and proportionate sampling technique was used to select 398 IDPs based on the local government and camp location. Cells for the Focus Group Discussions were constituted as follows. A group of 7 members was constituted as a cell, however, where the group number is less than 7 it was considered as a group. The selection of the IDPs for each of the groups was done conveniently while taken note of their demographic characteristics. A total of 60 groups were selected for the Focus Group Discussion (FGD).

The study is a survey research and data was collected using four major instruments; Questionnaire, interview, focus group discussion, and participatory observation. The questionnaire was distributed to camp officials (government agencies); the interview was conducted with non-governmental organisations, while Focus Group Discussion was conducted with the IDPs. The data collected in this study was analyzed by both descriptive and inferential statistics.

Presentation of Data

The IDPs are usually confronted by barriers to access health care and it is the responsibility of the managers to remove these barriers. The researcher sought to know from the respondents whether inter-agency collaboration has removed the primary obstacle in accessing health care for many IDPs such as lack of resources, including paying of transport to the nearest facilities. The study also sought to know whether child care and ante-natal services is adequately enhanced by functional coordination among agencies.

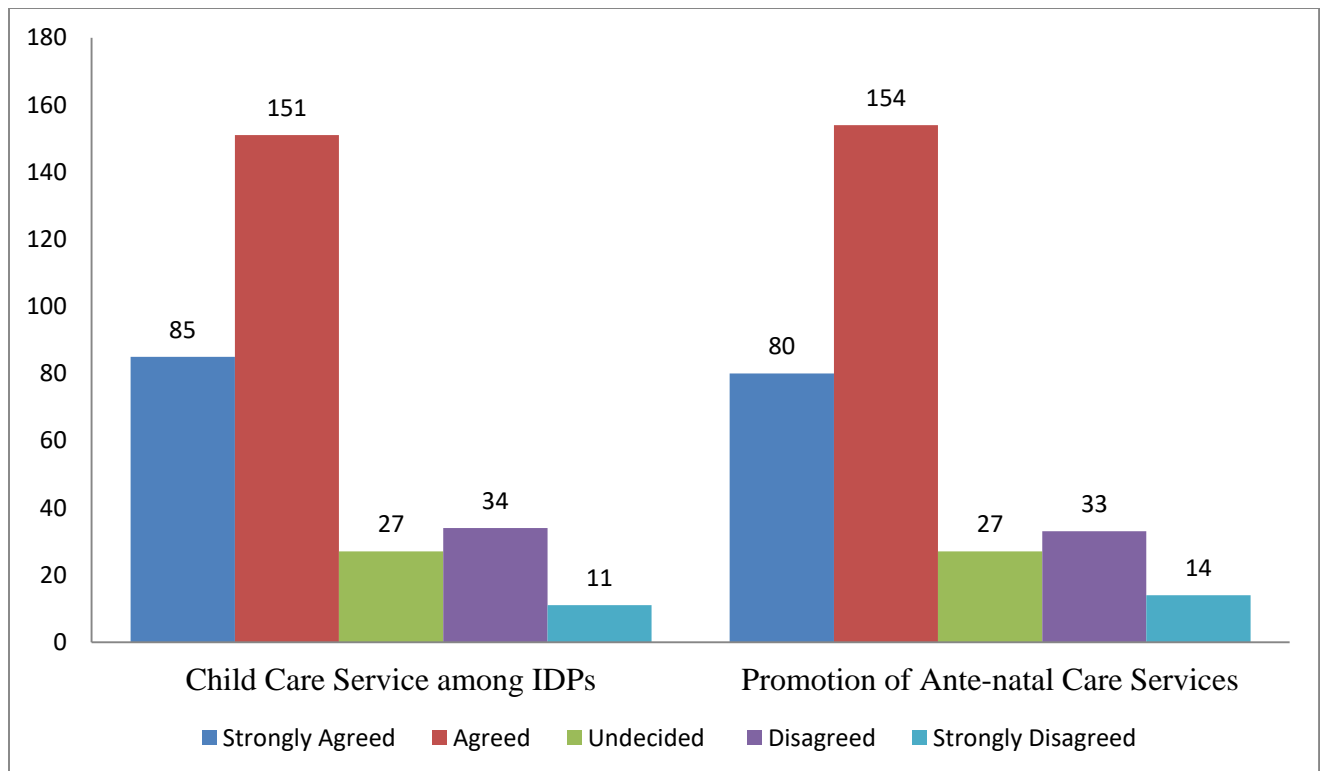


Figure 1: Child Healthcare Services for IDPs

Source: Field Survey, 2017

Figure 1 shows the effort of collaboration in the provision of childcare services to IDPs in Borno state. It also shows that 85(28%) and 151(49%) strongly agreed and agreed respectively that child care services is adequately enhanced by functional coordination among agencies. However, the figure shows that 34(11%) and 11(4%) disagreed and strongly disagreed respectively that child care services is adequately enhanced by functional coordination among agencies. Analysis of the figure revealed that child care services are adequately enhanced by functional coordination among agencies. The implication of the finding is that there is functional collaboration among agencies in the provision of child care services in the camps which has helped improved the health status of the children.

Furthermore, the figure shows the relationship between agency collaboration and the provision of antenatal care services in the camps. The study reveals that 80(26%) and 154(50%) strongly agreed

and agreed respectively that there is coordination among agencies in terms of provision of antenatal care services. The figure also shows that 33(11%) and 14(5%) disagreed and strongly disagreed respectively that there is coordination among agencies in terms of provision of antenatal care services. The inference from the figure showed that there is strong coordination among agencies in terms of provision of antenatal care services. Plate 5.3 shows collaboration between the government and NGOs in the provision of reproductive health center in Bakassi Camp. The implication of the result is that most of the IDP women have access to antenatal care in their various camps.



Plate 1: Health Center at Bakassi Camp

Source: Field Survey, 2017

Plate 1 shows a health center in Bakassi camp Clinic B. the center is provided by the Borno state Government and supported by International Rescue Committee. The clinic offers primarily maternal and child care services.

Interview 1: Improving the Quality of Pediatric Services

The finding of the interview reveals that in each of the official camps, there is the presence of both government health officials and NGOs providing child care services. However, only the presence of NGOs is recorded in un-official camps most especially UNICEF. There is a high level of collaboration among agencies in catering for the healthcare needs of the children. Collaboration occurs at the level of referrals from clinics maintained by NGOs to state specialist hospital, Umaru Shehu Ultra model hospital and the University of Maiduguri Teaching Hospital. The interview further revealed that MSF has established a hospital with facilities likened to that of secondary level of care, which is also referred by lower clinics in each of the camps. The inference from the interview showed that there is a high level of coordination among agencies in the provision of childcare services in camps in Maiduguri, Borno state. The implication of the finding is that there is functional coordination in childcare services which has improved the health status of IDPs children.

Table 1: No. of Child Birth in the camps

| S/No. | Location | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | Total |
|-------|------------------|------|------|------|------|------|------|-------|
| 1. | NYSC | - | - | 142 | 201 | 91 | 171 | 2906 |
| 2. | Bakassi | - | - | - | 341 | 291 | 391 | 2414 |
| 3. | Dalori I | - | - | - | 307 | 403 | 472 | 2872 |
| 4. | Dalori II | - | - | - | 91 | 182 | 141 | 1214 |
| 5. | Teachers Village | - | - | 101 | 147 | 107 | 142 | 1837 |
| 6. | Gubio Road | - | - | 47 | 82 | 117 | 170 | 2619 |
| 7. | EYN | - | - | 21 | 41 | 19 | 47 | 432 |
| 8. | Madinatu League | - | - | - | 101 | 142 | 191 | 1846 |
| 9. | Farm center | - | - | - | 109 | 171 | 107 | 1825 |
| 10. | Saint Hillary | - | - | - | 18 | 31 | 24 | 73 |
| 11. | Garba Buzu | - | - | 102 | 87 | 181 | 204 | 1059 |
| | Total | - | - | 1240 | 4061 | 6441 | 7355 | 19097 |

Source: UNICEF, 2018

Table 1 validates Interview 1 and indicates the number of child birth in the camps. The highest number of child birth is recorded in Dalori Camp I with 2872 while the least is in Saint Hillary 73. Socio-cultural and religious factors could be used to explain this variation. Year 2017 has the highest number of child birth with 7355 while the least was in 2014 with 1240. The total number of child birth from 2014 to 2017 is 19097. The number of child birth when compared with the number of maternal death showed that there are less than 5 deaths in 1000 child birth, which is good figure when compared to the national figure of 43 deaths per 1000 child birth.

Interview 2: Promoting Antenatal care Services

The interviewee pointed out that in each of the clinics in the camp (both official and un-official) there is special unit dedicated to the provision of antenatal care services to pregnant women. All the necessary services are provided to the woman in the clinics. When asked if this done by different agencies, the interviewees were unanimous in saying that each of the NGOs maintains their individual clinics but collaborate whenever the need arises. Pregnant women are attended to by qualified health personnel provided by the respective agencies. According to the interviewee's government health officials are only found in official camps which equally enjoy the presence of NGOs, however, only NGOs provides antenatal services to pregnant women. The inference from the interview showed that there is coordination among agencies in the provision of antenatal care in official camps which is lacking in un-official camp. The implication of the finding is that IDPs in official camps receives more attention than those in unofficial camps. However, antenatal care services are adequate in the two types of camps.

FGD 1: Childcare Service in IDP Camps

During displacement, the worst affected groups are the children, therefore the study enquired to know from the participant whether child care services are adequately enhanced for in the camp among agencies. This is with the view to knowing if agencies collaborate to meet the healthcare needs of the children in camps in Borno state.

The finding of the discussions shows that 398 (100%) of the IDPs agreed that child care services are provided in the camps. The participants pointed out that the child care services provided by the clinics in the camps are very effective as they normally get well after going there. There are consistent immunization services of the children by both the government and the NGOs. However, in Madinatu league, the finding shows that the populations of the IDP children outweigh the facilities and personnel of the clinic. The inference from the discussion suggested that child care services are adequately provided by both the government and NGOs in official camps and only the NGOs in un-official camps as seen by the opinion of the majority. The implication of the finding is that there is a strong collaboration by agencies in meeting the healthcare needs of the IDPs in Borno state.

FGD 2: Provision of Natal Care Services in the Camp

The study enquired to know from the respondent whether there is natal care in the clinics in the camps. The essence of which is to know if the services are rendered by all the agencies of government. The finding of the discussion shows that in all the clinics in the camp there are good services for pregnant and lactating women provided by the agencies responsible for the management of the healthcare needs of female IDPs. The participants were highly impressed with the nature of the services with 398 (100%) pointing out that natal services are adequately provided. According to a respondent in NYSC camp is that the services for women are good that they have never considered the option of traditional birth attendants. In Dalori camp II the IDPs pointed out that the clinic is for the child and natal care. A lot of women have given birth to children in the camp and it has always been successful. It is only in Bakassi and Farm center that they have had an incidence of women dying as a result of childbirth and it is believed that destiny has it they that will die and not as a result of poor natal services. The clinical services include ante-natal, delivery

and postnatal care. It is important to note that according to the IDPs that it is UNICEF (all camp) and Medicine du Mondu (Garba Buzu Quarters) that provide this service. The inference from the finding showed that there is an effective natal service provided by only the NGOs in un-official camp while both the government and NGOs offer such services to official camps.

Test of Hypothesis

HO₃ Inter-agency collaboration has not significantly reduced the outbreak of disease among IDP Children in Borno state.

Table 2: Inter-agency collaboration and Outbreak of among Disease

| Responses | Government Agencies | NGOs | IDPs | Total |
|---------------------------|---------------------|------|------|-------|
| Strongly agreed | 111 | 3 | 172 | 286 |
| Agreed | 117 | 1 | 148 | 266 |
| Undecided | 24 | 0 | 24 | 48 |
| Disagreed | 43 | 0 | 30 | 73 |
| Strongly disagreed | 13 | 0 | 24 | 37 |
| Total | 308 | 4 | 398 | 710 |

Source: Field Survey, 2017

Table 2 is the contingency table which brings together responses of the officials of government, NGOs, and IDPs.

Table 3: ANOVA Summary on Collaboration and Outbreak of Disease

| Source of variation | Sums of Square | DF | Means of squares | F | P |
|-------------------------|----------------|----|------------------|------|--------|
| B/W_{ss} | 13633.2 | 2 | 3408.3 | 1.01 | < 0.05 |
| W_{ss} | 33684.5 | 12 | 3358.45 | | |
| T_{ss} | 47317.7 | 14 | | | |

Source: Field Survey, 2017

Decision: The calculated value is 1.01 while the critical (table) value 3.88. Therefore the calculated value is less than the table value so the null hypothesis is accepted and concludes that inter-agency collaboration has not significantly reduced the outbreak of disease among IDPs in Borno state. The implication of the findings is that it was not a collaboration that stopped the outbreak of diseases among IDPs but the individual efforts of the various agencies.

DISCUSSIONS OF MAJOR FINDINGS

Children and unaccompanied minors are vulnerable groups. The healthcare need of children is enormous and hence article 9.2.c, of Kampala convention (2009) and Section on the Right of IDP Children (f), of National Policy on IDPs (2012) pointed out internally displaced children shall be entitled to good medical care and immunization against diseases that may cause death, retard their growth or affect their general well-being. The study hence examined the adequacy of childcare services enhanced by collaboration among agencies in Borno state. The study found out from the response of the government officials in figure 1 with 179(58%) pointing out that child care services are adequately enhanced by functional coordination among agencies. This is supported by the response of NGOs in interview 1 that there is a high level of coordination among agencies in the

provision of childcare services in camps in Maiduguri, Borno state. Furthermore, the responses of the IDPs in FGD 1 with 398 (100%) suggested that child care services are adequately provided by both the government and NGOs in official camps. However, only the NGOs provide child care services to IDPs in un-official camps in Maiduguri. Shahid, (2014) points out that health of IDPs is mostly addressed in perspective of reproductive health, malnutrition and immunization programs and their psychological needs remains mostly a neglected area. This presupposes that the finding of Shahid (2014) is not in agreement with this study given that child care services are adequately provided to the IDPs by the government and NGOs and there is no synergy in this effort, given rising to the huge success recorded. Shahid (2014) also support the finding of Shahid (2014) that children were affected the most during displacement by infections and diseases among many age groups while women in reproductive ages suffered more due to reproductive health issues as compared to men. The rate of mortality was also much higher among children and pregnant women as compared to other age groups in this study due to inappropriateness and irregularity of healthcare facilities. This study, therefore establishes that synergy among agencies has enhanced the provision of children healthcare services among IDPs in both official and unofficial camps.

Equally important to note is that women have given birth while fleeing and without access to natal healthcare. Now that these women are settled in camps attention must be given to the healthcare needs especially in northeast Nigeria where reproduction is high. According to Principle 19(2) of the UN Guiding principle (1998), special attention should be paid to the health needs of the children and women, including access to female health care providers and services, such as reproductive health care. The study found out from the response of government officials in figure 1 with 234 (76%) that there is strong coordination among agencies in terms of provision of functional antenatal care services. The response of NGOs corroborates that of government in interview 2 showed that there is coordination among agencies in the provision of antenatal care in official camps. However, their response differed in the sense that it pointed out that only the NGOs provided natal healthcare services to IDPs in un-official camp. The responses of the IDPs corroborates the finding of NGOs in the sense that in FGD 2 the study found out that there is an effective natal service provided by only the NGOs in un-official camp while both the government and NGOs offer such services to official camps. The total number of child birth from 2014 to 2017 is 19097. The number of child birth when compared with the number of maternal death showed that there are less than 5 deaths in 1000 child birth, which is good figure when compared to the national figure of 43 deaths per 1000 child birth (Table 1). This in addition, validates the finding above. There is a sharp contradiction of this work with the finding of the studies of Shahid (2014) and UNHCR (2007) where they posit that existing camp facilities, including for health services, are not sufficient to meet the needs of the displaced people including pregnant women.

CONCLUSIONS AND RECOMMENDATION

The study concludes that Child care services are adequately enhanced by functional coordination among agencies. The activities of the humanitarian agencies have ensured unfettered access to child healthcare service by the IDPs in Borno state. The study, therefore, recommends that agencies should work out a modality to ensuring that child health facilities are provided in their

return and reintegration efforts. Moreover, the referral systems for child care must be strengthened so as to cater for major health challenges that might confront the children.

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