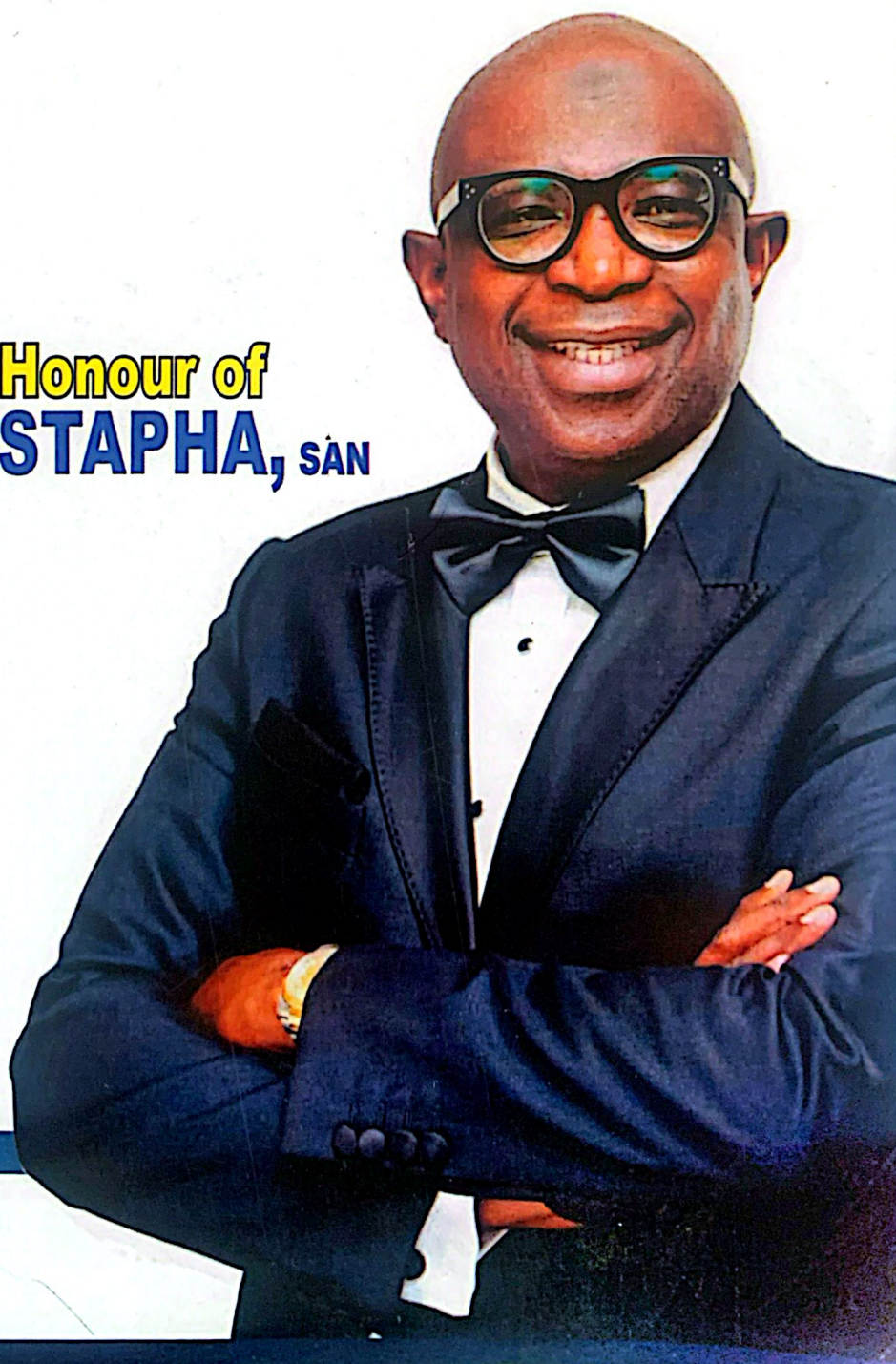


Trends

in Law, Practice and
the Shari'ah in Nigeria

Essays in Honour of
A. U. MUSTAPHA, SAN



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Abdulraheem Taofeeq Abolaji¹

15.1 INTRODUCTION

Healthy Foundations is one of the major aspects associated with child health in Nigeria, because children are the future of any society, and their health is critical for their complete growth.²Therefore, childhood health lays the groundwork for a healthy and wealthy future, both for individuals and for the nation as a whole. The importance of child health is linked to human capital; investments in child health contribute to the development of a strong human capital base.³Healthy children are more likely to develop into healthy adults, resulting in a productive workforce and a vibrant economy. Therefore, children's health is paramount and when children's health is prioritised, mortality and morbidity rates are likely to be significantly decreased, and unnecessary suffering is avoided. Addressing critical health issues such as hunger, vaccine-preventable diseases, and access to basic healthcare can lower the burden of illness and premature death among children dramatically. It is therefore sufficient to say that if there is a good environment for proper healthcare, nutrition, and access to basic services during childhood, it can have long-term effects on individuals' physical, cognitive, and emotional development.⁴ Children who are in good health are more likely to achieve academically, have greater employment chances, and live satisfying lives.

Furthermore, in terms of Sustainable Development, child health is inextricably related to a nation's long-term development. Investing in children's health is

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²Shadiya Mohamad Saleh (2018) "The Importance of Waqf in Supporting Health Care Services' *Journal of Science, Technology and Innovation Policy*. 4(1), 13-19

³³Uzochukwu BSC, Onwujekwe et. (2004) 'Community satisfaction with the quality of maternal and child health services in southeast Nigeria.' *East African Journal* 81(6) 293-299

⁴IgbediohSOUndernutrition in Nigeria: dimension, causes and remedies for alleviation in a changing socio-economic environment.

consistent with the UN's Sustainable Development Goals.⁵ One of these goals is to ensure everyone's health and well-being, which must not be compromised. Another factor to consider is that this development target provides a benefit by addressing child health inequities, promoting social fairness, and reducing inequalities. As a result, regardless of socio-economic status or geographic location, every kid has the right to excellent health. As a result, focusing on child health enables early detection and intervention for health issues, resulting in better health outcomes and long-term cost savings. Preventive measures, for example, Immunisation and nutrition programmes for children can greatly lower the prevalence of diseases and impairments.⁶ Recognising the importance of child health in Nigeria allows policymakers, healthcare providers, and communities to collaborate to prioritise and engage in projects that improve the well-being and chances of children throughout the country.

15.2 Precept of Co-designing Initiatives

Co-designing initiative adopts a collaborative approach in which numerous stakeholders, including the intended beneficiaries, collaborate to create and implement solutions to specific difficulties or requirements.⁷ The active participation of all relevant stakeholders, including end-users, community members, specialists, and organisations, is a vital aspect of co-designing this will enable Nigerian children to have better healthcare delivery. This method ensures that the solutions provided are matched to the needs and preferences of the intended beneficiaries without any discrepancies or favour. In actualizing this paramount objective, empowerment, and ownership play avital role in providing people with a sense of ownership over the activities.⁸ It acknowledges individuals' knowledge, experiences, and viewpoints as valuable contributors to the design process, promoting a sense of ownership and dedication to the results. It is therefore sufficing to state that co-design promotes collaboration by bringing together diverse stakeholders with varying expertise, skills, and resources. Ideas, insights, and skills are exchanged through a co-creation process, resulting in unique and contextually relevant solutions.

⁵GM Ashir, HV Doctor, GY Afenyadu (2013)Performance based financing and uptake of maternal and child health services in yobe sate, northern Nigeria*Global journal of health science* 5 (3), 34

⁶Okafor, SN Obi, EO Ugwu (2011) Impact of Free Maternal and Child Healthcare programme on maternal and neonatal healthcare outcome in Enugu State of Nigeria. Nigerian Journal of Medicine 20-35

⁷MA Alhaji, RT Akuhwa, MG Mustapha, GM Ashir, Y Mava, HA Elechi (2013)Post-Neonatal Tetanus In University Of Maiduguri Teaching Hospital, North-Eastern Nigeria*Nigeran Journal of Pediatrics* 40 (2)

⁸CA Ekemezie, E Stella Chinasa (2015) Child-friendly pedagogy for sustainable human capacity development in Nigerian primary schools.*Journal of Emerging Trends* P.13-25

In co-designing particularly in explaining its rationale behind it, the User-Centered Approach will serve as a tool to facilitate the effectiveness of this scheme. process of co-design is based on a user-centered approach, in which the end-users wants, goals, and experiences are central to the design process. This ensures that activities are targeted to the specific needs and challenges of the intended beneficiaries. Iterative Design Process: Co-design frequently adopts an iterative design process, in which ideas, prototypes, and feedback are constantly modified and improved based on user feedback.⁹This iterative method promotes flexibility and adaptability, ensuring that solutions respond to changing demands and environments. Co-designing projects seek to handle difficult challenges by taking into account numerous dimensions and interdependencies.¹⁰ It recognises that solutions include not only technical aspects but also social, cultural, economic, and environmental factors that influence the success and long-term viability of efforts. Social Effect and Long-Term Sustainability: Co-designing initiatives place a major emphasis on social effect and long-term sustainability. By integrating stakeholders from the start, initiatives are more likely to be accepted, supported, and sustained by the community, resulting in long-term positive change.¹¹ Co-designing efforts are effective in a variety of disciplines, including healthcare, education, urban planning, and social innovation. They can be effective instruments for developing innovative, contextually relevant, and inclusive solutions to challenging problems and improving community well-being.

15.3 Contextual Analysis of Co-design

Co-design, also known as participatory design or co-creation, is a method that involves actively involving end-users, stakeholders, and other relevant parties in the product, service, or initiative design and development process.¹² It places a premium on collaboration, inclusiveness, and shared decision-making to ensure that the output fits the needs and ambitions of those for whom it is intended. Some principles of co-design encourage the participation of multiple stakeholders, such as end-users, specialists, community members, and other relevant parties.¹³ It seeks to integrate voices and perspectives that have been historically excluded or marginalised. It also encourages participant involvement and a sense of collective ownership.

⁹Abdulraheem I.S. (2012) "Primary Healthcare services in Nigeria: Critical Issues and Strategies for enhancing the use by the rural communities." *Journal of Public Health*. Vol.3. p.43-58

¹⁰Bevolo M. & Amati F (2023) 'Project Com.

¹¹AO Ajala(2014) 'Factors associated with teenage pregnancy and fertility in Nigeria' *Journal of Economics and Sustainable Development*, p.23-34.

¹²Keedle, H & Dahlen (2023) "Incorporating co-design principles and social media strategies to enhance cross-sectional online survey participation: The Birth Experience Study." *Journal of Nursing Scholarship*. Vol. 4.sP.20-35.

¹³ Ibid

Co-design promotes collaboration, sharing ideas, and exploiting the members' aggregate knowledge and expertise. It also emphasises knowing the end-users' or beneficiaries' needs, aspirations, and experiences. Active listening, empathy, and a thorough understanding of the environment in which the design solution will be applied are all required.¹⁴ Iterative and incremental process with constant feedback, learning, and progress. It entails developing, testing, and refining the design in response to insights and input from stakeholders. It encourages free communication and transparency among participants. It promotes the exchange of information, ideas, and decision-making processes to foster trust and make everyone feel heard and respected.¹⁵ Its goal is to share decision-making authority among participants. It entails collective decision-making methods that evaluate many points of view to reach a consensus or compromise. It also acknowledges that complex problems frequently *necessitate* multidisciplinary approaches. It promotes the integration of many disciplines, knowledge domains, and expertise to approach problems from various perspectives. It considers ethical issues such as informed consent, privacy, and power relations. It guarantees that participants' rights are preserved throughout the process, that their contributions are recognised, and that their rights are respected.¹⁶ Co-design facilitates the creation of solutions that are more user-centered, contextually appropriate, and sustainable by adopting the aforementioned concepts. It encourages participants to feel a sense of ownership and empowerment, which leads to higher acceptance and successful implementation of the planned activities.¹⁷

15.4 Benefits of Co-designing Initiatives for Child Health in Nigeria

Co-designing programmes for child health in Nigeria might have various advantages. Here are some significant benefits of using a co-design approach.

- i. Preference for Children and Family Needs: One of the benefits of co-design is that it places children's and their family's needs, preferences, and experiences at the center of initiatives. Involving kids directly in the design process increases the likelihood that the final solutions would be relevant, effective, and adapted to the specific context and issues experienced by Nigerian children.

¹⁴LoreettaFavour (2021) "Building Community Ownership of maternal and Child health intervention in Nigeria: A community-based participatory approach". *African Journal of Reproductive Health* Vol. 3 p. 43-54.

¹⁵ Christ H & Tom M (2015) "Applying lean principles to the design of Healthcare facilities." *International Journal of Production Economic*. Vol 1. P.677-686

¹⁶Cambridge Core. "Co-designing with engineers for community engagement in rural Uganda." May 4, 2023.

¹⁷urdock, Liam, Libby (. Osgood, and Luke McCarvill. "Embracing Co-Design: A Case Study Examining How Community Partners Became Co-Creators." *Education Sciences* 13, no. 5 (2023), 492

- ii. It increases participation and ownership: Stakeholders, such as parents, healthcare providers, community leaders, and lawmakers, acquire a sense of ownership and commitment to the projects when they actively participate in the design process.¹⁸ This involvement raises the likelihood of successful programme implementation and long-term sustainability.
- iii. It promotes a thorough awareness of the Nigerian setting, culture, and beliefs that influence child health practices. The projects can contain culturally relevant techniques and treatments that are more likely to be accepted and embraced by the target population by enlisting community members and cultural experts.¹⁹ It also encourages people with diverse backgrounds and experiences to share their ideas and insights. This collaborative approach frequently results in the production of novel ideas, creative solutions, and out-of-the-box methods to address Nigeria's child health concerns.
- iv. Co-design also assists in identifying barriers to obtaining healthcare services and developing methods to overcome them, which improves access and utilisation by incorporating stakeholders in the design process. Initiatives can be structured to be more accessible, convenient, and acceptable to the communities they serve, resulting in increased use of important pediatric healthcare services.
- v. Co-design encourages collaboration and partnerships among diverse stakeholders such as government agencies, non-governmental organisations, healthcare institutions, and community-based organisations. These collaborations can improve resource mobilisation, knowledge sharing, and coordinated efforts to address child health challenges sustainably.²⁰
- vi. Co-design's iterative nature enables continual learning, feedback, and improvement of efforts. Stakeholders can identify areas for improvement and make required adjustments to maximise the impact of actions by monitoring and evaluating the outcomes.²¹ It gives participants chances for capacity building and empowerment. Through active participation in the design process, community people, healthcare providers, and other stakeholders can gain new skills, knowledge, and confidence, allowing them to take on leadership positions and promote long-term change. It

¹⁸National Center for Biotechnology Information. "Community perceptions matter: a mixed-methods study using local knowledge to define features of success for a community intervention to improve quality of care for children under-5 in Jigawa, Nigeria." November 16, 2023

¹⁹Iniesto, Francisco, Koula Charitonos, and Allison Littlejohn. "A review of research with co-design methods in health education." *Open Education Studies* 4, no. 1 (2022),

²⁰ Cambridge Core. "Co-designing with engineers for community engagement in rural Uganda." May 4, 2023.

²¹ Geppert, Amanda A. "Co-design for community capacity building." *Proceedings of the 13th Participatory Design Conference: Short Papers, Industry Cases, Workshop Descriptions, Doctoral Consortium papers, and Keynote abstracts - Volume 2*, 2014.

provides a collaborative and inclusive approach that improves the interventions' effectiveness, relevance, and sustainability. These programmes have the potential to have a substantial influence on improving the health and well-being of Nigerian children by harnessing the combined experience and expertise of stakeholders.

15.5 Co-Designing Initiatives for Child Health

Co-designing child health initiatives is an effective way to guarantee that the programmes and interventions adopted to meet the specific requirements of the children and communities served. It entails actively involving all stakeholders in the design and planning process, including children, parents, healthcare providers, community leaders, and lawmakers. It is thus appropriate to emphasise that some efforts must be made, such as conducting a comprehensive needs assessment to identify the specific health concerns experienced by children in various parts of Nigeria. This can involve gathering data on key health indicators, such as infant mortality rates, malnutrition prevalence, access to healthcare services, and immunization coverage.²² There is a need to identify and engage relevant stakeholders, including children, parents, healthcare professionals, community leaders, and government representatives. Their input and perspectives are valuable in understanding the local context, challenges, and potential solutions. There is also a need to organize collaborative workshops and focus groups to facilitate discussions and brainstorming sessions. Encourage active participation from all stakeholders to gather insights, ideas, and innovative approaches to address child health issues²³

Furthermore, a strong monitoring and evaluation structure is required to analyse the effectiveness and impact of the co-designed initiatives. Gather feedback from stakeholders regularly, monitor key performance metrics, and make appropriate modifications to ensure ongoing progress. There is a need to investigate long-term funding mechanisms for the programmes' implementation and sustainability. Leveraging philanthropic donations, government backing, public-private partnerships, and new funding mechanisms are all examples of this. Initiatives requiring co-designing necessitate open communication, collaboration, and a true commitment to include all stakeholders in decision-making. Working collaboratively, it is possible to construct contextually relevant and culturally

²²Iuliano, Agnese, Funmilayo Shittu, Timothy Colbourn, Julius Salako, Damola Bakare, Ayobami A. Bakare, Carina King, et al. "Community perceptions matter: a mixed-methods study using local knowledge to define features of success for a community intervention to improve quality of care for children under-5 in Jigawa, Nigeria." *BMJ Open* 13, no. 11 (2023),

²³Iniesto, Francisco, Koula Charitonos, and Allison Littlejohn. "A review of research with co-design methods in health education." *Open Education Studies* 4, no. 1 (2022).

sensitive child health interventions, thereby improving the well-being of Nigerian children.

15.6 Significance of Waqf (endowment) in *Shariah*

Waqf, also known as endowment, is a notion that is strongly established in Islamic culture and governed by *Shariah* rules. It is the act of devoting or reserving a property, asset, or fortune for a specified charity purpose, with the aim that the advantages generated will be used in perpetuity for the selected cause. The basic goal of waqf is to assist the community, support social welfare, and meet the requirements of society through Islamic teachings. Legal Structure. It operates within the *Shariah* legal system.²⁴ It is considered a voluntary act of piety and devotion that carries religious significance. Islamic jurisprudence provides guidelines and regulations regarding the creation, management, and utilization of *waqf* assets. It is regarded as a voluntary act of piety and devotion with religious meaning. Islamic jurisprudence provides norms and regulations for the establishment, management, and use of waqf assets. It comes in several varieties, including, but not limited to, public waqf and private waqf. Endowments established for the benefit of the public, such as mosques, schools, hospitals, and public utilities, are examples of public waqf. persons, on the other hand, usually establish private waqf for the benefit of their families, descendants, or specific persons. Governance and management:²⁵Waqf assets are overseen and governed by trustees or administrators who oversee the upkeep, preservation, and use of the bestowed property or riches. These administrators are responsible for ensuring that the waqf assets are administered in the best interests of the intended beneficiaries and accordance with the terms and conditions indicated in the waqf deed or contract.

Waqf has a significant charitable and social impact in Islamic societies. It makes it easier to establish and run charity institutions like schools, and hospitals whereby Nigerian children will be able to get adequate health and health care services, orphanages, and welfare organisations that address community needs and offer critical services. Perpetuity is one of the distinctive characteristics of waqf. Once established, an endowment is meant to last in perpetuity, with the benefits and revenue generated by waqf assets being used for the designated charity objectives throughout history, assuring continued social assistance and community development.²⁶

²⁴Adiguzel, Fatih S., and Timur Kuran. "The Islamic Waqf: Instrument of Unequal Security, Worldly and Otherworldly." SSRN Electronic Journal, 2021.

²⁵iWaqf. (n.d.). Waqf Fundamental Principles. Retrieved from <https://www.iwaqf.net/fundamental-principles/>

²⁶Adiguzel, Fatih S., and Timur Kuran. "The Islamic Waqf: Instrument of Unequal Security, Worldly and Otherworldly." SSRN Electronic Journal, 2021.

15.6.1 The Role of Waqf in Supporting Child Health Initiatives

Waqf, often known as Islamic endowment, has the potential to significantly enhance child health initiatives in Nigeria. It is a philanthropic donation or asset committed to a specific cause, with the proceeds going to the selected beneficiaries. It has the potential to be a long-term source of funding for child health projects.²⁷ Financial resources can be mobilised to assist healthcare facilities, medical equipment, healthcare services, and health promotion programmes aimed specifically at children by establishing waqf funds or endowments dedicated to child health. It can also be used to build and maintain child-focused healthcare services. Hospitals, clinics, health centers, and specialised pediatric units are examples of facilities that provide basic healthcare services, immunisations, preventive care, and treatment for child-related ailments.²⁸

Similarly, in terms of education and awareness programmes, it can help with the execution of programmes aimed at enhancing child health. This can include supporting initiatives that educate parents, carers, and communities with information and training on themes such as nutrition, hygienic practices, breastfeeding, immunisations, and early childhood development. It can be used to fund orphanages and facilities that care for and support disadvantaged children. This includes giving orphaned or abandoned children access to healthcare, nourishment, education, and psychosocial assistance.²⁹ Waqf monies can be used to assist child health research and innovation. This can help to create novel medications, vaccinations, and interventions to target specific health issues that children in Nigeria face. It can be used to support capacity-building activities for pediatric healthcare professionals. This involves offering training, scholarships, and chances for professional growth to help them improve their skills, knowledge, and competence in providing great healthcare to children. Partnerships and collaborations between waqf institutions, healthcare organisations, and related stakeholders can be facilitated. These collaborations can improve resource sharing, knowledge exchange, and coordinated efforts to address child health concerns in a more holistic and long-term manner.

²⁷ Jamilu Baita, Abubakar, Ahmed Audu Maiyaki, and Zainab Muhammad Bashir. "Financing Maternal and Child Healthcare Service through Waqf in Kano State, Nigeria." *Journal of Islamic Business and Management (JIBM)* 12, no. 02 (2022), 240-254. doi:10.26501/jibm/2022.1202-007.

²⁸ Dallh, Minlib. "Accumulate but Distribute: Islamic Emphasis on the Establishment of Waqf (Pious Endowment)." *Religion and Development* 2, no. 1 (2023), 21-40.

²⁹ Habeebah Simisola Fa-Yusufa, Saheed Abdullahi Busarib, Bilkis Lawal Shuaibu, "Waqf Effectiveness in Nigeria: Problems and Solutions" *Journal of Islamic Finance* Vol. 10 No. 2 (2021) 79-89

15.6.2 Philanthropic Nature of Waqf and its Relevance to Child Health

Waqf's philanthropic attitude complements the goals of increasing child health. It is a perpetual charitable endowment in which the principal is retained and the benefits are directed to the selected cause, in this example, child health. This long-term nature guarantees that support for child health initiatives is long-term, giving constant assistance to children in need.³⁰ It exemplifies the Islamic principle of social responsibility by urging people and communities to devote a portion of their wealth to society's benefit. By allocating waqf monies exclusively for child health, it demonstrates the importance placed on children's well-being and the responsibility to ensure their health and welfare.³¹ It is regarded as a virtuous deed, therefore allocating waqf to child health projects carries religious importance and blessings. This religious motive might encourage individuals and organisations to contribute to child health initiatives because they know their actions are consistent with their faith and values.

Child health is an important humanitarian problem and waqf can be a valuable philanthropic instrument in meeting the health needs of disadvantaged children. It enables individuals and organisations to make a significant and compassionate difference in the lives of children, particularly those who may lack access to basic healthcare treatments. It exemplifies the qualities of empathy and compassion. It acknowledges children's fragility and seeks to alleviate their pain, enhance their well-being, and provide them with a better opportunity at a healthy and happy life. By concentrating waqf resources, particularly towards child health, it allows for focused help on addressing the unique health needs of children. Preventive measures, healthcare interventions, nutrition programmes, and other initiatives that directly contribute to improving child health outcomes are examples of this. Waqf encourages community involvement and collaboration in child health projects. It promotes a sense of community responsibility and encourages individuals, families, and communities to work together to support child health programmes, so creating a culture of caring for children in society. Waqf is everlasting, philanthropic gifts continue to benefit future generations. Investing in child health through waqf not only gives immediate assistance but also leaves a

³⁰Waqf (endowment)." Islamic Relief Worldwide. Last modified March 17, 2023. <https://islamic-relief.org/waqf-endowment/>.

³¹The Reward Of Waqf In Islam:A Gift That Keeps Giving." LinkedIn (blog). September 7, 2023. https://www.linkedin.com/pulse/reward-waqf-islama-gift-keeps-giving-unitiwaqi/?trk=organization_guest_main-feed-card_feed-article-content.

legacy of better child health and well-being for future generations.³² It is philanthropic nature, combined with its emphasis on long-term and focused support, makes it particularly relevant to child health projects. Individuals and organisations can make a lasting and significant difference in the lives of children by assuring their access to quality healthcare, supporting their well-being, and contributing to a healthy future for the community as a whole by utilising waqf resources.

15.7 Child Health Challenges in Nigeria

15.7.1 Malnutrition

Nigeria has one of the highest rates of malnutrition in the world, with millions of children suffering from acute, chronic, and micronutrient deficiencies. Malnutrition is more prevalent in rural regions and among children from low-income families. It is critical to emphasise that stunting: Chronic malnutrition, which is frequently evaluated by stunting, is a common kind of malnutrition in Nigeria.³³ Stunting is caused by chronic malnutrition and is characterised by decreased physical and mental growth and development. It can have long-term consequences on a child's health, cognitive talents, and potential. Many Nigerian children are malnourished, which occurs when their diet lacks the nutrients required for proper growth and development. This results in a lack of important vitamins and minerals like iron, vitamin A, iodine, and zinc, which compromises their immune system, cognitive function, and overall health.³⁴

Poverty, limited access to healthy food, insufficient feeding habits, a lack of cleanliness and clean water, and insufficient healthcare services all contribute to malnutrition in Nigeria. Other societal characteristics that contribute to the problem include low mother education, early marriage, and gender inequities. Malnutrition increases the risk of morbidity and mortality in children considerably. Children who are malnourished are more vulnerable to infections and viruses, have poorer immune systems, and may suffer long-term health implications. Malnutrition also has an impact on cognitive development, resulting in learning difficulties and lower educational attainment. Malnutrition must be addressed

³²The Reward Of Waqf In Islam: A Gift That Keeps Giving." LinkedIn (blog). September 7, 2023. https://www.linkedin.com/pulse/rewad-waqf-islama-gift-keeps-giving-unitiwaqi/?trk=organization_guest_main-feed-card_feed-article-content.

³³Cosma Cazé, Camille Mazé, et (2023) 'Co-designing marine science beyond good intentions: support stakeholders' empowerment in transformative pathways' *ICES Journal of Marine Science*, Volume 80, Issue 2, Pages 374–377,

³⁴ Ezech, Osita K., Tanvir Abir, Noor R. Zainol, Abdullah Al Mamun, Abul H. Milton, Md. R. Haque, and Kingsley E. Agho. "Trends of Stunting Prevalence and Its Associated Factors among Nigerian Children Aged 0–59 Months Residing in the Northern Nigeria, 2008–2018." *Nutrients* 13, no. 12 (2021),

through a multi-sectoral approach that includes healthcare, agriculture, education, social welfare, and community engagement. Efforts should be directed towards increasing access to nutritious food, supporting breastfeeding and complementary feeding practices, improving healthcare services, and introducing vitamin supplementation programmes.³⁵

Similarly, numerous nutrition interventions are critical in the fight against malnutrition in Nigeria. These include nutritional support for pregnant and lactating women, promotion of exclusive breastfeeding, fortification of staple foods with critical nutrients, implementation of school feeding programmes, and raising awareness about basic nutrition and hygiene practices. Malnutrition efforts in Nigeria should prioritise long-term sustainable solutions such as improved agricultural practices, increased food security, strengthened healthcare systems, and promotion of community-based nutrition programmes. Nigeria can greatly enhance the health, well-being, and future of its children by eliminating malnutrition.³⁶

15.7.2 Limited Health Care Access and Infrastructure

In Nigeria, limited healthcare access and inadequate infrastructure pose substantial difficulties to child health. Many places in Nigeria, for example, particularly in rural and distant locations, lack access to basic healthcare services. The distance between communities and healthcare facilities can be considerable, making it difficult for families, particularly those with minimal finances, to obtain appropriate medical care for their children.³⁷ Furthermore, Nigeria is experiencing a scarcity of healthcare personnel such as doctors, nurses, and midwives. This deficit is particularly acute in rural locations, where healthcare professionals are less likely to be deployed. In these places, insufficient staffing levels limit the availability and quality of healthcare services for children. Furthermore, Nigeria's healthcare infrastructure is frequently deficient in terms of both number and quality. Many healthcare facilities lack the technology, medications, and resources needed to provide complete care for children. This can lead to inferior diagnosis, treatments, and outcomes for children who require medical care.³⁸

³⁵"Population Reference Bureau." *Reference Reviews* 19, no. 4 (2005), 18-18.

³⁶ Nutrition." UNICEF. Accessed December 27, 2023. <https://www.unicef.org/nigeria/nutrition>.

³⁷ Ogu, Udochukwu U., Bassey Ebenso, Tolib Mirzoev, Nkolika Uguru, Enyi Etiaba, Benjamin Uzochukwu, Nkoli Ezumah, and Obinna Onwujekwe. "Demand and supply analysis for maternal and child health services at the primary healthcare level in Nigeria." 2023. doi:10.21203/rs.3.rs-2766037/v1.

³⁸ Nwankwo, Ogonna N., Chukwuebuka I. Ugwu, Grace I. Nwankwo, Michael A. Akpoke, Collins Anyigor, Uzoma Obi-Nwankwo, Sunday Andrew, Kelechukwu Nwogu, and Neil Spicer. "A qualitative inquiry of rural-urban inequalities in the distribution and retention of healthcare workers in southern Nigeria." 17, no. 3 (2022).

Furthermore, healthcare in Nigeria is not always affordable or accessible to all families. Out-of-pocket expenses, such as consultation fees, diagnostic tests, and prescription prices, can be a considerable burden for low-income families. Families may be unable to seek timely healthcare for their children due to a lack of financial resources. In Nigeria, there are disparities in healthcare access between urban and rural communities. Healthcare infrastructure in urban regions is often better, there are more healthcare facilities, and there is a higher concentration of healthcare experts. Rural communities, on the other hand, suffer significant access issues due to limited infrastructure and healthcare manpower. Because of Nigeria's enormous size and diversified topography, access to healthcare facilities is challenging for families, particularly in distant areas. Poor road networks, insufficient public transit, and a lack of infrastructure can all impede children's timely access to healthcare services. Consequently, addressing inadequate healthcare access and infrastructure necessitates a multifaceted approach.

Investment in Healthcare Infrastructure, Building and updating healthcare facilities, providing them with necessary medical supplies, and maintaining enough personnel levels to strengthen healthcare infrastructure, particularly in rural areas are requisites to the attainment of children's health. Addressing the lack of healthcare professionals, particularly in underprivileged areas, includes recruitment campaigns, training programmes, and incentives to attract and retain healthcare workers. Furthermore, Telemedicine and Mobile Health play an important role by investigating the use of telemedicine and mobile health technology to bridge the gap between healthcare practitioners and underserved communities, allowing for remote consultations, diagnosis, and treatment alternatives.³⁹

15.7.3 Prevalence of Diseases

The prevalence of diseases among Nigerian children is a major source of concern. Several factors, including inadequate healthcare infrastructure, limited access to healthcare services, poor sanitation, malnutrition, and socioeconomic variables, contribute to the high burden of diseases in children. Malaria is one of the most common diseases impacting children in Nigeria, but it is not the only one. Malaria is a major public health concern in Nigeria, especially among children under the age of five. It is caused by the bite of an infected mosquito and can result in serious sickness and death if not treated promptly.

It is vital to note at this point that Pneumonia is another fairly common condition. It is the biggest cause of death among children in Nigeria. It is a lung infection caused by bacteria or viruses. Lack of access to basic treatment and

³⁹Adedini, S. A., Odimegwu, C., Bamiwuye, O., Fadeyibi, O., & Wet, N. D. (2014). Barriers to accessing health care in Nigeria: Implications for child survival. *Global Health Action*, 7. <https://doi.org/10.3402/gha.v7.23499>

immunisations, as well as poor nutrition, all contribute to the high incidence of pneumonia in children. Diarrhea is another prevalent disease. The disease is mostly caused by contaminated water and inadequate sanitation, both of which are substantial sources of illness and death among children. Diarrheal infections are made more likely by a lack of access to safe drinking water and sufficient sanitation facilities. Measles is a highly contagious viral infection. In recent years, Nigeria has seen multiple measles outbreaks, owing mostly to inadequate immunisation coverage in particular areas. Measles can cause serious consequences such as pneumonia and death. Malnutrition: Malnutrition is a major contributor to the prevalence of diseases among Nigerian children. It suppresses the immune system, rendering youngsters more vulnerable to infections and illnesses. The Nigerian government and various organisations are working to solve these issues and improve child health in the country. This involves expanding access to healthcare, promoting immunisations, strengthening water and sanitation facilities, and putting nutrition programmes in place.

15.8 Conclusion

The conclusion emphasizes the pressing need to support child health initiatives and harness waqf in Nigeria. By rallying support and resources, we can work towards ensuring better healthcare access and outcomes for children. Leveraging the waqf system presents a unique opportunity to mobilize sustainable funding for pediatric healthcare, ultimately contributing to the well-being of the nation's youth. It's a call to action that seeks to inspire collaboration and commitment in prioritizing child health and leveraging innovative financial mechanisms for lasting impact. Therefore, there is a need for stakeholders, including government bodies, healthcare organizations, philanthropic entities, and the community at large, to join forces in championing child health initiatives. It highlights the potential of waqf, a time-honored Islamic philanthropic tradition, as a powerful instrument for generating funds dedicated to pediatric healthcare. By harnessing the principles of waqf, sustainable financial resources can be channeled into building and maintaining healthcare infrastructure, providing essential medical services, and promoting preventive care for children across Nigeria. This will create an avenue to ignite a collective sense of responsibility and urgency in fostering a healthier future for the nation's young generation through strategic investments in child health.