



THE FEDERAL REPUBLIC OF NIGERIA
MINISTRY OF HEALTH



**NATIONAL POLICY AND STRATEGIC
PLAN FOR EAR AND HEARING CARE
2019-2023**

Developed by the
National Technical Working Group



Vision

“Healthy Ears & Hearing for
Every Nigerian”

Mission

To provide comprehensive, serviceable, evidence-based interventions in preventing, diagnosing and treating ear diseases and hearing loss and also to habilitate/rehabilitate Nigerians with hearing loss in accordance with global best practices

Foreword

Ear diseases and hearing loss is prevalent globally. Low and middle-income countries account for about 80% of hearing loss disease burden in the world, according to the World Health Organization (WHO) statistics. Furthermore, the global prevalence of disabling hearing loss is estimated to have increased from 360 million to 466 million and in Nigeria from 7.3 million to 8.5 million in about a decade. The physical, social and economic impact of hearing loss on individuals, families and nations have been documented; the world is losing about 46- 130 billion US dollars to untreated hearing loss annually according to the WHO report. Ear and Hearing Care (EHC) is therefore a global burden that requires attention worldwide.

Currently, Nigeria neither has EHC policy guideline nor strategic plan to guide the activities of ear diseases and hearing loss to stem the tide in increasing prevalence, and to drastically reduce the incidence and impact of hearing loss in Nigeria. For a coordinated National response in EHC in Nigeria, I inaugurated a Technical Working Group (TWG) in September 2018 with a mandate to develop a National Policy and Strategic plan to guide the Ear and hearing care activities in the country. The outcome of the TWG work culminated in the production of this document.

This maiden edition of National Policy and Strategic Plan aims to serve as a blueprint to guide the activities in preventing ear diseases and hearing loss, early identification and intervention, habilitating/ rehabilitating, as well as providing support services to people living with hearing loss. This National Policy and Strategic Plan for Ear and Hearing care has been developed in line with the National Strategic Health Development Plan II (NSHDP II). It is a product of extensive and comprehensive participation of relevant stakeholders in public and private sectors drawn across the entire country. Experts were invited from the Federal Ministry of Health (FMOH), Academia, Federal Tertiary hospitals, National Board for Statistics (NBS), Federal Ministry of Education (FMOE), NBC, NGOs, UN agencies, People living with disabilities and other relevant organizations.

The TWG utilized the WHO 6 blocks of the health system as the framework. They conducted a situational analysis and developed aims and objectives as well as policy statements for EHC in Nigeria for each of the health system building block.

I call on all relevant stakeholders to participate in the implementation of this strategic plan, and translate the document into concrete actions that will impact on all Nigerians so that we can move towards achieving our vision of ***“Healthy ears and hearing for every Nigerian.”***



Prof. Isaac Adewole, FAS, FSPSP, FRCOG, DSC (Hons)
Honourable Minister of Health

Acknowledgement

This is the first National Policy and Strategic Plan to guide the activities in preventing ear diseases and hearing loss in Nigeria. The plan will be used to guide early identification and intervention, habilitation and rehabilitation, and provide support services to people living with hearing loss. It is an opportunity to join the global fight against the neglected ear diseases and hearing loss.

I wish to on behalf of the TWG, acknowledge the support, leadership and guidance provided by the Honourable Minister of Health, Prof. Isaac Adewole. His display of Political will and his enthusiasm to achieve a successful creation of this document is exemplary. He provided us with the necessary mandate through the TOR that ensured we were able to deliver the document on time. I appreciate and thank the Honourable Minister of State for Health, for being there always to be consulted, with his enormous experience sharing and guidance. The support and encouragement of the Permanent Secretary, Mr. Abdulazeez Marshi Abdullahi, was unquantifiable and is very much appreciated.

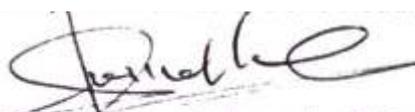
I wish to thank, our partner the founders of Starkey Hearing Foundation- Mr. Bill and Tani Austin, for providing the required financial support to develop the National Policy and Strategic Plan for Ear and Hearing Care (NPSPEHC). The impact they have made through their work in low and middle-income countries to advance the cause of EHC can never be overemphasized.

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We say a big thank you to the entire TWG and the expanded stakeholders' forum, without whose inputs, we could not have been able to put this document together. The dedication, commitment and passion for advancing Ear and Hearing care in Nigeria that was displayed by the TWG members- Professors Festus Ogisi, Abubakar Salisu, Titus Ibekwe, and Drs. Bolajoko Olusanya, Mustapha Abuyaro, Aliyu Kodiya, Foster Orji, Noah Andrew, Alayo Sopekan and Mr. Augustine Anyakorah was phenomenal.

A special thanks to the management of institutions and organizations from which the members of TWG and expanded stakeholders came, and for their benevolence in releasing them to participate in this significant National assignment.

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Acronyms

AIDS	-	Acquired Immunodeficiency Syndrome
CHW	-	Community Health Worker
CHEW	-	Community Health Extension Worker
CI	-	Cochlear Implant
CSO	-	Civil Society Organisation
CBO	-	Charity-based Organisation
CSOM	-	Chronic Suppurative Otitis Media
CCMDs/MDs	-	Committee of Chief Medical Directors/Directors
ENT	-	Ear, Nose and Throat
EHC	-	Ear and Hearing care
EHCSAT	-	Ear & Hearing Care Situation Analysis Tool
FBO	-	Faith-based Organisation
FMC	-	Federal Medical Centre
FMOH	-	Federal Ministry of Health
FMOE	-	Federal Ministry of Education
HIV	-	Human Immunodeficiency Virus
HMH	-	Honorable Minister of Health
IDC	-	International Data Corporations
IEC	-	Information, Education and Communication
MDGs	-	Millennium Development Goals
M&E	-	Monitoring and Evaluation
NC	-	National Coordinator
NCH	-	National Council on Health
NDHS	-	National Demographic Health Survey
NECC	-	National Ear Care Centre
NGO	-	Non-governmental organization
NHIMS	-	National Health Information Management System
NPSEHC	-	National Policy and Strategic Plan for Ear & Hearing care
NPC	-	National Population Commission
NSHDP II	-	National Strategic Health Development Plan II
NTWG	-	National Technical Working Group
PHC	-	Primary health care
PMGMAN	-	Pharmaceutical Manufacturing Group Arm of Manufacturers Association of Nigeria
SBC	-	Social and behavioral change
SDG	-	Sustainable Development Goals
SOP	-	Scope of practice
SP	-	Speech pathologists
SNHL	-	Sensorineural Hearing Loss
SWOT	-	Strengths, weaknesses, opportunities, threats
TWG	-	Technical Working Group

UN	-	United Nations
UNICEF	-	United Nations Children Fund
UHC	-	Universal health coverage
WDI	-	World Data Index
WHO	-	World Health Organization

Introduction

In the first national survey of hearing loss in Nigeria conducted between 1999 and 2001, the overall prevalence of hearing loss was 17.9%, out of which 6.2% (approximately 7.3 million persons) were estimated to have disabling hearing loss based on WHO classification.¹ The latest WHO data suggest that 8.5 million Nigerians have disabling hearing loss.² The WHO classification excludes all persons with mild or unilateral hearing loss that causes hearing difficulty for the affected persons in certain situations, especially in a noisy environment. The Global Burden of Disease (GBD), Study which encompasses a broader range of hearing loss than WHO has reported that the number of persons with significant hearing loss rose from 12.4 million in 1990 to 22.6 million in 2016.³ About two-thirds of hearing loss is preventable with timely and appropriate interventions.

The importance of hearing for speech, language and cognitive skills development- has long been recognized.^{4,5} So also is the profound adverse impact of hearing loss on the physical, social and economic developments of individuals, their families and the nation as a whole.⁵ Thus, ear and hearing care (EHC) is an essential component of health care delivery at any level of service delivery.

Nigeria currently has national strategic plans for many communicable and non-communicable health conditions. However, there is no national strategic plan for EHC despite the awareness among stakeholders and policymakers. Unlike the MDGs, the SDGs agenda mandates a holistic approach to all matters that affect the health and well-being in any population and specifically requires that public health policies and programmes be disability-inclusive as clearly enumerated by SDG 3. In effect, it is imperative to recognize and address the needs of people who are living with hearing loss.

Furthermore, UN member states including Nigeria ratified the World Health Assembly resolutions in 1995 and 2017 and the resolutions recommended that all member nations should develop National Strategic Plans on EHC and incorporate them into PHC under the umbrella of UHC; in line with national priorities.

Nigeria currently has no framework to guide the planning implementation, monitoring and evaluation of EHC activities and this maiden edition of a 5-year National Policy And Strategic Plan hopes to galvanize the community, local, state and national levels into action. It takes good EHC, including early detection and intervention to avoid loss of acquisition of speech and other developmental milestones hence the recommendation by the WHO for universal hearing screening for new-borns or at the least for the at-risk infants.

National Policy And Strategic Plan for Ear and Hearing care- 2019 to 2023

Globally, awareness about EHC is increasing and it has reverberated across many sub-Saharan Africa countries including Nigeria. Over time, some challenges hampered EHC, including competing healthcare-needs, increased disease burden from communicable and non-communicable diseases (NCDs), shortage of human resources and inadequate interest from organizations to champion the cause of EHC. Additionally, due to the non-emergency nature of its presentation and perceived reduced morbidity and mortality from ear diseases and hearing impairment conditions there have been little attention given to EHC.⁶

Tackling the ever-increasing demand and dynamism of EHC, there is a need for a paradigm shift towards developing a plan that serves as a blueprint for all the activities of EHC in the country.

The NPSPEHC 2019-2023 shall, therefore, provide strategic direction for EHC over the next five years to ensure the continuous advancement of EHC in Nigeria. The NPSPEHC aims to provide strategies on prevention of ear and hearing diseases and promote hearing health as well as early identification and intervention (i.e.habilitation or rehabilitation) and provision of support to those already living with hearing loss.

Part One: Situation Analysis

1.1.1 Country Profile

GEOGRAPHY

Nigeria, a West African country shares land borders with the Republic of Benin in the west, Chad and Cameroon in the east, and Niger in the north. Its coast lies on the Gulf of Guinea in the south and it borders Lake Chad to the northeast. Nigeria has geographic coordinates of 10 00 N, 8 00 E and a land mass area of 923,768 sq km. The Nigerian climate varies from; equatorial in the south and tropical in the middle belt to arid in the north. Nigeria is made up of 6 geographical zones; (Northeast, Northwest, North-Central, Southeast, Southwest, and South-South), 36 states and a federal capital territory.

Figure 1: Map of Nigeria



Population Profile

The 2018 NPC estimate for Nigeria's population stands at **198,000,000** with the male and female proportions of 51.4% and 48.6% respectively.^{6,7} A more significant proportion of this population **51.4%** lives in rural areas while the rest **48.6%** reside in urban centers; the annual rural-urban migration rate stood at 4.2% WDI estimated the country's literacy rate as **59.6%** in 2015.⁶

Sociopolitical Profile

The official language in Nigeria is English; however, Hausa, Ibo and Yoruba account for the majority of the indigenous languages spoken. Furthermore, there are over 500 other indigenous languages

spoken in the country. Tables 1 and 2 presents a summary of the demographic, socio-economic and health Indicators⁶⁻¹³. The 2018 IDC estimates put the proportion of mobile phone users in Nigeria at 84% and internet service users at 51.1%^{14, 15} of the population according to Internet World Statistics 2017 estimation.

Table 1: Demographic and Socio-Economic Indicators - Nigeria.

Indicator	Status	Source
Population	198 million	NPC 2018 ⁷
Gender Proportion	Male 51%, Female 49%	NDHS 2013 ⁶
Average Annual population growth rate	2.6%	World Bank 2016 ⁸
Population 0- 5 years	17.1%	NDHS 2013 ⁶
Population 6- 15 years	28.6%	NDHS 2013 ⁶
Population 16- 64 years	50.2%	NDHS 2013 ⁶
Population ≥ 65 years	4%	NDHS 2013 ⁶
Rural Vs Urban	51.4% Vs 48.6%	World Bank 2016 ⁸
GDP per capita	\$1721.60	World Bank 2014 ⁹

Table 2: Health Indicators for Nigeria.

Indicator	Status	Source
Under 5 Mortality	104.3 deaths/ 1000 population	World Bank 2016 ⁸
HIV incidence	220 000	UNAIDS 2016 ¹⁰
Multidrug-resistant TB	4.3%	WHO 2007 ¹¹
Life expectancy at birth	53 years	World Bank 2016 ⁸
Institutional delivery rate	37%	Dahiru et al. 2015 ¹²
Annual birth rate	38.9%	World Bank 2016 ⁸

Hearing Health-Care Indicators

The hearing healthcare indicators for Nigeria^{2, 16,17} are summarised in Tables 3, 4 and 5.

Table 3: Disabling Hearing loss Indicators for Nigeria.

Indicator	National Status(%)	Source
Prevalence (disease burden)	4.5%	WHO 2018 ²
Prevalence (National Survey).	6.7%.	NECC Survey 2002 ¹
Age distribution		
Under 5 proportion	0% (0)	
5- 14 years proportion	2.9% (6.7)	
15-24ys	0.5% (3.0)	
25-34 ys	0.4% (4.2)	
35-44ys	0.3% (4.8)	
45-54ys	0.3% (6.2)	
55-64ys	0.4% (11.4)	
65ys and over	0.9% (20.4)	
16 - 60 years proportion	6.7%	SHF database 2018 ¹⁷
>60 years proportion	10.6%	SHF database 2018 ¹⁷
Incidence of congenital/ Early Onset Hearing Loss	6 per 1000 live births	Olusanya &Newton2007 ¹⁸

Table 4a: Causes of Hearing Loss

Causes	Prevalence	Impact/ Stigma	Treatment	Cost	Total
	0 Low 5 high	0 Low 5 high	0 Low 5 Simple to treat	0 expensive 5 Cheap	
Impacted wax	5	1	5	5	16
Otitis Media	4	5	3	3	15
Perinatal/ Neonatal fxs	3	5	1	1	10
Presbycusis	4	3	4	1	12
Meningitis	3	5	1	1	10
Noise-induced	3	4	1	1	9
Ototoxicity	3	4	1	1	9
Rubella	1	4	1	1	7
Measles/ Mumps	4	4	1	1	10
Trauma	4	2	3	3	12
LBW/ Preterm	3	3	1	1	8

World Health Organization Situation Analysis Document, 2015

Table 4b: Priority Listing of Known Causes of Hearing Loss

Cause	Ranking
Impacted wax	1 st
Otitis media	2 nd
Presbycusis	3 rd
Trauma	3 rd
Meningitis	5 th
Perinatal/Neonatal factors	5 th
Mumps, Measles	5 th
Noise-induced hearing loss	8 th
Ototoxicity	8 th
Low birth weight/Preterm	10 th
Rubella	11 th

HEALTH CARE STRATEGY

The country has strategies for the prevention and control of most communicable and non-communicable health conditions except geriatric health, disability and rehabilitation. Additionally, the country has ratified the UN convention on the rights of persons with disabilities, but there are no existing policies on employment of persons with disabilities.

1.2 EHC Services situation analysis, needs and priorities

Leadership and Governance in EHC:

Despite the high prevalence of hearing loss in Nigeria, our situation analysis revealed that there is neither a designated focal person nor a national committee on EHC. The country also lacks a national strategy, program or plan of action on EHC. Furthermore, there is neither a government-led hearing screening program nor the provision of hearing devices or other assistive devices for people living with hearing loss. However, the government has strategic policies for many communicable and non-communicable diseases, but these existing policies do not have EHC integrated into them.

Service Delivery in EHC:

Comprehensive, effective and efficient service delivery in EHC is fundamental to achieving serviceable health care in any country. This service must be directly and permanently accessible without barriers of cost, language, culture, or geography. Furthermore, we must bring these health services close to the people with a regular point of entry to the service network at the primary care level. The services must be equitable, safe, timely, and centred on the patients' needs. A comprehensive range of EHC health services is a necessary complement to primary care service delivery in offering health promotion, disease prevention, cure, palliation, and rehabilitation.

EHC services are available mainly at the tertiary levels and skeletal at secondary levels with little or non-existent at primary levels. At the primary level, no outreach services are currently provided in EHC and patients with ear diseases and hearing impairment that require attention are referred to secondary, tertiary or private facilities for the care needed. Even though EHC services are available at the secondary level, it is limited. Secondary facilities do not conduct outreach programs on EHC and most of the ENT surgeries are not available in most of the secondary facilities except those in the urban centres.

We have teaching hospitals, FMCs, and a NECC that serve as tertiary centres for EHC. However, the number of tertiary centres that offer most EHC services are not adequate and skewed in favour of urban centres.

Health Workforce for EHC Service Provision:

Data on the health workforce responsible for the provision of EHC services revealed that there is about one ENT specialist per 500,000 persons in Nigeria (i.e., 380 ENT Specialists) as against the WHO recommended ratio of 1 to 25,000¹⁶. Similarly, Nigeria has one clinical audiologist per 50 million persons and one speech pathologist per 65 million persons amounting to merely four clinical audiologists and three speech pathologists in the whole of the country.

Although there is paucity of data on the workforce of other ENT allied health professionals in Nigeria; inferential evidence showed that audiology technicians and sign language interpreters are even fewer. They are consistently unavailable in providing EHC services when

required by the target population. This inadequacy across all cadres of EHC personnel portends danger for EHC services in Nigeria. From the analysis of the EHC workforce (ENT specialists, audiologists and other EHC related cadres), it is evident that persons with hearing impairments in Nigeria are underserved and the provision of EHC services is grossly inadequate at all levels of health care.

A further analysis of educational opportunities revealed that there are training facilities for EHC workers and also professional facilities for the training of human resources for hearing care. However, these facilities remain inadequate to provide training for the workforce required to provide EHC services to the entire nation. An assessment of some specific EHC training facilities revealed that existing training opportunities are being potentially marred by regulatory bodies who have failed to define focused areas of training within their capacity to ensure professionalism. It was noted that some disciplines habitually act outside the remits established by the law regarding their areas of operation.

Table 5: Health Workforce Strength Compared with Global Standard

Workforce	Global standard Required for Population	Status	Minimum Education Requirements	Percentage of Standard Met
ENT Specialists	7920	380*	Membership	4.8%
Audiologists	544	4	Master's Degree	0.7%
Speech Pathologist	1253	3	Master's Degree	0.2%
Teachers of The Deaf	6424	923	Diploma	14%

* Consultants and Senior residents

Availability and accessibility of medical products, health technology and vaccines for EHC:

The medical products required for the provision of EHC services are found readily available. These drugs include those that are used in treating ear infections and other hearing-related conditions. With regard to health technology, hearing aid services are available only in the private sector, although they are limited, and extremely expensive, thus placing a substantial economic burden on persons with hearing impairment. Cochlear implant services are not accessible. Currently, there is no government-led or supported programme aimed at subsidizing the high cost of EHC assistive technology devices. Thus, the products and services are available but not accessible to the majority of the Nigerian population. However, there are efforts from non-governmental organizations (NGOs) like the Starkey Hearing Foundation, the Christian Blind Mission and the MTN Group Foundation, to subsidize and provide EHC products and services to the underserved population.

Health Information & Research in EHC

The country has functional health information systems such as the District Health Information System (DHIS II), Multiple indicator Cluster Survey (MICS) and Health Management information Systems (HMIS). However, the data collected does not include health information related to EHC, and there is no specific database on EHC services in Nigeria. A centre was established to conduct research on EHC in Nigeria but sadly up until now, the institution is not being funded by the government in this regard indicating why there is limited data on EHC in Nigeria.

Health Financing:

Currently, there is no specific budgetary allocation for EHC in the Ministry of Health. The cost of financing EHC especially with regards to assistive devices is borne entirely by the patients on an out-of-pocket basis. However, some EHC services are provided free of charge on an ad-hoc basis through donor agencies/private enterprises/NGOs. Health insurance is available in Nigeria but it only covers less than 5% with key providers such as government/employees and private insurance companies.

Availability and potential interest of stakeholders in promoting EHC strategies

A situational analysis of EHC in Nigeria has justified the need for the promotion of EHC services and multiple stakeholders (government, academics, NGOs) are interested in providing support towards the promotion of EHC services in Nigeria. The major challenge faced in the promotion of these services is funding, for which some NGOs have shown willingness to initiate the drive.

SWOT Analysis

SWOT analysis of the situation regarding EHC in Nigeria

STRENGTHS

- Population to leverage for mass purchasing option
- Government commitment
- Training institutions
- A Communal system of existence
- Presence of structure at all levels of care
- The existence of Ward Health Committees
- Establishment of many universities and other tertiary institutions

WEAKNESSES

- Dwindling revenue with competing health needs and demands
- Poor perception of EHC
- Low literacy level
- Lack of scheme of service for clinical audiologists, speech pathologists and audiology technicians
- No SOPs for EHC
- Weak interdepartmental as well as inter-institutional collaboration/coordination
- Lack of National strategic plan for EHC

- Lack of adequate trained personnel
- Lean manufacturing sector

OPPORTUNITIES

- Large national population
- Public-Private Partnership
- Trained personnel
- E-learning platforms
- Investment opportunity
- High consumption level
- Government commitment and political will
- Ward Health Committees
- Commitment of NGOs
- In-training of EHC specialties
- WHA resolution and the SDG era

THREATS

- Ill-defined career path
- High poverty level
- Competing needs
- Rapidly changing technology
- Lack of interest in ENT specialty
- Socio-cultural attitude towards assistive hearing devices (healthcare services)
- Poor infrastructure to support EHC
- Rapid brain-drain
- High cost of treatment including EHC assistive devices

Part Two: National EHC Strategic Plan

This National EHC Strategic Plan provides a framework for planning, implementation, monitoring and evaluation of EHC services at all levels of the health delivery system in Nigeria. This plan is guided by the six blocks of the healthcare system as articulated in the WHO framework;

- Service delivery,
- Health workforce,
- Information,
- Medical products, vaccines and technologies,
- Financing,
- Leadership & governance

CHAPTER TWO

2.1 Scope of the Policy

This policy has been prepared for both the public and private institutions that are stakeholders in EHC as well as individuals in Nigeria. This document will also serve as an EHC information source for the country.

Vision:

Healthy Ears and Hearing for Every Nigerian

2.2 Mission:

To provide comprehensive, serviceable, evidence-based interventions in preventing, diagnosing and treating ear diseases and hearing loss and also to habilitate/rehabilitate Nigerians with hearing loss in accordance with global best practices.

2.3 Overall Aim

To develop a policy framework and a national plan for ear and hearing care in Nigeria

2.4 Objective

To reduce the incidence, prevalence and impact of ear diseases and hearing disorders in the country by ensuring the availability of qualitative, accessible, affordable and equitable ear and hearing care through the prevention of hearing loss. This would include primordial prevention, early identification and treatment, habilitation and rehabilitation and support services to all Nigerians.

2.5 Strategic Priority Areas

We have adopted the WHA 2017 resolution on the prevention of hearing loss and deafness and the strategic priorities of this policy/ plan document are as follow:

- To collect and collate high-quality population-based data for evidence-based policy formulations
- To establish suitable training programs for the development of adequate human resources in the field of ear and hearing care
- To ensure the highest possible vaccination coverage against measles, mumps, meningitis and rubella in line with Global Vaccine Action Plan 2011- 2020 in accordance with NPHCDA plan
- To develop, implement and monitor screening programs for early identification of ear diseases in high-risk populations
- To improve access to affordable, cost-effective, high-quality, assistive hearing technologies and products
- To develop and implement regulations to stem the recreational, occupational and ototoxic etiologies of hearing loss

- To promote alternative methods of communication to improve access to different varieties of ways of communication including sign language and captioning
- To work towards the attainment of SDG 3 & 4 (healthy lives and well-being for all ages, inclusive and quality education) with special reference to people with hearing loss

2.6. Guiding Values and Principles

Table 6: Guiding Values and Principles

Values	Principles
Evidence-based:	To incorporate and institutionalize the international best practices at all times based on science and facts.
Equity/ Equality:	Ensuring national spread with equal geopolitical regional coverage, rural/urban coverage of EHC services, providing everybody the services they need and treating everyone the same
Intersectoral collaboration:	To involve both the private and public sectors in the planning, implementation, monitoring and evaluation of the EHC policy and strategic plan
People-centred:	The strategy will be implemented by focusing on improving local communities' self-reliance, social justice, and participatory decision-making to advance the cause of EHC nationwide
Community-based:	Providers, organizers, designers and evaluators of the strategic plan will serve communities in their environment.
Partnership:	Through a long-term contract between multiple parties, for providing a public asset and service, in which the private party bears significant risk and management responsibility, and remuneration is linked to performance
Culturally appropriate:	Conforming EHC services and programs to people's culture using acceptable expressions and standards of behavior and thought.

2.7 Process of preparing the document

The preparation process was a participatory process of the TWG. Immediately after the inauguration of the group, a situation analysis of the state of EHC in Nigeria was jointly carried out utilizing the WHO EHCSAT. Then, SWOT and Gap analysis was carried out, and the Vision was set which culminated in the development of a zero draft

Further TWG working sessions produced the mission for the policy and plan, aims and objectives, strategic priorities, policy and implementation frameworks, the guiding principles as well as the M&E framework. These steps led to the development of Version 1 of the document.

An expanded stakeholders' forum was called to involve an exhaustive list of relevant stakeholders who reviewed the document and provided inputs in areas of their expertise and those relevant to their individual agencies and organisations.

Based on the stakeholders' forum inputs, a final draft was written by the TWG. This final draft was passed to the FMoH for the approval process through the HMH to the cabinet.

2.8 Content and Structure

The NPSPEHC document is a seven-chapter document with a reference section. The first chapter introduces the document and discusses the background statement and situational analysis of EHC in Nigeria. It provides a rationale for having an EHC policy and plan.

In Chapter Two, we discussed the scope of the policy, strategic priorities, guiding principles and legal framework of the document. This chapter also provides information on the policy thrust.

In chapter Three we laid out the policy framework for the document utilizing the 6-block of the health systems to structure the policy statements. Meanwhile Chapter Four provides the implementation framework under the same health system blocks.

Chapter 5 discusses the holistic strategic implementation plan laying out the aims, objectives and activities to achieve them

Chapter 6 provides an elaborate monitoring & evaluation framework while Chapter 7 proposes a budget and discusses resources mobilization.

2.9 Legal Framework:

This policy is set within the framework of the National Development Plan and is subject to the provisions of the National Strategic Health Development Plan II and having also considering the provisions of the UN SDGs.

The policy shall be reviewed every five years or as may be requested by the HMH or new state of the art knowledge as it affects EHC emerges. Relevant laws affecting control and prevention of ear diseases and hearing loss with regard to their causes, prevention, early

detection, management including habilitation/ rehabilitation and support services and availability of essential drugs and assistive devices and other consumables need to be revised, developed and enacted.

The EHC policy shall be supported by the following: Relevant policies of the FMOH particularly the NCDs policy, WHO framework for the control and prevention of NCDs, Child Rights Act, Disability Act, School Health, and Decree No.45 of 1988 Occupational Health Law, among others.

2.9.1 Legislation And Legal Consideration

The legislation/Legal considerations shall be addressed by reviewing, harmonizing, enacting and enforcing National laws and adapting/domesticating international conventions and resolutions to which Nigeria is a signatory which would enhance the advancement of EHC.

2.10 Policy Declaration:

The FMOH recognizes the increasing burden of ear and hearing diseases/disorders in Nigeria and the need for a policy framework for their prevention and control. This policy will, therefore, ensure that the increasing prevalence of ear and hearing diseases/disorder and their risk factors are reversed in order to significantly increase the quality of life of every Nigerian. This would be based on evidence and best practices, with special emphasis on an integrated approach involving existing structures at all tiers of government, the private sector, NGOs and CBOs, communities and individuals.

All tiers of the Nigerian government, the private sector, CSOs, NGOs, CBOs, FBOs, the communities, the people and all other stakeholders, therefore, make the following declaration in line with the National Health Policy, and hereby adopt this policy document and affirm the following:

- i. That all the tiers of government recognize and agree that the control, prevention, early detection and proper management of hearing and ear diseases/disorders and hearing loss would contribute to a better quality of life for Nigerians, leading to a reduction in illnesses, disability and morbidity related to hearing diseases.
- ii. That all the states and local government health personnel shall participate actively in the control, prevention, early detection, and management of ear diseases and hearing loss and also in their monitoring and evaluation.
- iii. That the people of Nigeria strongly agree that the National Policy on EHC shall be complementary to the National Health Policy and its strategies to achieve quality health care for all.
- iv. That the people of Nigeria wish to address the leading causes of significant ear and hearing disorders including their risk factors.
- v. That sustainable framework that will enhance the control, prevention, early detection and management of ear and hearing diseases/disorders and research on EHC shall be established.

- vi. That compliance by all the tiers of government and individuals with all relevant policies and laws that support healthy lifestyles and prevention of ear and hearing disorder shall be ensured.
- vii. That the policy when adopted shall be made available to all the states, LGAs and the private sectors, including medical and health institutions for implementation without delay.
- viii. That the policy when adopted shall be fully-funded through adequate budgetary allocations at the three tiers of government, supported by the private sector, major stakeholders and other partners for effective implementation.

2.11 Strategic Thrust for Implementation:

Social Mobilization

Advocacy and sensitization on EHC shall be carried out at all levels of government (the executive and legislative), the civil society, non-government organizations, community-based, faith-based organizations (FBOs) and the private sector on EHC control. This would involve the following:

- Creating awareness and community mobilization for ear and hearing disease prevention, control, early diagnosis and management.
- Sensitizing the general public on EHC through the knowledge of risk factors and risk reduction.
- Creating awareness among health workers on the proper management of ear and hearing disorders and their complications.
- Promoting advocacy at the highest political and traditional leadership groups, including both executive and legislative arms of the government, media organizations, and important members of the public including the opinion leaders.
- Actively involving the media and all other stakeholders (education, trade and commerce, Industry etc) in all advocacy and social mobilization issues elaborated upon in this policy.

2.12 Health Promotion

The policy shall ensure that health promotion activities that use appropriate social and behavior change packages shall be employed. This shall be achieved through the following:

- Mobilizing and involving a wide range of organizations and people in health promotion activities at all levels.
- Supporting the consumer rights thrust of health sector Reform and Health Bill by:
 - i. Informing the people of their rights to health and health care.
 - ii. Encouraging community participation in the decision about their health.

- iii. Advocating for the enforcement of existing health protection laws and the promulgation of new ones.
- Strengthening health promotion in key sectors of the communities that can reach a large section of those areas: community: community, schools (including primary, secondary and tertiary institutions), health facilities, workplaces, unions, trade unions, market women, etc.
- Carrying out the assessment of the information needs of different target population shall be carried out.
- Reviewing, adapting, or developing and regularly updating and disseminating information, education and communication materials- including guidelines to different target groups of the population (with translation into local dialect where necessary).
- Education of the population on the need to participate in EHC screening programmes.
- Mandatory routine screening for school placement and congenital hearing disorders etc.
- Training a core of health promotion personnel on EHC.
- Training of journalists on EHC health promotion.

Reduction of risk factors

Priority shall be given to strengthening the implementation of key interventions to reduce the risk factors that contribute to the burden of Ear diseases and hearing loss

Capacity building and development

Capacity building and development shall be encouraged to enhance effectiveness and efficiency at national, state, LGA and community levels for the implementation of this policy. In this regard, the following shall apply:

- Training for pre-service, in-service and informal sectors shall be encouraged for all health care providers in private and public institutions as well as community-based organizations
- Establishment of a core of trainers at the national level who would periodically conduct training for health workers, programme officers as EHC focal persons at all levels. The core facilitators would be utilized to provide technical support for states, LGAs and health facility training activities.
- Training of health workers in the areas of Hearing habilitation/ rehabilitation and support services and the caring for the hearing need of the elderly.

- Training of the health workers in utilizing the facilities for the screening and early diagnosis of EHC.

Prevention of Complications due to Ear and Hearing Diseases

- In order to ensure that patients diagnosed with hearing diseases/disorders receive appropriate treatment, guidelines for the proper management of patients shall be developed and disseminated to appropriate health workers to prevent complications. The FMOH shall organize seminars and workshops for doctors, nurses and other relevant health workers on the guidelines. The FMOH shall update the guidelines regularly.
- Government shall as a matter of policy, provide adequate facilities in our centers of excellence for the treatment of patients who develop complications, government shall pursue the establishment in centres of excellence in each of the six geopolitical
- Government shall ensure that EHC is included in the benefits package of the National Health Insurance scheme so that it will reduce the cost to the patient.

Rehabilitative Care & Support Services

- Provide rehabilitative care and support services for patients with hearing disabilities.

National Screening Survey of EHC and Risk Factors

The Federal Ministry of Health shall carry out a national screening survey on EHC and the associated risk factors at least once every five years to elucidate the burden of ear diseases and hearing impairment and monitor trends to enable informed policy review.

Research

The policy recognizes the importance of research in the overall attainment of its goals and objectives on a sustainable basis and shall cover various aspects of research on EHC and hearing disease/disorder risk factors.

These would include but are not limited to research in the following areas:

- Research on the implementation of the policy on EHC
- Basic research on the prevention and control of ear and hearing disease/disorder in Nigeria.
- Epidemiological, clinical and operational research on ear and hearing disease/disorder.
- Research on trends of Ear and Hearing disorder for policy review
- Other research that will have an impact on EHC and the risk factors shall be supported and carried out.

Monitoring, Evaluating and Learning

Monitoring and evaluation of the implementation of this policy shall be carried out at various levels as appropriate. The principal activities and tasks that shall be carried out for a successful programme implementation shall include the following:

- Monitoring and evaluation at the national levels shall be the responsibility of the Federal Ministry of Health.
- All EHC programmes at the state and LGA levels shall be periodically monitored and re-assessed to ensure compliance with national policy and guidelines on EHC.
- The Federal Ministry of Health shall regularly monitor and evaluate the impacts of interventions.
- Standard monitoring and evaluation tools shall be used

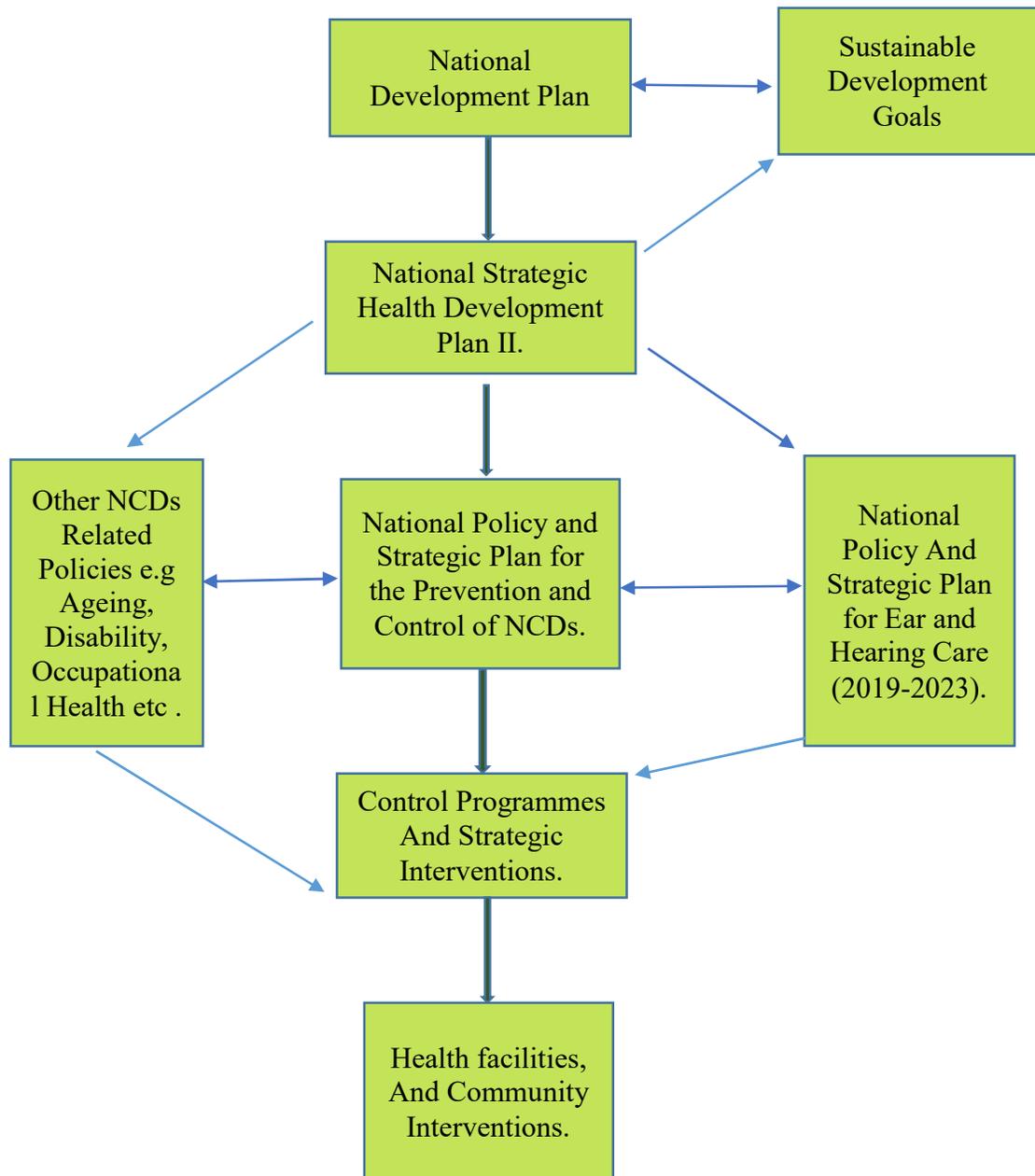
Supervision

Supervision shall be a continuous process designed to ensure that programme operations at all levels are proceeding according to plan. Supervision is also necessary in order to assess the efficiency and effectiveness of EHC control and interventions.

In this regard, the Federal Ministry of Health shall, therefore do the following:

- Develop supervisory schedules and checklists for EHC activities within the framework of NCDs for all tiers of the programme attain the targets as set in the implementation plan.
- Support supervision which shall be carried out at community and facility levels.
- Establish a mechanism to provide regular feedback at all levels.
- Data Management and Feedback

Figure 2: Integration of the National Policy & Strategic Plan for Ear & Hearing Care into Existing Programs And Plans



2.12 Establishment of National EHC Plan Implementation Committee

Step I: Identify the stakeholders that would constitute members of the committee, clearly identifying their relevance in the committee and the possible funding sources for the committee activities. Decide on the secretariat of the committee which ideally should be domicile within the FMOH

Responsible Person: The EHC Desk Officer

Note that the committee should ideally be comprised of technical experts and non- experts including people living with hearing disorder or their representatives and ensure the composition should be representative enough.

Step II: Explain the need for and recommend for the establishment of a National EHC Committee to the HMM with proposed members' names, the TORs for the committee and the need for the committee to be inaugurated by the HMM

Responsible Person: EHC Desk Officer

Step III: Once step II is approved by the HMM, a date for the inauguration will be proposed and the inaugural meeting of the committee will take place.

Responsible Person: Desk Officer, HMM.

CHAPTER THREE

Policy Framework

Vision

“Healthy Ears & Hearing for Every Nigerian”

Mission

To provide a comprehensive, serviceable, evidence-based interventions in preventing, diagnosing and treating hearing loss and other ear diseases and also to habilitate/rehabilitate; provide support services to Nigerians with hearing loss in accordance with global best practices.

POLICY STATEMENTS

Leadership and governance:

The FMOH shall/ will

- a. Have a National Coordinator to ensure the implementation of the policy and strategic plan for EHC.
- b. Set up a policy/plan implementation committee to support the coordinator in achieving the set aims and also serve as an advisory board
- c. Institute a nationwide neonatal, infant and Pre-School hearing screening programme.
- d. Institute a nation-wide geriatrics and other at-risk adults hearing screening programme
- e. Integrate EHC into other relevant/ related and existing policies such as child health, tuberculosis management, occupational health, strategy for healthy aging, disability policies, provision of assistive devices, sickle cell and school health programmes.
- f. Conduct hearing screening for all children in the schools for the deaf in Nigeria.
- g. Commence pre- enrolment audiological assessment of pupils admitted into the schools for the deaf in Nigeria
- h. Review and enact policies to stem recreational, occupational, noise pollution and ototoxic etiologies of hearing loss
- i. Establish a multi-stakeholder task force to enforce laws to prevent hearing loss from recreational, occupational, noise pollution and ototoxic etiologies

Service Delivery:

The FMOH shall/ will

- a. Have comprehensive EHC services across the country.

Health Workforce:

The FMOH shall/ will

- a. Have an adequate number of human resources for the provision of comprehensive EHC services across the country.
- b. Establish a register for all teachers of the deaf across the country.
- c. Establish a body that will certify, license, and regulate all audiological, speech pathology and allied services across the country.
- d. Establish an adequate education and training facility for EHC services across the country.

Medical products, vaccines and technology:

The FMOH shall/ will

- a. Make Hearing aids and other assistive devices available, accessible and affordable to Nigerians (securing necessary waivers to reduce landing costs)
- b. Include EHC medications into the essential drugs list of the country
- c. Achieve herd immunity across the entire country for measles, mumps and meningitis prevention through vaccination
- d. Encourage in-country production of relevant vaccines
- e. Introduce Rubella vaccination for girls below 11 years of age in the NPI
- f. Ensure the availability and accessibility of hearing aid services and assistive devices to all Nigerians.
- g. Ensure that captioning and signing service are incorporated in all television broadcasting network and public events.

Health information and research:

The FMOH shall/ will

- a. Include all relevant information and indicators on EHC in already existing health information system
- b. Establish five additional research centres of excellence in EHC in the country

Health financing:

The FMOH shall/ will

- a. Achieve an efficient, quality, accessible and sustainable health financing system for EHC nationwide

CHAPTER FOUR

Implementation Framework

Aims:

Leadership And Governance:

1. To have a government-led committee, an appointed EHC coordinator, a national strategic plan and activities for EHC advancement being implemented throughout the country.

Service Delivery:

2. To have EHC services (*including surgical and audiological services*) available at all tertiary, some degree of care at the secondary level and basic care at the primary level of health facilities

Health Workforce:

3. To have an adequate number of human resources for EHC (*required for the provision of medical, surgical, audiological, rehabilitative, educational and supportive services*) available in all urban areas and some rural areas of the country.
4. To have available training facilities for health workers, educational facilities for professional training of human resources for hearing care, adequate to provide EHC services for the entire country.

Medical products, vaccines and technology:

5. To have hearing aid services (*including fitting and maintenance*) available and accessible to most people in urban and rural parts of the country, CI (*including follow-up and therapy*) must be accessible in at least 3 designated tertiary centres.
6. To attain at least 80% vaccination coverage against measles, mumps and meningitis and introduce rubella vaccination girls below 11 years of age across the entire country to reduce the incidence of hearing loss from vaccine-preventable diseases

Health information and research:

7. To include all relevant information and indicators on EHC in the existing health information system
8. To have six (6) centres, one in each geo-political zone, including National Ear Care Centre (NECC) to serve as research centres of excellence for EHC by 2023

Health financing:

9. To have most of the expenses for EHC covered through the government-led health financing scheme and affordable for the majority under the NHIS.

CHAPTER FIVE

Strategies to Achieve Key Objectives

1. **Aim:** To have a government-led committee, an appointed coordinator, a national strategic plan and activities for EHC being implemented throughout the country.

Objectives:

- a. *To set up an implementation committee by January 2019 to assist the national coordinator in achieving the set aims.*
 - i. Identify members of the committee
 - ii. Seek approval of identified members/ TOR from HMH
 - iii. Inaugurate the committee
 - iv. Have the inaugural meeting
 - v. Appointment of State EHC coordinators in all states and FCT
- b. *To have a nation-wide universal neonatal hearing screening programme by 2023*
 - i. Prepare advocacy kits by the first quarter of 2019/SBC kits
 - ii. Prepare and present memo through the HMH to the NCH
 - iii. Identify screening centers in all local governments
 - iv. Procure necessary equipment and supplies
 - v. Identify, employ/ redeploy staff for different centers
 - vi. Train personnel
 - vii. Develop/ adapt/ modify global standard screening protocols (see appendix)
 - viii. Launch the centers
 - ix. Sensitize the public on the policy for screening all neonates
 - x. *Commence screening program*
- c. *To have an infant hearing screening programme across the country by 2023*
 - i. Prepare advocacy kits
 - ii. Prepare and present memo at the NCH
 - iii. Identify the screening centers
 - iv. Procure necessary equipment and supplies
 - v. Identify, employ/ redeploy staff for different centers
 - vi. Develop/ adapt/ modify global standard screening protocols (see appendix)
 - vii. Establish the screening centers and launch
 - viii. Sensitize the public on the policy for screening all infants
 - ix. Commence screening program
- d. *To have a universal pre-School hearing screening programme by 2023*
 - i. Prepare advocacy kits
 - ii. Prepare and present memo at the NCH
 - iii. Identify the screening centers
 - iv. Procure necessary equipment and supplies
 - v. Identify, employ/ redeploy staff for different centers

- vi. Develop/ adapt/ modify global standard screening protocols (see appendix)
- vii. Establish the screening centers and launch
- viii. Sensitize the public on the policy for screening all preschool children
- ix. Commence screening program
- e. *To have a geriatrics hearing screening programme in the country by 2023*
 - i. Prepare advocacy kits
 - ii. Prepare and present memo through the HMH to the NCH
 - iii. Identify the screening centers
 - iv. Procure necessary equipment and supplies
 - v. Identify and employ/ redeploy staff for different centers
 - vi. Develop/ adopt/ modify global standard screening protocols (see appendix)
 - vii. Establish the screening centers and launch
 - viii. Sensitize the public on the policy for screening older adults
 - ix. Commence screening program
- f. *To have a nation-wide hearing screening programme for at-risk adults by 2023*
 - i. Prepare advocacy kits
 - ii. Prepare and present memo at the NCH
 - iii. Identify the screening centers
 - iv. Procure necessary equipment and supplies
 - v. Identify and employ/ redeploy staff for different centers
 - vi. Develop/ adapt/ modify global standard screening protocols (see appendix)
 - vii. Establish the screening centers and launch
 - viii. Sensitize the public on the policy for screening all adults at-risk of developing hearing impairment.
 - ix. Commence screening program.
- g. *To conduct hearing screening for all children in the school of the deaf in Nigeria by 2020*
 - i. Prepare advocacy kits
 - ii. Prepare and present memo at the NCH
 - iii. Identify the screening centers
 - iv. Procure necessary equipment and supplies
 - v. Identify, employ/ redeploy staff for different centers
 - vi. Develop/ adapt/ modify global standard screening protocols (see appendix)
 - vii. Establish the screening centers and launch
 - viii. Sensitize the public on the policy for screening all children in schools for the deaf
 - ix. Commence screening program.
- h. *To commence pre- enrolment audiological assessment of pupils admitted into the schools for the deaf across the country by 2020*
 - i. Advocacy visits to the FMOE
 - ii. FMOE to send circular to state ministries on mandatory audiological assessment pre-enrollment into schools for the deaf

- iii. Standardize audiological assessment centers in each state across the country (Get screening equipment & recruit staff)
- iv. Sensitize the stakeholders on the importance of the pre-enrollment audiological assessment
- v. State ministries of education to include enforcement of assessment in their monitoring activities
- i. *To promote the enforcement of existing Environmental and Occupational noise policies nationwide by 2023.*
 - i. Develop an advocacy kit (by implementation committee)
 - ii. Identify the target stakeholders (stakeholder mapping)
 - iii. Identify the advocacy team
 - iv. Embark on the advocacy visit to the Ministry of Environment
 - v. Sensitization of the public on existing laws
 - vi. Set up a multi-stakeholders' enforcement taskforce
- j. *To advocate for the integration of EHC into other relevant/ related and existing policies such as Child Health, Tuberculosis Management, occupational health, strategy for healthy aging, disability policies, provision of assistive devices, sickle cell and school health programme by 2023*
 - i. Develop an advocacy kit (by implementation committee)
 - ii. Identify target stakeholders (Stakeholder mapping)
 - iii. Identify advocacy team
 - iv. Embark on the advocacy
 - v. Write an advocacy report

2. Aim: To have EHC Services (*including surgical and audiological services*) available at all tertiary levels, some degree of care at the secondary and basic care at the primary levels of health facilities.

Objectives:

- a. *To ensure that all THs & FMCs have an established ENT department by 2023*
 - i. Identify the THs and FMCs with an ENT department
 - ii. Identify the THs and FMCs without an ENT department
 - iii. Carry out advocacy visits to the HMH for the establishment of ENT department in all THs and FMCs (by 2nd Quarter of 2019)
 - iv. Issuing out directive by HMH for the establishment of ENT departments in institutions that don't have them
- b. *To ensure that all secondary health facilities have at least an established ENT unit by 2023*
 - i. Develop and present the memo at NCH on the above subject
 - ii. Carry out advocacy visits to state representatives at NCH
 - iii. Follow up on the implementation of the presented memo
- c. *To ensure that essential EHC services (ref WHO manual) are available at all primary health centres by 2023*
 - i. Develop and present a memo at NCH on the above subject
 - ii. Carry out advocacy visits to state representatives at NCH
 - iii. Follow up on the implementation of the presented memo

- d. *To have continuous health awareness programs on EHC in each LGA of the federation by 2023*
 - i. Convene a meeting of experts.
 - ii. Develop IEC materials
 - iii. Pre-test the IEC materials.
 - iv. Produce the IEC materials.
 - v. Roll out and disseminate the IEC materials (on World Hearing Days in Nigeria)
 - vi. Mass-mobilize for sensitization
- e. *To include EHC awareness programs in the community health outreach of the Primary Health care by 2023*
 - i. Carry out advocacy visits State Primary Health Care Boards through NCH
 - ii. Provide IEC materials at the community level
 - iii. Train Community Health Workers at the state level on EHC
- f. *To create a manual on EHC services available at different levels of care by 2019*
 - i. Identify Experts to create the manual
 - ii. Convene a meeting of the experts
 - iii. Develop a draft manual within 3 months after inauguration
 - iv. Print the Manuals
 - v. Disseminate the Manuals

3. Aim: To have an adequate number of human resources for EHC (*required for the provision of medical, surgical, audiological, rehabilitative, educational and supportive services*) available in all urban areas and some rural areas of the country.

Objectives:

- a. *To produce at least one hundred and fifty (150) additional ENT surgeons or specialists by 2023*
 - i. Identify the training institutions
 - ii. Determine the number of ENT surgeons that can be trained per institution
 - iii. Advocate to the postgraduate training colleges (National Postgraduate Medical College of Nigeria and West African College of Surgeons); to increase the Residents (Trainees)-consultants (Trainers) ratio
 - iv. Advocate to the committee of CMDs/MDs to increase the number of ENT residency slots in their institutions
- b. *To have at least 1 clinical audiologist per training center by 2023*
 - i. Advocate to the CEOs of Training centers to encourage training in clinical audiology.
 - ii. Advocate to the Committee of Vice chancellors to support the establishment of training centres
 - iii. Reach out to the Committee of Provosts of College of Medicine/ Health Sciences to support the establishment of training centres

- iv. Liaise with the National University Commission (NUC) to establish curriculum
 - v. Encourage ENT surgeons and medical personnel to enroll in audiology programs
 - vi. Employ clinical audiologists where needed.
 - vii. Reach out to Nigerian audiologists in diaspora through the FMOH diaspora unit.
- c. *To have at least 1 speech pathologist for each training center by 2023*
- i. Advocate to the CEOs of Training centers to encourage training in speech pathology.
 - ii. Advocate to the Committee of Vice-Chancellors to support the establishment of training centres
 - iii. Reach out to the Committee of Provosts of College of Medicine/ Health sciences to support the establishment of training centres
 - iv. Reaching out to the Committee of Provosts of College of Medicine/ Health Sciences to support establishment of training centres
 - v. Employing speech pathologists where necessary
 - vi. Reach out to Nigerian speech therapists in diaspora through the FMOH diaspora unit
- d. *To have at least 3 audiological technicians per training Centre by 2023.*
- i. Carry out advocacy visits to the CEOs of Training centers to encourage the training of audiological technicians
 - ii. Reactivate the defunct training centres in Nigeria
 - iii. To have a clear definition of the regulatory body in charge of this group
 - iv. Encourage CEOs of training centres to employ audiological technicians.
- e. *To have at least 1 ENT Nurse in each secondary health care facility by 2023*
- i. Prepare and present a memo on the above subject at NCH
 - ii. Carry out advocacy visits to State representatives
 - iii. Follow up on the implementation of the presented memo
- f. *To produce an additional 300 ENT Nurses by 2023*
- i. Carry out advocacy visits to Nursing and Midwifery Council of Nigeria (NMWCN) to make a reasonable concession to scale up the current teaching capacity and output
 - ii. Carry out advocacy visits to the CEOs of the training institutions towards increasing capacity of the existing training centres.
- g. *To have an established register for all teachers for the Deaf by 2020*
- i. To reach out to the Teachers Registration Council of Nigeria and other relevant stakeholders
 - ii. Obtain the list of the Teachers for the Deaf
 - iii. Create a Register
 - iv. Regular (Annual) Update of the Register
- h. *To train 500 deaf teachers by 2023*
- i. Carry out advocacy visits to Deaf Teachers Association on Nigeria
 - ii. Carry out advocacy visits to the HMH
 - iii. Carry out advocacy visits to the Federal Ministry of Education

- iv. Identify potential partners to support the training of teachers and source for funds
- v. Identify the number of teachers needed per state
- vi. Identify potential trainees and training centres in and out of the country
- vii. Train teachers across all the states of the federation
- viii. Employ teachers for the deaf in all states

- i. *To ensure rescreening of children in the schools for the deaf to identify those that can be rehabilitated and mainstreamed into conventional schools*
 - i. Advocacy visits to the State Ministries of Education through the National Council on Education
 - ii. Identify the Schools for the Deaf across the country
 - iii. Deployment of screening equipment in areas where necessary
 - iv. Recruit Adhoc staff where necessary
 - v. Identify pupils that can be rehabilitated
 - vi. Develop rehabilitation/ mainstreaming plan
 - vii. Rehabilitate identified pupils
 - viii. Commence the mainstreaming process

4. Aim: To have available training facilities for health workers, educational facilities for professional training of human resources for hearing care, adequate to provide EHC services for the entire country.

Objectives:

- a. *To establish at least 1 additional NECC in the southern part of the country by 2023*
 - i. Carry out advocacy visits to the HMH on the need to have another NECC
 - ii. Carry out advocacy visits to the Senate Committee on Health
 - iii. Carry out advocacy visits to the House Committee on Health
 - iv. Prepare and present a memo on the establishment of additional NECC to the FEC
 - v. Establishment of additional NECC
- b. *To ensure ENT residency training in all teaching Hospitals/ FMCs by 2023.*
 - i. Identify Teaching Hospitals that are not conducting ENT residency training
 - ii. Carry out advocacy visits to the CMDs (not conducting ENT residency training)
 - iii. Carry out advocacy visits to the postgraduate colleges to support the new centers
 - iv. Get the centers with no residency training equipped
 - v. Employ/redeploy human resources
- c. *To scale up the capacity of existing training facilities to accommodate and produce double the baseline annual output of ENT surgeons by 2023*
 - i. Identify teaching Hospitals that are currently conducting ENT residency training

- ii. Advocacy to the CMDs (currently conducting ENT residency training)
- iii. Carry out advocacy visits to the postgraduate colleges to support the expansion of the centers
- iv. Upgrade the center's equipment
- v. Employ/redeploy human resources
- d. *To establish at least two clinical Audiology training centers by 2023*
 - i. Identify all resource persons in clinical audiology in the country
 - ii. Work with the FMOH diaspora unit to reach out to all Nigerian clinical audiologists outside the country
 - iii. Develop, adopt/ modify training curriculum for the training centers
 - iv. Identify locations to establish the centers
- e. *To re-establish and standardize the 2 training facilities for Audiology Technicians by 2023*
 - i. Identify the road-blocks of the previous programmes
 - ii. Identify challenges
 - iii. Provide solutions to identified challenges
 - iv. Recommence the programme
- f. *To establish an additional training centre for ENT Nurses by 2023*
 - i. Fact-finding assessment of the previous centers
 - ii. Identify challenges
 - iii. Provide solutions to identified challenges
 - iv. Commence the programme
- g. *To strengthen the existing training facility for ENT Nurses by 2023*
 - i. Identify the roadblocks of the previous programmes
 - ii. Identify challenges
 - iii. Provide solutions to identified challenges
- h. *To strengthen the training of Community Health Extension workers (CHEW) to include EHC by 2020*
 - i. Carry out advocacy visits to the CHEW regulatory body
 - ii. Adopt the WHO manual as the training document
 - iii. Present adopted training document to the regulatory body for inclusion into their curriculum

5.Aim: To have hearing aid services (*including fitting and maintenance*) available and accessible to most people in urban and rural parts of the country, CI (*including follow-up and therapy*) accessible in at least 3 designated centres.

Objectives:

- a. *To establish a government-led bulk procurement for hearing aids by 2023*
 - i. Carry out advocacy visits to the HMM, National Assembly, Ministry of Finance, Budget and Planning, Ministry of Defense for the need to embrace the proposed bulk purchase strategy
 - ii. Carry out advocacy visits to the committee of CMDs/MDs
 - iii. Needs assessment by the CMDs/MDs
 - iv. Commence the Procurement process
 - v. Distribute

- b. To ensure that dispensing of hearing aids is available in all tertiary facilities by 2023
 - i. Carry out advocacy visits to all tertiary hospitals offering ENT services for the need of dispensing of hearing aids
 - ii. Tertiary hospitals to adopt the national bulk purchasing strategy.
- c. *To establish a government-led CI programme in at least 3 designated tertiary centers in the country by 2023*
 - i. Identify institutes that have C.I programs and strengthen them and establish where they are not in existence
 - ii. Identify centers with previous CI programme
 - iii. Identify the roadblocks of the previous programmes
 - iv. Identify challenges
 - v. Provide solutions to identified challenges
 - vi. Develop partnerships with CI manufacturers
- d. *To establish a government-led bulk procurement for CI by 2023*
 - i. Carry out advocacy visits to the HMH, National Assembly, Ministry of Finance, Budget and planning, Ministry of Defense for the need to do a bulk purchase
 - ii. Carry out advocacy visits to the CMDs/MDs of 3 future designated tertiary institution for the CI services
 - iii. Carry out needs assessment- the concerned CMDs/MDs
 - iv. Commence Procurement process
 - v. Distribute CIs
- e. *To ensure that captioning and sign language services are incorporated in all television broadcasting networks and public events by 2023*
 - i. Carry out advocacy visits to *Ministry of Information, Education and Office of the Head of Civil Service of the Federation*
 - ii. Carry out advocacy visits to *National Broadcasting Commission*
 - iii. Carry out advocacy visits to *National Assembly*
 - iv. *Enact and enforce related laws*

6. Aim: To attain at least 80% vaccination coverage against measles, mumps and meningitis and to introduce rubella vaccination to girls under 11 years of age across the entire country in order to reduce the incidence of hearing loss from vaccine-preventable diseases

Objectives:

- a. To attain at least 80% immunization coverage against Measles, Mumps and Meningitis in all the states of the federation and the FCT by 2023
 - i. Carry out advocacy visits to NPHCDA, GAVI and WHO and HMH, PMGMAN
 - ii. Identify and carry out advocacy visits to other global players in the vaccine industry
 - iii. Promote and create awareness on the importance of rubella vaccination across all the states and FCT
 - iv. Identification of LGAs with coverage rates lower than 80% for the three antigens

- v. Develop an implementation plan to scale up efforts to attain at least 80% in all the States and the FCT
 - vi. To intensify implementation activities of the “3M” vaccines and improve sustainability within the framework of the NPI
- b. To introduce vaccination against rubella for girls below 11 years of age in all the states of the federation and FCT by 2023
- i. Carry out advocacy visits to NPHCDA, GAVI and WHO
 - ii. Identify and carry out advocacy visits advocacy to other global players in the vaccine industry
 - iii. Promote and create awareness on the importance of rubella vaccination across all the states and FCT
 - iv. Distribute IEC materials to schools, market places and worship centers
 - v. Commence implementation activities of rubella vaccination and improve sustainability within the framework of the NPI
7. **Aim:** To include all relevant information and indicators on EHC in the existing health information system.

Objectives:

- a. *To have EHC information and indicators on the National Census and National Survey Database by 2023.*
 - i. Identify indicators to be included in the database (national census and survey).
 - ii. Write a Memo to HMH requesting for approval for the inclusion of the indicators.
 - iii. Write an advocacy letter to NBS
 - iv. Perform one or more follow-up visit(s) to NBS
 - b. *To advocate for inclusion of EHC indicators on immunization records by 2021.*
 - i. Identify indicators to be included.
 - ii. Carry out advocacy visits to NPHCDA
 - iii. Prepare and present a memo at the NCH.
8. **Aim:** To have six (6) centres, one in each geo-political zone, including NECC, to serve as research centres of excellence for EHC by 2023

Objectives:

- a. *To establish five (5) additional research centers of excellence in EHC by 2023*
 - i. Identify centres that have full/partial accreditation by the medical postgraduate institutions.
 - ii. Develop criteria to identify the most suitable centre in the event of qualification by multiple centres.
 - iii. Carry out advocacy visits to the CMDs/MDs of identified centre(s).
 - iv. Formal designation of centres as research centres of excellence.

- v. Upgrade centres to global standards for research.
 - b. *To conduct a national survey on EHC by 2020 using the centres as anchor points.*
 - i. Identify the indicators required and state survey objectives.
 - ii. Develop a survey plan.
 - iii. Seek political support and funding.
 - iv. Identify and train personnel.
 - v. Carry out fieldwork.
 - vi. Analyze results and disseminate.
 - c. *To ensure that each designated EHC research center of excellence initiates at least one (1) clinical research annually.*
 - i. Develop research plans based on the needs in their region.
 - ii. Implementation of plans.
 - iii. Feedback to the Implementation Committee.
 - iv.
9. **Aim:** To have most of the expenses for EHC covered through the government-led health-financing scheme.

Objectives:

- a. *To advocate for budgetary provision/allocation for EHC services by 2020*
 - i. Develop an advocacy kit with info and data
 - ii. Carry out advocacy visits visit to FMOH, Ministry of Budget and National Planning
 - iii. Carry out advocacy visits to the National assembly
 - iv. Prepare and present a memo through the HMH to the NCH
- b. *To get support from partners and corporate organizations for EHC financing by 2020*
 - i. Encourage existing supportive partners
 - ii. Reach out to other potential partners- WHO, UNICEF
 - iii. Give feedback to partners on progress at every level
- c. *To advocate for the states to adopt the Health Insurance Scheme to include EHC services*
 - i. Identify all states that have started the scheme
 - ii. Understudy how successful states have implemented their scheme
 - iii. Identify all existing partners working with State governments
 - iv. Encourage existing and other potential partners to expand their work to the remaining states
 - v. Prepare and present a memo on the above subject at NCH

CHAPTER SIX

MONITORING AND EVALUATION FRAMEWORK

Indicators Reflecting the Aims, Objectives and Activities of Ear & Hearing Care (EHC)

AIM – 1	IMPACT INDICATOR	PERIODICITY	SOURCE OF INFORMATION
To have a government-led committee, an appointed coordinator, a national strategic plan and activities for EHC being implemented throughout the country	Percentage of States implementing EHC Activities in the plan	Annually	Report from NC
SPECIFIC OBJECTIVE – A	OUTCOME INDICATOR		
To setup an implementation committee by January 2019 to assist the National Coordinator in achieving the set aims	<ul style="list-style-type: none"> • Inauguration of Committee • National Coordinator appointed 	Monthly	<ul style="list-style-type: none"> • Terms of Reference from committee • Minutes of Meeting • Strategy document
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> • Identify members of the committee • Seek approval of identified members from HMH • Inaugurate the committee • Inaugural Meeting • Appointment of EHC coordinators in all states and FCT 	Inaugural Meeting event	Monthly	Minutes of Meeting
	INPUT INDICATOR		
	<ul style="list-style-type: none"> • Members identified • Memo to HMH • Invitation for Inauguration • Number of states that appoint EHC coordinators 	Monthly	<ul style="list-style-type: none"> • Report from Desk Officer • Minutes of Meeting
SPECIFIC OBJECTIVE – B	OUTCOME INDICATOR		
To have a nation-wide universal neonatal hearing screening programme by 2023	<ul style="list-style-type: none"> • Percentage of States with neonatal hearing screening programmes • Proportion of neonates screened by State and LGA 	Biannually	<ul style="list-style-type: none"> • Report from NC • Monitoring proforma
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> • Prepare advocacy kit by first quarter of 2019 • Prepare and present a memo at NCH • Identify the screening centers in all Local Government • Procure necessary equipment and supplies • Identify, employ/redeploy staff for different center • Train personnel • Develop/adopt/modify global standard screening protocols • Launch the centers • Sensitize the public on the policy for screening programme 	<ul style="list-style-type: none"> • Completion of the memo • Presentation of memo at NCH 	<ul style="list-style-type: none"> • Monthly • Biannually 	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> • Number of local governments with identified centers • Number of LGAs that have made procurements • Number of employees trained by LGAs • Number of local governments with successfully launched programs • Number of local governments that have carried out sensitization programme 	<ul style="list-style-type: none"> • Quarterly • Biennial 	<ul style="list-style-type: none"> • Memo • Report from NC

SPECIFIC OBJECTIVE – C	OUTCOME INDICATOR		
To have an Infant hearing screening programme across the country by 2023	<ul style="list-style-type: none"> Percentage of States with Infant hearing screening programmes Proportion of Infants screened by State and LGA 	<ul style="list-style-type: none"> Biannually 	<ul style="list-style-type: none"> Report from NC Monitoring proforma
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Prepare advocacy kits Prepare and present memo at the NCH Identify the screening centers Procure necessary equipment and supplies Identify, employ/ redeploy staff for different centers Develop/ adopt/ modify global standard screening protocols Establish the screening centers and launch Sensitize the public on the policy for screening all neonates Commence screening program 	<ul style="list-style-type: none"> Completion of the memo Presentation of memo at NCH 	<ul style="list-style-type: none"> Quarterly Biennial 	<ul style="list-style-type: none"> Memo Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of local governments identified Number of LGAs that have made procurements Number of employees trained by LGAs Number of local governments successfully launched Number of local governments that have carried sensitization programme 	<ul style="list-style-type: none"> Quarterly Biennial 	<ul style="list-style-type: none"> Memo Report from NC
SPECIFIC OBJECTIVE – D	OUTCOME INDICATOR		
To have a universal Pre-School hearing screening programme by 2023	Percentage of States with Pre-school hearing screening programmes Proportion of Geriatrics screened by State and LGA	Biannually	<ul style="list-style-type: none"> Report from NC Monitoring proforma
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Prepare advocacy kits Prepare and present memo at the NCH Identify the screening centers Procure necessary equipment and supplies Identify, employ/ redeploy staff for different centers Develop/ adopt/ modify global standard screening protocols Establish the screening centers and launch Sensitize the public on the policy for screening all neonates Commence screening program 	<ul style="list-style-type: none"> Completion of the memo Presentation of memo at NCH 	Biannually	<ul style="list-style-type: none"> Memo Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of local governments identified Number of LGAs that have made procurements Number of employees trained by LGAs Number of local governments successfully launched Number of local governments that have carried sensitization programme 	Annually	Reports from NC

<p>SPECIFIC OBJECTIVE – E</p> <ul style="list-style-type: none"> To have a geriatrics hearing screening programme in the country by 2023 	<p>OUTCOME INDICATOR</p> <ul style="list-style-type: none"> Percentage of States with Geriatric hearing screening programmes Proportion of Geriatrics screened by State and LGA 	<p>Biannually</p>	<ul style="list-style-type: none"> Report from NC Monitoring proforma
<p>ACTIVITIES</p> <ul style="list-style-type: none"> Prepare advocacy kits Prepare and present memo at the NCH Identify the screening centers Procure necessary equipment and supplies Identify, employ/ redeploy staff for different centers Develop/ adopt/ modify global standard screening protocols Establish the screening centers and launch Sensitize the public on the policy for screening all neonates Commence screening program 	<p>OUTPUT/PROCESS INDICATOR</p> <ul style="list-style-type: none"> Completion of the memo Presentation of memo at NCH 	<p>Biannually</p>	<ul style="list-style-type: none"> Memo Report from NC
	<p>INPUT INDICATOR</p> <ul style="list-style-type: none"> Number of local governments identified Number of LGAs that have made procurements Number of employees trained by LGAs Number of local governments successfully launched Number of local governments that have carried out sensitization programme 	<p>Quarterly</p>	<p>Report from NC</p>
<p>SPECIFIC OBJECTIVE – F</p> <p>To have a nation-wide hearing screening programme for at-risk adults by 2023</p>	<p>OUTCOME INDICATOR</p> <p>Percentage of States with hearing screening programmes for at-risk adults</p> <p>Proportion of at- risk adult screened by State and LGA</p>	<p>Biannually</p>	<ul style="list-style-type: none"> Report from NC Monitoring proforma
<p>ACTIVITIES</p> <ul style="list-style-type: none"> Prepare advocacy kits Prepare and present memo at the NCH Identify the screening centers Procure necessary equipment and supplies Identify, employ/ redeploy staff for different centers Develop/ adopt/ modify global standard screening protocols Establish the screening centers and launch Sensitize the public on the policy for screening all neonates Commence screening program 	<p>OUTPUT/PROCESS INDICATOR</p> <ul style="list-style-type: none"> Completion of the memo Presentation of memo at NCH 	<ul style="list-style-type: none"> Monthly Biannually 	<ul style="list-style-type: none"> Memo Report from NC
	<p>INPUT INDICATOR</p> <ul style="list-style-type: none"> Number of local governments identified Number of LGAs that have made procurements Number of employees trained by LGAs Number of local governments successfully launched Number of local governments that have carried out sensitization programme 	<ul style="list-style-type: none"> Quarterly 	<p>Report from NC</p>

SPECIFIC OBJECTIVE – G	OUTCOME INDICATOR		
To conduct hearing screening for all children in the schools for the deaf in Nigeria by 2020	<ul style="list-style-type: none"> • Completion of the memo • Presentation of memo at NCH 	Annually	Publications
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> • Prepare advocacy kits • Prepare and present memo at the NCH • Identify the screening centers • Procure necessary equipment and supplies • Identify, employ/ redeploy staff for different centers • Develop/ adopt/ modify global standard screening protocols • Establish the screening centers and launch • Sensitize the public on the policy for screening all neonates • Commence screening program 	<ul style="list-style-type: none"> • Number of LGAs that have made procurements • Number of employees trained by LGAs • Number of local governments successfully launched • Number of local governments that have carried sensitization programme 	Quarterly	Report from NC
	INPUT INDICATORS		
	<ul style="list-style-type: none"> • Number of local governments identified 	Monthly	Report from NC
SPECIFIC OBJECTIVE – H	OUTCOME INDICATOR		
To commence Pre-enrollment audiological assessment for all pupils admitted to the schools for the deaf across the country by 2021	Percentage of enrolled pupils that went through the process of audiological assessment before admission	Biannually	Monitoring Proforma
ACTIVITIES	OUTPUT/PROCESS INDICATORS		
<ul style="list-style-type: none"> • Advocacy visits to the Federal Ministry of Education • FMOE to send circular to State ministries on mandatory audiological assessment pre-enrollment into schools for the deaf • Standardize Audiological assessment centers in each state across the country (Get screening equipment & Recruit staff) • Sensitization of stakeholders on the importance of the pre-enrollment audiological assessment • State Ministries of Education to include enforcement of assessment in their monitoring activities 	<ul style="list-style-type: none"> • Number of States with that have included enforcement of policy in their activities • Number of states with designated assessment centres • Number of states that have had sensitization programs 	Quarterly	<ul style="list-style-type: none"> • Report from NC • Minutes advocacy meetings • Circular document

	INPUT INDICATOR		
	Number of states that receive FMOE circular	Monthly	<ul style="list-style-type: none"> Report from NC
SPECIFIC OBJECTIVE – I	OUTCOME INDICATOR		
To ensure enforcement of existing Environmental and Occupational noise policies.	Number of states enforcing environmental & occupational noise laws	Annually	<ul style="list-style-type: none"> Monitoring proforma Report from NC
ACTIVITIES	OUTPUT INDICATOR		
<ul style="list-style-type: none"> Advocacy visit to the Ministry of Environment Review existing laws Set up multi-stakeholders' task force in States 	Number of states with enforcement taskforce set up	Quarterly	<ul style="list-style-type: none"> Monitoring proforma Report from NC
	INPUT INDICATOR		
	Number of advocacy to ministry of health		
SPECIFIC OBJECTIVE – J	OUTCOME INDICATOR		
To advocate for the integration of EHC into other relevant/ related and existing policies such as Child Health, Tuberculosis Management, occupational health, strategy for healthy aging, disability policies, provision of assistive devices, sickle cell and school health programme. By 2023	Percentage of existing policies that have EHC policies integrated	Annually	<ul style="list-style-type: none"> Report from NC Monitoring proforma
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Development of an advocacy kit (by implementation committee) Identification of target stakeholders (Stakeholder Mapping) Identification of Advocacy team Carryout advocacy planning Embark on the advocacy Write an advocacy Report 	Number of advocacy reports written to programs	Annually	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Identification of Stakeholders Number of Advocacy team that have been identified Number of advocacy visit carried out 	Quarterly	<ul style="list-style-type: none"> Mem Report from NC
AIM – 2	IMPACT INDICATOR	PERIODICITY	SOURCE OF INFORMATION
To have EHC Services (including surgical and audiological services) available at all tertiary, some degree of care at the secondary and basic care at the primary level of health facilities	<ul style="list-style-type: none"> Percentage of the different strata of care that have the prescribed EHC services operational Number of patients treated for hearing related problems at the different levels of care annually 	Biennial	<ul style="list-style-type: none"> Monitoring proforma Report from Facilities
SPECIFIC OBJECTIVE – A	OUTCOME INDICATOR		
To ensure that all THs & FMCs have an established ENT department by 2023	The Percentage of THs and FMCs that have established ENT Department	Annually	Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Identification of THs and FMCs with ENT Department 	Circular by the FMOH for the establishment	Quarterly	Circular

<ul style="list-style-type: none"> • Identification of THs and FMCs without ENT Department • Advocacy visit to the HMH for the establishment of ENT department in all THs and FMCs (by 2nd Quarter of 2019) • Issuing out directive by HMH for the establishment of ENT departments in institutions that don't have them 	INPUT INDICATOR <ul style="list-style-type: none"> • Number of THs and FMCs identified with ENT Department • Advocacy visit made 	Monthly Quarterly	<ul style="list-style-type: none"> • Data from ORLSON • Report from NC
SPECIFIC OBJECTIVE – B	OUTCOME INDICATOR		
To ensure that all Secondary health facilities have at least an established ENT unit by 2023	Percentage of Secondary Health Facilities from each States	Annually	<ul style="list-style-type: none"> • Data from ORLSON • Monitoring proforma
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> • Development of a memo on the above subject to be presented at NCH • Preparation and presentation of memo at NCH • Advocacy of state representative • Follow up on the implementation of the presented memo 	Number of States followed-up on the memo	Quarterly	Monitoring proforma
	INPUT INDICATOR		
	<ul style="list-style-type: none"> • Number of states reached through their Reps • Letters to Directors of Medical Services through the commissioners 	biannually	<ul style="list-style-type: none"> • Report from the Research Centers of Excellence • Report from NC
SPECIFIC OBJECTIVE – C	OUTCOME INDICATOR		
To ensure that basic EHC services are available at all primary health centres by 2023	Percentage of Primary Health care Facilities from each States	Biennially	Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> • Development of an NCH memo on the above subject • Presentation of memo at NCH • Lobbying of state representative • Follow up on the implementation of the presented memo 	Percentage of LGAs followed-up on implementation		
	INPUT INDICATOR		
	<ul style="list-style-type: none"> • Number of states reached through their Reps • Letters to Primary health care board 	Biannually	<ul style="list-style-type: none"> • Report from the Research Centers of Excellence • Report from NC
SPECIFIC OBJECTIVE – D	OUTCOME INDICATOR		
<ul style="list-style-type: none"> • To have continuous health awareness programs on EHC in each LGA of the federation by 2023 	Percentage of LGAs that have continuous EHC awareness program Estimate of people sensitized	Annually	Monitoring proforma
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> • Convene a meeting of experts • Develop IEC materials • Pre-testing of the IEC materials • Production of IEC materials • Roll out and Dissemination of the IEC materials (on World Hearing Days in Nigeria) 	Numbers of IEC materials produced	Biannually	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> • Convey meeting of experts • Development of the IEC materials • Results from the pre-test 	Biannually	<ul style="list-style-type: none"> • Percentage of LGA that have received the IEC materials

SPECIFIC OBJECTIVE – E	OUTCOME INDICATOR		
<ul style="list-style-type: none"> To include EHC awareness programs in the community health outreach of the Primary Health care by 2023 	Number of state that have included ECH awareness programs	Annually	Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Advocacy to State Primary Health Care Boards through NCH Provide IEC materials at the community level Training on EHC to Community Health Workers at the State level 	Percentage of LGAs that have disseminated IEC materials to community level	Annually	<ul style="list-style-type: none"> Report from NC Monitoring proforma
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Percentage of state that have been reached Percentage of community health workers that have been trained 	Annually	<ul style="list-style-type: none"> Report from NC Monitoring proforma
SPECIFIC OBJECTIVE – F	OUTCOME INDICATOR		
<ul style="list-style-type: none"> To create a manual on EHC services available at different levels of care by 2019 	Percentage of Primary, Secondary and tertiary Institution that have received the Manual by state	Annually	<ul style="list-style-type: none"> Report from NC Monitoring proforma
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Identification of Experts to create the manual Convey a meeting of the experts Development of draft manual within 3 months after inauguration Printing of the Manuals Dissemination of the Manuals 	Number of Manual Hardcopies printed	Quarterly	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> No. of Experts notified No. of meetings Draft manual 	Monthly	<ul style="list-style-type: none"> Minutes of Meeting Report from NC
AIM – 3	IMPACT INDICATOR	PERIODICITY	SOURCE OF INFORMATION
To have an adequate number of human resources for EHC (required for provision of medical, surgical, audiological, rehabilitative, educational and supportive services) available in all urban areas and some rural areas of the country.	Ratio of different cadre of EHC professional to population in each state of the Federation	Biennially	Monitoring proforma
SPECIFIC OBJECTIVE – A	OUTCOME INDICATOR		
<ul style="list-style-type: none"> To produce at least 150 additional ENT surgeons or specialist by 2023 	Percentage of ENT surgeons projected, produced and available annually	Annually	<ul style="list-style-type: none"> ORLSON Postgraduate Colleges
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Identification of the training institutions Determination of the number of ENT surgeons that can be trained per institution Advocacy to the postgraduate training collages (National Postgraduate Medical College of Nigeria and West African College of Surgeons); to 	Number of ENT Surgeons trained	Annually	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of training institution Number of Advocacy team that have been identified Number of advocacy visit carried out 	Annually	<ul style="list-style-type: none"> ORLSON Post graduate colleges

<p>increase the resident (Trainees) to consultant(Trainer) ratio</p> <ul style="list-style-type: none"> Advocacy to the committee of CMDs/MDs to increase the number of ENT residency slots in their institutions 			
SPECIFIC OBJECTIVE – B	OUTCOME INDICATOR		
To have at least 1 clinical audiologist for each training center by 2023	Percentage of Training Centers that have Clinical Audiologist	Annually	<ul style="list-style-type: none"> Report from NC ORLSON
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Advocacy to the CEOs of Training centers to encourage training in clinical audiology. Advocacy to the committee of Vice-Chancellors to support the establishment of training centers Reaching out to the committee of provosts of colleges of Medicine/Health sciences to support establishment of training centers Liaising with the National University Commission (NUC) to establish curriculum Encouraging ENT Surgeons and Medical Personnel to enroll into Audiology programs Employment of Clinical Audiologists where needed Reaching out to Nigerian Audiologists in diaspora by through the FMOH diaspora unit 	Number of new audiologists employed per State	Quarterly	<ul style="list-style-type: none"> Monitoring proforma Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of Advocacy team members that have been identified Number of advocacy visits carried out Number of appointment letters issued Number of Diaspora Audiologists reached 	Monthly	Report from NC
SPECIFIC OBJECTIVE – C	OUTCOME INDICATOR		
To have at least 1 speech pathologist for each training center by 2023	Percentage of centers that have Speech pathologists	Quarterly	<ul style="list-style-type: none"> Report from Facilities Monitoring proforma
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Advocacy to the CEOs of Training centers to encourage training in speech pathology. Advocacy to the committee of Vice Chancellors to support the establishment of training centers Reaching out to the committee of provosts of college of medicine/Health sciences to support 	Number of Speech pathologists employed	Quarterly	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of Advocacy team that have been identified Number of advocacy visit carried out Number of appointment letters issued Number of Diaspora reached 	Quarterly	Report from NC

establishment of training centers <ul style="list-style-type: none"> To employ speech pathologists where necessary Reaching out to Nigerian Speech Therapists in diaspora through the FMOH diaspora unit 			
SPECIFIC OBJECTIVE – D	OUTCOME INDICATOR		
To have at least 3 audiological technicians per training Centre by 2023	Percentage of Training Centers that have audiological technicians	Annually	Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Advocacy to the CEOs of Training centers to encourage training of Audiological Technicians Reactivation of the defunct training centers in Nigeria A clear definition of the regulatory body in charge of this group To encourage CEO's of training centers to employ Audiological Technicians 	Number of Audiological technicians employed	Annually	<ul style="list-style-type: none"> Report from Facilities Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of Advocacy team that have been identified Number of advocacy visit carried out Number of appointment letters issued 	Monthly	Report from NC
SPECIFIC OBJECTIVE – E	OUTCOME INDICATOR		
To have at least 1 ENT Nurse in each secondary Health care Facility by 2023	Percentage of Nurses in each secondary health facilities	Annually	Report from Facilities
ACTIVITIES	OUTPUT/ PROCESS INDICATOR		
<ul style="list-style-type: none"> Preparation and Presentation of an NCH memo on the above subject Advocacy to state representative Follow up on the implementation of the presented memo 	Number of States followed up	Annually	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Completion of the memo Presentation of memo at NCH 	Quarterly	Report from NC
SPECIFIC OBJECTIVE – F	OUTCOME INDICATOR		
To produce additional 300 ENT nurses across all health care facility by 2023	Percentage of ENT nurses projected, produced annually	Annually	Council for Nurses and Midwives
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Advocacy to Nursing and Midwifery Council of Nigeria (NMWCN) to make reasonable concession to scale up current teaching capacity and output. Advocacy to the CEO's of the training institutions towards increasing capacity of the existing training centers 	Plan to increase output	Annually	Council for Nurses and Midwives
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of Advocacy team members that have been identified Number of advocacy visits carried out 	Quarterly	Report from NC

SPECIFIC OBJECTIVE – G	OUTCOME INDICATOR		
To have an established register for all teachers for the Deaf by 2020	Successful establishment of the register	Annually	The Register
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> To reach out to the Teachers Registration Council and other relevant stakeholders in Nigeria Obtain list of the Teachers of the Deaf Create a Register Ensure regular(annual) update of the register 	Availability of the Register	Biannually	<ul style="list-style-type: none"> Schools for the Deaf Register
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of Stakeholders reached out to. Availability of the list 	Quarterly	<ul style="list-style-type: none"> Report from NC The List The Register
SPECIFIC OBJECTIVE - H	OUTCOME INDICATOR		
To train 500 teachers of the deaf by 2023	Percentage of teachers trained annually	Annually	Monitoring Proforma
ACTIVITIES			
<ul style="list-style-type: none"> Advocacy visit to Deaf Teachers association on Nigeria Advocacy visit to the HMH Advocacy visit to the Federal Ministry of Education Identify potential partners to support training of teachers and source for funds Identify number of teachers needed per state Identify potential trainees and training centres in and out of the country Train teachers across all the states of the federation Employ teachers for the deaf in all states 	<ul style="list-style-type: none"> Number of partners identified Number of states with need assessment done Number of states with potential trainees identified Number of states with teachers trained 	Quarterly	<ul style="list-style-type: none"> SC reports Report from NC
SPECIFIC OBJECTIVE – I	OUTCOME INDICATOR		
To ensure rescreening of children in the schools for the deaf to identify those that can be rehabilitated and mainstreamed into conventional school	Percentage of Schools for the Deaf that have complied Number of children mainstreamed	Biennial	<ul style="list-style-type: none"> Report from FMoE Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Advocacy visits to the state ministries of education 	Rehabilitation plan Developed.		Report from NC

<p>through the National Council on Education</p> <ul style="list-style-type: none"> • Identification of the Schools for the Deaf across the country • Deployment of screening equipment in areas where necessary • Recruit ad-hoc staff where necessary • Identify pupils that can be rehabilitated • Develop Rehabilitation/mainstreaming plan • Rehabilitate identified pupils • Commence mainstreaming process 	<p>INPUT INDICATOR</p> <ul style="list-style-type: none"> • Number of Advocacy team that have been identified • Number of advocacy visit carried out • Percentage of areas that have the equipment • Issuing out appointment letters • Number of pupils identified for rehabilitation 	Quarterly	<ul style="list-style-type: none"> • Response from State Ministries of Education • Report from NC
AIM – 4	IMPACT INDICATOR	PERIODICITY	SOURCE OF INFORMATION
To have available training facilities for health workers, educational facilities for professional training of human resources for hearing care, adequate to provide EHC services for the entire country	Percentage of States that have training facilities by the different EHC professional cadre	Annually	Monitoring proforma
SPECIFIC OBJECTIVE – A	OUTCOME INDICATOR		
To establish at least 1 additional NECC in the southern part of the country by 2023	National Ear Care Center Established	Annually	Pronouncement by FEC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> • Advocacy to the HMH on the need to have another NECC • Advocacy to the Senate Committee on Health • Advocacy to the House Committee on Health • Development and presentation of memo on the establishment of additional NECC to the FEC • Establishment of additional NECC 	<p>INPUT INDICATOR</p> <ul style="list-style-type: none"> • Number of Advocacy team that have been identified • Number of advocacy visit carried out • Write a memo to FEC • Present the memo at FEC 	Biannually	Report from NC
SPECIFIC OBJECTIVE – B	OUTCOME INDICATOR		
To ensure ENT residency training in all Teaching Hospitals and Federal Medical Centers by 2023	Percentage of THs/FMCs with ENT Residency training	Biannually	ORLSON/ Postgraduate Colleges
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> • Identify Teaching Hospitals that are not conducting ENT residency training • Advocacy to the CMDs (not conducting ENT residency training) 	<ul style="list-style-type: none"> • Number of Centers equipped • Number of ENT consultants employed/deployed 	Annually	<ul style="list-style-type: none"> • Report from NC • Monitoring proforma

<ul style="list-style-type: none"> • Advocacy to the postgraduate collages to support the new centers • Get the centers equipped • Employ/redeploy human resources 	INPUT INDICATOR <ul style="list-style-type: none"> • Number of THs/FMCs that are not conducting ENT residency training • Number of Advocacy team that have been identified • Number of advocacy visit carried out 	Biannually	Report from NC
SPECIFIC OBJECTIVE – C	OUTCOME INDICATOR		
To scale up the capacity of existing training facilities to accommodate and produce double the baseline annual output of ENT surgeons by 2023	Annual ENT Surgeons output	Annually	Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> • Identify Teaching Hospitals that are currently conducting ENT residency training • Advocacy to the CMDs (currently conducting ENT residency training) • Advocacy to the postgraduate collages to support the expansion of the centers • Upgrade the center’s equipment • Employ/redeploy human resources • Sensitize the public • Scale up training 	Number of Centers equipped	Biennial	Report from NC
	INPUT INDICATOR <ul style="list-style-type: none"> • Number of THs/FMCs that are conducting ENT residency training • Number of Advocacy team that have been identified • Number of advocacy visit carried out 	Annually	Report from NC
SPECIFIC OBJECTIVE – D	OUTCOME INDICATOR		
To establish at least two clinical Audiology training centers by 2023	Number of Clinical Audiology training centers established	Annually	Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> • Identify all resource persons in clinical audiology in the country • Liaise with the FMOH to reach out to Nigerian clinical audiologist in diaspora • Reach out to the resource persons on clinical audiology • Develop, adopt/ modify training curriculum for the training centers • Identify locations to establish the centers 	INPUT INDICATOR <ul style="list-style-type: none"> • Number of Clinical Audiologist in Diaspora reached • Number of Clinical Audiologist in Nigeria identified • Develop a manual • Number of locations identified 	Annually	Report from NC
SPECIFIC OBJECTIVE – E	OUTCOME INDICATOR		
To re-establish and standardize the two training facilities for Audiology Technicians by 2023	Number of functional Audiology technician training centers	Annually	Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
	Solution provided	Annually	Report from NC
	INPUT INDICATOR		

<ul style="list-style-type: none"> Identify the road blocks of the previous programmes Identify challenges Provide solutions to identified challenges Recommence the programme 	<ul style="list-style-type: none"> List of roadblock identified List of challenges identified 	Annually	Report from NC
SPECIFIC OBJECTIVE – F	OUTCOME INDICATOR		
To establish an additional training centre for ENT Nurses by 2023	Number of ENT nurses training centers	Annually	Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Fact finding assessment of the previous centers Identify challenges Provide solutions to identified challenges Commence the programme 	Solution provided	Annually	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> List of roadblocks identified List of challenges identified 	Annually	Report from NC
SPECIFIC OBJECTIVE – G	OUTCOME INDICATOR		
To strengthen the existing training facility for ENT Nurses by 2023	Increase in the number of intake	Annually	Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Identify the road blocks of the previous programmes Identify challenges Provide solutions to identified challenges 	Solutions provided	Annually	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> List of roadblocks identified List of challenges identified 	Annually	Report from NC
SPECIFIC OBJECTIVE – H	OUTCOME INDICATOR		
To strengthen the training of community health extension workers (CHEW) to include EHC by 2020	Increase in number of Community Health Workers with ENT training	Annually	Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Advocacy to the CHEW regulatory body Adopt the WHO manual as the training document Present adopted training document to the regulatory body for inclusion into their curriculum 	Adopted manual presented to the regulatory body	Annually	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of Advocacy team that have been identified Number of advocacy visit carried out WHO Manual adopted 	Annually	Report from NC
AIM – 5	IMPACT INDICATOR	PERIODICITY	SOURCE OF INFORMATION
To have hearing aid services (including fitting and maintenance) available and accessible to most people in urban and rural parts of the country, CI (including follow-up and therapy) accessible in at least three designated centers.	Percentage of patients with hearing loss benefitting* from hearing device- HA and CI	Annually	<ul style="list-style-type: none"> Report from NC Monitoring proforma

SPECIFIC OBJECTIVE – A	OUTCOME INDICATOR		
To establish a government-led bulk procurement for hearing aids by 2023	Budget line established by the FMOH	Annually	FMOH Budget
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Advocate to the HMH for the need to do a bulk purchase Advocate to the committee of CMDs/MDs Needs assessment by the CMDs/MDs Request for tender proposals Selection of qualified companies Supply of the hearing aids Distribute 	Availability of affordable Hearing aids	Annually	Monitoring proforma
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of Advocacy team that have been identified Number of advocacy visit carried out Report on need assessment Number of tenders received Qualified company selected 	Annually	Report from NC
SPECIFIC OBJECTIVE – B	OUTCOME INDICATOR		
To ensure that dispensing of hearing aids is available in all tertiary facilities by 2023	Percentage of tertiary centers that dispense hearing aids	Annually	Monitoring proforma
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Advocacy to all tertiary hospitals offering ENT services for the need of dispensing of hearing aids Tertiary hospitals keying into the nationwide bulk purchasing strategy Advocacy to other stakeholders To advertise in two national dailies and tender journals 	Number of ENT hospitals that sign MOUs on bulk purchasing	Annually	Monitoring proforma
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of Advocacy teams that have been identified Number of advocacy visits carried out Number of dailies with adverts 	<ul style="list-style-type: none"> Quarterly Biannual 	Report from NC
SPECIFIC OBJECTIVE – C	OUTCOME INDICATOR		
To establish a government-led CI programme in at least 3 designated centers in the country by 2023	Percentage of patients that need CI that receive them	Biennially	Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Identify centers with previous CI programs Identify the road blocks of the previous programmes Identify challenges Provide solutions to identified challenges Develop partnership with CI manufactures Recommence the programme 	Number of Centers established	Annually	Monitoring proforma
	INPUT INDICATOR		
	<ul style="list-style-type: none"> List of roadblocks identified List of challenges identified Solution provided 	Quarterly	<ul style="list-style-type: none"> Visitation reports Minutes of meetings
SPECIFIC OBJECTIVE – D	OUTCOME INDICATOR		
To establish a government-led bulk procurement for CI by 2023	Budget line established by the FMOH	Annually	FMOH Budget
ACTIVITIES	OUTPUT/PROCESS INDICATOR		

<ul style="list-style-type: none"> Advocate to the HMM for the need to do a bulk purchase Advocate to the committee of CMDs/MDs Needs assessment by the CMDs/MDs Request for tender proposals Selection of qualified companies Supply of the CI Distribute 	<p>Number of ENT hospitals that receive hearing aids supply</p> <p>INPUT INDICATOR</p> <ul style="list-style-type: none"> Number of Advocacy team that have been identified Number of advocacy visit carried out Report on need assessment Number of tenders received Qualified company selected 	Annually	Monitoring proforma
SPECIFIC OBJECTIVE – E	OUTCOME INDICATOR		
To ensure that captioning and sign language services are incorporated in all Television broadcasting networks and public events by 2023	Percentage of TV Network that signs	Annually	NBC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Advocacy to Ministry of Information Advocacy to National Broadcasting Commission Advocacy to National Assembly 	<ul style="list-style-type: none"> Number of Advocacy team that have been identified <p>INPUT INDICATOR</p> <ul style="list-style-type: none"> Number of advocacy visits carried out 	Annually	Report from NC
		Biannually	Report from NC
AIM – 6	IMPACT INDICATOR	PERIODICITY	SOURCE OF INFORMATION
To attain at least 80% vaccination coverage against measles, mumps and meningitis and introduce rubella vaccination to women of child-bearing age across the entire country in order to reduce the incidence of hearing loss from vaccine preventable diseases	Percentage reduction in incidence of hearing loss from the vaccine preventable disease	Five years	Survey
SPECIFIC OBJECTIVE – A	OUTCOME INDICATOR		
To attain at least 80% vaccination coverage against measles, mumps and meningitis by 2023	Number of States that achieve the 80% immunization coverage rate for the “3M” antigens	Biennially	Monitoring proforma
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Advocacy to NPHCDA, GAVI and WHO Identification and advocacy to other global players in the vaccine industry Promotion and awareness creation on the importance of vaccination against the “3M” across the all the states and FCT Identification of LGAs with coverage rates lower than 80% for the three antigens 	<p>Number of States that have commenced the implementation of proposed new strategy to scale up vaccination coverage</p> <ul style="list-style-type: none"> Number of organizations that advocacies have been made to Completion of coverage rate mapping by LGA Number of states with promotion/ awareness campaigns carried out 	<ul style="list-style-type: none"> Annually Quarterly 	<ul style="list-style-type: none"> Report from NC Monitoring proforma

<ul style="list-style-type: none"> Come up with an implementation plan to scale up efforts to attain at least 80% in all the States and the FCT To intensify implementation activities of the above listed vaccines and improve sustainability within the framework of the NPI 	<ul style="list-style-type: none"> Number of States with completed implementation plan on the “3M” vaccines 		
SPECIFIC OBJECTIVE – B	OUTCOME INDICATOR		
To introduce rubella vaccination to girls less than 11 years of age in all the States and FCT by 2023	Number of states that have commenced rubella vaccination	Biennially	Monitoring proforma
ACTIVITIES	OUTPUT /PROCESS INDICATOR		
<ul style="list-style-type: none"> Advocacy to NPHCDA, GAVI and WHO Identification and advocacy to other global players in the vaccine industry Promotion and awareness creation on the importance of rubella vaccination across all the states and FCT To commence implementation activities of rubella vaccination and improve sustainability within the framework of the NPI 	<ul style="list-style-type: none"> Number of organizations that advocacies have been made to Number of states with promotion/ awareness campaigns carried out 	Annually	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of Advocacy team that have been identified Number of advocacy visits carried out 	Quarterly	Report from NC
AIM – 7	IMPACT INDICATOR	PERIODICITY	SOURCE OF INFORMATION
To include all relevant information and indicators on EHC in the existing health information system.	Number of the country’s data	Annually	FMoH, Planning
SPECIFIC OBJECTIVE – A	OUTCOME INDICATOR		
To have EHC information and indicators on the National Census and National survey data base	EHC Indicators included in the survey instrument	Annually	NBS
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Identify indicators to be included in the database Write a memo to the HMH requesting for approval for the inclusion of the indicators 	Letter written to NBS	Annually	NC report
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Report of the database Memo written 	Quarterly	NC report

<ul style="list-style-type: none"> Write a letter to NBS Follow up visits 	<ul style="list-style-type: none"> Follow up visits made 		
SPECIFIC OBJECTIVE – B	OUTCOME INDICATOR		
To advocate for inclusion of EHC indicators on immunization records	Number of states that have included EHC indicators	Biennially	
ACTIVITIES	OUTPUT PROCESS INDICATOR		
<ul style="list-style-type: none"> Identify indicators to be included in the records Advocacy to NPHCDA Prepare and present an NCH Memo on the above 	<ul style="list-style-type: none"> Existence of indicators on immunization records. Indicator included in cards. 	Annually	Report from NC
	INPUT INDICATOR		
	Number of indicators identified	Biannually	Report from NC
AIM – 8	IMPACT INDICATOR	PERIODICITY	SOURCE OF INFORMATION
To have six (6) centers, one in each geo-political zone, including NECC to serve as research centers of excellence for EHC by 2023	Number of functional EHC research centers of excellence in the country	Annually	Monitoring proforma
<ul style="list-style-type: none"> SPECIFIC OBJECTIVE – A To establish five (5) additional research centers of excellence in EHC by 2023 ACTIVITIES 	OUTCOME INDICATOR		
	Percentage of EHC research centres of excellence established.	Annually	Report from NC Monitoring proforma
	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Identify centers that have full/partial accreditation by medical postgraduate colleges. Develop a criteria to identify most suitable center in the event of qualification by multiple centers Advocate to the CMDs/MDs of Identified centers Formal designation of centers as research centers of excellence Upgrade the centers to global standards for research 	Number of fully upgraded centers	Biannually	Report from Training centers Post graduate colleges
	INPUT INDICATOR		
	Number of centers identified	Quarterly	Report from NC
SPECIFIC OBJECTIVE – B	OUTCOME INDICATOR		
To conduct a national survey on EHC by 2020 using the centers as anchor points.	Publication of the survey	Biennial	Publications
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Identify the indicators required and state survey objectives Develop survey plan Seek for political support and funding Identify and train personnel Carryout field work 	Completion of research proposal No. of personnel trained per center	Annually	Report from NC Training registers
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Analyze result and disseminate Conduct of EHC 	Annually	Report from survey Letter of Intent / MOU

<ul style="list-style-type: none"> Analyze the result and disseminate 			
SPECIFIC OBJECTIVE – C	OUTCOME INDICATOR		
To ensure that each designated EHC research center of excellence to conduct at least one (1) clinical research annually	Number of EHC related publication per center	Annually	Report from NC
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Develop research plans based on the needs in the region. Implementation of plans Feedback to implementation committee 	Number of centers that carry out research	Biannually	Report from NC
	INPUT INDICATOR		
	Number of centers that develop research plans	Biannually	Report from NC
AIM – 9	IMPACT INDICATOR	PERIODICITY	SOURCE OF INFORMATION
To have most of the expenses for EHC covered through government-led health-financing scheme	Coverage of Hearing Aids	Annually	Report from NC
SPECIFIC OBJECTIVE – A	OUTCOME INDICATOR		
To advocate for budgetary provision/allocation for EHC services	Establish a budget line	Annually	FMOH Budget
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Develop an advocacy kit with info and data Advocacy to FMOH and Budget and National planning Advocacy to National Assembly Prepare and present a memo through the HMH to the NCH	Presented memo at NCH	Biannually	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of Advocacy team that have been identified Number of advocacy visit carried out 	Quarterly	Report from NC
SPECIFIC OBJECTIVE – B	OUTCOME INDICATOR		
Support from partners and corporate organizations for EHC financing.	Number of MOUs signed	Annually	MOU
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> Encourage existing supportive partners Reach out to other potential partners –WHO, UNICEF Give feedback to partners on progress at every level 	Number of partners that receive feedbacks	Biannually	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> Number of supporting partners Response from the potential partners 	Biennially	Report from NC

SPECIFIC OBJECTIVE – C	OUTCOME INDICATOR		
To advocate for the States to adopt the Health Insurance Scheme to include EHC services	Proportion of states that run health insurance schemes that cover EHC	Annually	Monitoring proforma
ACTIVITIES	OUTPUT/PROCESS INDICATOR		
<ul style="list-style-type: none"> • Identify all states that have started the scheme • Under study how successful states have implemented their scheme • Identify all existing partners working with state government • Encourage existing and other potential partners to expand their work to the remaining states • Prepare and present a memo through the HMH to the NCH on the subject 	Number of states that implemented the scheme	Annually	Report from NC
	INPUT INDICATOR		
	<ul style="list-style-type: none"> • Number of existing partners • Number of new partners identified 	Annually	Report from NC

**CHAPTER SEVEN
COST PROJECTION**

COST PROJECTION OF THE NATIONAL STRATEGIC PLAN FOR EAR & HEARING CARE IN NIGERIA (2019 - 2023)										
SN	Program	Activities	Qty	Freq.	Unit Cost (₦)	Amount (₦)				
						2019	2020	2021	2022	2023
1	Implementation Committee for EHC	Inauguration of Committee		1		1,500,000	-	-	-	-
2	Advocacy General	Development of advocacy kits and general servicing of advocacy plans				2,000,000	500,000	500,000	750,000	750,000
3	Universal neonatal, infant, pre-school, geriatric, risk adults and school for the deaf hearing screening programmes	Procurement of consumables and equipment for EHC screening		1		300,000,000	200,000,000	150,000,000	100,000,000	100,000,000
4	Monitoring & Evaluation	Training of Personnel	1,000	1		30,000,000	40,000,000	40,000,000	45,000,000	45,000,000
				1		20,000,000	25,000,000	25,000,000	30,000,000	30,000,000
5	Public awareness programs on EHC across the country	Production of media materials (posters, fliers and banners)	20,000	1		6,000,000	6,000,000	6,500,000	7,000,000	7,000,000
		Sensitization campaigns	6	1	2,000,000	12,000,000	12,000,000	15,000,000	15,000,000	15,000,000
		Radio & TV programs	100	2	200,000	4,000,000	3,000,000	2,500,000	2,000,000	2,000,000
6	Production of EHC Manual	Meeting of experts to create manual		2	1,500,000	3,000,000	-	-	-	-
		Printing of manuals	5,000	1	1,000	5,000,000	5,000,000	-	-	-
		Dissemination of manuals		1		500,000	-	-	-	-
7	Establishment of an additional Ear Care Centre in the country (southern part)	Building and equipping the centre	1	1		500,000,000	200,000,000	200,000,000	200,000,000	200,000,000
8	Upgrading of Centres for residency and other professional training in ENTEHC	Procurement of equipment, consumables	12	1	20,000,000	240,000,000	-	-	-	-
9	Procurement of hearing aids and CIs	Bulk procurement of hearing aids and CIs		1		300,000,000	-	-	-	-
						(revolving fund)				
10	Establishment of Research Centres for EHC (in the 6 geopolitical zones)	Upgrade of centres to global research standards	6	1	30,000,000	180,000,000	-	-	-	-
11	National survey on EHC	Implementation exercise and subvention for survey	6	1	1,500,000	9,000,000	6,000,000	6,000,000	6,000,000	6,000,000
						1,613,000,000	497,500,000	445,500,000	405,750,000	405,750,000

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Mr. Francis Ibeke	Secretary
Mr. Ibraheem Salako	Secretary
Mr. Johnpaul Orororo	Secretary

NATIONAL POLICY AND STRATEGIC PLAN FOR EAR AND HEARING CARE 2019-2023



THE FEDERAL REPUBLIC OF NIGERIA
MINISTRY OF HEALTH



AIM

To have a government-led committee, an appointed coordinator, a national strategic plan and activities for EHC being implemented throughout the country



AIM

To have EHC Services (including surgical and audiological services) available at all tertiary levels, some degree of care at the secondary and basic care at the primary levels of health facilities.



AIMS

1 To have an adequate number of human resources for EHC (required for the provision of medical, surgical, audiological, rehabilitative, educational and supportive services) available in all urban areas and some rural areas of the country.

2 To have available training facilities for health workers, educational facilities for professional training of human resources for hearing care, adequate to provide EHC services for the entire country.



1 To have hearing aid services (including fitting and maintenance) available and accessible to most people in urban and rural parts of the country, CI (including follow-up and therapy) accessible in at least 3 designated centres.

2 To attain at least 80% vaccination coverage against measles, mumps and meningitis and to introduce rubella vaccination to girls under 11 years of age across the entire country in order to reduce the incidence of hearing loss from vaccine-preventable diseases

1 To include all relevant information and indicators on EHC in the existing health information system.

2 To have six (6) centres, one in each geo-political zone, including NECC, to serve as research centres of excellence for EHC by 2023

AIM

To have most of the expenses for EHC covered through the government-led health-financing scheme.

NATIONAL POLICY AND STRATEGIC PLAN FOR EAR AND HEARING CARE 2019-2023



THE FEDERAL REPUBLIC OF NIGERIA
MINISTRY OF HEALTH



Leadership and Governance Strategic Objectives

- A. To set up an implementation committee by January 2019 to assist the national coordinator in achieving the set aims.
- B. To have a nation-wide universal neonatal hearing screening programme by 2023
- C. To have an infant hearing screening programme across the country by 2023
- D. To have a universal pre-School hearing screening programme by 2023
- E. To have a geriatrics hearing screening programme in the country by 2023
- F. To have a nation-wide hearing screening programme for at-risk adults by 2023
- G. To conduct hearing screening for all children in the school of the deaf in Nigeria by 2020
- H. To commence pre- enrolment audiological assessment of pupils admitted into the schools for the deaf across the country by 2020
- I. To promote the enforcement of existing Environmental and Occupational noise policies nationwide by 2023.
- J. To advocate for the integration of EHC into other relevant/ related and existing policies such as Child Health, Tuberculosis Management, occupational health, strategy for healthy aging, disability policies, provision of assistive devices, sickle cell and school health programme by 2023:



Service Delivery Strategic Objectives

- A. To ensure that all THs & FMCs have an established ENT department by 2023
- B. To ensure that all secondary health facilities have at least an established ENT unit by 2023
- C. To ensure that essential EHC services (ref WHO manual) are available at all primary health centres by 2023
- D. To have continuous health awareness programs on EHC in each LGA of the federation by 2023
- E. To include EHC awareness programs in the community health outreach of the Primary Health care by 2023
- F. To create a manual on EHC services available at different levels of care by 2019



Health Workforce Strategic Objectives

- 1
 - A. To produce at least one hundred and fifty (150) additional ENT specialists (surgeons & Physician) by 2023
 - B. To have at least 1 clinical audiologist per training center by 2023
 - C. To have at least 1 speech pathologist for each training center by 2023
 - D. To have at least 3 audiological technicians per training Centre by 2023.
 - E. To have at least 1 ENT Nurse in each secondary health care facility by 2023
 - F. To produce an additional 300 ENT Nurses by 2023
 - G. To have an established register for all teachers for the Deaf by 2020
 - H. To train 500 deaf teachers by 2023
- 2
 - A. To establish at least 1 additional NECC in the southern part of the country by 2023
 - B. To ensure ENT residency training in all teaching Hospitals/ FMCs by 2023.
 - C. To scale up the capacity of existing training facilities to accommodate and produce double the baseline annual output of ENT surgeons by 2023
 - D. To establish at least two clinical Audiology training centers by 2023
 - E. To re-establish and standardize the 2 training facilities for Audiology Technicians by 2023
 - F. To establish an additional training centre for ENT Nurses by 2023
 - G. To strengthen the existing training facility for ENT Nurses by 2023



Medical Products, Vaccines And Technology Strategic Objectives

- 1
 - A. To establish a government-led bulk procurement for hearing aids by 2023
 - B. To ensure that dispensing of hearing aids is available in all tertiary facilities by 2023
 - C. To establish a government-led CI programme in at least 3 designated tertiary centers in the country by 2023
 - D. To establish a government-led bulk procurement for CI by 2023
 - E. To ensure that captioning and sign language services are incorporated in all television broadcasting networks and public events by 2023
- 2
 - A. To attain at least 80% immunization coverage against Measles, Mumps and Meningitis in all the states of the federation and the FCT by 2023
 - B. To introduce vaccination against rubella for girls below 11 years of age in all the states of the federation and FCT by 2023



Health Information and Research Strategic Objectives

- 1
 - A. To have EHC information and indicators on the National Census and National Survey Database by 2023.
 - B. To advocate for inclusion of EHC indicators on immunization records by 2021.
- 2
 - A. To establish five (5) additional research centers of excellence in EHC by 2023
 - B. To conduct a national survey on EHC by 2020 using the centres as anchor points.
 - C. To ensure that each designated EHC research center of excellence initiates at least one (1) clinical research annually



Health Financing Strategic Objectives

- A. To advocate for budgetary provision/allocation for EHC services by 2020
- B. To get support from partners and corporate organizations for EHC financing by 2020
- C. To advocate for the states to adopt the Health Insurance Scheme to include EHC services

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial data. This includes not only sales and purchases but also expenses and income. The document provides a detailed list of items that should be tracked, such as inventory levels, customer orders, and supplier invoices. It also outlines the procedures for recording these transactions, including the use of specific forms and the assignment of responsibilities to different staff members.

The second part of the document focuses on the analysis of the recorded data. It describes various methods for identifying trends and anomalies in the financial performance. This includes comparing current data with historical trends, analyzing seasonal fluctuations, and identifying areas where costs are higher than expected. The document also discusses the importance of regular reviews and reports to management, providing a clear and concise summary of the financial situation. It includes a sample report format and a list of key performance indicators (KPIs) that should be monitored.

The final part of the document addresses the overall financial health of the organization. It discusses the impact of the recorded data on the company's profitability and cash flow. It also provides recommendations for improving financial management, such as implementing tighter controls, negotiating better terms with suppliers, and optimizing the pricing strategy. The document concludes with a summary of the key points and a call to action for all staff members to adhere to the established procedures.



**THE FEDERAL REPUBLIC OF NIGERIA
MINISTRY OF HEALTH**

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FOR EAR AND HEARING CARE
2019-2023**

Developed by the
National Technical Working Group

