COMMUNIQUE ISSUED AT THE END OF ONE DAY CIVIL SOCIETY WORKSHOP ON LEGISLATIVE AND POLICY ADVOCACY ON AGRICULTURE, NUTRITION AND HEALTH IN NIGERIA ORGANIZED BY THE CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) HELD AT NASSARAWA GUEST HOUSE, G.R.A KANO ON MONDAY 13TH JULY, 2015.

PREAMBLE:

Civil Society Legislative Advocacy Centre (CISLAC) organized one day Civil Society Workshop on Legislative and Policy Advocacy on Agriculture, Nutrition and Health in Nigeria. The meeting aimed at training civil society groups to understand and effectively demand accountability on Nigeria’s legislative and policy process in the areas of health, nutrition and agriculture. The meeting drew participants from civil society, health and farmer associations and the media. It featured Mallam Y.Z Ya’u, Mrs. M.O Omotoso and Chioma Blessing Kanu as the lead presenters. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

OBSERVATIONS

1. Nigeria health system is structured in accordance to primary, secondary and tertiary healthcare; operated by public, private, international and orthodox health care providers.

2. A nation’s healthcare system is primarily measured by factors such as: life expectancy, rate of medical tourism, high rate of malnutrition, healthcare-personnel-to-patients ratio, and doctor-to-patients ratio.

3. Among the local and international policies and legislation introduced by Nigerian governments to address health related challenges are MDGs, National Malaria Elimination Programme, Safe Motherhood Initiatives, National HIV/AIDS Prevention Plan, National Tuberculosis and Leprosy Control Programme, National Health Act, National Strategic Health Development Plan, National Family Planning Blue Print, National Health Insurance Scheme.

4. Relevant factors threatening effective provision of healthcare system include inadequate data and lack of autonomy at grassroot level, inadequate community education and sensitization, inadequate funding for civil society intervention, corruption, shortage in health care facilities, and poorly motivated healthcare personnel.

5. Effective advocacy and sensitization on health is challenged by inadequate effort by civil society to ensuring impactful execution of governing proposed activities, utilisation of training/workshop outcomes, inadequate in-depth research findings for advocacy on health.
6. Existing wide self-sustainability gaps couple with wastages, and persistent rural-to-urban migration has resulted in drastic reduction in Nigeria’s agricultural productivity.

7. As part of the efforts to improve agricultural productivity in the country, Nigerian government has hitherto introduced and adopted several national, regional, and global programmes and policies on agriculture.

8. Dearth of functional monitoring and supervising agencies like River Basin Development Authority to regulate irrigation farming and boost agricultural productivity.

9. Lack of modern storage facility and poorly utilised agricultural training and resources, discouraging effective participation, production, and exportation of agricultural productivity in commercial quantity.

10. Corruption, inconsistent policy formulation and implementation, weak coordination, lack of proper monitoring and evaluation of existing projects remain impeding factors backpedalling agricultural productivity in Nigeria.

11. Adequate food and optimal nutrition status remain fundamental for nation’s building, secured lives and development.

12. Failure in governance, institutional weaknesses, and the existing socio-cultural attitudes discouraging pregnant mothers from taking nutritious foods in various parts of the country have paved ways for maternal malnutrition and mental retardation in children.

13. Although Nigeria records 53% total malnutrition rate, the North West and North Eastern parts of Nigeria witness highest levels of stunted growth in the country.

14. Sufficient food distribution system in Nigeria is challenged by poor value addition, inadequate storage facilities and seasonal food production.

15. Lack of implementation of the existing National Strategic Plan of Action on Nutrition.

RECOMMENDATIONS

The participants recommended as follows:

1. Evidence-based, well-focused and targeted advocacy to relevant actors on health at federal, state and grassroot levels using national and globally accepted facts and figures.

2. Formulating effective tracking and monitoring mechanisms of various programmes, policies and laws for successful civil society advocacy on health.

3. Understanding the mandates and functionality of various healthcare schemes and healthcare development agencies to solidify evidence for civil society advocacy for effective health care systems at all levels.

4. Understanding and tracking existing national and state’s budgetary allocation on health, considering the regional, continental and global commitments by Nigerian governments on healthcare system.
5. Provision of adequate incentive and creating Conducive environment to encourage the presence of skilled health care personnel in the grassroots; adequate budgetary allocation and effective utilization of the existing funds on health,

6. Adequate education and sensitization across the grassroots by civil society groups to encourage effective youth participation in agricultural training for sustainable agricultural practices and development.

7. Pro-poor agricultural policies and effective implementation of various agricultural programmes and policies to promote rural development, poverty eradication, self-sustainability, food security and employment generation at all levels.

8. Public-private driven agricultural investment to pave way for integrated storage facility, food production and food processing system; and well-focused value chain for impactful comparative advantage.

9. Holistic national effort to combat corrupt practices, inconsistent policy formulation and implementation, weak coordination, poor monitoring and evaluation of various agricultural projects in Nigeria.

10. Reviewing existing agricultural financing system to create enabling environment for affordable agricultural financing and facility to accommodate Small Scale agricultural practices and encourage youth participation and start-ups in agriculture.

11. Well-informed individuals to create positive orientation and encourage consumption of nutritious foods.

12. Political will and provision of storage facilities for maximum storage of foods and promote sufficient food distribution.

13. Increased awareness and sensitization by civil society groups and the media at all levels to encourage exclusive breast feeding, which stands as low as 17% in the ZVS 2013 report by DHS.

14. Liaising with existing forum on nutrition in Kano State such as Civil Society Scaling-up Nutrition in Nigeria (CS-SUNN) to create formidable civil society groups for continuous advocacy on nutrition in the State.

15. Prompt adoption and implementation of the National Strategic Plan of Action on Nutrition in Kano State.

CONCLUSION

The participants expressed appreciation to CISLAC for embarking on the training channeled towards capacity building for civil society capacity to understand and effectively demand accountability on Nigeria’s legislative and policy process in the areas of agriculture, nutrition and health. The participant demonstrated willingness to continue partnering with CISLAC on the initiative. Participants further expressed gratitude to the organizers noting that the
engagement was revealing and indeed an opportunity to begin to engage legislative process on health, nutrition and agriculture.

Signed:

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