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 SHERATON LAGOS HOTEL, IKEJA, LAGOS ON THURSDAY 30TH APRIL, 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 Dr. Olayinka Adekugbe, Dr. Babatunde Bello and Chioma Blessing Kanu as the lead presenters. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

OBSERVATIONS

1. As nutrition remains essential to galvanize human growth and development, and accelerate progress on key economic development, malnutrition results in impaired physical and mental growth, higher maternal mortality, and low weight gain.
2. Although children from poorest economic quartile remain the most vulnerable to malnutrition, malnutrition is triggered by health status, social norms, poverty, ignorance, social inequality, unemployment.
3. While the 2011 global figure revealed that 101 million children under the age of 5 were underweight; and 165 million children under age of 5 were stunted, over 10.5 million children in Nigeria were reportedly stunted.
4. Poor coordination for intervention, lack of political will, lack budgetary allocation, poor multi-sectorial approach to address malnutrition, among other factors discourage effective nutrition level.
5. Over-concentration of agricultural development on policies rather than laws has resulted in poor coordination and lack of sustainability in agricultural interventions.
6. Although in landscape, Nigeria has over 90 million estimated hectares of land, 70% of which is arable; only 40% of the arable land is however, used for merely semi-production and other unproductive agricultural activities.
7. Agricultural remains one of the most difficult, but most rewarding occupations yet to be effectively harnessed to enhance development at all levels.
8. Inconsistency and lack of continuity in policy formulation, top-down planning, lack of coordination, weak agricultural policy, corruption, and delayed in policy implementation have threatened success in agricultural interventions.
9. Lack of pro-poor agricultural policies to address market failure, infrastructural decay, competitive disadvantage, and rural-to-urban disconnection.
10. Inadequate multi-sectorial approach from agriculture to health by civil society groups working on health and agriculture to synergise health and food security.
11. So far, despite enormous resources allocated to the health sector, health programmes and policies are yet to make meaningful impact in lives of common Nigerians.
12. Corruption and lack of proactive intervention to replenish exhausted health facilities results in poor accessibility to healthcare services.
13. Lack of domestication and implementation of both local and international ratified conventions on health slows effort at ensuring compliance with global standard.
14. Inadequate coverage by existing programmes and policies on health for citizens’ needs has posed serious challenge to achieving effective health service delivery.

RECOMMENDATIONS

1. Prompt review and re-consideration for inclusion of South East and South Western parts of the country in the ongoing Civil Society Workshop on Legislative and Policy Advocacy on Agriculture, Nutrition and Health in Nigeria
2. Focusing nutritional intervention on women between 15 to 45 years to promote appropriate reproductive health.
3. Appropriate healthy and complimentary food for children to enhance adequate growth and development.
4. Evidence-based advocacy by civil society groups to generate accurate data and canvass for effective nutrition level in Nigeria.
5. Women empowerment, gender inclusion, adequate access to water and sanitation to enhance nutrition level; and maternity leave for women to encourage appropriate breast feeding for children.
6. Adequate advocacy by civil society groups to the incoming political administration for deliberate political intervention with increased curiosity for community engagement and public sensitization to improve nutrition level.
7. Appreciable political will for agricultural policy transformation into legislation to ensure sustainability in agricultural intervention and create global macro-agronomic environment.
8. Pro-poor agricultural policies with adequate support and incentives for farmers through proper review and reformation of land policies to encourage productive use of land.
9. Proper coordination to ensure organized agricultural programmes and laws; and upgrading agricultural practices to international in standards to boost profitable exportation.
10. Equity and inclusiveness in agricultural policies and laws through bottom-up and participatory approach, consensus-orientation, accountability, and responsiveness.

11. Creation of network among civil society groups to collectively intensify advocacy to relevant stakeholders at all levels to support pro-poor farmers, with persistent sensitization across grassroots.

12. Multi-stakeholders approach from agriculture to health through proper coordination in civil society interventions for connectivity between health and food security.

13. Increased budgetary allocation and judicious utilization of resources to the health sector to concretise implementation of various policies and laws on health.

14. Persistent demand for accountability through tracking and monitoring of resource allocation to health sector, using National Health Act.

15. Proactive replenishment of exhausted health facilities to promote adequate accessibility to healthcare services; and community based awareness to encourage attendance at health facilities.

16. Effective domestication and implementation of both locally and internationally ratified conventions on health to ensure compliance of health services with global standards.

17. Constructive demand for accountability; and enhanced collaboration among civil society group, using SWOT analysis to create formidable coalition to advocate for effective healthcare services.

Signed:

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