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 DOKO INTERNATIONAL HOTEL, MINNA, NIGER STATE ON THURSDAY 17TH SEPTEMBER, 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 about 30 participants from various civil society groups working on health, agriculture and nutrition. It featured Dr. David Olayemi, Mrs. M.O Omotoso and Chioma Kanu as the lead presenters. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

OBSERVATIONS

1. As malnutrition remains a neglected, but silent scourge arising from inadequate food and poor nutrition status, children are the most hit by high level of malnutrition in the world.
2. While Niger state is among the states hit by high burden of malnutrition in Nigeria, an estimated 53% of child deaths in Nigeria has basis of malnutrition problem, and children from the poor economic quartile suffer the severe impacts of malnutrition.
3. Poor access to health care, rising poverty level, failure in governance, institution weakness, gender problems, diseases, food insecurity, and inappropriate feeding are identified causes of malnutrition at all levels.
4. Apart from contributing to the high level of maternal mortality, malnutrition hampers children’s fair chance for development; and results in mental retardation and under-performance in productive world.
5. In spite of the formulated and implemented policies to boost agriculture productivity, Nigeria continues to witness low participation in agriculture, wide funding gaps, rising rural-to-urban migration and food insecurity.
6. Insufficient knowledge and skills on the global acceptable farming system and agricultural production standards discourages exportation of local agricultural production in commercial and profitable quantity.
7. Poor access to water supply, inadequate river basin system and lack of harmonization of various sectors in agriculture among other problems have impeded irrigation farming and intensified farmer-herdsmen tussles.
8. Administrative negligence towards the adoption and implementation of various worthwhile regional, continental and global commitments on agriculture.
9. Despite the available widespread arable landscape for farming in Niger state, agricultural productivity remains largely untapped.
10. Nigeria has second global highest child and maternal mortality rates with one woman dying every 10 minutes from conditions associated with childbirth, and about 600 child deaths daily.
11. In spite of the existing institutions, programmes and policies on health, access to adequate healthcare services remains a major challenge, especially in the grassroots.
12. Inadequate budgetary allocation to health and poor utilization of the existing funds to provide for the attention-seeking healthcare services at all levels.
13. Lack of oversight institution for proper monitoring of fund disbursement to various health and agricultural institutions hampers accountability in funds utilization.

RECOMMENDATIONS

The participants recommended as follows:

1. Adequate support for women participation in agriculture sector to encourage gender inclusiveness and enhance food security.
2. Adequate access to health care, poverty alleviation, good governance, strengthened institution, food security, and appropriate feeding to combat malnutrition at all levels.
3. Persistent and passionate public enlightenment, evidence-based advocacy with accurate data-base by civil society groups to engage relevant stakeholders and canvass support for appropriate nutrition status in the State.
4. Sufficient infrastructural facilities to encourage urban-to-rural migration and improve agriculture productivity at all levels.
5. Prompt domestication and effective implementation of existing national policies and international commitments on agriculture to encourage effective participation in agriculture, combat food insecurity, address inequality, and discourage rural-to-urban migration.
6. Commercialized agricultural productivity through adequate storage facility, increased value chain, agricultural extension services, application of standard operating procedures, marketing system, and distribution channel.
7. Pro-poor agricultural policies with special consideration for adequate river basin facilities to encourage irrigation farming and address farmer-herdsmen tussles.
8. Revitalized agricultural sector through human capacity development, mechanized farming, adequate funding and infrastructure facilities at grassroots levels, and encouraged small scale agriculture productivity.

9. Development of comprehensive and strategic agricultural development plan for transformation into legislation to promote sustainable intervention in agricultural sector.

10. Making agriculture attractive to the youth through adequate training, provision of credit facility, suitable financial incentives to renew commitment in agricultural sector and food security.

11. Leveraging on the existing programmes, policies, legislation and international political commitments on health by civil society groups to hold governments accountable to their responsibilities towards provision of adequate healthcare facilities at all levels.

12. Adequate budgetary allocation and judicious utilization of the available funds to provide for effective healthcare services at all levels.

13. Effective implementation of the existing policies and legislation by the executive to promote impactful healthcare services; and establishment of an agency with proper guidelines to enhance accountability in fund disbursement among various health institutions.

14. Proper mindset at individual levels with well-informed and credible civil society groups to drive political will towards provision of adequate healthcare facilities; and strict compliance to professional code of conducts and training and retraining programmes for health workers to encourage appreciative attendance at health facilities.

15. Building synergy and working relationship among civil society groups to create formidable force demanding accountability from relevant authorities on healthcare.

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.

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