COMMUNIQUE ISSUED AT THE END OF TOWN HALL MEETING ON UNDERSTANDING LEGISLATIVE OVERSIGHT FUNCTIONS ON MATERNAL HEALTH ORGANIZED BY THE CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) WITH SUPPORT FROM MAC ARTHUR FOUNDATION HELD AT KATSINA MOTEL, KATSINA ON THURSDAY 8TH MAY, 2014.

PREAMBLE:

Civil Society Legislative Advocacy Centre (CISLAC) organized a one day Town Hall Meeting on Understanding Legislative Oversight Functions on Maternal Health with support from Mac Arthur Foundation. The roundtable drew about 40 participants from Katsina State House of Assembly, District Heads, Local Government Chairman, civil society and the media. The roundtable featured Mallam Dalhatu Yola as the lead presenter and other discussants. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

OBSERVATIONS:

1. Legislation remains a key component in galvanizing efforts and support to improve maternal health, newborn and child health in the States; and legislative committees are the backbone of legislature, as they accord parliaments opportunity to focus on issues more closely.

2. In Nigeria, one in 13 women die in pregnancy or childbirth and maternal mortality is rated 3,200 per 100,000 in Northern Nigeria; and rather than being a matter of joy and pride, pregnancy and delivery raise sleepless concern.

3. Maternal health in Northern Nigeria has been challenged by over concentration of medical personnel in the urban areas at the expense of rural counterparts, poor access to healthcare services, high level of illiteracy, poverty and existing socio-cultural practices.

4. As part of its effort to promote gender equality and show concern towards women related matters, Katsina State House of Assembly recently passed for second reading, a Bill to establish Department of Women and Girl Child at the Local Government level.

5. Katsina State has in existence, District Health Committees as part of its response to community healthcare services.

6. Inadequate transparency and accountability in budgetary process among the three tiers of government; and lack of civil society involvement and participation in legislative process has altered demands for maternal accountability.

7. Inadequate media reportage on maternal mortality, especially in the grassroots.

8. Lack of baseline statistical data on maternal mortality in the State.
9. Inadequate public enlightenment on the need to understand Danger Signs, Safe Delivery Plan, ETS, ELS and Three Delays in childbirth.
10. Unethical attitude of some health personnel discourages attendance at medical centres.

RECOMMENDATIONS

1. Enabling environment to avert needless complication and death of women in pregnancy and childbirth; and easy accessibility to affordable and qualitative Emergency Obstetric Care (EOC); and upgrading existing facilities to cater for effective maternal health services.
2. Concerted efforts to reduce maternal mortality rate in Katsina State to bearest minimum through community participation and sustainability using existing proactive stakeholders such as civil society and developmental partners to encourage women participation in the healthcare.
3. More commitment from legislators to achieve appreciative maternal accountability in Katsina State; and to legislate for the provision of adequate structures to restore human dignity, rights and provide accountability for maternal health.
4. Mandated training and retraining programmes to enhance capacity of health personnel in Katsina State.
5. Massive public awareness and sensitization to restore individual confidence and improve their attendance in maternal healthcare centres; and active advocacy and community mobilization involving relevant stakeholders.
6. Proactive effort by the State Ministry of Information, Local Government Area towards massive awareness creation on the Danger Signs and Safe Delivery Plan, ETS, ELS and Three Delays.
7. Effective infrastructural facilities such as road network, ambulance, mobile clinic to provide for accessible and deliverable maternal health services.
8. Increased media reportage and sensitization on maternal mortality, especially in the grassroots.
9. Strengthening hospital capacity to recognize and attend to various signals such as Danger Signs, Safe Delivery Plan, ETS, ELS and Three Delays in childbirth; effective effort by the Katsina State Government to increase mobile ambulance services and provision of emergency transport system across the grassroots.
10. Strict compliance by health workers to medical code of ethics.

CONCLUSION

The participants expressed their appreciation to CISLAC for embarking on the town hall meeting and to Mac Arthur Foundation for providing the support to this all important program.
channeled towards promoting maternal and child health as well as increased knowledge amongst stakeholders. The State Government strongly supports the initiative of promoting maternal health. Participants expressed gratitude to the organizers noting that the engagement was revealing and indeed an opportunity to begin to create bigger conversation amongst players on maternal and child health in the Katsina State. It was a consensus that a private bill be sponsored by civil society groups to facilitate the participation of civil society in legislative process. The programme also provided enabling platform for the participants to draw work plan on implementing maternal health strategies in Katsina State.

Signed:

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