COMMUNIQUE ISSUED AT THE END TOWN HALL MEETING ON STRENGTHENING EXISTING MDGs COMMITTEE IN THE KATSINA STATE HOUSE OF ASSEMBLY ORGANIZED BY THE CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) WITH SUPPORT FROM MAC ARTHUR FOUNDATION HELD AT KATSINA MOTEL, KATSINA ON WEDNESDAY 7th MAY, 2014.

PREAMBLE:

Civil Society Legislative Advocacy Centre (CISLAC) organized a one day Town Hall Meeting on Strengthening Existing MDGs committee in the Katsina State House of Assembly with support from Mac Arthur Foundation. The roundtable drew about 20 participants from Katsina State House of Assembly, civil society and the media. The roundtable featured Chioma Blessing Kanu as the lead presenter and other discussants. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

OBSERVATIONS:

1. Millennium Development Goals (MDGs) presents Nigeria with opportunity for greater equity, prosperity and fulfillment in maternal and child health (i.e. Goal 4 and 5 of the MDGs); and Nigeria ranked among the countries facing a setback in the attainment of MDGs.
2. While the responsibility to implementing and achieving MDGs lie not only with the executives, Katsina State legislature holds essential position through effective oversight towards successful implementation and achievement of MDGs.
3. Lack of focus and holistic approach toward the implementation of MDGs has threatened the achievement of MDGs in the States; Katsina State House of Assembly is currently working towards legislation to increase manpower on health and education in the State; and MDGs has put in place 80 healthcare facilities, except manpower and drugs to provide for maternal and child health services.
4. Delayed implementation and inadequate political will towards implementation of MDGs; unchecked illegal immigrants from neighbouring African countries and unfavourable foreign policies have overstretched and sabotaged our medical and education facilities.
5. Lack of reliable and consistent baseline data; huge funding gaps; poor coordination; inadequate parliamentary oversight; lack of transparency and accountability in governance at national level have backpedalled the achievements of MDGs.
6. Lack of women representatives in the Katsina State House Assembly; inadequate medical personnel on maternal health, especially at the grassroots.
7. Existing socio-cultural factors, male dominance, financial incapacitation, inadequate support has challenged the election of women to the Katsina State House of Assembly and other strategic positions.
8. As against some schools of thought, religion widely practiced in the State demands full-fledged involvement of women in seeking knowledge and does not restrict participation in politics.

9. The current Katsina State House of Assembly is highly progressive and has pioneered several key legislations that have positively impacted on the lives of the citizens.

RECOMMENDATIONS

1. Enhanced legislative oversight to ensure judicious utilization of the existing resources for the maximum provision of maternal and child health.

2. Increased focus and holistic approach towards the implementation of MDGs.

3. Reliable and consistent baseline data; proper funding; effective synergy and coordination among the tiers of government; effective legislative oversight; good governance.

4. Enabling environment and full-fledged socio-political support to promote and encourage women participation and representation in the National and State Assemblies.

5. Well-informed citizens about socio-cultural and religious teachings to avert biased opinion against women involvement and participation in political activities in the State.

6. Well formulated action plan across House Committees and effective constituency outreach to fast-track the achievement of MDGs.

7. Concerted efforts to safeguard the nation’s borders to address corrupt practices in the border management.

8. Strengthened coordination among MDAs, CSOs and active involvement of the media in the implementation of MDGs.

9. Other State Assemblies are encouraged to emulate Katsina State legislature in proactive engagement on developmental issues.

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 strengthening the capacity of MDGs committee with special focus on maternal and child health as well as increased knowledge amongst stakeholders. The State Government strongly supports the initiative of promoting MDGs. 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 MDGs in the Katsina State. Participants further called for enlightenment of rural populace and more sensitization
workshops on maternal health. It was also unanimously agreed that the engagement should set an agenda for effective.

Signed:

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Executive Director, CISLAC

Alhaji Muntaka Magaji Dandago
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Mr. Abdullahi Izma Yamade
Chairman, Nigeria Union of Journalists (NUJ) Katsina State
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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Mallam Yusuf Jubril Abdullahi
Katsina State House of Assembly

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