COMMUNIQUÉ ISSUED AT THE END OF A ONE-DAY EXECUTIVE AND MEDIA ROUNDTABLE ON MATERNAL HEALTH ACCOUNTABILITY ORGANIZED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) WITH SUPPORT FROM THE MACARTHUR FOUNDATION, HELD AT NASSARAWA GUEST HOUSE, KANO STATE ON 10TH MAY, 2018.

PREAMBLE:
Civil Society Legislative Advocacy Centre (CISLAC) organized a One-day Executive and Media Roundtable on Maternal Health. The meeting aimed at bringing Kano state’s executives, civil society and the media under one roof to brainstorm on holistic policy action for timely release of maternal health budgetary and effective implementation, giving cognisance to essential roles of the media and civil society in tracking, reporting and raising policy and public consciousness. The meeting drew participants representing State House of Assembly, State Primary Healthcare Development Agency, Ministries of Budget and Planning, Women Affairs and Education, Civil Society Organizations, and the Media. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

1. There exist some levels of free maternity service for state mainly available for pregnant women at pre-natal and natal stages with regular drugs provision to government’s facilities to complement the service through the Primary Healthcare Development Agency.

2. Inadequate extension and availability of free maternity service across facilities especially in the grassroots.

3. Existing restrictive policy leveled against employment of non-indigenes into the state services backpedals accessibility and exacerbates human resource gaps for healthcare services.

4. Inadequate implementation and compliance to the provisions of Primary Healthcare Law especially in staffing, finance, remuneration and management delays effort at harmonizing Primary Healthcare under one roof for adequate coordination and supervision.

5. Lack of holistic financial autonomy for Local Governments delay provision of adequate, accessible and affordable healthcare system in the grassroots.

6. Through the proposed International Public Sector Accounting Standard by the State Ministry of Planning and Budget in collaboration with Ministry of Finance, appropriate record and tracking of budgetary allocation to sector for full accountability will be enhanced.

7. Capacity gaps among the MDAs in engaging budgetary process delay effort at ensuring accessibility and timely release of funds.

8. The state has introduced Private Health Institution Law to ensure coordination and encourage involvement of the private healthcare institutions into healthcare service for effective healthcare service delivery.
Recommendations

1. Removal of the existing restrictive policy to accommodate employment of non-indigenes into the state services to bridge human resource gaps in the health sector.

2. Full community involvement and participation in various service provisions and facilities provided by the State Primary Health Development Agency to encourage appropriate monitoring, supervision and reporting for improved and sustainable qualitative healthcare services delivery.

3. Full-fledged autonomy for Primary Healthcare Development Agency to ensure appropriate management, funding, coordination and supervision of Primary Healthcare institutions.

4. Persistent follow-up to access budgetary allocation by the line ministries after the approval by the State Executive Council to ensure timely release of funds.

5. Adequate training and retraining programmes for the related personnel across the line MDAs to bridge existing capacity gaps to enhance administrative and management services.

6. Well detailed budget document on the allocation provisions to each component of the health services to enhance clarity and simplification.

Signed:

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3. Khalid Musa
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