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 MAKERA HOTEL, KATSINA STATE ON 27TH APRIL, 2018.

PREAMBLE:
Civil Society Legislative Advocacy Centre (CISLAC) organized a One-day Executive and Media Roundtable on Maternal Health. The meeting aimed at bringing Katsina 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 Ministries of Health, 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:

Observations:

1. The State Government in recent times has embarked on commendable effort to address high patient-to-doctor ratio through persistent recruitment of additional health care personnel, provision of scholarship schemes to medical and science students and introduction of healthcare education across higher institutions.

2. While the existing lopsidedness in salary structure and systemic ghost workers reduce resource allocation and discourage effective performance among health care providers, inadequate supervision of health sector and capacity gaps among health workers impede accessibility to adequate maternal and child health services.

3. Continued executive-CSOs-media collaboration in maternal health budget scrutiny through the State Accountability Mechanism provides a veritable platform and opportunity for dissemination of budgetary data and information for civil society and media accessibility.

4. The existing State Accountability Mechanism is an enabling platform to ensure citizens’ inclusion and present their perceptions and priorities on maternal and child health budget.

5. Weak usage of social media with continuous shift in citizens’ interest from local to international media reportage limit existing outreach and dissemination of maternal and child health reportage.

6. Inadequate gender mainstreaming and involvement in policy decision making remains a systemic setback in fulfilling policy commitments on maternal and child health.

7. Existing restrictive policy institutionalized against media backpedals independent reporting and investigative journalism on maternal health.
8. Inadequate healthcare infrastructural facilities, theft and sabotage of the existing ones, especially across the grassroots threaten maternal and child health accessibility.

9. Weak supervision of healthcare facilities by relevant authorities paves ways for unethical attitudes of some health workers discouraging several women from attending maternal health services in the State.

Recommendations:

1. Active media to embrace high level professionalism in the coverage and reportage of maternal and child health issues to effectively raise public and policy consciousness on maternal health accountability.

2. Mainstreaming citizens’ priorities in maternal health budgetary provision and composition through persistent consultation with communities and relevant stakeholders by civil society and the media to ensure effective implementation.

3. Addressing human resource gaps through adequate supervision, and engagement of appropriate and qualified health workers with to bridge human resource gaps and increase accessibility to maternal healthcare services.

4. Maternal healthcare policy translation into legislation to ensure sustainability and promote accountability in maternal healthcare services provision and delivery.

5. Adequate provision of the policy document on Free Maternal Health Services among health care providers to enhance greater impact and their working knowledge.

6. Adequate supervision across facilities by line ministries to ensure ethical compliance in service delivery by healthcare workers, especially in the grassroots.

7. Increased media curiosity for maternal and child health accountability through independent reportage, agenda setting and investigative journalism to raise public and policy consciousness on maternal health accountability.

8. Well-informed, independent and evidence-based media coverage to generate factual data and reportage on maternal health in the state.

9. Effective use of socio-media as a tool to enhance independent media reportage and audience interactivity on maternal health issues in the state.

Action points:

1. Ministry of Health to employ professional nutritionists across health facilities to render nutritional services to complement maternal and child health services.

2. Ministry of Education to enhance maternal health component in the state’s educational curriculum; and sustain recruitment of graduates of Nursing School to bridge human resource gaps in the state’s health sector.

3. Civil Society group to sustain advocacy for collaborative effort among underlining Ministries to improve synergy in activities and maternal health funding.

4. Civil Society to facilitate intensified awareness towards the domestication and implementation of the National Health Act.
5. Media to increase professionalism and independency in coverage and reportage by leveraging social media to enhance audience interactivity.

Signed:

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