COMMUNIQUE ISSUED AT THE END OF CSOs-LEGGISLATIVE-EXECUTIVE ROUNDTABLE ON MATERNAL HEALTH ORGANIZED BY THE CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) WITH SUPPORT FROM MAC ARTHUR FOUNDATION HELD AT 3 STAR HOTEL DUTSE, JIGAWA STATE ON MONDAY 20th JANUARY, 2014.

PREAMBLE:

Civil Society Legislative Advocacy Centre (CISLAC) organized a one day CSOs-Legislative-Executive Roundtable on Maternal Health with support from Mac Arthur Foundation. The roundtable drew over 20 participants from Jigawa State House of Assembly (including Chairman House Committee on Women Affairs and Chairman House Committee on Information, Youth and Sports), Ministry of Women Affairs, Directorate of Budget and Economic Planning, Civil Society Organizations as well as Development partners. The roundtable featured Mallam Aminu Adamu Ringim, Dr. Muhammad Abdullahi Kainuwa and Mallam Y.Z Ya’u as the lead presenters and other discussants. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

OBSERVATIONS:

1. Inadequate political commitment towards the implementation of various health development frameworks, which Nigeria is signatory to, such as African Charter on Human and Peoples’ Rights, Maputo Declaration on Health, 2000 Millennium Summit, 2007 Abuja Declaration on African Health Strategy, among others, have undermined the achievement of effective health care development across the country.

2. In Nigeria, 12% of children die before reaching the age of five; every 10 minutes one woman dies from conditions associated with childbirth; and only 39% births take place with assistance of medically trained personnel, coupled with the scarcity of skilled attendants, absence of personnel among other factors impede the effectiveness of health services in the country.

3. From 2007, Jigawa state has witnessed decreasing cases of maternal mortality through the efforts of the State Government, Civil Society and Developmental Partners; and Maternal Mortality Rate in the State is estimated at 1,100 deaths per 100,000 live births.

4. In the 2014 appropriation, Jigawa State has allocated 12% of the State budget to health sector; progressive increase in health workers in the State; and out of 6,000 medical facilities in the State, only 230 provide maternal health services.

5. Poor awareness hindered accessibility to maternal health services.

6. Delay in the passage of Free Maternal Newborn and Child Health Bill by Jigawa State House Assembly have threatened sustainability of maternal health services.
7. Inadequate infrastructural facilities have increased the chance to maternal mortality and reduced accessibility to medical facilities.
8. Existing cultural and religion beliefs have discouraged effective accessibility and attendance for maternal medical services.
9. Inadequate scrutiny and supervision of the existing medical facilities have increased shortage of medical attention for maternal mortality in the State.
10. Lack professional commitment and unethical attitudes among medical personnel towards healthcare delivery have sabotaged the State Government’s efforts at reducing maternal mortality.

RECOMMENDATIONS

1. Participatory policy formulation, resource allocation and utilization towards healthcare provision and delivery in Jigawa State.
2. Full-fledged political commitment and budgetary allocation to health sector in Jigawa State.
3. Adequate healthcare infrastructural facilities to restore human dignity, rights and provide accountability for maternal health; and massive recruitment of additional skilled health manpower.
4. Effective utilization of the existing medical services; workable implementation of Safe Motherhood Program; and strengthened Primary Healthcare System, especially at grassroots across the State.
5. Strengthening of Community Health Committees to ensure adequate supervision and deliverable oversight of local health facilities in the State.
6. Massive sensitization, public education and enlightenment, positive attitude and proper orientation among women, especially at grassroots on reproductive health and general health issues.
7. Intensified advocacy and sensitization campaign by Civil Society among traditional and religion leaders on maternal accountability.
8. Increased Executive-Legislative oversight on healthcare sector and immediate passage of Free Maternal Newborn and Child Health Bill by Jigawa State House of Assembly.
9. Constructive collaboration among Legislators, Ministry of Health, CSOs and various stakeholders to enhance provision and service delivery on maternal health in Jigawa State.
10. Increased attention towards youth-adolescents contributions on maternal accountability and access to effective information on family planning and reproductive health.

CONCLUSION:
The participants expressed their appreciation to CISLAC for embarking on the roundtable discussion and to Mac Arthur Foundation for providing the support to this all important program channeled towards Maternal Accountability as well as knowledge amongst stakeholders. The State Government strongly supports the initiative of promoting maternal health among Non-state Actors. 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 health care in the State. It was also unanimously agreed that quality of conversation should set an agenda for effective Maternal Health Policy in the State.

Signed

Mallam Auwal Ibrahim Musa (Rafsanjani)
Executive Director, CISLAC

Mallam Baffa Nayaya
Health, Education and Environment Protection Alliance (HEEPA)

Hajia Halima Isyaku
Director, Ministry of Women Affairs

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development frameworks, which Nigeria is signatory to, such as African Charter on
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2007 Abuja Declaration on African Health Strategy, among others, have undermined the
achievement of effective health care development across the country.

12. In Nigeria, 12% of children die before reaching the age of five; every 10 minutes one
woman dies from conditions associated with childbirth; and only 39% births take place
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attendants, absence of personnel among other factors impede the effectiveness of
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facilities in the State, only 230 provide maternal health services.

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16. Delay in the passage of Free Maternal Newborn and Child Health Bill by Jigawa State
House Assembly have threatened sustainability of maternal health services.

17. Inadequate infrastructural facilities have increased the chance to maternal mortality
and reduced accessibility to medical facilities.

18. Existing cultural and religion beliefs have discouraged effective accessibility and
attendance for maternal medical services.

19. Inadequate scrutiny and supervision of the existing medical facilities have increased
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