COMMUNIQUE ISSUED AT THE END OF CSOs-LEGISLATIVE-EXECUTIVE ROUNDTABLE ON MATERNAL HEALTH ORGANIZED BY THE CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) WITH SUPPORT FROM MAC ARTHUR FOUNDATION HELD AT EPITOME HOTEL AND SUITES, KADUNA ON WEDNESDAY, 11TH DECEMBER, 2013.

PREAMBLE:

The 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 about 30 participants from Kaduna State House of Assembly, Ministry of Health, Ministry of Economic Planning, Ministry of Youth, Ministry of Women Affairs, Committee on Women Affairs and Social Development, Committees on Finance, Youth and MDGs and Kaduna State Primary Healthcare Agency, Civil Society Organization, Media, as well as Development partners. The roundtable featured Dr. Lawal Abubakar, Mallam Y.Z Ya’u and Hajia Bilikisu Yusuf as the lead presenters and other discussants. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

OBSERVATIONS:

1. In Nigeria, one in 13 women dies during pregnancy or childbirth, and 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.
2. Poor 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.
3. Data from National Demographic Health Survey revealed some geographic variations such as: more women and children in the Northern states including Kaduna experience deaths than their Southern counterparts.
4. High level of poverty, illiteracy, socio-cultural and insecurity among citizens in the State, have hindered effective sensitization and awareness on maternal health.
5. Existence of weak primary health care system; only 18.4% of women deliver in health facility in Kaduna State.
6. In spite of the State Government’s efforts to improve on maternal health, women are faced with persistent cases of maternal mortality and morbidity.
7. Lack of accurate data on various health challenges, inadequate policy formulation and implementation in the State has suffered the level of intervention by the government.
8. Poor access to medical and infrastructural facilities, irregular and inadequate staff remuneration, and obsolete health equipment, especially in the rural communities have intensified maternal mortality in the State.
9. Inadequate support for maternal accountability initiatives in the State.
10. Inadequate corporate social responsibility and citizens’ participation toward health sector in the State have stalled effective performance of health care services.

RECOMMENDATIONS:

1. Increased budgetary allocation to health sector; and full-fledged political commitment towards health care services in the country.
2. Adequate healthcare infrastructural facilities to restore human dignity, rights and provide accountability for maternal health; and massive recruitment of additional skilled health manpower.
3. Workable support by various stakeholders on health including members of the State House of Assembly, Executives, CSOs and Media to enable workable achievement on maternal health.
4. Aggressive and sustainable public sensitization and awareness programmes among the people, especially women on maternal health care.
5. Adequate supervision of various health facilities and Primary Healthcare Centres across the State.
6. Sustainable support and supervision towards effective health pro-poor programmes and National Health Insurance Scheme (NHIS) to enhance individual beneficiaries and participations on maternal health in the State.
8. Effective healthcare policy formulation and implementation, effective utilization of available resources, using Freedom of Information Act to engage relevant stakeholders, and encouraged self-sustained citizens in the State.
9. To promote coordination and enhance efficiency, all the Primary Health Care should be brought under the State Primary Health Care Agency.
10. Focus attention of corporate social responsibility to support maternal health in the State; and enhanced government-private sector partnership to ensure effective delivery of existing facilities.

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:

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