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 MACARTHUR FOUNDATION HELD AT MAMBAYYA HOUSE, GWAMMAJA KANO ON THURSDAY, 19TH 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 20 participants from Kano State House of Assembly, Ministry of Health, Ministry of Planning and Budget, Ministry of Information, Civil Society Organization, Media, as well as Development partners. The roundtable featured Dr. Tijani Hussaini 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. 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; while no fewer than 1,025 deaths take place per 10,000 births in Kano State.

2. Non-committed political effort towards the implementation of various health development charters, 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. The State has achieved only 8% (of 15%) of Maputo Declaration on Health; and the existing budgetary allocation crisis among various sectors in the State have posed a setback to the State Government’s commitment and efforts towards the full implementation of 15% declared allocation to health sector.

4. Effective maternal health services in the Kano State have been challenged by a number of factors such as weakness in State House of Assembly and Executives’ oversights on health, Non-passage of Free Maternal Health Bill, and lack of corporate social responsibility.

5. Unethical attitudes of health workers towards patients and socio-cultural believes in the State have discouraged women from attending maternal health services at various hospitals.

6. Rising number of women demanding maternal health services has overstretched the State Government’s existing capacity to reduce maternal mortality.

7. Early child birth, high level of illiteracy, poor access to healthcare services and rising poverty level, have increased prevalence to maternal mortality in the State.

8. Inadequate skilled medical personnel, irregular payment of salary and lack of political transparency and accountability, have intensified the level of maternal mortality in the State.
9. Over-concentration of skilled health personnel in the urban areas has increased the level of vulnerability to maternal mortality among women in the rural communities.

10. Wide gap between the policy makers and Civil Society has posed additional challenges to achievement of effective maternal health provisions in the State.

11. Lack of common data based advocacy on health by CSOs with particular reference to the State Ministry of Health

RECOMMENDATIONS

1. Increased resources and budgetary allocation to health sector; and full-fledged political commitment towards effective implementation of various charters on health care services in the State.

2. Judicious utilization of existing resources allocated to the health sector; accountable, self-sustained, articulated, skillful and objective focused CSOs using Freedom of Information Act (FOI) to promote maternal accountability in the State.

3. Well-informed citizens, increased girl child school enrolment and proper orientation to improve women attendance, participation and access to maternal health services in the State.

4. Prompt involvement of various traditional rulers, community and religious leaders to accelerate community participation towards maternal health services in the State.

5. Adequate healthcare facilities to restore human dignity, rights and provide accountability for maternal health; and massive recruitment and deployment of additional skilled health manpower to the grassroots.

6. Workable collaboration and sustainable partnership among Governments, CSOs, development partners and various stakeholders on public education and enlightenment on maternal health services with adequate capacity building for healthcare providers in the State.

7. Prompt passage of Free Maternal Health care Bill and drastic reduction in the cost of access to healthcare services in the State.

8. Effective citizens’ participatory and inclusiveness in policy framework to drive maternal accountability in the State.

9. Strengthening existing Primary Health Centres and promote sustainable Safe Motherhood Programmes in the State.

10. Sustained Facility Health Committees to oversee the operation of local health facilities; and focus attention and emphasis by various stakeholders on preventive and curative health systems.

11. Common data based advocacy on health by CSOs with particular reference to the State Ministry of 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. CISLAC commends Kano State
Government on its current efforts towards healthcare provision in the State; and for its strong supports towards 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. Also various CSOs under Partnership for the Promotion of Maternal and Child Health in Kano State have collectively agreed to work together towards the promotion of maternal accountability.

Signed

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