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 KATSINA MOTEL, KATSINA ON MONDAY 22ND 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 30 participants from Katsina State House of Assembly (such as Honorable Member Committee on Health), Katsina State MDGs Office, State Hospital Service Management Board, Nigerian Medical Association, National Youth Service Corps, Civil Society Organizations, media organisations as well as Development partners. The roundtable featured Mallam Isyaku Dikko ( Permanent Secretary, MDGs Katsina State) 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. Over the years, Northern part of the country has recorded high level of maternal mortality; and Katsina State is among the States hit by high maternal mortality rate.
2. Inadequate data on the current budgetary allocation to health sector and maternal mortality rate has posed a setback to the level of interventions on maternal mortality in the State.
3. The State Government has established several interventions through MDGs schemes such as funding of special projects and conditional grants scheme to combat maternal mortality and other health related challenges in the State.
4. Early child birth, inadequate public awareness on maternal health and shortage of medical personnel to provide for sustainable maternal and other related health services in the State has aggravated maternal mortality in the State.
5. Delay in the provision of effective infrastructural facilities, theft and sabotage of the existing ones, especially across the grassroots have threatened maternal accountability in the State.
6. Attitudes of some health personnel, existing socio-cultural beliefs, and high level of poverty have discouraged several women, especially in the grassroots from attending maternal health services in the State.
7. Overconcentration of medical facilities in the urban areas at the expense of the rural counterparts in the State.
8. Gender inequality in policy and decision making terrains, lack of public participation and involvement in budgetary processes in the State.
9. Non-existence of Bill or legislation on Free Maternal Newborn and Child Health at Katsina State House of Assembly; and inadequate facilities at Primary Healthcare System in the State.

10. Weak collaboration among CSOs, Executives and Legislators on maternal accountability in the State.

RECOMMENDATIONS

1. Effective political commitment; increased legislative oversights and concerted efforts by various stakeholders to enhance maternal accountability in the State.

2. Massive recruitment of medically trained personnel to strengthen the existing medical attendance; and provision of training and re-training programmes on maternal health for medical personnel in the State.

3. Provision of sufficient infrastructural facilities, especially at the grassroots to combat maternal and infant mortality across the State.

4. Provision of adequate security measures to tackle theft and sabotage on the State’s infrastructural facilities, especially in the grassroots.

5. Radical sensitization campaign, advocacy and public awareness programmes to drive positive individual orientation towards maternal health services across the State.

6. Adequate and accurate data on budgetary allocation to health sector and maternal mortality across the state to assist government and development partners interventions toward maternal health services.

7. Increase in budgetary allocation, supervision and transparency toward the health sector; and intensified focus on preventive rather than curative measures on maternal mortality.

8. Strengthen Primary Healthcare System, judicious utilization of existing resources and workable implementation of health related policies across the State.

9. Continuous demand for gender equality in policy and decision making; enhanced public involvement and participation in budgetary process; and immediate development and presentation for passage, comprehensive Bill on Free Maternal Newborn and Child Health by Katsina State House of Assembly.

10. Increased legislative oversight and supervision to ensure proper professional codes of conduct by medical personnel in the State; and constructive collaboration among CSOs, executives and legislators on effective maternal accountability.

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 increased 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. Participants further called for enlightenment of rural populace and more sensitization workshops on maternal health. It was also unanimously agreed that the engagement should set an agenda for effective Maternal Health Policy in the State.

Signed:

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