COMMUNIQUE ISSUED AT THE END OF A TWO-DAY TRAINING ON BUDGET TRACKING FOR MEDIA CHAMPIONS IN CHILD AND FAMILY HEALTH ORGANIZED BY THE CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISSLAC) WITH SUPPORT FROM PARTNERSHIP FOR ADVOCACY IN CHILD AND FAMILY HEALTH (PACFaH) HELD AT NASSARAWA GUEST HOUSE, KANO ON THURSDAY 10TH AND FRIDAY 11TH MARCH, 2016.

PREAMBLE:

Civil Society Legislative Advocacy Centre (CISSLAC) with support from Partnership for Advocacy in Child and Family Health (PACFaH) organized a 2-day training on budget tracking for media champions in child and family health. The training aims at bringing reputable media champions advocating for, and demanding accountability in child and family health in Nigeria, under one roof for a training on effective process for tracking and monitoring child and family health (Nutrition, Routine Immunisation, Family Planning and Childhood killer diseases) budget. The meeting drew about 30 participants from various media outfits. It featured Mrs. Chinwe Onumonu, Mr. Sunday Okoronkwo, Ndidi Chukwu, Mr. David Akpotor, and Mr. Oluseun Onigbinde as the lead presenters. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

1. Although up to 33% of maternal deaths can be prevented through family planning, in Nigeria, no fewer than 111 women and young girls die daily from conditions associated with pregnancy and childbirth.
2. Family planning remains a sensitive socio-cultural and religious issue, and consequently stalling effective awareness creation on child spacing, especially in the Northern part of Nigeria.
3. The existing National Blue Print on Family Planning cannot be effectively implemented across the states without appropriate consideration for its suitability to local context.
4. Inadequate capacity by civil society groups and the media to jointly advocate for sustainable routine immunization, and provide feedback on the effectiveness of routine immunization programmes and finances.
5. Low media coverage and reportage on issues affecting sustainable finances for routine immunization has resulted in poor individual and policy awareness of the importance of sustainable immunization to child and family health.
6. In February 2016, six Northern states—Kano, Kaduna, Bauchi, Katsina, Sokoto and Yobe signed a tripartite agreement with developmental partners, reiterating their commitments to fund provision for sustainable routine immunization.
7. While child malnutrition features in stunting, wasting, macro-nutrient deficiencies, and overweight, North West remains the worst hit by wasting and stunting burden standing at 27% and 57%, respectively in the country.
8. Inadequate funding, inconsistency in the budgetary allocation and release, and the delayed domestication and implementation of National Strategic Plan of Action on
Nutrition (NSPAN) are endemic challenges to efforts at eradicating malnutrition in Nigeria.

9. As no fewer than 400,000 children die annually from pneumonia and diarrheal diseases in Nigeria, adoption and implementation of global recommendations and guidelines for treatments of pneumonia and diarrhea are restricted by lack of political will and specific budget lines at all levels.

10. In Nigeria, Pneumonia and Diarrhoea are responsible for 16% and 19% deaths, respectively of Under-5 mortality.

11. The key parameters for consideration in budget tracking and reporting include the existing macro-economic environment, inflation rate, GDP growth and exchange rate.

12. Weak supervision of the nation’s procurement price standard and process has paved way for persistent alteration and unrealistic inflation of prices by government institutions.

13. Lack of political commitment to transparency and accountability in the budgetary processes, and weak systemic capacity to effectively interrogate the new Zero-Based Budget.

14. Documented evidence to inform exhaustive budget tracking, analysis and reporting are pre-budget statement, proposed budget, appropriated budget, citizens’ budget, In-year report, and audit report.

15. Effective analysis and reportage of child and family health budget must consider direct impact to wide variety of audience like technical experts, active and inactive literate citizens, and the grassroots.

Recommendations

1. Massive awareness creation on the appropriate compliance to the required medical procedures in administering family planning services to secure individuals’ confidence and acceptance.

2. Providing appreciable access to family planning services through adequate budget provision, fulfilled government’s commitment (London Summit) to family planning related issues.

3. Adopting the National Blue Print on Family Planning to reflect the local or state context to promote effective implementation across the country.

4. Adequate fund provision for routine immunization at all levels through private sector involvement, local production of some vaccine, and creation of transparent Routine Immunisation Trust Fund.

5. Exploring routine immunisation landscape through persistent, exhaustive and strategic media coverage and reportage.

6. Enhanced media advocacy to secure full-fledged political commitment to the implementation of National Health Act, 2014 to save lives of mothers and children.
7. Creation of specific budget line on nutrition across relevant institutions, encourage exclusive breastfeeding, adoption and effective implementation of the costed NSSPAN at all levels to combat endemic malnutrition in the country.
8. Prompt release and effective management of budgeted funds to promote accountability and transparency in government spending on nutrition.
9. Adoption and implementation of the recommendations and guidelines by United Nations Commission on Life-Saving Commodities to combat and mitigate the rising death of children from pneumonia and diarrhea in the country.
10. Local production of less expensive and affordable commodities (Amoxicillin Dispersible tablet and Zinc/LO-ORS) to increase accessibility by communities combating pneumonia and diarrhea.
11. Creation of specific budget line to tackle pneumonia and diarrhea, adequate awareness at all levels, appropriate personal hygiene, and revised guidelines to reflect current global recommendations.
12. Accessing and utilizing states’ specific data to inform evidence-based advocacy by the media to effectively demand accountability for appropriate policy decision on child and family health.
13. Understanding political direction and perception to the fundamental components of budget with clearly defined benefit to effectively track, monitor, and communicate budgetary allocation to child and family health in publicly acceptable manner.
14. Well-informed qualitative and quantitative data generation from community perspectives with specific understanding of the current policy financial projection like Zero-Based Budget to track, analyse and appropriately report price standardization and justification for particular budget line item.
15. Constitutional amendment to legalise openness in budgetary processes and active involvement of media and CSOs to track approval and judicious utilization of budgetary allocation to child and family health, to justify the extent of policy transparency and accountability.

Conclusion

The participants expressed appreciations to CISLAC/PACFaH for embarking on the training channeled towards building their capacity on budget tracking in child and family health. Participants expressed gratitude to the organizers, noting that the engagement was revealing and indeed an opportunity to begin to engage budgetary processes. They demonstrated willingness to continue monitoring, tracking and reporting budget as related to Nutrition, Routine Immunisation, Family Planning, and Childhood killer diseases in their respective states.

Signed:

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