The House of Representatives Committees on Appropriation and Health in partnership Civil Society Legislative Advocacy Centre (CISLAC) organised a two-day retreat for House of Representatives on financing Primary Health Care in Nigeria.

The retreat was aimed at providing a platform for the committees in the House of Representatives to discuss and review current challenges and opportunities in financing Primary Health Care in Nigeria. The retreat drew about 60 participants from House of Representatives, Ministries of Health, Budget and Planning, civil society, and development partners. It featured presentations from experts and representatives of Minister of Budget and National Planning and Health.

After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

**Observations:**

1. While adequate, accessible and affordable health care system is paramount to the survival of the citizens, Nigerian health care system is one of the worst hit by inadequate budgetary allocation, delayed release, lack of judicious utilisation of the existing funds, and poor monitoring that discourage transparency and accountability at all levels.

2. Although Primary Health Care (PHC) remains the most acceptable approach to deliver effective, accessible and acceptable health and services at all levels, effective implementation of PHC objectives has been hampered by lingering inadequate budgetary allocation.

3. Delayed domestication and implementation of the international, continental and regional conventions and protocols on health as well as the 2014 National Health Act, inadequate budgetary allocation to health sector, poor monitoring and lack of judicious utilisation of the existing funds has hampered accountability, and effective provision and distribution of basic health package across the country.

4. Revenue Deficit amounting to N2.2trillion in the 2016 Appropriation Act, and the existing lowest revenue-to-GDP ratio pose inherent challenge to the adequate financing for health care system in Nigeria, including the allocation of statutory 1% Consolidated Revenue Fund as provides in the 2014 National Health Act.

5. Delayed incorporation of Information Communication and Technology into health care management and delivery in the country impedes adequate tracking and monitoring and timely achievement of Primary Health Care objectives.
6. High level conflict of interest and lack of industrial harmony among medical professionals in the public sector.

7. Over-concentration of skilled health workers in the urban areas at the expense of the rural areas health impedes effective health delivery and access to adequate primary healthcare at the grassroots.

8. Improved access, quality and equity in the health sector are enabled by adequate investment, infrastructure, appropriate oversight and effective institutional governance.

9. Lack of political will by some State and Local Governments to fulfil counterpart commitments on health care financing is a great impediment to adequate primary health care in Nigeria.

10. Nigeria has hitherto not independently funded or produced its own vaccine as a result of inadequate funding for health and untapped capacity or technical know-how for the local production of vaccine.

11. Adequate revenue generation in Nigeria to financing critical sector like health is hindered by unchecked illicit financial flows, loopholes in tax collection and administration at all levels.

Recommendations:

1. Institutional Strengthening and Policy Reforms
   a. Integrating Primary Health Care under one roof to improve coordination, effective management, functional and quality healthcare system, especially at local levels.
   b. Adoption of ICT-based approach in the Nigeria health care system management and delivery to attain cost-saving, adequate, accessible and appropriate health service delivery at all levels.
   c. Provision of adequate technology and innovation to generate, analyse and communicate health data disaggregated by gender, age, geographical location, health status amongst others.
   d. Improved incentive and reward system aimed at encouraging and motivating health workers, especially in the rural areas to reduce rural-urban migration of skilled health workers.
   e. Ensuring flexibility in the implementation of the National Health Act 2014 through participatory and inclusive procedures to recognise the various local context and peculiarities impacting on the effective implementation of the Act by the State Governments.
   f. Creation of enabling institutional, legal and policy environment to ensure increased public-private investment in Primary Health Care in order to promote health care technology and innovation and accessible and affordable health care delivery at all level.
2. **Financing Primary Health Care Delivery in Nigeria**
   a. Adequate Primary Health Care financing in Nigeria through enhanced political actions for resource mobilisation and full-fledged implementation of the National Health Act 2014 with prioritised attention to the 1% provision of Consolidated Revenue Fund from the national budget.
   b. Improved budgeting system through performance-based approach to prioritising and addressing endemic challenges confronting the implementation of the National Health Act 2014 and adequate Primary Health Care financing in Nigeria.
   c. Establishing a Ministerial Fund Disbursement Committee to ensure appropriate tracking, monitoring and effective management of the 1% statutory allocation to health, to address inherent problems of counterpart funding to the State Governments.
   d. Development of sustainable self-funded and legislative-backed immunisation plan through the creation of an Immunisation Trust Fund (ITF), a public-private vehicle to fund procurement of vaccines and drive critical research and acquisition of appropriate technologies to encourage local production of immunisation vaccine, with the goal of reducing and eliminating reliance on importation.
   e. Innovative financing of Primary Health Care delivery through various sources within short, medium and long-term such as economic diversification, use of % of existing taxes and additional taxes on Cigarettes and alcohol.
   f. Investment in preventive healthcare services and infrastructure, including the reactivation of DDT as an immediate means to eradicating malarial at all levels.
   g. Local and State governments ought to revive Primary health by making adequate budgetary provisions so the Federal government can face its responsibility of tertiary health care.

3. **Critical Legislative roles in Primary Health Care Delivery in Nigeria**
   a. Strengthening legislative oversight in Primary Health Care financing through legislative-executive collaboration and creation of synergies to promote transparency and accountability in the management of funds for Primary Health Care system.
   b. Proactively creating an enabling environment to ensure effective and sustainable Primary Health care and childhood immunization financing in Nigeria.

Signed:

**Hon Mustapha Bala Dawaki**  
Chair, Committee on Appropriation

**Hon (Mrs) Betty Apiafi**
Chair, Committee on Health Institutions

Hon Chike John Okafor
Chair, Committee on Health Services

Auwal Musa
Executive Director, CISLAC
COMMUNIQUE ISSUED AT THE END OF A TWO-DAY SUMMIT FOR STATE POLICY MAKERS ON FINANCING NUTRITION IN NORTHERN NIGERIA ORGANIZED BY THE FEDERAL MINISTRY OF BUDGET AND NATIONAL PLANNING IN PARTNERSHIP WITH CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) AND UNITED NATIONS CHILDREN’S FUND (UNICEF) WITH SUPPORT FROM UKAID AND CHILDREN’S INVESTMENT FUND FOUNDATION OF UK HELD AT TAHIR GUEST PALACE, G.R.A KANO STATE ON 24TH AND 25TH NOVEMBER, 2016.

Preamble

The Federal Ministry of Budget and National Planning in partnership with Civil Society Legislative Advocacy Centre (CISLAC) and United Nations Children’s Fund (UNICEF) organized a two-day Summit for State Policy Makers on Financing Nutrition in Northern Nigeria. The Summit aimed at bringing the States legislators and high level policy makers from various states under one roof to: understand the complexity and multi-sectoral nature of nutrition; identify opportunities for financing nutrition in the 2017 budget in their respective states, understand existing efforts by the States towards sustainably increasing nutrition investment including nutrition emergency in Northern Nigeria. The meeting drew over 70 leaders from State Houses of Assembly, States Ministries of Health, Budget and Economic Planning, State Executive Secretaries, Federal Ministry of Budget and National Planning, Federal Ministry of Health, civil society groups and the media.

The Summit was attended by Members of the State Houses of Assembly such as Gombe State Chairman House Committee on Health, Hon. Bature G. Usman; Gombe State Chairman House Committee on Finance, Hon. Adamu J. Saidu; Chairman Katsina State House Committee on Health, Hon. Abubakar Mohammed; Yobe State Chairman House Committee on Appropriation, Hon. Bukar Mustapha; Chairman Yobe State House Committee on Health, Hon. Ya’u Usman Dachia; Chairman Kaduna State House Committee on Health, Hon. Dr. Baal Z. Auta; Chairman Kaduna State House Committee on Appropriation and Implementation, Hon. Ahmed Mohammed; Chairman Kano State House Committee on Budget, Rt. Hon. Abdul G. Azeez; Deputy Chairman Bauchi State House Committee on Health, Hon. Sale A. Umar; Deputy Chairman Bauchi State House Committee on Appropriation, Hon. Abdullahi S. Abdulkadir; Chairman Sokoto State House Committee on Finance and Appropriation, Hon. Malami Ahmed Mohammed, Sokoto State Chairman House Committee on Health, Hon. Bature B. Muhammad.

The Summit was also attended by members of the States’ Executives; Kano State Honourable Commissioner for Health, Dr. Kabiru I. Getso; Jigawa State Honourable Commissioner for Health, Dr. Abba Z. Umar; Kebbi State Honourable Commissioner for Health, Umar Usman Kambaza; Yobe State Honourable Commissioner for Budget and Planning, Mr. Idi Barde Gubana; Yobe State Honourable Commissioner for Health, Dr. M.B. Kawuwa; Economic Adviser to the Kaduna State Governor, Alhaji Murtala M. Dabo; Special Adviser to the Bauchi State Governor on Donors and NGOs, Alhaji Mansur Manu Soro; Special Adviser on Budget and Planning to the Bauchi State Governor, Mr. Bello Gidado; Special Adviser on Finance and
Budget to the Adamawa State Government, Mr. Umar Bakari; Permanent Secretary, Jigawa State Ministry of Budget and Economic Planning, Mr. Adamu Muhammad Garun Gabas; Permanent Secretary Borno State Ministry of Budget and Planning, Alhaji Mustapha T. Abba; Permanent Secretary Bauchi State Planning Commission, Mr. Yahuza Adamu; Special Adviser on Health to the Jigawa State Governor, Hon. Bello Umar; Acting Permanent Secretary, Sokoto State Ministry of Budget, Usman Arzika Bodinga.

After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

**Observations:**

1. Malnutrition impacts negatively on the socio-economic development of a nation, and sustainable growth in Northern Nigeria cannot be achieved without prioritised attention to nutrition investment at all levels.

2. Undernutrition remains high in Northern Nigeria with about 2.2 million out of the 2.5 million severely acute malnourished children being from Northern Nigeria. Majority of children do not receive minimum acceptable diet. While 50% child mortality in the country has malnutrition as underlining cause, no fewer than 1200, out of 2600 estimated daily deaths are caused by malnutrition.

3. Delay in domestication and implementation of the existing national policy guidelines on nutrition such as the National Policy on Food and Nutrition and the National Strategic Plan of Action for Nutrition by the States, hampers efforts to addressing nutrition through a multi-sectoral approach by the relevant sectors including health, education, agriculture, water and sanitation, social protection, among others.

4. Inadequate budgetary allocation to nutrition and delay or non-release of nutrition appropriated funds by the state governments are inherent systemic challenges in complementing donors’ efforts in scaling up interventions in nutrition.

5. Having visited treatment site for children with severe acute malnutrition to observe the severity of undernutrition in Northern Nigeria, we are deeply touched and worried that inadequate Ready to Use Therapeutic Foods (RUTF) across the States is a threat to saving lives of children with conditions of severe acute malnutrition, thus defeating the efforts in addressing childhood malnutrition and mortality.


7. Food insecurity, inappropriate feeding habits, poor awareness on acceptable adequate diet, insufficient health facilities and services are contributory factors to maternal and child malnutrition across the North.

**Recommendations:**

1. Prioritize malnutrition as a major health crisis in Northern Nigeria.
2. We commit working towards ensuring government provides funding for procurement of RUTF for CMAM continuation and scale-up in 2017 as well as encourage government to explore opportunities for local production of RUTF.

3. Consider nutrition as a multi-sectoral issue; develop and adopt multi-sectoral policies and implementable costed plans to address the high rates of malnutrition in Northern Nigeria.

4. Immediate release of funds for 2016 nutrition budget and put adequate funds in the 2017 states’ budgets to scale up nutrition interventions, giving consideration to adequate fund provision to maximize and leverage donor resources for treatment of severe acute malnourished children, scale up of infant and young child feeding practices and micronutrients deficiency.

5. Development of legal framework by the State Houses of Assembly to create ownership and institutionalize dedicated nutrition budget lines.

6. Prompt domestication and effective implementation of the National Policy for Food and Nutrition with functional support system and costed Nutrition Plan of Action by the States to provide guidelines and enhance planning for policy formulation towards maternal and child nutrition intervention and financing.

7. Encouraging appropriate and exclusive breastfeeding system through individual re-orientation, community participation and ownership, to address childhood malnutrition and combat childhood killer diseases at all levels.

8. Embracing local capacity in addressing malnutrition through diversification into agricultural sector to boost local remedies, enhanced financial support for Small-Scale farming and Small Scale Enterprises; and appropriate community mobilization, sensitization and awareness.

9. Mainstreaming well-funded nutrition components in the State Primary Health Care systems to ensure that minimum package of nutrition is institutionalized through policy transformation and service delivery.

10. Organize and arrange visits to CMAM sites for our respective colleagues (SHOA, Commissioners and Executives) to better understand the severity and complexity of the malnutrition crisis in our states.

11. Build synergy between the state legislative and executive arms on nutrition interventions

Signed:

1. **Umar Bakari**  
   Special Adviser on Finance and Budget to Adamawa State Governor

2. **Adamu Muhammad Garun Gabas**  
   Permanent Secretary, Jigawa State Ministry of Budget and Economic Planning

3. **Hon. Musa Sule Dutse**  
   Member of Jigawa State House of Assembly

4. **Bello Gidado**  
   Special Adviser on Budget and Planning to the Bauchi State Governor

5. **Yahuza Adamu**
6. Hon. Abdullahi Sa'ad Abdulkadir  
   Deputy Majority Leader, Bauchi State House of Assembly
7. Hon. Rabiu Musa  
   Member, Katsina State House Committee on Appropriation
8. Hon. Nuhu Musa Tama  
   Member of Bauchi State House of Assembly
9. Zayyanu Sayyadi  
   Secretary, Zamfara House Appropriation Committee
10. Abubakar Wakili  
    Director, Gombe State Ministry of Economic and Planning
11. Idi Barde Gubana  
    Yobe State Honourable Commissioner for Budget and Planning
12. Alhaji Mansur Manu Soro  
    Special Adviser to the Bauchi State Governor on Donors and NGOs,
13. Salisu U. Maraji  
    Director Admin & Finance, Kaduna State Ministry of Budget
14. Hon. Ahmed Mohammed  
    Chairman, Kaduna State House Committee on Appropriation and Implementation
15. Hon. Dr. Isaac Z. Auta  
    Member of Kaduna State House Committee on Health
16. Murtala M. Dabo  
    Special Adviser on Economic to the Kaduna State Governor
17. Umar Usman Kambaza  
    Kebbi State Commissioner for Health
18. Hon. Bature G. Usman  
    Chairman Gombe State House Committee on Health & Human Service
19. Mohammed M. Katanga  
    Secretary Jigawa State House Committee on Health
20. Faruk Namalam  
    Director, Sokoto State Primary Health Care Development Agency
21. Kubura Ahmad Bichi  
    Director of Planning and Research, Kano State Planning Commission
22. Hon. Sule A.U  
    Member of Bauchi State House Committee on Health
DECLARATION OF ACTION AFTER A TWO-DAY NUTRITION BUDGET TRACKING WORKSHOP FOR 12 NORTHERN STATES OF NIGERIA ORGANISED BY THE FEDERAL MINISTRY OF BUDGET AND NATIONAL PLANNING IN PARTNERSHIP WITH CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) AND UNITED NATIONS CHILDREN’S FUND (UNICEF) HELD AT GRAND CENTRAL HOTEL, KANO STATE ON 10TH AND 11TH MAY 2017

The Federal Ministry of Budget and National Planning in partnership with Civil Society Legislative Advocacy Centre (CISLAC) and United Nations Children’s Fund (UNICEF) organized a two-day Budget Tracking Workshop for 12 northern states’ Policy Makers and Civil Society. The Workshop aimed at bringing the States Ministries of Health, Agriculture, Budget and Planning, Water Resources, Education, Women Affairs and Social Development and Primary Health Development Agencies with specific nutrition budget under one roof to: collate focused states nutrition budget data (2010-2016 financial year), share and agree on budget tracking methodology and tools to track and analyse nutrition budget allocation, releases and expenditure in state government ministries, departments and agencies and other stakeholders to inform policy and advocacy towards increasing funding to scale up nutrition interventions in the selected states.

The meeting drew over 70 participants from States Ministries of Health, Agriculture, Budget and Economic Planning, States Primary Health Care Development Agencies, Ministry of Budget and National Planning, Federal Ministry of Health, UNICEF Chiefs of Field Office Sokoto and Katsina, Civil Society Organisations and the Media. After exhaustive deliberation on various thematic issues, we the participants:

**Recognised** that proper nutrition, especially within the first 1000 days, provides a sound footing for a brighter start of life with greater potentials of attaining a healthier life, better educational outcomes, and improved productivity in adulthood leading to higher Gross Domestic Product (GDP) of countries.

**Also recognised** that while adequate and sustainable funding for nutrition remains paramount to promote healthy and secured society, sustainable growth in the twelve Northern States that participated in this workshop cannot be achieved without prioritised attention to nutrition investment at all levels.

**Further recognised** that embracing multi-sectoral approach through adequate budgetary allocation to nutrition related activities in the line Ministries, Departments and Agencies will enhance concerted nutrition sensitive intervention as a delivery platform for nutrition specific intervention to address malnutrition scourge in the states.

**Expressed concern** over delay in domestication and implementation of the existing national policy guidelines on nutrition such as the National Policy on Food and Nutrition and the National Strategic Plan of Action for Nutrition by the States, that hampers efforts to addressing nutrition through a multi-sectoral approach.

**Also expressed concern** over inadequate Ready to Use Therapeutic Foods (RUTF) across the States that further poses a threat to saving lives of children with conditions of Severe Acute Malnutrition, thus drawing back the efforts in addressing childhood malnutrition and mortality.

**Noted** that inadequate budgetary allocation to nutrition and delay or non-release of funds allocated for nutrition related activities by some state governments are inherent systemic challenges in complementing donors’ efforts in scaling up interventions in nutrition in view of
the fact most of the current interventions are donor-driven which has serious implications for sustainability.

Also noted that timely release of funds for 2017 nutrition budget implementation will help to scale-up nutrition interventions and leverage donor resources for treatment of Severe Acute Malnutrition, scale up of infant and young child feeding practices and the control of micronutrients deficiency.

Affirmed that supporting domestication and effective implementation of the National Policy on Food and Nutrition with functional State Committee on Food and Nutrition as well as costed Nutrition Plan of Action by the States will provide guidelines and enhance planning for policy formulation towards maternal and child nutrition intervention and financing.

Committed to effectively deploy skills and knowledge gathered from this Workshop to inform evidence-based advocacy in tracking, monitoring and reporting nutrition budget for timely release and judicious utilisation of nutrition budgetary allocation to both nutrition sensitive and nutrition specific interventions in our respective states.

Also committed to work towards adequate budgetary allocation for the procurement of RUTF for Community Management of Acute Malnutrition (CMAM) continuation and scale-up nutrition activities.

Further committed to leverage support from UNICEF to help states develop a budget tracking document to enhance appropriate tracking and monitoring process.

Will prioritize malnutrition as a major health and developmental challenges that is contributing to impeding socio-economic development of Northern Nigeria.

Shall effectively strengthen collaboration among the line Ministries, Departments and Agencies, with specific focus on key developmental sectors and Local Government Authorities to project the nutrition sensitive and nutrition specific interventions.

Resolved to work with Director of Planning with the support of UNICEF in our respective states to utilise the budget documents (2010-2016) to develop a substantive budget tracking document to inform policy decision.

Signed:

S/N NAME STATE MDAs
1. Hussaini Maisamari Yelwa Kebbi MBEP
2. Suleiman Mamman Gmobe State Nutrition Officer
3. George M. Sha’a Adamawa ASPC
4. Dahiru Sambo Usman Bauchi SPC
5. Aminu SARKIN-HATSI KUDAI Jigawa BEPD
6. PHOEBE SUKAI YAYI Kaduna MOBP
7. Abubakar Abande Yobe YOSADP
8. Hyelapila Bwala Borno Budget and Planning
9. Samaila Bakwai Umar Zamfara Zamfara SPHCB
10. Faruku Dandare Sokoto MOA
11. Muhammad Ya’u Kano MOPB
12. Muhammad Kabir Bara’u Katsina Budget and Economic Planning
Civil Society Legislative Advocacy Centre (CISLAC) with support from the UK Department for International Development (DFID) funded Voices for Change programme held a One Day Consensus Building Summit for male political leaders on women political participation in Kaduna State. The Summit held in Asaa Pyramid Hotel on 4th November, 2014, was attended by over 60 participants from various political parties including PDP, I.D, APGA, MPPP, APC, SDP, LP, APA, NNPP, AD, PPA, ADC, PPP, UDP as well as INEC, developmental partner, civil society and the media. After exhaustive deliberations on the aim of the Summit which is to harness the support of male political stakeholders and leaders to become change agents that will stir the current of behavioral changes that will affect the lives of our women and girls, we, the participants:

**Recognise** that gender equality is an imperative for progress on social and economic emancipation and development in societies across world.

**Also recognize** that women constitute more than half of the population in Kaduna State, having their own right with potential, wisdom, talents and skill that they can contribute to develop the State.

**Express our deep concern** about glaring gender gaps in political structures and processes including low numbers of women in political party decision making structures; limited political skills among women in politics; unclear rules and procedures on recruitment and conduct of primaries.

**Note** that although women have great responsibilities in upbringing of a healthy, solid society, but records the lowest rates of political participation in the country; and women in several occasions discriminate against women.

**Also note** that the 1999 Constitution of Federal Republic of Nigeria does not discriminate against women; and women’s roles in the society is socially and culturally determined.

**Further note** that every government is committed towards encouraging men and not women participation in politics as key political positions in the country are largely dominated by men; and women are excluded from power structure both in traditional and political key positions.

**Commit to** take into serious consideration, implementation of at least 35% Affirmative Action for Women at all levels to encourage appreciative participation of women as leaders and decision-makers in households, communities, and in the public and private spheres in the nation’s political decision making in 2015 and beyond.

**Affirm** that education remains the key tool for change and to ensure women self-development and participation in politics.

**Endorse** free education for women to ensure they are well-informed and encourage their full-fledged participation in political affairs; and unite in solidarity, regardless of our status, differences and political affiliations to lead the change we wish to see in Kaduna State.

**Will ensure** women, especially at the grassroots are properly educated to demand accountability and participate effectively in all political affairs in the country.
Shall effectively engage implementation of existing legislation to ensure equal opportunities for women in political affairs.

Will support re-distribution of power and removal of monetary requirement for participation in politics, primarily to encourage women participation in politics to ensure sustainable democracy.

Agreed to seek in-depth understanding on women needs and actualize findings therefrom.

We hereby nominate one participant from each party to commit to these actions on our behalves:

1. Hassan Adamu  
   State Chairman, Kaduna State, Social Democratic Party
2. Francis D. Kozaid, Legal Adviser, APC
3. Bulus Ishaku, Stakeholder, PDP
4. Usman Ibn Abdullahi Lapai, Assistant Secretary, Correspondence Chapter, Blue Print Newspaper
5. Esther Bago, Head of Unit/Electoral Management, INEC
6. Kabir A. Fada, State Chairman, Independence Democrat
7. Kasim C. Balarabe, State Chairman, PPA
8. Name: A. S Maikudi, State Chairman, United Democratic Party
9. Timothy Azubike, State Secretary, APGA
10. Alh. Ibrahim A Suleiman, Chairman, African Democratic Congress
11. Usman Bello, Youth Leader, Labour Party
12. Dr. Sani Abdulkadir, State Chairman, New Nigeria Peoples Party
13. Mr. Sam Kato Chairman, Alliance for Democracy
14. Joseph Tongor, Chairman, Mega Progressive People Party

COMMUNIQUE ISSUED AFTER A ONE-DAY MEDIA STRATEGY DEVELOPMENT WORKSHOP FOR CSOs (PACFaH) AND MEDIA ORGANISED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) IN COLLABORATION WITH PARTNERSHIP FOR ADVOCACY IN CHILD AND FAMILY HEALTH IN NIGERIA (PACFaH) HELD AT BOLTON WHITE HOTEL, AREA 11 GARKI - ABUJA ON 2ND MARCH, 2015.

Civil Society Legislative Advocacy Centre (CISLAC) in collaboration with other Civil Society Organisations under the Partnership for Advocacy in Child and Family Health in Nigeria (PACFaH) organized a One-day Media Strategy Development Workshop for CSOs (PACFaH) and Media. The workshop was facilitated by Mallam Umar Tundunwada, the General Manager, Freedom Radio Group; while Dr. Muhammad Saleh, Director of PACFaH presented an overview of PACFaH Project. Participants of the workshop were drawn from the seven PACFaH partners and representative of the following media groups: ThisDay, Guardian, Peoples Daily, Daily Trust National Mirror and Today’s FM Port Harcourt. After brainstorming exhaustively on various thematic issues, the participants observed and recommended as follow:

1. As media remains a key component in galvanizing efforts towards achieving effective child and family health in Nigeria, it has become imperative for PACFaH to partner
with the media in evidence-based advocacy to hold governments accountable on their commitments on increasing budgetary allocation and expenditure, enacting policies and guidelines in support of Child and Family Health in Nigeria.

2. Although media has the traditional role to inform, educate, entertain and enlighten, it has not met its responsibility towards interrogating issues of national importance such as budget tracking and human rights, proactive collaboration with CSOs, and investigative journalism to effectively interrogate issues affecting child and family health in Nigeria.

3. Ineffective communication strategies used by CSOs such as unfamiliar acronyms, lack of focus on human angle, persistent use of professional and technical jargons, amongst others hinder effective media participation.

4. The commercialization of the media has adversely affected its performance such that issues of public interest are not getting the required priority attention.

5. Lack of media inclusion in CSOs programmes plan to provide for resources to engage the media in advancing issues on child and family health.

RECOMMENDATIONS

The participants therefore recommend the following:

1. Building effective and reliable working relationship with the media, and promoting child and family health coalition of journalists.

2. Enhanced media capacity to effectively conduct investigative journalism and galvanize advocacy in child and family health in Nigeria.

3. Ensuring issue-focused advocacy, impact emphasis, simplicity in communication, appropriate language and terms, and avoid needless professional and technical jargons in crafting message for the media.

4. Planning programmes and activities in accordance with the rules of engagement, and mapping of related media to help to enhance and sustain CSOs’ advocacy on child and family health.

5. Jointly develop a costed media strategy to promote child and family health.

6. Promote investigative journalism on critical child and family health issues such as budget tracking.

CONCLUSION

The participants expressed their appreciation to CISLAC for convening the workshop and PACFaH for providing the support to this all important program channeled towards enhancing CSOs-media understanding on Child and Family Health as well as increased knowledge amongst stakeholders. Participants noted that the engagement was revealing and indeed an opportunity to begin to create bigger conversation amongst stakeholders to provide for effective Child and Family Health in Nigeria.
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 (CISLAC) 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 (CISLAC) 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 NSPAN 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:

**Auwal Ibrahim Musa (Rafsanjani)**
*Executive Director, CISLAC*

**Mairo Mohammed Taheer**
Kaduna State Media Corporation

**Abubakar Usman Akwanga**
NTA, Nasarawa State

**Momso Damien Dati**
NTA, Niger State

**Salisu Yusuf**
Health Reporter, Kano State

**Mohammed Ibrahim**
Federal Radio Corporation of Nigeria, Bauch State

**Chioma Umeha**
News Watch Time Newspapers, Lagos State

**COMMUNIQUE ISSUED AT THE END OF A 2-DAY TRAINING FOR CSOs ON LEGISLATIVE ADVOCACY IN CHILD AND FAMILY HEALTH ORGANIZED BY THE CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) WITH SUPPORT FROM PARTNERSHIP FOR ADVOCACY IN CHILD AND FAMILY HEALTH (PACFaH) HELD AT CHESTERFIELD HOTEL, LAGOS ON THURSDAY 19TH AND FRIDAY 20TH MAY, 2016.**

**PREAMBLE:**

Civil Society Legislative Advocacy Centre (CISLAC) with support from Partnership for Advocacy in Child and Family Health (PACFaH) organized a 2-day training for CSOs on legislative advocacy in child and family health. The training aims at bringing selected and reputable civil society organisations across focal states—Kano, Kaduna, Oyo, Bauchi, FCT, Nasarawa, Niger and Lagos states under one roof for training on appropriate skills and knowledge to effectively demand accountability in child and family health (Nutrition, Routine Immunisation, Family Planning and Childhood killer diseases) from the legislatures. The meeting drew about 30 participants from various organisations. It featured Mallam Y.Z Ya’u, Mrs. M.O Shobowale, Barr. Onyekachi Asogwa, Dr. Francis Ohanyido and other PACFaH issue leads. After exhaustive
deliberations on various thematic issues, the following observations and recommendations were made:

**Observations:**

1. While legislative advocacy is a deliberate process with demonstrated evidence to indirectly influence the legislators to support or pass a specific legislation, lobbying aims at directly influencing the legislators to support or pass a specific legislation.
2. As the United States donor agencies under Section 501(c)(3) of the Internal Revenue Code of 1986 are totally disallowed from lobby activities, all grantees of the agencies must uphold and strictly adhere to the lobby-free provisions in their related programmes and activities.
3. The primary responsibilities of the legislators include lawmaking, oversight function, representation, constituency outreach, financial control, confirmation of appointment, and constitutional amendment.
4. Related child and family health issues demanding legislative advocacy are adequate budgetary allocation, procurement and skillful administration of life-saving commodities, creation of budget line items, timely release and judicious utilization of fund, upgrading and functional health care facilities at all levels.
5. Proposal writing is neither fund raising but an opportunity to sell the organization to a potential funder, primarily for expansion of friendship.
6. In proposal monitoring plan, critical consideration should be accorded impacts, effects, outputs, activities, inputs, casual hypothesis and problem assessment to ensure focused, concise, compelling, comprehensive and creative project implementation.
7. Project strategy design involves developing befitted SWOT analysis—Strengths, Weaknesses, Opportunities and Threats; and Organisation Capacity Assessment Tool would help to appreciate SWOT and embrace proactive strategy to mitigate the organisation's Weakness and Threats.
8. While qualities of a good indicator are practical, independent, measurable and targeted, indicator is measured by output, effective or impact of a project.
9. A well written budget narrative should be clear, accurate, consistent, complete with appropriate level of to prevent rewrite and minimize errors.

**Recommendations:**

1. Building formidable civil society with harmonized, interpreted and standardized data to inform effective legislative advocacy in child and family health.
2. Developing context specific messaging and advocacy briefs on family planning, treatment of childhood killer diseases (pneumonia and diarrhea), nutrition, and routine immunisation for appropriate and effective legislative advocacy in child and family health.
3. Engaging lobby-free legislative advocacy in child and family health through appropriate consultation of well-informed and experienced Legal Adviser to interpret, decode and distinguish advocacy from lobby activities.

4. Understanding relevant lobby-free provisions of the United State Law to ensure appropriate compliance.

5. Well-informed civil society on the constitutional mandate of the legislators within the context of exclusive, concurrent and residual lists to understand and effectively demand accountability on legislative roles and responsibilities on child and family health at all levels.

6. Understanding existing legislation and strategic policy documents like the National Health Act 2014, National Strategic Plan of Action on Nutrition (NSPAN), National Blue Print on Family Planning, National Immunisation Policy, counterpart commitment/tripartite agreement on routine immunization, and recommended guidelines (such as Amoxicillin Dispersible Tablets and Zinc/Lo-ORS) as first line treatment of pneumonia and diarrhea respectively by the United Nations Commission on Life-Saving Commodities (UNCoLSC) to inform evidence-based advocacy in child and family health.

7. Building constructive working relationship with legislative aides and staff to ease accessibility to the legislatures for advocacy in child and family health.

8. Adopting high level objectivity and professionalism, extensive research, strategic planning, innovation, intellectuality in proposal writing to inform comprehensive and acceptable proposal.

9. Understanding the proposal maxims—organisation, funder and domain—prior experience, developing holistic organisational structure, organisation’s weaknesses to build defence against anticipated questions from project funders.

10. Sustainable operation through enhanced organisation’s capacity, good knowledge management, appropriate operational research and consultation, information and experience sharing, timely decision making.

**Conclusion**

The participants expressed appreciations to CISLAC/PACFaH for embarking on the training channeled towards building their capacity on legislative advocacy 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 the legislatures at all levels. They demonstrated willingness to continue demanding accountability on Nutrition, Routine Immunisation, Family Planning, and treatment of childhood killer diseases in their respective states.

Signed:

*Abanka J. Musa*

RENITO, Abuja
DECLARATION OF ACTION AFTER ONE DAY MENTORSHIP TRAINING FOR MEDIA CHAMPIONS IN CHILD AND FAMILY HEALTH ORGANISED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) IN COLLABORATION WITH PARTNERSHIP FOR ADVOCACY IN CHILD AND FAMILY HEALTH (PACFaH) HELD AT NASSARAWA GUEST HOUSE, KANO ON 22ND JANUARY, 2016

Civil Society Legislative Advocacy Centre (CISLAC) in collaboration with Partnership for Advocacy in Child and Family Health (PACFaH) held One Day Mentorship Training for Media Champions in Child and Family Health. The training held at Nassarawa Guest House, Kano on 22nd January, 2016 was attended by over 20 media champions working in child and family health. The session aimed to bring reputable media champions advocating for, and demanding accountability in child and family health in Nigeria, under one roof for a training on prioritizing and amplifying child and family health issues—Nutrition, Routine Immunisation, Family Planning and management of childhood killer diseases, in the forefront of the media coverage and reportage. After exhaustive deliberations on various thematic issues, we the participants:

**Recognise** that adequate budgetary allocation to and information on child and family health should be accorded priority by governments at all levels to secure lives, healthy living and socio-economic development.

**Also recognise** that inadequate budgetary allocation to health, existing socio-cultural challenges, endemic corruption have resulted in poor access to life-saving commodities by mothers and children as well as other health care services across the country.

**Express concern** over less priority given to child and family health in the country; and will access accurate, authoritative and reliable sources to inform our advocacy to the relevant stakeholders to promote child and family health at all levels.

**Also express worry** over lack of political will to encourage child spacing and urge the government to support dissemination of accurate, reliable and consistent information on child spacing for the good health of the mother.

**Note that** media has essential role in advocating to the governments for sustainable routine immunization; effective implementation of National Strategic Plan on Nutrition (NSPAN) at all levels; creation of budget line for the management of childhood killer diseases.
diseases, and adequate budgetary allocation to child spacing commodities in the country.

**Also note** that the main indication for malnutrition in the country is stunting which features in poor physical development and mental retardation in children, and resultant socio-economic challenges.

**Further note** that accurate, objective and transparent reportage helps in building confidence and maintaining healthy relationship with relevant stakeholders.

**Affirm** that adequate knowledge of child and family health issues remains essential to effectively engage governments to provide for, and individuals to access adequate child and family health care services across the country.

**Commit to** advocate to the government at all levels and community to secure their support and confidence to deal with challenges facing child and family health, through evidence based and lobby-free advocacy, and investigative journalism.

**Also commit to** seek adequate knowledge, avoid technical jargons impeding readers/listeners’ interest, provide focus and strategic media coverage and reportage on child and family health to secure governments’ commitment and individual awareness at all levels.

**Will give** keen interest, great priority and focused attention to objective, qualitative and strategic coverage and reportage in child and family health through our respective outfits.

**Shall effectively** advocate to the governments for judicious utilization of the nation’s resources and adoption of innovative mechanisms for fund mobilization for adequate child and family health.

**Will support** the ongoing lobby-free advocacy by Partnership for Advocacy in Child and Family Health (PACFaH) in the country.

Signed:

1. **Rashidat M. Olagunju**  
   NTA, Headquarters
2. **Habibah Basanya**  
   TVC, Lagos
3. **Marcus Fatunmole**  
   National Mirror Newspaper, Lagos
4. **Karls Tsokar**  
   Guardian Newspaper, Abuja
5. **Judd-Leonard Okafor**  
   Daily Trust Newspaper, Abuja
6. **Stellamaries Amuwa**  
   PRNigeria
7. **Grace Namiji**  
   Federal Radio Corporation, Abuja
8. **Salisu Ibrahim**  
   Federal Radio Corporation, Kaduna
9. Maimunah Abdulrahman  
   Kaduna State Media Corporation

10. Mohammed Ibrahim  
    Federal Radio Corporation, Bauchi

11. Bulak Afsa  
    NTA, Bauchi

12. Habiba Dauda  
    Niger State Television (NSTV)

13. Momso Damien Dati  
    NTA, Niger State

14. Abubakar Usman Akwanga  
    NTA, Nasarawa State, Lafia

15. Donatus Nadi  
    Leadership Newspaper, Nasarawa State

16. Ibrahim Musa Giginyu  
    Daily Trust Newspaper, Kano State

17. Kolade Adeyemi  
    The Nation Newspaper, Kano State

18. Olusegun Aribike  
    Media Consultant

DECLARATION OF ACTION AFTER A 2-DAY BUDGET TRACKING TRAINING FOR MEDIA CHAMPIONS IN CHILD AND FAMILY HEALTH ORGANISED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) IN COLLABORATION WITH PARTNERSHIP FOR ADVOCACY IN CHILD AND FAMILY HEALTH (PACFaH) HELD AT KINI COUNTRY HOTEL, NASARAWA STATE ON 22ND AND 23RD AUGUST, 2016

Civil Society Legislative Advocacy Centre (CISLAC) in collaboration with Partnership for Advocacy in Child and Family Health (PACFaH) held a 2-day Budget Tracking Training for Media Champions in Child and Family Health. The training held at Kini Country Hotel, Akwanga Nasarawa state on 22nd and 23rd August, 2016 was attended by 12 media champions working in child and family health. The session aimed to bring reputable media champions advocating for, and demanding accountability in child and family health across focal states, under one roof for a training on prioritizing and amplifying child and family health issues—Nutrition, Routine Immunisation, Family Planning and management of childhood killer diseases, in the forefront of the media coverage and reportage. After exhaustive deliberations on various thematic issues, we the participants:

Recognise Media remains an essential tool to amplify issues in child and family health in effective, acceptable and credible manners.

Also recognise the linkage and integration among child and family health issues such as Nutrition, Routine Immunisation, Family Planning and Treatment of childhood killer diseases.

Express concern over less priority accords child and family health in the country; and will access accurate, authoritative and reliable sources to inform our advocacy to the relevant stakeholders to promote child and family health at all levels.
Also express worry over lack of political will to fulfilling various commitments to child and family health such as adequate and sustainable funding for routine immunisation which remains paramount to ensure appropriate vaccination, reduce rising deaths of children under-5 and avert resurgence of polio virus; effective implementation of National Strategic Plan of Action on Nutrition (NSPN) to prevent high burden of malnutrition at all levels; adoption and effective implementation of: National Blue Print on Family Planning to avert preventable maternal deaths; and recommended guidelines (such as Amoxicillin Dispersible Tablets and Zinc/Lo-ORS) as first line treatment of pneumonia and diarrhoea by the United Nations Commission on Life-Saving Commodities (UNCoLSC) to prevent the death of children under-5

Note that immediate shortage of funding and inadequate budgetary provision for vaccine procurement has dampened efforts at interrupting polio virus transmission in Nigeria; poor political and leadership commitment to ensuring adequate accessibility to Contraceptive Commodities results in wastages of procured commodities and maternal deaths.

Also note Prompt implementation of the National Health Act 2014 is imperative to achieve adequate, affordable, reliable, accessible healthcare system at all levels.

Further note that accurate and effective reportage through appropriate fact-findings, reliable sources and certified authority are primarily to effectively advocate for adequate child and family health in the country.

Affirm that administrative bottlenecks and rigorous protocols are inherent challenges confronting timely release and judicious utilisation of allocated funds to the health care services.

Commit to build synergy and formidable force to constructively demand accountability in child and family health through information sharing, investigative journalism, evidence based and lobby-free advocacy at all levels.

Also commit to adopt policy and grassroots re-orientation advocacy reporting child and family health issues through persistent human-angle reporting.

Will give desired attention and adopt due diligence tracking, monitoring and reporting health budgetary allocation, release and utilisation through creative communication, simplified and analytical approach.

Shall effectively engage investigative journalism to interrogate health budgetary processes to promote judicious utilisation of funds through the jointly established platform—Media Champions in Child and Family Health of Nigeria (MeCCFaHN).

Will support the ongoing lobby-free advocacy by Partnership for Advocacy in Child and Family Health (PACFaH) in the country

Signed:

Ibrahim Musa Girgiyu
Daily Trust Newspapers, Kano state
DECLARATION OF ACTION AFTER MEDIA DIALOGUE (INCLUDING SOCIAL MEDIA) ON ACCOUNTABILITY AND HONOURING OF PLEDGES IN CHILD AND FAMILY HEALTH BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) IN COLLABORATION WITH PARTNERSHIP FOR ADVOCACY IN CHILD AND FAMILY HEALTH (PACFaH) HELD AT CHESTERFIELD HOTEL, LAGOS STATE ON 13TH JUNE, 2016
Civil Society Legislative Advocacy Centre (CISLAC) in collaboration with Partnership for Advocacy in Child and Family Health (PACFaH) held 2-Day Mentorship Training for Media Champions in Child and Family Health. The training held at Chimcherry Hotel, Kaduna state on 11th and 12th May, 2016 was attended by about 15 media champions working in child and family health. The session aimed to bring reputable media champions advocating for, and demanding accountability in child and family health across PACFaH focal states, under one roof for a training on prioritizing and amplifying child and family health issues—Nutrition, Routine Immunisation, Family Planning and management of childhood killer diseases, in the forefront of the media coverage and reportage. After exhaustive deliberations on various thematic issues, we the participants:

**Recognise** that adequate and sustainable funding for routine immunisation remains paramount to ensure appropriate vaccination, reduce rising deaths of children under-5 and avert resurgence of polio virus; effective implementation of National Strategic Plan of Action on Nutrition (NSPAN) will prevent high burden of malnutrition; adoption and effective implementation of: National Blue Print on Family Planning will avert preventable maternal deaths; and recommended guidelines (such as Amoxicillin Dispersible Tablets and Zinc/Lo-ORS) as first line treatment of pneumonia and diarrhoea by the United Nations Commission on Life-Saving Commodities (UNCoLSC) will prevent the death of children under-5.

**Also recognise** that dwindling budgetary allocation, poor political commitment and awareness, delay in the release of fund, over-dependent on donor funding are impending challenges confronting sustainable routine immunisation, adequate nutrition status, contraceptive prevalent rate, and treatment of childhood killer diseases at all levels.

**Express concern** over lack of political will to fulfil various commitments to child and family health; existing socio-cultural challenges backpedalling appropriate practices on nutrition, family planning, under-reported cases of pneumonia and diarrhoea as the major killers of children under-5.

**Also express concern** over political reluctant to collaborate with the media; and inadequate media-political awareness on child and family health related issues.

**Note** that in Nigeria, malnutrition contributes to 1 out of every 2 child death, 1 out of 8 under-5 children die before 5th year from childhood killer diseases, 1 in every 13 women die from pregnancy related complications; and exclusive breastfeeding practices would help to mitigate high malnutrition burden and childhood killer diseases at all levels.

**Also note** exploring alternative sources of fund through revenue expansion from commercialised agricultural practices would help to bridge funding gaps in child and family health at all levels.

**Further note** that evidence-based and investigative journalism would inform accurate reportage, effective data analysis and interpretation for adequate public awareness, and political commitment towards child and family health in Nigeria.
Affirm to the creation of budget line for the procurement and administration of life-saving commodities, operationalization of the NSPAN and National Family Planning Blue Print.

Commit to intensify public awareness, raise political consciousness towards adequate and sustainable funding for routine immunisation, nutrition, family planning and treatment of childhood killer diseases at all levels through evidence-based journalism and appropriate agenda setting for relevant stakeholders.

Also commit to educate the women on rights to appropriate child spacing methodology, project the socio-economic benefits of family planning, and demand the adoption and full implementation of National Blue Print on Family Planning through comparative data analysis, persistent and well-informed advocacy to the relevant stakeholders at all levels.

Will prioritise public education and enlightenment, especially for men to restore women’s rights and dignity on health and family planning through synergy with civil society groups to create a formidable force demanding accountability in child family health

Shall effectively engage, track and monitor budgetary processes to advocate and demand accountability on adequate funding for child and family health through budget analysis, information management, investigative journalism, verifiable facts and figures, factual and human-angle reportage.

Will support the on-going lobby-free advocacy by PACFaH in the country through factual reporting and constructive engagement with relevant stakeholders

Signed:

COMMUNIQUE ISSUED AT THE END OF CIVIL SOCIETY WORKSHOP ON LEGISLATIVE AND POLICY ADVOCACY ON AGRICULTURE, NUTRITION AND HEALTH IN NIGERIA ORGANIZED BY THE CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) HELD AT CHESTERFIELD HOTEL, IKEJA LAGOS ON WEDNESDAY 7TH OCTOBER, 2015.

PREAMBLE:

Civil Society Legislative Advocacy Centre (CISLAC) organized Civil Society Workshop on Legislative and Policy Advocacy on Agriculture, Nutrition and Health in Nigeria. The meeting aimed at training civil society groups to understand and effectively demand accountability on
Nigeria’s legislative and policy process in the areas of health, nutrition and agriculture. The meeting drew over 30 participants from various civil society groups working on health, agriculture and nutrition. It featured Mrs. M.O Omotoso, Mallam Y.Z Ya’u and Chioma Kanu as the lead presenters. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

**OBSERVATIONS**

1. So far, administrative inconsistency in policy implementation on agriculture and abuse of office has impeded sustainable intervention in the agricultural sector.
2. Although Lagos state government has introduced e-extension service to provide farmers with relevant information on agricultural extension services in the state, however, widespread awareness of the service, especially in the grassroots requires improvement.
3. Inadequate extension agents to provide interface between farmers, government and researchers for effective service delivery.
4. Inadequate information on modern farming system, lack of compliance to global farming standards discourages profitable exportation of Nigerian agricultural exportation.
5. Inadequate awareness by farmers of the existing financial incentives on agriculture impedes appreciative accessibility by farmers across the grassroots in Lagos State.
6. Ineffectiveness of the existing regulatory bodies on agriculture productivity hampers efforts at regulating consumption of local and imported agricultural produce, endangering consumers’ health.
7. Poor health system, unethical attitude of healthcare workers, and low doctor-to-patients ratio across the country discourage public accessibility to adequate healthcare services.
8. Healthcare system in Nigeria is structure across Primary, Secondary and Tertiary facilities in the local, state and federal governments, respectively.
9. Delay in the release of budgetary allocation to health and lack of well-defined administrative responsibility at Local Government level remain a challenge to adequate facilities and legislative oversight on healthcare across the grassroots.
10. Inadequate oversight on healthcare system allows for poor utilization of the existing budgetary allocation to the health sector.
11. While adequate food and optimal nutrition status are fundamental to build healthy and secured lives and nation’s development, malnutrition retards growth, mental development and productivity.
12. Malnutrition is driven by ignorant, failure in government, food insecurity, inadequate healthcare, inappropriate food intake, institutional weakness, poverty, gender inequality, and existing socio-cultural sentiment.
13. Children from poor economic quartile remain the most vulnerable to malnutrition, and exclusive breast feeding stands lowly at 17% in the country.
RECOMMENDATIONS

The participants recommended as follows:

1. Encouraged grassroot participation and private sector leadership in agricultural productivity to ensure sustainable effort and intervention to maximize agricultural profitability and food security.
2. Self-sufficient agricultural production system through strengthened regulatory institutions and strict compliance to global exportation standard specifications to enhance acceptability, exportation and profitability of agricultural productivity.
3. Embracing agricultural system as an investment with expected rate of return; and increased focus on agricultural value chain to re-orientate farmers on profitability agricultural investment from traditional notions on agricultural production.
4. Building synergy among local farmers in Lagos state to encourage widespread information on existing programmes and accessibility to financial incentives on agriculture; and active participation by civil society groups at the State Committee on Budget Meeting to ensure adequate budgetary allocation on agriculture.
5. Development of comprehensive agricultural development plan for transformation into legislation to promote sustainability in administrative agricultural intervention in Lagos state; and rural infrastructural development for adequate mobilization for extensive and small scale agricultural production.
6. Adequate understanding of the existing institutional functionality, programmes and policies on agriculture in Lagos State by civil society groups to create formidable force demanding accountability from relevant authorities on agricultural development.
7. Adequate, affordable and accessible health facilities in the country with appropriate training and retraining programme for healthcare workers by government and stakeholders at all levels to encourage public accessibility to healthcare services.
8. Constructive government-civil society interface and appropriate data gathering on healthcare system across the state to inform evidence-based advocacy on adequate healthcare system.
9. Adequate data generation for well-informed budgetary allocation; and systematic tracking and monitoring of the existing fund provisions on health by civil society and relevant stakeholders to promote judicious utilization of the allocated funds to the healthcare system.
10. Mainstreaming the Sustainable Development Goals (SDGs) in policy advocacy programmes by civil society groups to canvass political response to adequate health system at all levels.
11. Improve individual awareness on appropriate food intake, good governance, food security, adequate healthcare, strengthened institution, poverty eradication, gender equality, and proper orientation to reduce nutrition burden across the country.
12. Exclusive breastfeeding and adequate sanitary environment to avert child malnutrition and mortality at all levels.
CONCLUSION

The participants expressed appreciation to CISLAC for embarking on the training channeled towards capacity building for civil society capacity to understand and effectively demand accountability on Nigeria’s legislative and policy process in the areas of agriculture, nutrition and health. The participant demonstrated willingness to continue partnering with CISLAC on the initiative. Participants further expressed gratitude to the organizers noting that the engagement was revealing and indeed an opportunity to begin to engage legislative process on health, nutrition and agriculture.

1. **Mrs. Foluke Ademokun**
   Ajoke Ayisat Afolabi Foundation
2. **Sunday John Udoh**
   Healthcare Rehabilitation and Research Initiative
3. **Mrs. Kuyoro Ekundayo**
   TBS Foods
4. **Mrs. Elizabeth E. A Daniel**
   Lagos Agric
5. **Tunde Opadeyi**
   Lagos State Environmental Protection Agency