COMMUNIQUÉ ISSUED AT THE END OF A ONE-DAY EXECUTIVE, LEGISLATIVE, CSOs AND MEDIA DIALOGUE ON MATERNAL HEALTH ACCOUNTABILITY ORGANIZED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) WITH SUPPORT FROM THE MACARTHUR FOUNDATION, HELD AT ROYAL HOTEL, DUTSE JIGAWA STATE ON 22ND FEBRUARY, 2018.

PREAMBLE:

Civil Society Legislative Advocacy Centre (CISLAC) organized a One-day Executive, Legislative, CSOs and Media Dialogue on Maternal Health Accountability. The Dialogue aims at bringing Jigawa State’s executive, legislators, CSOs and media under one roof to brainstorm on current trend, progress, opportunities and challenges on maternal healthcare service provision and delivery in the state. The meeting drew about 20 participants representing Jigawa State House of Assembly, State Primary Health Care Development Agency, Budget and Economic Planning Directorate, Ministries of Health, Education and Women Affairs, Civil Society Organizations, and the Media. After exhaustive deliberations on various thematic issues, the following progress, challenges and opportunities were recorded:

Progress:

1. The state has recorded reduction in child deaths with 163/1000LB of under-5 as against 275/1000 previously recorded.
2. Increased individual and community awareness on reporting of maternal deaths to inform appropriate qualitative and quantitative data for policy and legislative decisions and interventions.
3. In 2018 Appropriation, the state has allocated N6.702billion to the health sector, as against N5.3billion in 2017 (an increment of 21%).
4. A Bill to legalize Foundation Year Programme, a scheme proposes to encourage community girls enrolment into health institutions and community participation in maternal health services, is presently receiving legislative attention in the State House of Assembly.
5. With N75million monthly allocation to maternal health services in 2018, the service is presently accessible in 166 out of 686 Health facilities in the state.
6. Apart from enhanced sensitization on the effects of diversion of drugs, the state presently enjoys collaboration among Ministries, Departments, Agencies and Civil Society groups on monthly monitoring visit to health facilities to ensure judicious utilisation of funds for maternal and child health services.
7. The State has recruited over 500 Primary Health workers posted across the grassroots to improve access to healthcare services.
8. Presently 100 (from 42) ward level facilities are providing 24 hours services and about 500 are providing ante-natal services.
9. The State is currently utilizing the $1.5million provided by the World Bank for Save One Million Lives Program in improving six different health indicators including maternal health as key priority.
10. The state has recorded track-able increase in civil society advocacy for the effective and efficient delivery of F-MNCH services; and public sensitization on the services.
11. Public and private media have instituted a regular health programmes with mainstreamed agenda setting and investigative journalism to raise public and policy consciousness on maternal health in the state.

**Challenges:**

1. Delay in the implementation of National Health Act, 2014 at national level constitutes a serious setback to accessibility by the State Primary Health Care Development Agency to 15% provision from the 1% Consolidate Revenue Fund for the provision and maintenance of Primary Health Care facilities, as enshrined under Section 11 (3)(c) of the Act.
2. Persistent commercialization value attached to programmes, inadequate support and innovation by some media outfits in promoting public and policy awareness on maternal health.
3. Delay in full implementation of the international commitment on allocation to the health sector remains a major impediment to the provision of adequate and accessible healthcare.
4. Over-reliance on donors’ support dwindles effort at harnessing local resource mobilization and allocation to finance health.
5. Change in political environment may pose a setback to existing progress and success.
6. Drastic shift in donors’ interest, policy or focus on programmes and activities hampers sustainability.
7. Paucity of funds and inadequate human resources for health.

**Opportunities:**

1. Existing political-will and committed policy responsiveness to maternal health issues.
2. Rising individual and community consciousness on maternal health related issues.
3. The establishment of additional health institutions in the state to mitigate shortage in health personnel.
4. Existing Bill to legalize Foundation Year Programme.
5. Availability of indigenous health experts to be leveraged by the public and private media in galvanizing policy and public awareness on maternal health.
6. Availability of indigenous philanthropists to harness local resources for financing maternal health.
7. Existing untapped agricultural facilities to address food insecurity and malnutrition.

**Recommendations:**

- The State House of Assembly to fast-track its oversight visit to monitor the implementation level of Free MNCH services across health facilities in the state.
• Improving CSOs and media advocacy and sensitization to community on maternal health.
• Strengthening CSOs advocacy to the policy and legislative arms for sustained support to maternal health.
• Considering transition of the existing programmes and policies on maternal health to legislation for sustainability.

Signed:

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