COMMUNIQUÉ ISSUED AT THE END OF A ONE-DAY EXECUTIVE, LEGISLATIVE, CSOs AND MEDIA DIALOGUE ON MATERNAL HEALTH ORGANIZED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) WITH SUPPORT FROM THE MACARTHUR FOUNDATION, HELD AT NASARAWA GUEST HOUSE, KANO STATE ON 6TH MARCH, 2018.

PREAMBLE:
Civil Society Legislative Advocacy Centre (CISLAC) organized a One-day Executive, Legislative, CSOs and Media Dialogue on Maternal Health. The Dialogue aimed at bringing Kano 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 participants representing State House of Assembly, Ministries of Health, Budget and Planning, Education, Women Affairs, Civil Society groups, and the Media. After exhaustive deliberations on various thematic issues, the following trend, progress, opportunities, challenges and recommendations were recorded:

Progress:

1. In 2018 Appropriation, the State Government has allocated 13% (out of 15% benchmark) of its total budget to the health sector.
2. The Ministry of Budget and Planning has had bilateral discussions with implementing Ministries, Departments and Agencies to appropriately capture and provide for maternal health budget lines.
3. The State has utilizes its Save One Million Lives fund from the World Bank in enhancing human resources for health, renovating 40 health facilities with proposed plan for 20 more, supporting referral system, providing and coordinating dissemination Family Planning commodities, conducting capacity building training on essential drugs administration, boosting quarterly Integrated Supportive Supervision of healthcare facilities.
4. Increasing public-private response to media investigative reports on maternal health.
5. Appreciable effort by local philanthropists in the provision of essential drugs to especially stock-out Primary Health Care facilities mentioned through media investigative reports.
6. Increasing public and policy awareness and advocacy through the social media on maternal and child health related issues.
7. Continued effort by the State Government to achieving provision of one Primary Health Care centre per ward level.
8. The State Government has allocated N100million in support of Foundation Year Programme to encourage enrolment into state’s School of Nursing and Midwifery to fill human resources challenge bedeviling accessibility to maternal health services, especially in the grassroots.
9. The State Government has launched costed implementation plan for Family Planning.
10. Sustained Legislative-CSOs partnership in constructive submissions and contributions to support legislative process.

**Opportunities:**

1. Formation of Milestone Prostone Committee to engage regular supervision and address misused of health facilities.
2. Emerging community mobilization by Ministry of Women Affairs to encourage enrolment for science courses in schools to absorb students for training under school of Nursing and Midwifery.
3. An existing legal framework before the House of Assembly to regulate Public-Private partnership in the privatization of state owned hospital for effective management.
4. Proposed sensitization workshop by the Ministry of Budget and Planning for the MDAs on required procedures for funds accessibility and release.
5. Emerging media support to maternal heath through dedicated free programmes and activities.
6. Formation of a 6-man committee at state and local government levels on maternal death review within 48hours of occurrence.
7. Regular facilities visit by the state level maternal death review committee to provide guidance and supervision on prevention maternal health.
8. Regular review of maternal health related issues including maternal death by Kano Emirate Council on Health comprised traditional rulers with feedback generation to support appropriate policy decision.
9. The existence of developmental partners working on health and many health institutions.
10. Continued executive, media, CSOs partnership in programmes and activities.
11. Increasing community readiness and curiosity to support and collaborate with local civil society and the media.

**Challenges:**

1. Delay in the endorsement of local government autonomy remains an inherent challenge to effective functionality and service delivery by Primary Health Care system as enshrined under relevant provisions of the National Health Act, 2014.
2. Delay in the domestication and implementation of existing laws like Freedom of Information Act and Fiscal Responsibility Act hampers maternal health information transparency, accessibility and accountability in the state.
3. Inadequate public awareness on the disparity between private and public owned health care centres threatens accountability on maternal health.
4. Lack of appropriate supervision, control and management of healthcare facilities by the government paves ways for abuses and unethical practices by some healthcare personnel.
5. Lack of existing agreement legalizing compulsory community service by the trained graduates of School of Nursing and Midwifery under state government’s scholarship scheme.

6. Inadequate collaboration with film industry in promoting public and policy awareness on maternal health in the state.

7. Poor response and feedback system by the State House of Assembly to CSOs enquiries and requests.

8. Lack of local CSOs advocacy to the State House of Assembly to provide guidance and direction to ensure compliance to legislative mandates.

9. Inadequate civil society accessibility to budgetary information across MDAs.

10. Untimely release of information by MDAs to the Budget and Planning Ministry to inform appropriate budgetary decision.

11. Lack of readiness by the Executive Council to embrace transparency and accountability on budget information.

Action points:

1. Persistent CSOs advocacy to the MDAs to promote accessibility to maternal health budgetary information.

2. Promoting synergy among Civil Society groups to harmonise advocacy demands, forestall unity and enhance sustainability.

3. Retraining programmes for healthcare workers to avert abuses and ensure strict compliance to medical code of conduct in maternal health service delivery.

4. Appropriate advocacy by relevant stakeholders to request more quotas for enrolment into School of Nursing and Midwifery to further fill health human resources gaps.

5. An Establishing Committee by the State Ministry of Health will supervise usage of essential commodities across facilities to avert diversion.

6. Proposed distribution and campaign on the use of Insecticide treated nets by the State Government.

7. Prompt tracking and monitoring of the State’s contributory health fund by civil society groups to ensure appropriate implementation.

8. Leveraging on OGP by Civil Society groups

9. Increase curiosity by the Heads of MDAs on budgetary submissions and accessibility.

Signed: