COMMUNIQUÉ ISSUED AT THE END OF A ONE-DAY LEGISLATIVE AND EXECUTIVE DIALOGUE ON ACTION FOR EFFECTIVE IMPLEMENTATION OF POLICIES ON MATERNAL HEALTH ORGANIZED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) WITH SUPPORT FROM THE MACARTHUR FOUNDATION, HELD AT MAKERA MOTEL, KATSINA STATE ON 10TH NOVEMBER, 2016.

PREAMBLE:

Civil Society Legislative Advocacy Centre (CISLAC) organized a One-day Legislative and Executive Dialogue on Action for Effective Implementation of Policies on Maternal Health. The Dialogue aims at bringing Katsina State’s legislators, executive and civil society arms under one roof to brainstorm on necessary action for effective implementation and oversight of the existing policies and law on maternal and child health in the state. The meeting drew 20 participants representing Katsina State House of Assembly, Ministries of Health, Education and Women Affairs, Civil Society Organizations, and the Media. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

Observations:

1. As part of the strategy to create accessible, affordable and improved health care system, especially in the grassroots, Katsina State House of Assembly has taken a step to harmonize the State’s Primary Health Care through a Bill presently receiving legislative inputs.
2. While the State’s ante-natal care attendance is about 55% with only 10% delivery occurring at health care facilities by skilled birth attendants, vaccine preventable diseases remain major causes of childhood morbidity and mortality in the State.
3. Adequate budgetary allocation to the health sector in the State is impeded by the ongoing widespread dwindling revenue allocation from Federation Account to the states and low State Internally Generated Revenue.
4. The existing abuse of Ready to Use Therapeutic Food (RUTF) in the State hampers both local and international efforts at addressing childhood malnutrition and mortality.
5. Lopsidedness in salary structure and systemic ghost workers shorten resource allocation and discourage effective performance among the State’s health care providers.
6. The State in recent times has taken drastic step towards mitigating high patient-to-doctor ratio through persistent recruitment of additional health care personnel and introduction of health care education across higher institutions.
7. For the past one year, supply of essential drugs to the Primary Health Care facilities across the State has been halted.

Recommendations:
1. Availability of the State policy document on Free Maternal Health Services among health care providers and hospital administrators for greater awareness, working knowledge and effective implementation.

2. Concerted effort towards translating existing health care policies into legislation to promote accountability and sustainability in the health care system.

3. Reviewing the viability of the current free scheme to accommodate more innovative and sustainable approaches in the health care intervention, financing and management system.

4. Establishing State Task Force system to ensure appropriate supervision and management of the distribution of RUTF in the State.

5. Adequate remuneration structure and incentives for the health workers to encourage effective performance and address human resource related challenges in the health facilities.

6. Public-private partnership to drive additional financial support to enhance fund provision to the State’s health sector.

7. Defining the holistic modality for the implementation of the National Health Act in the State to ensure suitability to local context.

Call to immediate action:

1. Debriefing report to the relevant stakeholders like Honourable Commissioners for Health, Education, and Women Affairs
2. Sponsoring for domestication and passage, the National Health Act by the State House of Assembly.
3. Constructive advocacy by civil society to both legislative and executive arms for the domestication and effective implementation of the National Health Act.
4. Appropriate sensitization and awareness of the pro-poor provisions as contain in the National Health Act by the media to the relevant stakeholders.

Signed:

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2. Munir Madaha  
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