Sir, our studies gathered that in Nigeria, one in 13 women dies during pregnancy or childbirth, and 12% of children die before reaching the age of five; every 10 minutes one woman dies from conditions associated with childbirth; and only 39% births take place with assistance of medically trained personnel, coupled with the scarcity of skilled attendants, absence of personnel among other factors impeding the effectiveness of health services in the country; and Kaduna remains among the states hit by high level of maternal and child mortality in the country.

As part of our commitments to give greater attention to the plights of women and children in Nigeria, the above challenges informed the decision of Civil Society Legislative Advocacy Centre (CISLAC) with support from Mac Arthur Foundation to engage relevant stakeholders in Kaduna State and interrogate issues around maternal and child health.

We recognized and appreciate the persistent participation and robust contributions by the media during our various engagements such as CSOs-Legislative-Executive Roundtable on Maternal Health, Media Training for Legislative Reporting on Maternal Health and Town-Hall Meeting on Strengthening Existing MDGs Committee in the Kaduna State Assembly, Town-Hall Meeting on Understanding Legislative Oversight Function on Maternal Health carried out between 11th-12th December, 2013 and 21st-22nd May, 2014, respectively.

During the aforementioned engagements, we observed as follows:

1. Data from National Demographic Health Survey revealed some geographic variations such as: more women and children in the Northern states including Kaduna experience deaths than their Southern counterparts.
2. High level of poverty, illiteracy, socio-cultural and insecurity among citizens in the State, have hindered effective sensitization and awareness on maternal health.
3. Existence of weak primary health care system; only 18.4% of women deliver in health facility in Kaduna State.
4. In spite of the State Government’s efforts to improve on maternal health, women are faced with persistent cases of maternal mortality and morbidity.
5. Lack of accurate data on various health challenges, inadequate policy formulation and implementation in the State has suffered the level of intervention by the government.

6. Poor access to medical and infrastructural facilities, irregular and inadequate staff remuneration, and obsolete health equipment, especially in the rural communities have intensified maternal mortality in the State.

7. Inadequate support for maternal accountability initiatives in the State.

8. Inadequate corporate social responsibility and citizens’ participation toward health sector in the State have stalled effective performance of health care services.

9. Clear contradictory positions in the political reported achievements and the view of the media on health care in the State.

10. Lack of encouragement, support and cooperation among medical personnel and other stakeholders towards media reportage on health related matters.

11. Lack of political transparency, accountability, monitoring, proprietary interest and weak media attention towards health related issues has resulted to a setback on the achievement of effective media reportage on maternal health in the State.

12. Rising level of corruption, poorly paid journalism and lack of political commitment have posed a critical challenge to the achievement of effective media reportage and support on maternal health in the State.

13. Among the 32% doctors in Local Government Areas in the State, most have deviated from clinical duties arising from inadequate skilled and medical personnel; and poor reporting skills and knowledge in part of the media correspondence on health related matters.

14. Weak domesticated effort and approach towards the provision of maternal health care; and unfavourable working conditions have resulted to continuous migration of skillful health workers from the State to other part of world.

15. Inadequate budgetary allocation to health care sector has hindered the achievement of workable maternal health services in the State.

16. Weak oversight of the State House of Assembly towards the increment of budgetary allocation to maternal health has promoted serious decline in the monitoring framework of maternal and new born health.

17. The State’s executives are considered as major stakeholders in the formulation and implementation of effective maternal health policies.
17. Dearth of medication and Primary Health care Centres for women and children in the State is considered a threat to effort at reducing maternal mortality.

**Recommendations from the engagements include:**

1. Increased budgetary allocation to health sector; and full-fledged political commitment towards health care services in the country.
2. Adequate healthcare infrastructural facilities to restore human dignity, rights and provide accountability for maternal health; and massive recruitment of additional skilled health manpower.
3. Workable support by various stakeholders on health including members of the State House of Assembly, Executives, CSOs and Media to enable workable achievement on maternal health.
4. Aggressive and sustainable public sensitization and awareness programmes among the people, especially women on maternal health care.
5. Adequate supervision of various health facilities and Primary Healthcare Centres across the State.
6. Sustainable support and supervision towards effective health pro-poor programmes and National Health Insurance Scheme (NHIS) to enhance individual beneficiaries and participations on maternal health in the State.
8. Effective healthcare policy formulation and implementation, effective utilization of available resources, using Freedom of Information Act to engage relevant stakeholders, and encouraged self-sustained citizens in the State.
9. To promote coordination and enhance efficiency, all the Primary Health Care should be brought under the State Primary Health Care Agency.
10. Focus attention of corporate social responsibility to support maternal health in the State; and enhanced government-private sector partnership to ensure effective delivery of existing facilities.
11. Increased focus on social media to drive health related reportage; and integration of the various media into a common platform.
12. Well-informed media reportage and investigative journalism on health related matters.
13. Aggressive demand by the media for continuous political commitment, transparency and accountability in the health sector; and developmental journalism using the provision of Freedom of Information Act.

14. Increased media and social media familiarity to budgetary advocacy and engagement on maternal health.

15. Effective media reportage, publicity and support on CSOs-Legislative related activities on maternal health as a catalyst to create well-informed society.

16. Effective oversight of the State House of Assembly towards maternal and new born issues.

17. Adequate provision of medical facilities and enhanced working conditions for medical workers in the State.

18. Judicious utilization of existing resources towards the provision of effective health care facilities in the State.

19. Integrated multi-sectorial approach towards the promotion of maternal health services in the State; and the use of social media to enhance audience support and interactive dialogue on maternal accountability.

20. Continuous demand by the media from the State’s Executives for equipped Primary and Secondary health facilities to provide comprehensive medical attentions at grassroots level.

**PRAYERS:**

Having been part of CISLAC’s activities on maternal and child health, CISLAC believes Freedom Radio, Kaduna as a human right and public enlightenment organization remains an essential channel to further canvass, galvanize, prioritise and draw attention of relevant stakeholders in the State towards various issues highlighted above.

We urge the management of Freedom Radio, Kaduna to utilize existing health programme(s) in the station to enhance and sustain advocacy on maternal and child health.

Thank you!