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 Kano 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 Kano and interrogate issues around maternal and child health.

We recognized and appreciate the persistent participation and robust contributions by Freedom Radio, Kano 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 Kano State Assembly, Town-Hall Meeting on Understanding Legislative Oversight Function on Maternal Health carried out between 19th-20th December, 2013 and 12th-13th June, 2014, respectively.

During the aforementioned engagements, we observed as follows:

- The State has achieved only 8% (of 15%) of Maputo Declaration on Health; and the existing budgetary allocation crisis among various sectors in the State have posed a setback to the State Government’s commitment and efforts towards the full implementation of 15% declared allocation to health sector.
- Effective maternal health services in the Kano State have been challenged by a number of factors such as weakness in State House of Assembly and Executives’ oversights on health, Non-passage of Free Maternal Health Bill, and lack of corporate social responsibility.
• Unethical attitudes of health workers towards patients and socio-cultural believes in the State have discouraged women from attending maternal health services at various hospitals.
• Rising number of women demanding maternal health services has overstretched the State Government’s existing capacity to reduce maternal mortality.
• Early child birth, high level of illiteracy, poor access to healthcare services and rising poverty level, have increased prevalence to maternal mortality in the State.
• Inadequate skilled medical personnel, irregular payment of salary and lack of political transparency and accountability, have intensified the level of maternal mortality in the State.
• Over-concentration of skilled health personnel in the urban areas has increased the level of vulnerability to maternal mortality among women in the rural communities.
• Wide gap between the policy makers and Civil Society has posed additional challenges to achievement of effective maternal health provisions in the State.
• Lack of common data based advocacy on health by CSOs with particular reference to the State Ministry of Health.
• Inadequate media attention and reportage on the rising level of maternal mortality, especially in the grassroots across the State.
• Shifted focus by the media from maternal health related matters; and inadequate concern by the media to hold various policy makers in the State accountable for effective maternal health services.
• Inadequate knowledge on the use of advanced social media in the country coupled with required new skills and knowledge in media reportage has posed a setback to the distribution capacity of the print media, and reportage on maternal accountability.
• Poor media reportage, intervention and awareness on socio-cultural related matters associated with maternal health services have aggravated unwarranted attitudes toward maternal accountability in the State.
• Poor statistical data and documentation, information hoarding and restriction by the State House of Assembly, inadequate political accountability, and low media reportage on non-existence of maternal mortality database in the State.
• While one woman out of every 29 Nigerians faces lifetime risk of death during childbirth, lack of medical attendants and poor health facilities
have discouraged many women in the grassroots from seeking proper medical attention on maternal health.

- Inadequate research on legislative oversight, budgetary allocation and resource utilization for the health sector in the State.
- Lack of curiosity, inadequate advocacy and quest by the media on the disappearance of the proposed Free Maternal Health Bill in Kano State House of Assembly.
- Lack of synergy between CSOs and the media; and poorly paid journalism have challenged effective reportage on maternal accountability in the State.
- Lack of proper understanding by many members of State HA of the legislative oversight has altered effective media-legislative partnership and sufficient media reportage on maternal accountability in the State.

**Recommendations from the engagements include:**

- Increased resources and budgetary allocation to health sector; and full-fledged political commitment towards effective implementation of various charters on health care services in the State.
- Judicious utilization of existing resources allocated to the health sector; accountable, self-sustained, articulated, skillful and objective focused CSOs using Freedom of Information Act (FOI) to promote maternal accountability in the State.
- Well-informed citizens, increased girl child school enrolment and proper orientation to improve women attendance, participation and access to maternal health services in the State.
- Prompt involvement of various traditional rulers, community and religious leaders to accelerate community participation towards maternal health services in the State.
- Adequate healthcare facilities to restore human dignity, rights and provide accountability for maternal health; and massive recruitment and deployment of additional skilled health manpower to the grassroots.
- Workable collaboration and sustainable partnership among Governments, CSOs, development partners and various stakeholders on public education and enlightenment on maternal health services with adequate capacity building for healthcare providers in the State.
- Prompt passage of Free Maternal Health care Bill and drastic reduction in the cost of access to healthcare services in the State.
- Effective citizens’ participatory and inclusiveness in policy framework to drive maternal accountability in the State.
• Strengthening existing Primary Health Centres and promote sustainable Safe Motherhood Programmes in the State.
• Sustained Facility Health Committees to oversee the operation of local health facilities; and focus attention and emphasis by various stakeholders on preventive and curative health systems.
• Common data based advocacy on health by CSOs with particular reference to the State Ministry of Health.
• Increased focus on social media to promote maternal mortality related reportage; and integration of the various media into a common platform.
• Effective use of social media as a medium of legislative-executive advocacy, awareness, public enlightenment and to drive citizenry participation on maternal health reportage in the State.
• Training and retraining programmes for the State’s legislators and media effective capacity building on their roles and responsibilities toward the State.
• Evidence-based, research-oriented, committed and investigative journalism to promote maternal health related matters in the State.
• Well-informed media on the use of newly emerged Information Communication and Technology (ICT) reporting tools to enhance reportage on maternal accountability, especially in the grassroots.
• Adequate media reportage, intervention and awareness on socio-cultural related matters on maternal health in the State.
• Adequate media reportage on non-existence of maternal mortality database in the State; and radical demand by the media from the State House of Assembly, necessary information on maternal related challenges using Freedom of Information Act (FOI).
• Constructive collaboration and synergy among CSOs and the media on maternal accountability; and well paid legislative journalism in the State.
• Drastic media reportage on budgetary allocation and resource utilization on health services; and aggressive public sensitization and awareness by the media on maternal accountability in the State.
• Renowned syndicate media reportage and continuous involvement of the various key stakeholders on maternal accountability in the State.

Having been part of CISLAC’s activities on maternal and child health, CISLAC believes Freedom Radio, Kano 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.
Thank you!