



**Report
of the
Workshop on the reduction of maternal mortality
in Kaduna State.**

Organized by

**The office of the Wife of the Executive Governor
of Kaduna State in collaboration with the United
Nations Population Fund (UNFPA)**

At

The Gamji Gate Multipurpose Hall Kaduna

9th – 11th October 2008

Table of Content

Introduction.....

Objective of the workshop

Agenda of the workshop

Recap of Day One Proceedings.....

Recap of Day Two Proceedings.....

Center Spread Pictures.....

Recap of Day Three Proceedings.....

Programme of Action.....

Pictorials of event.....

Appendix I: Technical Presentations at the workshop.....

Current Statistics place the maternal mortality ratio for Nigeria at about 800/100,000 live births (FMOH 2003) with an estimated 56,000 maternal deaths annually. The maternal health indicators in Nigeria are significantly poorer than those of other countries with similar income levels. These deaths continue to occur as a result of a combination of social, cultural, economic and system factors, despite the political commitment by decision makers and interventions by programme managers and other relevant stakeholders. Concrete efforts must therefore focus on exploiting available channels to galvanize a broad based partnership to deliver the desired results.

In full realization of the foregoing, Her Excellency, the First Lady of the Federal Republic of Nigeria, Hajiya Turai Umaru Yar'Adua in partnership with UNFPA organized a two day workshop for the wives of the 37 State Governors and FCT on maternal mortality reduction. This was aimed at drawing attention to the issue and facilitating a common understanding of the underpinning factors as well as the broad strategies required to address the situation.

Furthermore the workshop, facilitated by Her Excellency the First Lady also presented an eloquent platform to address the culture of silence that conspire (with other factors) to perpetuate Gender based Violence (GBV), using the movie "Freedom in chains" (produced by Nollywood in collaboration with UNFPA) as a veritable vehicle. Wives of State Governors undertook to replicate the workshop in their respective state, galvanizing a state specific approach to addressing locally identified problems.

This report documents the proceedings of the Three day workshop on Maternal Mortality Reduction organized by the Wife of the Kaduna State Governor, Hajiya Amina Namadi Sambo in collaboration with UNFPA in Kaduna, Kaduna state. It records the processes, paper presentation, discussions and outcomes of each of the sessions which covered; Safe motherhood; Obstetric fistula; Girl Child Education; and Gender based Violence especially Rape. The workshop which was attended by a broad base of stakeholders including Policy makers; Traditional and Religious Leaders; Service providers; Programme managers; Women groups and other critical stakeholder categories culminated in the development of an Action Plan to address the challenges identified.

UNFPA would like to thank the Government and good people of Kaduna State under the leadership of His Excellency, Arc Namadi Sambo for hosting the event. The role of Her Excellency, Wife of the State Governor, Hajiya Amina Namadi Sambo in facilitating the entire process to ensure the delivery of the results documented in this report is also appreciated.

It is hoped that the Kaduna State Government will provide leadership to all other stakeholders including Civil Society Organisations and Development partners in implementing the Action Plan.

This report could also serve as a valuable resource to guide future programming for maternal health and its related social determinants.

For UNFPA, this is the starting point to ensure that soon, our motto, "no woman should die giving birth" will become a reality in Kaduna state.

Dr Sidiki Coulibaly
UNFPA Representative
March 2009

Introduction

A major development and health challenge in Nigeria, is the unacceptably high level of maternal deaths arising from complications related to pregnancy and child birth. The current maternal mortality ratio is estimated to be 800/100,000 live births, thereby contributing approximately 10% of the global burden of maternal deaths. In Nigeria, an estimated 56,000 women die yearly from complications related to pregnancy and child birth. For every woman that dies about another 20 suffer other illnesses or disabilities such as Obstetric Fistula. It is estimated that about 800,000 to 1 million women suffer from Obstetric Fistula in Nigeria with 20,000 women added yearly.

Nationally, about 64% of pregnant women deliver without skilled birth attendants, while the statistics in Kaduna State stands at about 12.3 (DHS 2003). This is one of the key contributory factors to the high maternal mortality rates in the country.

Maternal mortality is preventable and can be addressed if all women had access to Reproductive Health (RH) services, care during pregnancy and skilled medical attendance and emergency obstetric care to handle complications. Increasing the survival of mothers is a crucial national development challenge and calls for concerted actions of all stakeholders.

In recognition of this, in April 2008, the First Lady of the Federal Republic of Nigeria organized a two-day stakeholder's workshop to sensitize the Wives of State Governors on the high rates of maternal mortality in Nigeria, in collaboration with the United Nations Population Fund (UNFPA). An Action Plan was developed during the workshop, which identified key issues to be addressed, and provides guidance to the Wives of Governors on activities and programmes that should be implemented at State level.

A key activity outlined in the Action plan was a Step-down workshop at State level to be organized by Wives of Governors. This three-day workshop holding in Kaduna is therefore a follow-up action to the Abuja meeting and builds on on-going efforts in the State within the Maternal and Child Care Initiative (MCCI).

Objectives of the Workshop

- To increase knowledge and understanding of causes and consequences of maternal mortality as a key development challenge
- To strengthen the capacity of all stakeholders to contribute to the reduction of maternal mortality.
- To develop a State wide Plan of Action that identifies concrete issues, strategies, actions and responsible parties at State, LGA and community level to improve maternal health
- To share experiences, achievements, best practices and lessons learned at State level

Expected Output

- Better understanding of causes and consequences of maternal mortality among stakeholders
- Increased awareness on issues of Reproductive Health, Breast and Cervical Cancer, Gender Based Violence and Girl Child Education
- State Wide Plan of Action with identified actions to be taken to facilitate desired outcomes.

Therefore a three day step down workshop on maternal mortality reduction and related topics was held from 9th – 11th October 2008 at the Gamji Gate Multipurpose Hall Kaduna by the Office of Her Excellency the Wife of the Kaduna State Governor in collaboration with the United Nations Population Fund (UNFPA).

The presentations and discussions of the meeting focused on:

- Safe Motherhood – The reduction of Maternal Mortality

- Presentation on the Findings from UNFPA's 5th Country Programme Thematic Evaluation in maternal care
- Overview of Breast and Cervical Cancer
- Gender Based Violence (GBV)
- Role of Girl Child Education in Reduction of maternal mortality
- Improving Maternal Health through Child Immunization
- Gender Based Violence – Legal Implications
- Gender Based Violence – Sexual Assault/Rape Medical Implications

These were supported by documentaries which also sought to place the issues in proper national perspective. Traditional communicators were also on hand to communicate core messages to the participants through culturally appropriate dance drama.

Workshop Proceedings:

- Technical Presentations
- Question and Answer/Discussions
- Group work sessions
- Presentation of Documentaries on Maternal Mortality, Breast and Cervical Cancers, as well as a movie on GBV – “Freedom in chains”.

Participants:

The participants of the workshop consisted of a broad range of diverse stakeholders which included;

1. Her Excellency the Wife of the State Governor
2. Her Excellency the Wife of the Deputy Governor
3. Members of the State Executive Council and their Spouses
4. Members of Kaduna House of Assembly.
5. Permanent Secretaries and General Managers
6. Local Government Chairpersons and their Spouses
7. Development Area Coordinators and their Spouses
8. Secretaries of Local Government Councils
9. Heads of Department of Health at the LGA level
10. Heads of Department of Education at the LGA level.
11. Traditional Rulers.
12. Religious Leaders.
13. Women Leaders
14. NGOs and other civil society groups
15. Line ministries.
16. People's Democratic Party (PDP) executive members
17. Law enforcement agents – Police, Civil Defence

Day One Proceedings

Activity	Proceedings/Discussions
Opening Ceremony	<p>Chairman's opening remark the Hon. Commissioner of Health</p> <p>The Chairman of the day Hon Commissioner of Health Peter Everton Yare highlighted the efforts of the Kaduna State Govt in reducing maternal mortality. These include</p> <ul style="list-style-type: none">• launching of free services for pregnant mothers for antenatal clinic, delivery and post natal, and under- five children• Free antimalarials and ART• PHC is being addressed – 113 Primary Health Care facilities have been strengthened by the State Govt to render services under the free maternal and child health scheme (i.e. 5 per LGA).• 28 hospitals have been supported to render services under the governments free maternal and child health scheme• Commitment of LGAs to the minimum health package to reduce maternal mortality.• Increased utilization of services in health facilities• There is a core technical team that steer the programme in the State.• Health providers trained on Extended Life Saving Skill Initiative and Life Saving Skill ELSSI/LSS• Basic midwifery scheme training started in the State <p>Welcome Address by Her Excellency, the Wife of the Kaduna State Governor Hajia Amina Namadi Sambo.</p> <p>Highlights of Her Excellency's address were:</p> <ul style="list-style-type: none">• The background to the workshop was a follow up to an earlier workshop on reduction of maternal mortality organized by the First Lady of the Federal Republic of Nigeria Her Excellency Hadjia Turai Umaru Yar'Adua in collaboration with United Nations Population Fund.

- The poor health status of Nigerian women – 56,000 women die yearly from maternal mortality, 800, 000 to 1,000,000 suffer from Vesico-vaginal Fistula (VVF).
- This meeting is expected to increase our knowledge of maternal mortality, share experience on it and harness resources to combat maternal deaths in the State.
- Appeals to the Kaduna State Government to compel health practitioners to change their attitude and deliver services properly to the populace.
- The populace was also called upon to use the health care services provided by the Government.
- Appreciates the support of UNFPA to Kaduna State for the success of the workshop.

Opening Remarks by the UNFPA Representative in Nigeria.

Highlights of the Representative's address were:

- The workshop is a demonstrable commitment of Kaduna State Government in reducing maternal mortality.
- The workshop aim to deal with;
- Maternal Mortality
- Poverty
- Girl child education
- UNFPA is committed to zero tolerance to maternal mortality and therefore supports Kaduna State Government to ensure that every pregnancy is wanted,.....
- Participants are expected to identify workable action plan and take actions to implement them.
- It demands the commitment of all.
- The motto that no woman should die giving life would be a household word in Kaduna State.

Keynote address by H.E. The Executive Governor of Kaduna State His Excellency Arch Namadi Sambo.

Highlights of His Excellency's address were:

- The State Government is determined to reduce maternal and under-five mortality.

	<ul style="list-style-type: none"> • Influential women are now involved in decision making in the States and are raising awareness on maternal mortality and other challenges that women face. • The State has embarked on many people oriented projects; • Free maternal health and child care services including provision of ITN, Voluntering Counselling and testing (VCT), PMTCT, etc. • Commitment to provision of quality health to all people in the State • The Government has awarded contract for a modern hospital in the State – for the State Teaching Hospital • Set up State Primary Health Care Development Agency • Stepped up efforts on immunization, sanitation, education of all citizens of the State. • Embarked upon poverty alleviation measures • Employ LG Councils to grant scholarships to students from their LGAs to study medicine • Establish school of midwifery and plans to start two other ones in the coming years • Acknowledged with gratitude the interest UNFPA has demonstrated in the support of the goals and objectives of the Kaduna State Government especially as it relates to reduction in maternal mortality. • The Governor wished the participants fruitful deliberations in the workshop and journey mercies back to their home and declared the workshop open.
<p>Technical Session:</p>	<p>Documentary on maternal mortality in Nigeria.</p> <p>Presentation: Safe motherhood – the reduction of maternal mortality.</p> <p>Highlights of the presentation were:</p> <ul style="list-style-type: none"> ▪ Maternal health indicators for Nigeria and statistics from Kaduna state specific studies. ▪ Major medical causes of maternal death ▪ The social factors that underlie the three delays. ▪ The effect of skilled attendants at delivery and the impact that access to emergency obstetric (and neonatal) care can have on reduction in maternal mortality. ▪ The magnitude of maternal morbidities that may go unnoticed. ▪ The results that a firm resolve from all stakeholders can have on maternal mortality reduction.

Presentation on the Findings from UNFPA's 5th Country Programme Thematic Evaluation in maternal care

Highlights of the presentation were:

- Global concerns as articulated in a series of international conventions and consensus documents.
- Broad statistic of developing countries with particular attention to Nigeria on maternal health.
- Major interventions supported by UNFPA under the 5th Country programme to address the challenges in maternal health.
- The imperatives of the thematic evaluation of the 5th Country programme.
- Statistics from the evaluation as they concern utilization of RH/MCH services (ANC, Delivery and PNC) in the different zones in the country.
- Factors that challenge the utilization of services:
 - Cultural practices and community perception
 - Poor social and economic status of the woman and girl child.
 - Lack of decision making power for women.
 - Low level of education which leads to ignorance in the identification of danger signs of pregnancy
 - Poverty
 - Infrastructural challenges
 - Human resource challenges
- Good practices across the country that seek to address a host of the challenges highlighted.
- Strategies that can be implemented to improve the utilization rates of maternal health

	<p>services.</p> <p>Highlights of Discussions/Comments.</p> <ul style="list-style-type: none"> • There was a request that the presentation be translated into Hausa language. • Education will go a long way to solve many of the identified problems. • National Health Insurance Scheme should incorporate maternal health • Does UNFPA support only government projects? • Disparity between North and South in health indices is not due to economic factors alone but due to chauvinistic attitude of our leaders and over zealous scholars • Rigidity in our health settings impede the delivery of services – involve the communities in care delivery • Despite the State proclaimed free health care services, patients still pay for their services and shop for medical commodities • Have UNFPA considered having one health facility where women can deliver safely • There is need to set up health facility in Kaduna Central Market to cater for pregnant mothers • Mobilize National Union of Road Transport Workers to identify with the maternal mortality reduction intervention • Effective measure need to be put in place to curb poverty – e.g. ensure that fertilizer distribution gets to those who need them • The participants were assured of government’s commitment to enhance fertilizer distribution in the State and help reduce poverty.
<p>Working groups on maternal mortality reduction</p>	<p>The participants were distributed into various working groups depending on their categories representing the different stakeholders present in the workshop. The facilitators guided the discussion while rapporteurs documented the proceedings which would guide the State in the development of the action plan.</p> <p>Each group discussed the challenges posed to the maternal health status in the state under the following sub-headings; infrastructural, policy, human resources as well as community and cultural issues. Thereafter a plan of action was articulated by each group to address the challenges. The groups reviewed the issues in broad terms while paying particular attention to areas that directly relate to their areas of expertise or focus.</p>

Closing of Day 1	Day 1 proceedings closed at about6.00 p.m
-------------------------	---

Proceedings of Day 2

ACTIVITIES	PROCEEDINGS AND DISCUSSIONS
Opening	The Chairman of the session welcomed participants to the second day of the workshop and highlighted key activities outlined for the day
Technical session	<p>Presentation on the Overview of Breast and Cervical Cancer</p> <p>Highlights of the presentation were:</p> <p>Breast cancer –</p> <ul style="list-style-type: none"> ▪ Leading cause of death in cancer patients in Nigeria ▪ Most important risk factor is being a woman and other risk factors include age, family history of breast cancer, early exposure to radiation, nulliparity, late age of first live birth and late age of menopause. ▪ Major symptoms include painless mass and nipple discharge amongst others. ▪ Early detection saves lives ▪ Self breast examination, breast ultrasound, mammography and MRI are the main methods of screening and early detection. <p>Cervical cancer</p> <ul style="list-style-type: none"> ▪ Second only to breast cancer as the commonest type of cancer amongst women in Nigeria.

- It is now on the increase due to the relationship with the HIV/AIDS epidemic.
- If detected early 100% cure is possible
- Risk factors include infection with the Human Papilloma Virus (HPV), infection with the Human Immuno Deficiency Virus (HIV), early sexual debut, multiple sexual partners and multiparity.
- Pap smear provides an opportunity for early detection reducing the incidence by about 60 – 90% and death rate by about 90%.

Actions to take

- Community mobilization and sensitization in partnership with civil society groups, NGOs and FBOs to increase awareness about cancer.
- Establishment of screening centre across the nation
- Support legislation on cancer treatment and include cancer under the NHIS.
- Build capacity for pap smear nationwide
- Immunize widely with the HPV vaccine.

Create functional referral systems for patients with cancer.

Questions and Answers

- Are these cancers associated with the type of food one takes?
- Are there any relationship between these cancers and abortion
- The vaccine for cervical cancer is it in the form of injection because our people already associate injections with maladies such as poliomyelitis
- Is the vaccine for cervical cancer available in Nigeria and what is the cost?
- Why do you say that Pap Smear is a preferred method of screening for cervical cancer
- Discharge of breast milk in elderly women in their sixties or in women after menopause is it associated with cancer?
- What is the link between family planning and cancers
- The proliferation of patent medicine stores and private clinics that render substandard services in

a population that is highly ignorant, what measures is the State Government taking to safeguard the health of her citizenry from unwholesome practices?

Responses

- Cervical cancer vaccine is given as injection in the arm from 9 to 24 years.
- No food is associated with these cancers
- There is no association between abortion and these cancers.
- There is no relationship between milk discharge in elderly women and occurrence of breast cancer
Pap smear was introduced in 1958 and has been in use for a long time. It is very accurate and standardized.
- The cervical cancer can be sourced from Gavi based in Geneva. Also it could be procured from Glasgow Smithline.
- There is a directorate of Pharmaceutical services which handles the monitoring of the chemist stores and clinics.

Cervical Cancers in Northern Nigeria

- Cancer of the Cervix is the commonest malignancy among women in northern Nigeria.
- Breast and cervical cancer form more than 50% of the cancer burden of the region.
- Three to four new cases of cervical cancer are diagnosed every week in ABUTH Shika Zaria The facility had 203 cases of cervical cancer in 2007
- This number represents 75% of the total cases of confirmed gynecologic cancers presenting to the unit.
- The commonest mode of presentation is abnormal vaginal bleeding.

Predisposing factors;

- Cancer of the cervix is sexually transmitted.
- All sexually active women are at risk of cervical cancer
- Their risk is however increased if they start sexual intercourse early, have multiple

partners or have partners with many partners.

- Do not use condoms.
- Acquire HPV infection of the cervix

Risk Reduction

- The risk of cancer of the cervix is reduced with male circumcision
- Use of condoms
- Cancer of the cervix has an established screening method that works (PAP Smear)
- It is also 100% curable if picked at very early stage.
- Today vaccines are available for primary prevention of cervical cancer (use of HPV vaccine)
- The vaccine for cervical cancer should be part of our immunization plan.

Presentation on Role of Girl Child Education in Reduction of maternal mortality

- The Right of the Girl-child to education in Nigeria is enshrined in the 1999 Constitution
- National Policy on Education : compulsory for parents/guardians to give their children/ward the minimum educational background
The UBE Act (2004) has provided that:
 - Every Government in Nigeria shall provide free, compulsory universal basic education for every child of primary and junior secondary school age;
 - Every parent shall ensure that his child or ward attends and completes his/her primary school education; and junior secondary school education, by endeavouring to send the child to primary and junior secondary schools.
 - Articles 28 & 29 of the Convention on the Rights the Child (CRC) have also justified the right of the girl child to education;
 - The goal 2 of the Millennium Development Goals (MDGs) provides for achieving universal primary education; while goal 3 of the same MDGs emphasizes on promotion of gender equality and empowering women.

Challenges of girl child education:

Policy and management

Lack of pro-poor policy; weak implementation of gender policy in education, poor deployment of

female teachers; inadequate planning, monitoring and evaluation.

School based factors

Fees; insecurity; distance; lack of space;, low teacher motivation weak community participation, poor infrastructure, lack and textbooks & access to water and sanitation

Socio-Cultural factors

Gender stereotyping; child marriage and pregnancy; misinterpretation of religion; low self esteem, ethnic discrimination and conflict

Economic factors

Parental poverty; household chores; child labour; commercial sex;

Poor returns for investment.

Relevance of Educating the Girl Child

- Educating girls is one of the most important investments any country can make in its own future.
- Having education makes enormous difference to a woman's chances of raising a healthy family, preventing the spread of diseases and finding well-paid work.
- Educated girl (mother) makes better judgments to seek medical attention sooner for self and children;

Recommendations

- Traditional leaders should advocate for and ensure that all children go to school
- Religious leaders should insist on the religious duty of parents to educate all their children
- Civil society organisations should strengthen advocacy and capacity at grass roots
- Parents and guardians should send all their children and ensure complete schooling
- The media should give high profile to girls education and Education For All

Improving Maternal Health through Child Immunization

- 10 million children under five die every year throughout the world
- An estimated 2.5 million die from vaccine preventable diseases
- Immunization is a key health intervention to achieve the Millennium Development Goals (MDG) of substantially reducing the child and maternal mortality rates.
- A sick child is a burden on the mother and a drain on family resources
- The complications that cause the deaths and disabilities of mothers also damage the infants they are carrying
- Child survival may affect fertility rates
- Kaduna state has the capacity to improve the immunization status of its populace especially children
- The concerted efforts and commitment of all stakeholders are required

Highlights of Discussions/Comments:

- Why is there no machine for the screening of breast cancer?
- Every Local Government Council should procure Mammogram machine and install so that our women can go there and be screened.

Response:

- Breast self examination serves as a screening method. Those who suspect possible lump could then go to a health facility for mammography.
- The government, development partners and NGOs are doing something about making mammogram available to the people.
- It is not necessary to have mammogram in every General Hospital. Even if you procure the machine, you need to recruit highly skilled personnel to man them. Hardly is there any country in the world that has mammogram in every facility. What is important is to have it at referral centres so that people can go to such places and be screened.

Presentation On Gender Based Violence – Legal Implications

Gender-based violence is the aggressive treatment or injustice meted out to a person on account of his or her sex

“Violence Against Women” means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. (Para 114 of Beijing Declaration, 1995)

The female gender (women and girls) have been the worst victims of gender-based violence

According to this declaration, violence against women encompasses but is not limited to the following:

- Physical, sexual and psychological violence occurring;

In the family, including battering, sexual abuse of female children, dowry-related violence, marital rape, female genital mutilation etc.

Within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

Other acts of violence against women include:

Violation of the human rights of women in situations of armed conflict, in particular murder, systematic rape, sexual slavery and forced pregnancy.

Forced sterilization and forced abortion, coercive/forced use of contraceptives, prenatal sex selection and female infanticide.

Effects of GBV

- A public health problem

- A human rights problem
- A reproductive health rights problem ...Vesico-vaginal fistula (VVF), unwanted pregnancy, abortion, maternal mortality, STI and HIV/AIDS
- Post-traumatic stress, depression, fear, stigma, suicide
- It further disempowers and pauperizes women

The Way Forward

- Gender mainstreaming
- CEDAW should be domesticated by the National Assembly
- Empowerment of women and education of the girl-child
- Enlightenment of women to demand their human rights
- Special units in the Nigeria Police and law courts should be set up to handle issues of violence against women
- Training should be conducted for law enforcement agents on gender equality and gender based violence
- The system at state, LGA and community levels should provide refuge for rape victims.

Gender Based Violence – Sexual Assault/Rape Medical Implications

- Any form of non-consenting sexual act.
- Majority of the cases are females but males can also be victims.
- 1 in every 6 women would be raped during her lifetime.
- Significant Public Health problem worldwide.
- Highly under reported in Nigeria – 136,285 cases reported 1980-1992.

Consequences

- ❖ Medical - Rape Trauma Syndrome, Emotional trauma.
- ❖ Physical trauma-morbidity and mortality, infections STI/HIV etc.
- ❖ These have impact on the individual, their families, the community, the State and the country
- ❖ Rape is crime punishable by law.
- ❖ Insufficient laws to deal explicitly with sexual assault in Nigeria.
- ❖ Clear and explicit laws should be enacted for the scourge to be reduced in Kaduna State, Nigeria and worldwide.
- ❖ Community support groups and structures should serve as reporting channels for rape cases. These could be through mosques, churches, village committees, health centers, health posts and maternities.

	<p>Questions And Answers</p> <ul style="list-style-type: none"> • Is it possible to detect HIV status of victims of rape within 24 hours • We have series of these workshops years back and yet the problems persist. Can't we find better ways of doing it to bring about a change in the society • Legal punishment meted out to rapists is light e.g. 10 days imprisonment or five thousand naira fine. <p>Response: Establishing that some one is infected could at times be difficult. If the test is done on both the rapist and the survivor and the result turns out positive for the rapist, urgent steps have to be taken to protect the survivor by placing her on Post Exposure Prophylaxis (PEP). If the result of the test for the rapist is negative, it does not necessarily imply safety as he might be in the window period. Therefore, you still go on to place the survivor on PEP.</p> <p>The presentation highlighted the need to sensitize the police and lawyers on rape so that they would ensure that culprits are brought to book. Lawyers need to be more sensitized on issues on rape and judges dissuaded from using their discretionary powers to give light judgement on rape cases. Preferably, female judges may need to handle rape cases as they are more likely to identify with victims and appreciate their agonies and therefore better place to pass just judgment on rapists.</p>
--	---

Proceedings of Day 3

ACTIVITIES	PROCEEDINGS AND DISCUSSIONS
Opening	The meeting started with opening prayers and remarks by the Chairman of the session.
Premier of the movie "Freedom in Chains"	<p>The movie produced by UNFPA and Nollywood Concepts Promotions Ltd "Freedom in Chains". was presented to the participants. There was a lot of excitement in the hall as the film was being shown. The film ended with a loud applause from the audience. The key actors/actresses were called to the podium and introduced to the audience. This was followed by a discussion session</p> <p>Discussions anchored by the Nollywood team.</p>

- Though the film portrayed the culture of the south, but I can relate it to what is going on in our own culture. The men keep the women secluded in the purdah and go out and patronize food hawkers (tea, suya, fried eggs etc) while the nutrition of the woman is neglected. This has direct bearing on maternal mortality.
- We need to be careful about the relations – uncles, nephews we keep in our homes. When we are out, these relations perpetrate evil against our children. In addition, we need to instill discipline into our children and take full control of our homes (NGO).
- We need to gather the men folk and show them this film.
- We need to carry out enlightenment campaigns on communities in both the urban and rural areas. The community members are always eager to welcome and hear us.
- The workshop need to be extended to schools – secondary and tertiary schools
- One of the challenges people face is dealing with rape when the perpetrator is a close relation. They are hesitant bringing their relation to the police or charging him to court
- The government should use the traditional leaders as custodians of their various communities and use them to bring erring members to book
- The problems we are facing arise as a result of the different roles we assign to boys and girls in the families. The boys grow up thinking they are superior to the girls and it reflects in the discriminatory attitude to women in marriage settings.
- What can FIDA do to help career women? Many of them are compelled to abandon their professions as a result of marriage. They thereby become dependent on the males and that worsens the power relations in marriage
- Cases of rape are not reported promptly to police for medical examination. Thorough medical examination need to be carried out when the survivor has not washed up. It may be difficult some a times to establish facts that would be used as evidence in court.
- Rape is also being perpetrated on boys. There is need for us to pay attention to our children to ensure that they are not abused by older people. We need to pursue justice and ensure that perpetrators are brought to book. A participant cited an instance where her NGO intervened and ensured that a rapist was jailed.
- There is need to depict the culture of the North in the film which expose the practices of the men against the women in Northern setting
- Root cause of the problem is that women are subservient – only meant to bear children, the girls are married out at early age, and justice is for those who have the means. - The solution lies in getting everyone involved. There should be reorientation of everybody.
- Women are helping to sustain these problems as they fail to speak out, condone the practices and even perpetrate it against their folks. What are women to curb these maladies, including

	enunciating laws and policies that check exploitation of women?
Traditional Communicators	The state arts and culture troop performed cross cultural music and entertained the audience depicting some of the issues that have been deliberated upon in the three day workshop.
Presentation of finalized action plan	The comprehensive action plan, reflecting the input from all group work reports was presented to the participants. The meeting adopted the issues, strategies, actions to be taken, responsible parties, partners and timelines with some modifications.
Closing ceremony	The Hon Commissioner of Finance Kaduna State on the behalf of the State Government expressed the appreciation of the State to the contributions of everyone for the success of the workshop and to UNFPA in particular. He thanked the Executive Governor of the State for His support and Her Excellency the Wife of the Governor for initiating the workshop. Due recognition was given to Nollywood Concept Ltd, Members of Kaduna State House of Assembly, Members of the State Executive Council, law enforcement agents for their support to the success of the workshop. He wished all the workshop participants journey mercies back home. The meeting closed with a prayer.

<p>Premier of the movie “Freedom in Chains” for Students of Tertiary institutions in Kaduna</p>	<p>The movie produced by UNFPA and Nollywood Concepts Promotions Ltd “Freedom in Chains” was presented to the students of tertiary institutions in Kaduna. The key actors/actresses were called to the podium and introduced to the audience. This was followed by discussion session</p> <p>Discussion</p> <ul style="list-style-type: none"> • One of the students shared an experience she witnessed where a neighbour who has lost the husband was nearly dispossessed of the husband’s property but for the prompt intervention of the woman’s relations who were members of the armed forces. • One of the students commented ‘I can relate some of the oppressions of women in the film to some of the practices that go on in my area and wish that this project could be used to expose some of the atrocities that go on in the societies’. That will help us to liberate the females in our society and thereby enable us as a nation actualize the vision 2020. <p>One of the aides of the wife of the Executive Governor of Kaduna State thanked all the students for participating in the movie premiere.</p>
--	---

Agenda of the workshop

DAY ONE

- 09.00 hrs - Arrival of Participants
- 09.15 hrs - Arrival of Key Government Functionaries
- 09.45 hrs - Arrival of the Wife of Kaduna State Governor
- 10.00 hrs - Arrival of the Kaduna State Governor
- 10.00 - 10.15 hrs - Opening Prayer
- Chairman's Opening Remarks Hon Commissioner of Health Kaduna State
Dr Peter Everton Yare

- 10.15 - 10.35 hrs - Welcome Address by Her Excellency **the Wife of the Kaduna State Governor, Hajia Amina Namadi Sambo**
- Address by UNFPA Representative His Excellency Sidiki Coulibaly
- 10.35 - 10.50 hrs - Goodwill Messages:
- Hon. Commissioner for Health, Kaduna State
 - Hon. Commissioner for Women Affairs, Kaduna State
 - Hon Commissioner for Finance, Kaduna State
- Dance/Drama
- 10.50 - 11.00 hrs - Address by the Kaduna State Governor and formal Opening of the Workshop
- 11.00 - 11.15 hrs - **Tea Break**
- 11.15 - 11.30 hrs - Documentary on Maternal Mortality
- 11.30 - 12.00 hrs - Presentation on *Safe Motherhood*: the reduction of Maternal Mortality - Dr Demola Olajide
- 12.00 - 12.30 hrs - Findings from UNFPA 5th Country Programme Thematic Evaluation in Maternal Care - Prof P Otti
- 12.30 - 12.45 hrs - Traditional Communicators
- 12.45 - 13.30 hrs - Questions and Answers/Discussions
- 13.30 - 14.30 hrs - **Lunch Break/Prayers**
- 14.30 - 17. 00 hrs - Group Discussion of Action Plans/develop Interventions at State and LGA levels (Maternal Mortality)
- 17.00 hrs - **END**

DAY TWO

- 09.00 - 09.05 hrs - Opening Prayer
- Chairman's Opening Remarks
- 09.05 - 09.15 hrs - Documentary on Cancer Screening
- 09.15 - 09.30 hrs - Presentation on Breast and Cervical Cancer by Dr Bello Abubakar
Cervical cancer in Northern Nigeria, a preventable tragedy Dr Marliyya Zayyan
- 9.30 - 10.15 hrs - Questions and Answers/Discussions
- 10.15 - 10.30 hrs - **Tea Break**
- 10.30 - 10.45 hrs - **Presentation on Girl-child education Adamu Ndagi,**

- 10.45 - 12.30 hrs - Group Discussion of Action Plans/develop Interventions at State and
LGA Levels (Cancer and Girl Child Education)
- 12.30 - 15.00 hrs - Lunch Break/Jumat Prayers
- 15.00 - 15.15 hrs - Traditional Communicators
- 15.15 - 15.30 hrs - Presentation on Gender Based Violence: Focusing on Rape
Legal implications; Chinele Iriele
Medical implications; Dr Fatima Zara
- 15.30 - 16.00 hrs - Questions and Answers/Discussions
- 16.00 - 17.00 hrs - Group Discussion of Action Plans/develop Interventions at
State and LGA levels (GBV/Rape)
- 17.00 hrs - **END**

DAY THREE

- 09.00 - 09.15 hrs - Opening Prayer

- Chairman's Opening Remarks
- 09.15 - 11.00 hrs - Presentations, Discussions and Finalization of the Action Plans at Plenary (Maternal Mortality, Cancer, Girl child Education and GBV/Rape)
- 11.00 - 11.30 hrs - Tea Break
- 11.30 - 12.45 hrs - Screening of the GBV movie
- 12.45 - 13.30hrs - Questions and Answers/Discussions
- 13.30 - 14.00 hrs - Closing Ceremony
- 14.00 - 15.00 hrs - Lunch Break/Prayers

Screening for Students of Kaduna State University/State Polytechnic

- 15.30 - 15.45 hrs - Opening Prayer
- 15.45 - 16.00 hrs - Introductory Remarks on the GBV Movie
- 16.00 - 17.15 hrs - Screening of the GBV Movie
- 17.15 - 18.30 hrs - Questions and Answers/Discussions
- 18.30 hrs - END

**Three-day workshop on Reducing Maternal Mortality in Kaduna, Kaduna State, Nigeria, 9-11 October 2008.
Action Plan (2008-2010)**

Maternal Mortality POA.

Challenges	Strategies	Actions to be taken	Responsible Parties	Partners	Timing /Duration
Infrastructural issues					

Strategic Objective: To improve the level of functionality of Health facilities and the health care delivery system by 25% in 2010 at State and LGA levels.					
Expected outcome: Improved systems and structures for health service delivery in the State.					
<ul style="list-style-type: none"> Poor availability of equipment in the health facilities Poor state of physical structures of health facilities 	<ul style="list-style-type: none"> Encouraging government at all levels to allocate and commit increased resources for upgrading of health facilities especially for the provision of electricity, water, etc. 	<ul style="list-style-type: none"> Mobilization of House of Assembly and Executive council and other political appointees especially LGA chairpersons to commit more funds to maternal health services. Partner with traditional and religious leaders to mobilize and monitor allocated resources to health Motivate community members to support health facilities financially through a peoples forum. Establish a functional blood bank in at least 50% of general hospitals. Facilitate linkages of all State General Hospitals with the National Blood Transfusion Centre in Kaduna. 	SMOH, Health Management Board, LGAs; I Care, NGOs,	FMOH, Nursing and Midwifery Associations, Development partners, e.g UNFPA.	4 th qtr 2008 and continuous
<ul style="list-style-type: none"> Inappropriate location of and poor access to health 	<ul style="list-style-type: none"> Advocate for Proper location of HFs especially in the rural areas. 	<ul style="list-style-type: none"> Assess location of existing facilities and implementation of appropriate relocation. 	State Exco, SMOH	LGA Chairpersons, communities, development partners	1 st Qtr 2009 and continuous

<p>facilities.</p> <ul style="list-style-type: none"> Poor referral linkages between levels of health care services 	<ul style="list-style-type: none"> Provision of supportive systems and structure to improve access and referral services. 	<ul style="list-style-type: none"> Improve transportation and road network including the provision of an ambulance by the state government and collaboration with NURTW. Review referral linkages and align them with political wards and other related delineations. Introduction of outreach services in markets and other outdoor places. Train and partner with TBAs to bridge information gap in the community and support health workers in referral. 			
<ul style="list-style-type: none"> Substandard level of equipment and supplies 	<ul style="list-style-type: none"> Upgrading of the level of equipment and supplies in the facilities. Regular maintenance of appropriate quantities. 	<ul style="list-style-type: none"> Undertake Advocacy visits to all LGAs to facilitate the prompt response to maternal health issues by LGA Executives. Mobilize the private sector for partnerships in maternal and child health. Develop in partnership with the community groups security measures to safeguard the equipment. 	<p>LGAs; HMB, SMOH,</p>	<p>NGOs, I Care, Development partner, UNFPA</p>	<p>4th qtr 2008 and continuous</p>

Human Resource related issues					
Strategic Objective: To increase by 75% in 2010, the availability of skilled manpower and by 75% in 2010, the performance of health workers in the provision of quality maternal health services (Ante natal, delivery and Post natal)					
Expected outcome: Increased availability in the numbers of skilled health workers to provide quality maternal health services.					
<ul style="list-style-type: none"> Inadequate numbers of skilled human resource for health 	<ul style="list-style-type: none"> Recruitment, deployment and retention of trained midwives in LGAs 	<ul style="list-style-type: none"> Assess available human resource capacities in the state Advocacy to key decision makers and executives including LGA Chairpersons to address the human resource challenges in health. Facilitate the development of a detailed recruitment plan and policy especially for skilled health professionals and specialists. Develop a strategic motivation policy and action plan targeted at health workers especially those posted to the rural areas. Re-introduce community midwifery. 	State and LGA; I Care for Women and Youth Initiative; NGOs,	Nursing and Midwifery Council, Development partners, UNFPA	1 st Qtr 2009 and continuous
<ul style="list-style-type: none"> Weak life saving capacity of available 	<ul style="list-style-type: none"> Capacity building in life saving skills 	<ul style="list-style-type: none"> Develop and implement a continuous medical education plan for health care workers. 	SMOH, HMB, LGA; I Care; NGOs	Development partners, UNFPA	1 st qtr 2009 and continuous

human resource		<ul style="list-style-type: none"> • Training and retraining of skilled providers especially midwives for provision of quality maternal health services in public and private facilities. 			
<ul style="list-style-type: none"> • Poor attitude of health workers 	<ul style="list-style-type: none"> • Implement a comprehensive package of incentives for various carders of Health Workers. • Institutionalization of an elaborate monitoring system. 	<ul style="list-style-type: none"> • Develop Standards of practice for use at each level of health care. • Develop an incentive package not limited to monetary benefits • Establish/Utilize existing village/ward Development committees to partner and monitor quality of care • Engage traditional and religious leaders to participate in the monitoring process. • Establish SERVICOM units in the hospital management board and appoint officers to monitor the delivery of services. 	SMOH, LGAs, HMB, I Care	FMOH; Development partners, UNFPA	4 th qtr 2008 and continuous
Policy Issues					
Strategic Objective: To ensure the implementation of relevant policies, plans and legislation as it affects maternal mortality					
Expected outcome: Improved policy environment for maternal health care.					
<ul style="list-style-type: none"> • The absence of any explicit 	<ul style="list-style-type: none"> • Facilitate legislation on maternal health that 	<ul style="list-style-type: none"> • Advocacy to KSHA on legislation on maternal 	NGOs, I Care, Faith based Orgs and	Development partners; UNFPA,	2 nd Qtr 2009

law in the state concerning maternal mortality	will institutionalize and sustain maternal health interventions	health interventions. <ul style="list-style-type: none"> Facilitate the development of state IMNCH plan and policy to ensure continuity of interventions. 	Traditional leaders, SMOH	FIDA	
<ul style="list-style-type: none"> Inadequate coverage of free maternal and child health services that address financial barriers to utilization of services. 	<ul style="list-style-type: none"> Adequate allocation of resources for the implementation of free maternal health policy Establish mechanisms to generate sustainable flow of resources. 	<ul style="list-style-type: none"> Advocate for expanded coverage of free maternal health services in the state in more facilities per LGA. Facilitate the setting up of community financing schemes in support of poor pregnant women with complications especially for transportation Support the setting up of a consultative forum of traditional/ religious leaders to act as pressure group especially at the local government and community level. 	SMOH, SMEP, SMOF, SMLG, NGOs, CBOs, I Care	Development partners, UNFPA, Traditional Ruler	1 st Qtr 2009
<ul style="list-style-type: none"> Inadequate partnership for maternal health 	<ul style="list-style-type: none"> Promote the establishment of broad based partnerships for (maternal) health care promotion and delivery. 	<ul style="list-style-type: none"> Assess available community structures to identify opportunities to foster relevant partnerships that improve community participation. Utilize community systems to facilitate the expression of complaints and 	SMOH, SMOWA, LGAs, I Care, NGOs/CBOs/FBOs	Development partners, UNFPA, Traditional Rulers	4 th Qtr 2008

		grievances.			
Cultural and community related issues					
Specific Objective: To increase by 75% in 2010, the involvement of communities, traditional and religious institutions in maternal health issues					
Expected outcome: Improved understanding and Increased involvement of the community in maternal health issues.					
<ul style="list-style-type: none"> Poor community knowledge of maternal health issues 	Implement extensive behaviour change communication (BCC) activities	<ul style="list-style-type: none"> Sensitize and train LGA health promotion officers on behaviour change communication (BCC) for maternal health. Develop and implement a comprehensive BCC strategy and framework for maternal and child health. 	State and LGA, NGOs, I Care, State Social welfare offices, Traditional and Religious leaders	Development partners, UNFPA	1 st - 2 nd Qtr 2009
<ul style="list-style-type: none"> Poverty 	Expand the existing free treatment for pregnant women in the State. Initiate fund raising activities to support a wider coverage of free maternal health services.	<ul style="list-style-type: none"> Provide adequate budgetary allocations for reproductive health services. Facilitate community level income generating activities for women 	State Government, NGO's, I Care for Women and Youth Initiative, CBO's, traditional/religious Institutions.	Private sector, Development partners, UNFPA.	November 2008 – December 2009
<ul style="list-style-type: none"> Poor male involvement in maternal health issues 	Male focused Community mobilization and BCC.	<ul style="list-style-type: none"> Organize sensitization activities for various categories of men groups. Identify and train influential men in the community to serve as advocates for male involvement 	State and LGA, NGO's, I Care for Women and Youth, CBO's, traditional/religious Institutions.	Development partners, UNFPA	4 th Qtr 2008

Cancer screening

Challenge	Strategies	Actions to be taken	Responsible Parties	Partners	Timing /Duration
		<ul style="list-style-type: none"> Mobilize traditional and religious leaders to promote and monitor the support of men to their wives for maternal health care. Organize inter-faith 			
		Human Resource related issues			
Strategic Objective:	To increase the number and functionality of institutions providing cancer screening services by 55% in 2010	Facilitate the formation of community based rights protection group			
Strategic Objective:	To increase by 75% in 2010, the availability of skilled manpower for cancer screening.	Establish a high level committee involving traditional and religious institutions especially for maternal and child health.			
Expected outcome:	Improved systems and structures for health care delivery in the State for early detection of cancer				
Expected outcome:	Increase availability in the number of skilled health workers (State and local)				
screening facilities in Kaduna state for cervical and breast cancer.	commitment of adequate funds to cancer screening.	cancer screening centre in each senatorial district	Government; NGOs; I Care;	partners; UNFPA, professional organizations, Private sector	Dec 2008 and continuous
• Low utilization rates of maternal health services.	<ul style="list-style-type: none"> Conduct BCC activities to address harmful cultural norms and practices Strengthen the capacity of health workers to provide cancer screening at each level of care Demand creation for available services, through Sensitization activities 	<ul style="list-style-type: none"> Conduct bi-monthly mobilization activities at the community level Link health facilities with churches and mosques in their community through functional committees to improve community confidence in facilities. 	State and Local Government; NGOs/CBOs; NGOs; I Care; tertiary health institutions	State Government, Development partners, UNFPA, Professional organizations, Private sector	1 st Qtr 2009 and continuous

Shortage of health professionals at each level of care in the state	<ul style="list-style-type: none"> Recruitment and deployment of adequate numbers of qualified health workers in the state within a state-wide 	<ul style="list-style-type: none"> Develop and implement a human resource plan for the health sector. 	SMOH, I Care, LGA, tertiary health institutions	<ul style="list-style-type: none"> Development partners; UNFPA, professional organizations, 	1 st Qtr 2009
		Cultural and community related issues			
Specific Objective: To increase by 50% in 2010 cancer prevention and screening for health	To increase by 50% in 2010 the involvement of communities, traditional and religious institutions in the response to	<ul style="list-style-type: none"> Training and technical assistance for select group 			
Expected outcome: Increase in the number of health workers to	Increase in the number of community workers provide cancer screening,				
<ul style="list-style-type: none"> Low community knowledge about cancer prevention and screening 	Develop and implement a comprehensive community mobilization strategy for cancer prevention, screening and management.	<ul style="list-style-type: none"> Actively involve religious and traditional leaders Implement regular community activities (supported by 	I Care; NGOs, SMOH, LGAs, State Social welfare offices	Traditional Rulers, TBAs, FBOs, Development partners, UNFPA.	4 th Qtr 2008 and continuous
Strategic Objective: To ensure the implementation of health policies to provide and	health workers to provide and	community members with	legislation as it affects	cancer screening	
Issues	Strategies	Actions to be taken	Responsible Parties	Partners	Timing /Duration
<ul style="list-style-type: none"> Absence of a policy or legislation that regulates and guides cancer prevention, screening and management. 	<ul style="list-style-type: none"> Advocacy to develop a Kaduna specific policy that addresses access to all components of cancer services. 	<ul style="list-style-type: none"> Address Infrastructural issues such as fully equipped schools in all LGAs Screening and early detection. Develop a state policy Facilitate a program that includes various cancer categories of community members to improve knowledge and promote support for cancer patients. 	SMOH, SMEP, Tertiary Health Institutions, I Care, NGOs	Development partners; UNFPA, private sector, FBOs	1 st and 2 nd Qtr 2009

Girl Child Education

Expected outcome: Improved access to education by both girl and boy children in the state					
<ul style="list-style-type: none"> Poor location of schools and vocational training institutions within communities 	<ul style="list-style-type: none"> Location of new schools in proximity to communities and markets. Provision of transportation means for children in far communities 	<ul style="list-style-type: none"> Pay advocacy visits to State Executive Council, Kaduna State House of Assembly and LGA Chairmen. 	Office of the Wife of the State Governor, State Ministry of Women Affairs, State Ministry of Education Market Women Association	Development partners Communities Philanthropists NGOs FBOs	Nov 2008 - Jan 2009
<ul style="list-style-type: none"> Weak implementation of school feeding programmes 	<ul style="list-style-type: none"> Re-vamp school feeding programmes in rural areas 	<ul style="list-style-type: none"> Inventory of schools with feeding programmes Mandatory establishment of feeding programmes in all schools 	Ministry of Education	I care for women and youth initiative NGOs	Oct 2008 – June 2009
<ul style="list-style-type: none"> Continuing Education programmes 	<ul style="list-style-type: none"> Establishment of Adult literacy programmes for adult women e.g market women 	<ul style="list-style-type: none"> Develop a state scheme for adult literacy programme targeted at adult women 	State Ministry of Education, NGOs Market Women Association	LGAs	Jan – June 2009
Human Resource related issues					
Strategic Objective: To increase by 70% in 2010, the availability of trained teachers with gender sensitive skills					
Expected outcome: Increased availability in numbers of skilled teachers to provide quality educational services.					
<ul style="list-style-type: none"> Inadequate numbers of teachers with gender sensitive skills 	<ul style="list-style-type: none"> Advocacy to State Education Management Board and Proprietors of Private Teachers training Schools for inclusion of gender module into training curricula. 	<ul style="list-style-type: none"> Develop training manuals on gender concepts that afford equal opportunities to girl and boy children in schools To incorporate gender concepts into curricula of Teachers training schemes 	Office of the Wife of the Executive Governor, Ministry of Women Affairs, Ministry of Education	<ul style="list-style-type: none"> SUBEB. NGOs Development Partners 	Jan 2009 – Dec 2009

<ul style="list-style-type: none"> Mal-distribution of female teachers in rural areas 	<ul style="list-style-type: none"> Re-distribution of available corps of female and male teachers in the state 	<ul style="list-style-type: none"> Re-deployment exercises by the State and LGAs Provide incentives for teachers deployed to rural areas 	Ministry of Education SUBEB	<ul style="list-style-type: none"> NGOs 	
Policy Issues					
Strategic Objective: To ensure the implementation of the State UBE Scheme					
Expected outcome: Improved policy environment for Girl Child Education					
<ul style="list-style-type: none"> None or part enforcement of SUBEB Scheme 	<ul style="list-style-type: none"> Advocate for enforcement of free and compulsory primary education scheme of the SUBEB 	<ul style="list-style-type: none"> Sensitization of parents and communities on the provisions of the scheme in Kaduna State Conduct monitoring of all schools in the State (rural and urban) to ensure compliance with scheme 	State Ministry of Education, SUBEB	Development partners NGOs	Oct 2008 – Dec 2009
Lack of appropriate policy on education of the pregnant girl child	<ul style="list-style-type: none"> Development of policy to re-integrate pregnant youth in schools 	<ul style="list-style-type: none"> Develop policy documents Advocacy to State Executives and House of Assembly 	State Ministry of Education SUBEB	Schools Management Board	Jan – Mar 2009
Cultural and community related issues					
Specific Objective: To increase the awareness of the community level on the importance of Girl Child Education					
Expected outcome: Increased enrolment of girl children in every community.					
<ul style="list-style-type: none"> Weak involvement of the media, religious and traditional leaders in sensitization activities on girl 	Intensify sensitization campaigns anchored by the media, traditional and religious leaders	<ul style="list-style-type: none"> Grassroots' mobilization activities by traditional and religious leaders within the communities Multimedia activities (print and electronic) community opinion leaders, women 	Office of the Wife of the State Governor Ministry of Women Affairs Ministry of Information Ministry of	NGOs FBOs Emirate Council JNI CAN Media Houses	Oct 2008 – June 2009 July 2009 – Feb 2010

child education		and youth groups on rape	Education, State Social welfare offices, Parents Teachers Associations		
		<ul style="list-style-type: none"> Establishment of a State-wide network of stakeholders to promote girl child education 			
Issues	Strategies	Actions to be taken	Responsible Parties	Partners	Timing /Duration
preference for education of the		its benefits	Governor	Initiative	
Strategic Objective:	To provide adequate and functional infrastructures that address GBV in the entire State	<ul style="list-style-type: none"> Conduct awareness campaigns that address gender based violence cases in all LGAs 	Ministry of Women Affairs		
Expected outcome:	Functional infrastructures that address GBV in the entire State				
<ul style="list-style-type: none"> Lack of insight roles by traditional institutions and facilities that address 	<ul style="list-style-type: none"> Active supervisory role by traditional rulers in the enrolment of the girl child Renovation and/or construction of new facilities that address 	<ul style="list-style-type: none"> Facilitate the mandatory registration of girls children in all State Five Children Assembly and LGA Chairpersons. 	<ul style="list-style-type: none"> Ministry of Women Affairs Office of the Wife of the State Traditional Rulers State Ministry of Women Affairs, 	<ul style="list-style-type: none"> Communities Development partners, Communities, Philanthropists 	<ul style="list-style-type: none"> Oct 2008 – Mar 2010 Dec 2008 Jan 2009 – Dec 2010
GBV issues at community levels.	GBV at the community level	<ul style="list-style-type: none"> Mobilize philanthropists and NGOs focused on GBV for renovation and construction of refuge homes 	NGOs, Women Groups, Parents Teachers Associations		
<ul style="list-style-type: none"> Non-availability of educational materials for young girls on predisposing factors that lead to GBV 	<ul style="list-style-type: none"> Development of teaching aids on Rape. Advocacy to nursery, primary and secondary school authorities on Rape. 	<ul style="list-style-type: none"> Develop and disseminate teaching materials on Rape Organize Sensitization activities targeted at 50% of all school proprietors, teachers and parents associations, 	<ul style="list-style-type: none"> State Ministry of Education NGOs Women Association, ICWY 	<ul style="list-style-type: none"> SUBEP NGOs Development partners 	Jan – Dec 2009

Gender Based Violence: Rape

Human Resource related issues					
Strategic Objective: To increase by 30% in 2010, the availability of skilled personnel that handle GBV cases					
Expected outcome: Increased availability in the numbers of skilled personnel to provide quality services.					
<ul style="list-style-type: none"> Health workers inability to handle Rape cases. 	<ul style="list-style-type: none"> Promote specialized training for health workers on the medical consequences and treatment for Rape cases 	<ul style="list-style-type: none"> Develop a module and training manuals on the medical implications of Rape for health workers Include module into training curricula of Schools of Nursing and midwifery. 	Office of the Wife of the Executive Governor, Ministry of Women Affairs, Ministry of Health	<ul style="list-style-type: none"> State Medical Association. NGOs Social workers Development Partners 	Oct 2008 – June 2009
<ul style="list-style-type: none"> Inadequate number of police officers trained on legal provisions for Rape cases 	<ul style="list-style-type: none"> Promote specialized training for personnel of the State Police command on legal consequences and handling of Rape cases 	<ul style="list-style-type: none"> Develop a module and training manuals on the legal implications of Rape for Police officers Include module into training curricula of Police officers and lawyers. Training on gender mainstreaming for the Nigeria Police and Judiciary 	Office of the Wife of the Executive Governor, Ministry of Women Affairs, Ministry of Justice	<ul style="list-style-type: none"> State Police command, NBA State Chapter, FIDA NGOs Development Partners 	Oct 2008 – June 2009
Policy Issues					
Strategic Objective: To ensure the implementation of laws that protect against Rape					
Expected outcome: Improved policy environment for prosecuting Rape cases					
<ul style="list-style-type: none"> Inadequate 	<ul style="list-style-type: none"> Advocate for the 	<ul style="list-style-type: none"> Review of existing laws on 	State Ministry of	FIDA, NBA	Oct 2008 – Dec

protection of the rights of the girl child and female adult against rape	enforcement of existing protective legislation <ul style="list-style-type: none"> Advocate for female magistrates to handle rape cases 	Rape in the State <ul style="list-style-type: none"> Updating outdated laws Creation of special units in the Nigeria Police to handle rape cases Support sensitization of lawyers, police officers and judges on their roles in the prosecution of rape cases 	Women Affairs, Ministry of Health Ministry of Information	Development partners Nigeria Police Judiciary	2009
Cultural and community related issues					
Specific Objective: To increase by 55% in 2010, the awareness on rape at the community, LGA and State levels.					
Expected outcome: Increased awareness and reportage of Rape cases.					
<ul style="list-style-type: none"> Poor sensitization at community level on rape issues 	<ul style="list-style-type: none"> Community sensitization 	<ul style="list-style-type: none"> Awareness activities – campaigns, production of BCC materials, radio, traditional communicators, etc 	I Care, Ministries of Women Affairs, Information, Culture, State Social welfare offices	NGOs FBOs Emirate Council JNI CAN	Oct 2008 – Mar 2010
<ul style="list-style-type: none"> Poor involvement of religious and traditional leaders in handling rape issues 	Involvement of traditional and religious leaders in handling rape cases at the family and community level.	<ul style="list-style-type: none"> Organize sensitization workshops for traditional and religious leaders, community opinion leaders, women and youth groups on rape Utilize religious leaders to preach against rape during sermons in churches and mosques Community support systems and structures that rehabilitate rape perpetrators 	Office of the Wife of the State Governor Ministry of Women Affairs	NGOs FBOs Emirate Council JNI CAN	Oct 2008 – Dec 2009

Management and Monitoring Actions

Challenge	Strategies	Actions to be taken	Responsible Parties	Partners	Timing /Duration
Management and Monitoring Actions					
Strategic Objective: To facilitate the implementation of at least 75% of the Action plan by 2010.					
Expected outcome: Enabling environment created for the improvement of quality of life in Kaduna State.					
Sustainability of the action plan	<ul style="list-style-type: none"> Facilitate a technical review and final 	<ul style="list-style-type: none"> Categorize activities and strategies by responsible 	State Planning Commission,	Development partners; Line	4 th Qtr 2008 and continuous

	adoption of the action plan by line ministries and community partners.	<ul style="list-style-type: none"> parties Identify financing responsibilities based on existing structures and established systems Coordinate key stakeholders groups to manage the implementation of the plan of action 	Ministry of Health, I Care for Women and Youth Initiative	Ministries; LGAs and NGOs	
Monitoring the implementation of the action plan	<ul style="list-style-type: none"> Develop and implement a monitoring protocol for the Action Plan. 	<ul style="list-style-type: none"> Develop an appropriate monitoring plan. Facilitate the creation of relevant monitoring committees. Implement regular and consistent monitoring activities integrated into existing systems. 	State Planning Commission, State Ministry of Health, I Care for Women and Youth Initiative	Development partners; Line Ministries; LGAs and NGOs	4 th Qtr 2008 and continuous

ATTENDANCE LIST

S/N	Name	Organization	Designation	Tel/Cell/Email
1	Asabe Victor	Kaninkon Women	President	0802 884 5022
2	Hajia Karima Insan	Kabala Women Empowerment & Youth Multi Purpose	President	0808 027 6685
3	Theresa Okeke	Peace Maker Cooperative Forum 27 Hausa Road, S/G, Zaria, Kaduna State	Treasurer	0803 738 6298
4	Felicia Okafor	Peace Maker Cooperation Forum	President	0803 062 6913
5	Farida Ja'afaru	Women Foundation Rochas	Asst. President	0803 700 5080
6	Zainab Buhari	Nagata Women Association	Secretary	0802 946 8501
7	Samson Auta	IMC Kaduna	Secretary	0803 595 3105
8	Emmanuel Nehemiah	Nehemiah Foundation	Executive Director	
9	Dr. Osita Okonkwo	Nigeria Red Cross, Kaduna	Health Adviser	0803 719 8640
10	Martina Anthony	Nehemiah Foundation	Secretary	0802 913 7532
11	Yunusa Ladan	Kawo Development Association	Public Relations Officer	0802 860 9045
12	Shehu Yahaya	Kawo Development Association	Asst. Public Relations Officer	0802 659 9261

13	Hajia Musilimat Oyeniyi	NASFAT	Asst. Women Leader	0803 318 7736
14	Hauwa Abubakar	Fauziyya Widows	Asst. President	0703 320 3921
15	Aisha Hayatu	Fauziyya Widows	President	0808 343 2546
16	Saadatu Abubakar	Jab Ingawa Road	Nawas	0802 912 8304
17	Ibrahim A. Alhassan	Kaduna State Qurry Union	Public Relations Officer	0802 867 2162
18	Stephen Actii	Pan African Leadership League Kaduna	Executive Director	0802 361 5029
19	Adaeze Amayah	Kungiya Mutuchi	Member	0802 964 0315
20	Daharatu Ahmed Aliyu	NAWOJ Kaduna	Secretary	0803 590 8243
21	Nana Bappa	REUBE	Coordinator	0803 700 2536
22	Ramatu Moh'd Sadiq	REUBE	Member	0803 449 4103
23	Mariya Al-hassan	Sisters Organization	Member	0802 909 0715
24	Maimuna Abdullahi	Sisters Organization	Member	0802 065 3279
25	C. Daniel	Barnama Shipping Complex	Programme Officer	0807 764 6841
26	Zainab Abdulsalam	K26 Kauna Avenue, K/Mashi	State Coordinator	0806 563 5102
27	Dr. M. Dangaru	BDSH Kaduna		0703 628 9712
28	Hon. Micah Audu	21 Katef LGA	Councillor	0808 191 9828
29	Hon. Ishaku H. Yashim	Kaduna South LGA		0806 973 4655
30	Hajia Hadiza S. Aminu	Kaduna South LGA	Chairman's wife	0803 644 6633
31	Hauwa Abubakar	Kaduna South LGA	W.D.O.	0803 644 6632
32	Lantana Nnaji	WOYAD Kaduna	Secretary	0802 358 3155
33	Saratu Z. Peter	M.W.D.A		0808 358 3877
34	Naioma Danisa	M.W.D.A		
35	Bosede Oyekanmi	Market Women	Yoruba Leader	0803 606 3919
36	Taiwo Ojengbe			0803 376 0342
37	Mariam Ismaila (Mrs.)	UMSA, Unique Muslim Sisters Association, Hamza Zayyad House	President	mariamismaa@yahoo.com 0803 311 7587
38	Aishatu M. Ibrahim	UMSA, Unique Muslim Sisters Association Hamza Zayyad House	Public Relations Officer	0803 451 2763
39	Halima Aliyu	Fasaha da nagarata	Secretary	0806 056 8360
40	Hajiya Aisha Moh'd	Fasaha da nagarata	President	0808 214 3089
41	Ibrahim Idris	AVYM	VC	0807 357 4791
42	Hajiya Emi Halilu	Market Woman	President	0803 334 5757
43	Vanessa O. Ojiba	Market Woman	Public Relations Officer	0806 327 9171
44	Alh. Aminu M. Abubakar	Volunteer Youth Organization, Kaduna State	Chairman	0803 600 1664
45	Habiba Dankaura	Widow and Child Emp.	Chairperson	0806 550 3915

46	Ramatu Bello	Widow and Child Emp.	Public Relations Officer	0803 968 0170
47	Amina E. Ibrahim	Sabon Tabha Kaduna Fadama User Corp	Woman Leader	0702 520 3245
48	Hon. Hauwa S. Bawa	Kungiyе	President	0702 706 6374
49	Atiku Abubakar	AJ4 Ribadu Crescent, Kaduna	SA	0803 465 5575
50	Abubakar Sada	No. 23B Yakubu Avenue U/RWU Kaduna		0802 902 7480
51	Hausa Ibrahim (cmdr.)	Tagaritakuwa		0803 656 5167
52	Rabi Mohammed	Tagaritakuwa		0803 656 5167
53	Zule Isumali	Tagaritakuwa		0803 656 5167
54	Gwamma Ahmad	AB 14 Kafin Soli Road, Kawo, Kaduna		0708 627 4357
55	Fatima Adamu A.	Ministry of Health		0806 318 1088
56	Rakiya A. Sadiq	Ministry of Health		0703 587 7625
57	Aminu Shehu	Yar' Adua & Namadi Solidarity Forum	State President	0806 550 1795
58	Isyaku Usman	Kaduna North LGA		0806 820 1692
59	Saadatu Ahmed	FOMWAN Hosp	Matron	0803 475 5051
60	Hon. Ali Cletus Kachia	Kachia Local Government Area		0805 121 6428
61	Garaba Sabongarin. M	Makarfi LGA Secretariat		0803 678 5953
62	Maryam M. Sani	Bureau for Religious Affairs (BRAIM)	Civil Servant	0803 637 2213
63	Halima M. Mukhtar	Bureau for Religious Affairs (BRAIM)	Civil Servant	0807 913 7461
64	Alhaji Muse A. Ibrahim		Chairman	0802 331 7363
65	Rabiatu A. Ibrahim	No. 1 Block 1, kanfafe		0793 768 4582
66	Hajia Karima Insan	Block F.I, Kasupda Quarters	President	0808 027 6685
67	Stephen Achi	A4 M.M. Square	E.D	0802 361 5029
68	Mrs. Itagbure	No. 23 Rom Rd S/Tash	Secretary/Receptionist	0803 643 7001
69	Oluwole S. A.	Global Hope for Women and Children	Executive Secretary	0805 452 4356
70	Alh. Aminu M. Abubakar	Volunteer Youth Organization, Kaduna State	Chairman	0803 600 1664
71	Hajia Aishetu Baba-Pate	NASFAT Kaduna		0808 723 5713
72	Zainab O. Atta	LEADS Nigeria, 4 th NNIC Building, Kaduna (League of Democratic Women)	Legal Officer	0802 525 9623
73	Ibrahim A. Alhassan	Bajju Street, Kawo New	Public Relations Officer	0802 867 2162
74	Sony Pat Natson	17 Fadan Kaje Stree, Nanayi, Kaduna	Pro-Life	0802 336 6843
75	Elisha Sunday	CARE-NOW	Admin Officer	0802 913 5938
76	Adama Muhammad	KV 200	Secretary	0808 158 5668
77	Jedidah Samuel	Gbagyi Women Association Kaduna	President	0802 425 5505
78	Mary Garba	Gbagyi Women Association Kaduna	Secretary	0804 383 3564
79	Fatima Binta Yakubu	Bureau for Religious Affairs (Islam) Kaduna	ADAF	0803 334 7202

Con formato: Español (México)

Con formato: Español (México)

80	Idrisiya Amina Garba	RICASA	President	0802 486 9699
81	Hadiza Shuaibu	Progressive Women Association Kaduna	President	0803 678 6606
82	Hajia Femi Halilu	Kaduna	President	0803 334 5757
83	Ms. Ojo Funke	Centre for Gender Rights Protection	President	0703 785 4884
84	Hajiya Hama Mohd	NCWS Kaduna	Ag. President	0802 794 6632
85	Mrs. Rakiya U. Shonekan	Women & Youth Awareness for Democracy (WOYAD)	President	0803 700 1619
86	Mrs. Nafisatu Bello	Widows Association	Vice President	0808 291 6460
87	Mrs. Bilhatu Hyet	Kaduna State Chapter	State Secretary	0802 833 3991
88	Lukman I. Haruna	Daarut Hadeeth Zaria	Coordinator	0802 812 8459
89	Bilkisu Y. Sambo	HDFN Kaduna	Finance Secretary	madamsambohdfn@yahoo.com 0802 373 3575
90	Aisha Hayahatu	Fauziya Wido	Leader	0808 343 2546
91	Ulonnam Joy	GHL	Director	0803 599 2809
92	Samson Auta	IMC Kaduna	Secretary	0803 595 3105
93	De Abogada	FIDA-KAN 20 Keffi/Lagos Street	Vice Chairman&Finance Secretary	0702 573 6290
94	Mariya Al-hassan			0802 909 0715
95	Safiyat S. Muhammad	No. 7 Abuja Road, Kaduna	Coordinator	0702 564 8075
96	Hajiya Tazania	Tudun Wada Zaria	Chairlady	0803 450 5702
97	Ni'ima Women Multipurpose	U/Sarki Kaduna	President	0802 370 8385
98	Amina Bello Sada	Malali Kaduna	President	0802 363 6663
99	Maryam Saleh	B13 School Road, K/Mashi, Kaduna	Women Leader	0803 514 2396
100	Dayyaba Shehu Kuking	10 Sani Sambo Avenue, Kaduna	Publicity Secretary	0803 596 0073
101	Aisha A. Bello Muchia	27 Tobacco Road S/G	President	0803 586 8365
102	Fatima Ahmed	27 Tobacco Road S/G	Secretary	0806 547 8489
103	Aisha Ibrahim	No. 4A Sani Sambo Avenue	Executive Director	0806 913 9502
104	Hadiza S. Yahaya	K230 Zango Road, Kaduna	Coordinator	0803 746 8649
105	Daharatu Ahmed Aliyu	Nigeria Association of Women Journalists	Secretary	0803 590 8243
106	Cecilia Ezekiel	Widows International, 18 Ethiopia	Secretary	0803 310 9582
107	Zainab	K26 Kauna Avenue	Coordinator	0806 563 5102
108	Gloria Paul	Religious Women Multipurpose No. 9 Bank Road, Kaduna	Coordinator	0802 379 2288
109	Aishatu Muhammadu	17B Sultan Bello Road	Secretary	0806 056 8360
110	Dr. Aisha Abubakar Sadiq	Kawo General Hospital, Kaduna	Medical Doctor	0803 787 3936

111	Khadija Mahmud	Malali Kaduna	President	0803 072 8632
112	Jamila Muhammed	Malali Kaduna	President	0806 917 9985
113	Jemimah Olufade	Ripplesngo Rehabilitation Board	Program Coordinator	0805 737 4683
114	Blessing Egbaya	Ripplesngo Rehabilitation Board	Secretary	0803 701 5778
115	Maimunatu Umaru Dembo	Malali Kaduna	President	0803 520 0608
116	Jonah Yusuf Kaye	U/DOSA		0806 563 7005
117	Haj Mariya S. Aliyu	9 Dutse Road, Kaduna	President	0803 714 4752
118	Abdul Hadi I. Katsina	National Corporation on Human Rights, 2 Ali Akilu Road, Kaduna	National Coordinator	0806 563 5439
119	Mariam Ismaila	Unique Muslim Sisters	President	0803 311 7589
120	Hajiya Habiba		Secretary	0806 767 8875
121	Mustapha A. Darraica	ZAPDA	Secretary	0803 651 9693
122	Khadija Mahmud	Malali Kaduna	President	0803 072 8632
123	Jamila Muhammed	Malali Kaduna	President	0806 917 9985
124	Jemimah Olufade	Ripplesngo Rehabilitation Board	Programme Coordinator	0805 737 4483
125	Blessing Egbaya	Ripplesngo Rehabilitation Board	Secretary	0803 701 5778
126	Girls Guide Kaduna	C/o Goke Adenuga & Co, No. 7 Katsina Road, CDA	State Comm.	0803 662 7788
127	Sarah Tachie	No. 7 Yakubu Gowon Way, Kaduna	Producer	0802 309 8097
128	Sa'adati M. Ahmed	FOMWAN Hospital	Matron	0803 475 5051
129	Victoria Okpako	Women Wing CAN	Vice Chairperson	0802 363 7962
130	Ruth S. Luka	Awake Grassroot	Secretary	0802 856 4480
131	Theresa B. Wendbae	SICHSAT	Tutor	0802 956 8558
132	Ima Women Association	Hon Princess	President	0805 024 5503
133	Aisha S. Musa	CYD	Women Coordinator	0803 786 8083
134	Tahir Baba Ibrahim	CYD	Secretary	0803 703 3772
135	Ms. Eve Daniel	CESD Kaduna	Program Officer	0803 310 8819
136	Mrs. Comfort Adeyo	Safe Motherhood Foundation	Rep. the President	0803 403 5915
137	Hajiya Saratu M. Sani	Food Hygiene Association	President	0802 374 5646
138	Halima I. Aminu	WOGI, Kaduna		0803 321 9112
139	Maimuna Y. Mawan	H.D.T	Vice President	0803 625 5902
140	Mrs. Lantana Nnaji	WOYAD	Secretary	0802 358 3155
141	Talatu Baba	Tosaso	Secretary	0802 077 6502
142	Habiba Dan-Kaura	Widows & Child Empowerment	Chairperson	0806 550 3915
143	Ramatu Bello	Widows & Child Empowerment	Public Relations Officer	0803 968 0170
144	Hon. Esther Abba	KDHA Lugard Hall	Hon. Member	0803 304 7944

Con formato: Español (México)

145	Hon. Abdulajij Muazu	Kaduna L.H	Hon Member	0803 388 8086
146	Hon. Jumare Tanimu	Kaduna L.H	Hon Member	0703 468 8082
147	Hon. Abbas S. Fada			
148	Hon. Amina Dalhat	KOHA	Hon. Member	0803 701 3684
149	Fatima			0806 160 0709
150	Hon. Ilyasu Isah Muhammed	KOHA		0802 663 9459
151	Hannatu I. Uguh	Ministry of Information	Permanent Secretary	0803 702 4346
152	Nafisatu N. Babajo	Ministry of Education	Permanent Secretary	0802 701 8942
153	Safiya M. B. Tukur	Ministry of Women Affairs and Social Development, Kaduna	Permanent Secretary	0803 334 6206
154	Bello Sule	MCA Kaduna	Permanent Secretary	0803 320 6731
155	Bala Majami	Office of HOS	Representative	0703 562 4402
156	Esther J. Bewah	BORA C/Matters	Representative	0803 590 6965
157	Bibiana A. Dawa	Ministry of Science & Technology	Overseeing Officer	0802 368 4581
158	Hajiya Hajara A. Ahmed	Bureau of Establishment	Representative	0803 352 7500
159	Ahmed A. Zaria	Political & Economic Affairs	Permanent Secretary	0803 310 9521
160	Ruth C. Samaila	Environment & Natural Resources	Permanent Secretary	0802 516 8230
161	Hajiya Harira Mohd	Kabala Costain	Delegate	0803 694 9120
162	Maryam Abdullaha	CST Poly Barnawa	Delegate	0806 239 0401
163	Hajiya Dayyaba S. Kaikai	10 Sani Sambo Avenue	Publicity Secretary	0803 596 0073
164	Usman Sifada	Kagules C.G. Area	Sup. Councillor for Health	0708 354 5402
165	Halima Sulaiman	Malcera		
166	Binta Ahmad	Malcera		
167	Halima Hamza			0703 023 7163
168	Hon. Joshua Stickaram	Ministry of Poverty Alleviation		0803 317 3047
169	Sadiya Yahaya	XIO – Katsina Road	Special Assistant	0802 664 3238
170	Mariya Al-hassan	No. 37 Narayi Road	Sister OR	0802 909 0715
171	Sarah Sarki	Kajuru L.G.	NGO	0803 442 4371
172	Margaret P. Maigari	Chairperson KJ LG	Chairperson	0803 590 7368
173	Ladi Benjamin	Kajuru LG	WDU	0802 061 9949
174	Fatima Muntaka	Kubau LG		0808 289 5262
175	Bilkisu Muhammad	Kaduna North	Student	0793 620 3208
176	Safiyat S. Muhammad	Humanitarian Peace, No. 7 Abuja Road, Kaduna	Coordinator	0702 564 8095

177	Ramatu Abdullah	Kaduna North	H/W	0703 614 6816
178	Kande Usman	Kaduna North	H/W	0708 505 7251
179	Asabe Aliyu	Kaduna South	H/W	0802 409 1028
180	Hauwa Abubakar	Kaduna South	H/W	0803 840 8456
181	Abdulaziz Mohammed		Commissioner	0803 333 8011
182	Saidu Adamwa	Ministry of Information	Commissioner	0803 587 5922
183	Yohanna B. Chindo	Ministry of Commerc	Commissioner	0805 646 9606
184	Hauwa Abdullaziz		W/Commissioner	0803 695 0965
185	Sa'adiya Sani Sidi	NACRDB Ltd	W/Commissioner	0803 684 6899
186	Amina Garba Anchony	Chieftaincy	W/Commissioner	0808 964 7846
187	Zukim Sadiq	Land & Survey	W/Commissioner	0703 017 6871
188	Hajia Ummu Tambari	No.3 Tafawa Balewa	Police Commissioner	0703 818 7429
189	Hon. Nasiru Dogan		Special Assistant	0806 907 5036
190	Hon. Security Gwadabe	Youth Mobilization	Special Assistant	0803 391 4355
191	Fatima Moh'd Mukhtar	Ministry of Finance	W/Commissioner	0803 311 1882
191	Laaitu Danladi	Education	SSA	0803 705 3041
192	Safiratu H. Kato	Ministry of Solid Mineral Development	Commissioner	0803 311 1005
193	Hon. Tsahiru Bako	MWR	Commissioner	0802 334 0881
194	Dr. Muhammad Sani Bello	Ministry of Science & Technology	Commissioner	0805 634 7160
195	Dr. Yari Everton Peter	Health	Commissioner	0808 116 4444
196	Hon. Magaji S. Hunkuyi	Lands	Commissioner	0803 920 5269
197	Sakinatu H. Idris	Ministry of Justice	For Commissioner	0803 308 7717
198	Hon. Zulai S. Bello		Special Adviser	0803 349 4746
199	Hajiya Aisha Muh'd Shamsu	Agriculture 3b Western Way GRA	Commissioner	0802 408 8472
200	DSP Shafa'atu Bugaje	Nigeria Police Force, Kaduna	For Commissioner	0803 592 9388
201	Mukhtar R. Yero	MOF	Commissioner	0803 314 6290
202	Hamza A. Dan Zaria	Rigess	Special Assistant	0702 308 5279
203	Salisu A. A. Magasin	Badarawa	Special Assistant	0803 464 3462
204	Aliyu Bello	Radio Nigeria Kaduna	Producer	0806 573 4012
205	Garba Yusuf A	No.4 Wumo Road		0806 542 2386
206	Muhammed Yaro	NLG		0802 542 2386
				0803 349 5536
207	Akahmagan Yohana	Culture & Tourism	Commissioner	0803 343 5238
208	Sakinatu H. Idris	Ministry of Justice	For Commissioner	0803 308 7717

209	A. K. Nyam (Rep. of HC Lands)	Ministry of Lands	DAS	0805 451 0067
210	Hon. S. B. Kantoma	Governor's Office	Special Assistant	0803 725 5116
211	John Bezard	MOEP	Commissioner	0803 606 4116
212	Mrs. Abigail John			0706 314 3839
213	Bulus James	Economic Matters	Special Assistant	0806 572 3958
214	Salamatu J. Shekarau	Poverty Alleviation	Wife	0802 371 2130
215	Patricia Gamba	Kurmoshi		
216	Hajiya Ladi Bakin	Ruwa		
217	Hajiya Bintu Allah			
218	Ramatu Bello	WACEF		0806 550 3915
219	Hailitu O. Akuso	Chairman's wife		0805 797 7416
220	Mary A. Marshal	Ministry of Environment	Staff Officer	0802 358 3914
221	Rabi Mohamad		H/W	0802 656 5167
222	Hauwa Ibrahim		H/W	0803 656 5167
223	Umar Ahmed			0806 749 6859
224	Safiya Said	By 37 Sabongari Kaduna	Special Assistant	0808 483 1425
225	Sadinya Yusuf	No.4 Yusuf Mkr Close	Wife of Commissioner	0703 138 7973
226	Haj. Rakiya Abdullahi	No.13 Ibrahim Taiwo Road, Kaduna	Special Assistant	
227	Bintu M. Audu	E40 ABU, Zaria	Special Assistant	0805 451 8469
228	Aishatu Zakari	Kala Doki	H/W	0802 370 3765
229	Haj. Maryam A. Bala	Makarfi LG	Chairman's wife	0703 497 0764
230	Mairuina Abdullahi	Malali, Kaduna	Sisters Organization	0802 653 3279
231	Aisha J. Muhammad	Makarfi LG	HWDO	0802 626 8260
232	Grace T. Sarki	Jaba LG	HWDO	0802 434 2598
233	Rabi Aminu Umar	Igabi LG	HWDO	0802 834 0456
234	Hadiza Ibrahim Nok	Culture/Tourism	DDAF	0802 915 4829
235	Halima Isaah	Giwa LGA		
236	Zainab Abubakar	Giwa LGA	Secretary	0808 031 6302
237	Sa'adatu Moh'd Isah	NDASS Kaduna	Mistress II	0802 052 9108
238	Layyer Nabri	NDASS Kaduna	Mistress I	0802 902 7246
239	Deborah B. Mugu	Jema'a LG	H/W Dev.	0802 794 2334
240	Dsp. Shefa'atu Bugaje	NPF Kaduna	For Commissioner	0803 592 9388
241	Salisu A. A. Magashi		Special Assistant	0806 346 5462
242	Janet Audu	Chikun	CS	0802 415 4546
243	Habiba Umar	Kajuvu	NGO	
244	Aisha Isah Garba	Assembly Quarters	Member	0802 747 0331
245	Peter Aminu Yusuf	Kachia	School Health	0803 472 1659



