

Strengthening Community Engagement & Accountability for PHC (SCEAP)

YEAR 1 ACTIVITY REPORT

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BudgIT is a civic organisation that uses creative technology to simplify public information, stimulating a community of active citizens and enabling their right to demand accountability, institutional reforms, efficient service delivery and an equitable society.

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An aerial, top-down view of a busy street in a densely populated area, likely a developing country. The street is filled with numerous small, colorful cars and motorcycles. The surrounding buildings are small and closely packed, with many having corrugated metal roofs. The overall scene is captured in a dark, teal-tinted color palette, giving it a somber and gritty atmosphere. The text 'Executive Summary' is overlaid in the lower-left quadrant of the image.

Executive Summary

In this journey of reforming the primary health system through entrenching ownership, sustainability, and continuous progress in primary healthcare service delivery, the SCEAP Project cascades a series of processes where community engagements are geared toward generating actions to improve their PHCs, and their impact on their communities to better their health indicators. This approach hinges on the bottom-to-top approach and has recorded tremendous impact at the Primary Health Care (PHC) level.

This report explains activities carried out in the first year of implementing the SCEAP Project across the five focus states, 30 local government councils, and 75 communities/PHC facilities. The PHC Accountability Portal—<https://www.phctracka.org>—in the period under review generated 10,897 feedback (2,646 from concerned citizens and 8,251 from patients who had received care in the 75 PHC facilities).

With a focus on improving primary health care delivery in various communities. Several engagements took place, including 164 town hall meetings, 232 advocacy meetings, 40 radio sessions, and a documentary to capture the impact of the project.

This report has been analyzed to show the process and impact of the project's intervention.

With a focus on improving primary health care delivery in various communities. Several engagements took place, including 164 town hall meetings, 232 advocacy meetings, 40 radio sessions, and a documentary to capture the impact of the project.

There have been continuous sensitization and advocacy visits, which allow the communities to communicate their health needs to their respective authorities.

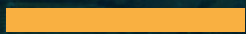
However, feedback from various communities via the portal highlighted several pressing problems, which include the urgent need for increased health personnel, some communities insist on constant electricity and water supplies, working equipment (like ultrasound scans and sphygmomanometers), and functional ambulances for effective referral systems within communities. Patients have also pushed forward the desire to expand facilities due to an influx of community members utilizing services at the PHC in recent times. Security challenges pose a high risk for some PHCs in Yobe, Kaduna, and Niger States, with instances of insurgency and banditry attacks becoming more frequent.

Overall, we recorded notable results in this first year of the project's implementation, which have been well narrated in this report under the five project outcome areas and individual states. The SCEAP Project, as highlighted in this report, has managed to create an active link between the communities and stakeholders, facilitating a system where issues are promptly identified and addressed rather than waiting for government intervention.

Although strides have been made by all stakeholders (the health workers, community members, CSOs, and government health stakeholders) to improve the standard of healthcare in these areas, the need for continued investment and efforts from all the stakeholders toward healthcare infrastructure, personnel, and security is still very much required.

An aerial, top-down view of a busy street in a developing area. The street is filled with numerous small, yellow and black cars, along with many people walking. The surrounding area is densely packed with small, simple buildings, many with corrugated metal roofs. The overall scene is captured in a dark, teal-blue color palette, giving it a somber or industrial feel.

1.0





1.0 Project Background

The SCEAP Project seeks to improve primary health care delivery in Nigeria through community-led advocacy and service delivery monitoring, financing, and tech infrastructure deployment to improve access and use of healthcare services driven by community advocacy and strengthen the government's commitment to fund and deliver quality healthcare. The project empowers community actors to promote transparency and improve healthcare facilities and services through equal participation and inclusive involvement, especially for vulnerable people and community members. This is being achieved by working with the communities and other stakeholders as key drivers of change and catalysts for the project objectives.

1.1 Project Objectives

The following are the project objectives.

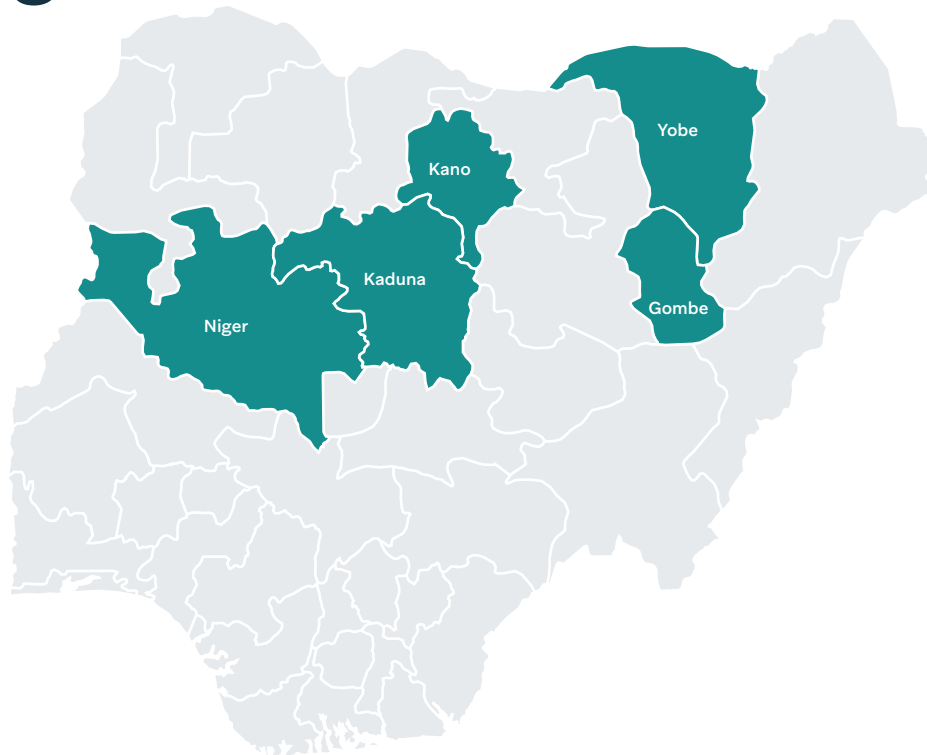
- Strengthen the use of data and evidence to drive institutional engagement on fiscal issues and accountability for primary health care.
- Strengthen citizen and community voice and participation in PHC advocacy and accountability processes (service delivery, financing, and infrastructure) in 75 communities with PHC presence.
- Improve community tracking and feedback mechanisms using the PHC Accountability Tracker (PAT) with government stakeholders and systems within LGAs, SPHCDA, and broader health financing ecosystems (for example, PHCUOR, and BHCPF gateway organizations).
- Support 20 Community-Based Organizations (CBOs)—50% women-led/owned—to mainstream community reporting, feedback systems, and awards into existing community structures.
- Influence social behaviors and institutional accountability through an incentivized program for healthcare workers and PHC service delivery via the PHC Facility and Workers Awards Event.

By adopting a bottom-top approach for the improvement of primary health care service delivery in the focus states, this project has found deep roots in communities. The project has been implemented in 75 communities (15 communities per state) across Kano, Kaduna, Gombe, Niger, and Yobe, where it narrows down to their primary health care centers (PHCs) to track service quality and the effectiveness of resource allocations to their facilities. This also includes providing a platform for community members to share their PHC experience and strengthening local structures like the Ward Development Committees (WDCs) and the Community-Based Organizations (CBOs) to serve as support systems for community members and advocates for accountability from the respective authorities.

Project Flow



Pilot States



Pilot Communities

 **75** Primary Health Care (PHC) facilities

 **6** LGAs

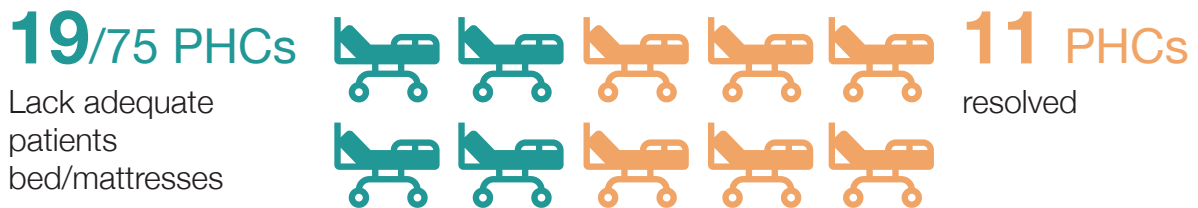
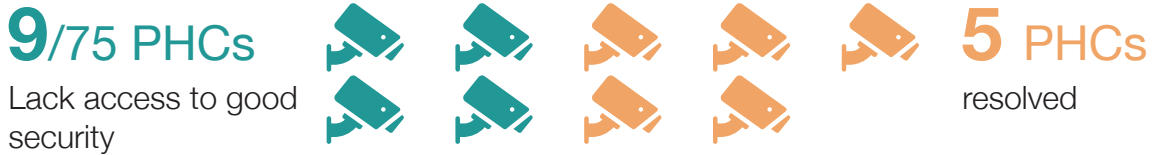
 **3** Senatorial Districts

In order to test the project idea and scale with gradual momentum, the project is currently being piloted in five states, namely - Gombe, Yobe, Kano, Kaduna, and Niger. 15 primary healthcare (PHC) facilities across 6 LGAs in the 3 senatorial districts in each state were selected to participate in the project.

PHCs Profile



PHCs Profile



Other Achievements



Improved sanitation and hygiene in

10PHCs



Purchase of personal protective equipment for

1PHC



Donation of land for expansion /building a solar house for

2PHCs



Purchase of beds/ mattresses for

11PHCs

N350k

Payment of rent for PHC



N100k and N500k

Cash donation to PHC



Supply of birthing kits to

4PHCs



Building of TB unit for

1PHC



Purchase of television for

4PHCs



Purchase of refrigerator for

2PHCs



Purchase of ceiling fan for

3PHCs

Complete floor tiling building

1PHC



Purchase of scan machines for

4PHCs

Renovation of building, leaking roof, laboratory, staff quarters, PHC building, e.t.c.,



22PHCs



Notable improvement of attitude of health workers

4PHCs



PHCs where no issues was resolved yet, but official communication/advocacy/government stakeholder engagement are ongoing

11PHCs

An aerial, top-down view of a busy street in a developing city. The street is filled with numerous yellow taxis and other vehicles, with many people walking along the sidewalks. The surrounding area is densely packed with buildings, many of which have corrugated metal roofs. The overall scene is captured in a dark, teal-tinted color palette, giving it a somber and gritty atmosphere.

20





2.0 Outcome and Activity Report

2.1 Strengthening the use of data and evidence to drive institutional engagement on fiscal issues and accountability for primary health care

Output 1



State of States Reports based on states' fiscal data with different analyses on health

Output 2



Primary Health Accountability reports

Output 3

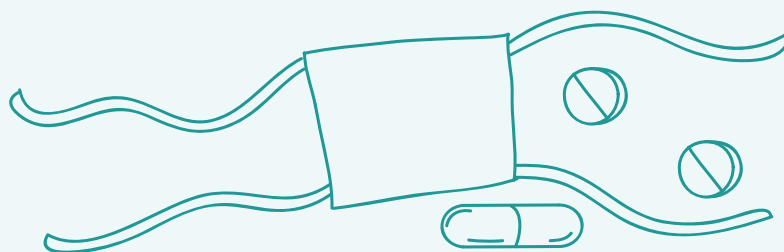


Bi-annual fiscal papers for focus states concentrated on human capital development, fiscal efficiency, social protection, and other thematic issues

Output 4



Bi-annual meetings with BHCPF team on insights building and cross-sectional learning



2.1.1 The State of States Report and Presentation

Under this outcome area, BudgIT executed the fiscal analysis of the 36 states in Nigeria through the State of States report with a sub-research theme on Subnational Healthcare Delivery for Economic Development. The State of States Report is a comparative assessment of the fiscal performance and position of the 36 states of the federation, looking at how states can finance their budgets with internally generated revenues viz-a-vis their dependence on federal allocation.

It considers how states are prioritizing investments in human capital development and the sustainability of their borrowings. The report focuses on *Subnational Health Delivery for Improved Economic Development* within the duration of this grant, embedding PHC accountability into its research process to spark conversations that call attention to the need for subnational governments to prioritize investments in primary health care service delivery.

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This research work facilitated access to data and evidence that was used to engage critical stakeholders during and after the report launch. The report allowed us to have the Nigerian Vice President (represented), the Chairman of the Nigeria Governors Forum, the Executive Chairman of the National Primary Health Care Development Agency (NPHCDA) (represented), and the Executive Secretaries of seven States' Primary Health Care Development Agencies (SPHCDA) in attendance. These stakeholders are duty-bearers in primary health care accountability.

The different sessions at the report launch created the opportunity to discuss issues affecting the effective delivery of primary health care services. Dr. Olumide Okunola, Senior Health Specialist, World Bank Group, who gave the keynote address, delved into the reasons for the current state of healthcare in Nigeria, citing Nigeria's inefficiency in generating sufficient public funds to enhance health outcomes. Noting that a significant portion of states' revenue comes from FAAC monthly allocation, which severely limits the states' internal revenue generation potential. This adds to the fact that allocated funds do not adequately reach Primary Health Care Centers because 95% of the health budget is directed toward salaries. This allocation imbalance leaves PHCs without the necessary operational funds to provide quality healthcare services.

Until this allocation structure changes, significant improvements in healthcare are unlikely to happen. Dr. Olumide, in his view, suggested that a way forward could be for the government to:

Prioritize the population's needs when making decisions, focus on the well-being of the poor and vulnerable, and explore opportunities to alleviate fiscal pressure by considering pro-health taxation measures. For instance, the taxes on products like tobacco, alcohol, and sugary beverages are currently among the lowest in the world.

To reduce mortality rates, subnational governments should consider accountability arrangements, such as covering the costs of all childbirths within a state and implementing strict monitoring protocols to ensure no maternal or infant deaths occur.

Reevaluate the fiscal federalism structure. Beyond the federal system itself, examining the institutions supporting the federation, the total revenue generated, and how these funds are distributed within the healthcare sector is essential.

Nigeria, classified as a low-middle-income country, has one of the most limited global revenue-raising capacities. This factor holds significant relevance for the attainment of universal health coverage, which would be tough without robust public financing. As such, funding is essential to providing healthcare access to impoverished and vulnerable populations.

The launch also hosted a panel discussion with the Executive Secretaries of the five focus SPHCDA on the several issues affecting PHC accountability. The shortage of healthcare personnel topped the conversation. The Executive Secretaries all affirmed that it is a real issue affecting all the states, mostly due to the population increase and hiring freeze imposed by some state governments to help manage their state's operational costs.

However, Dr. Abdurahman Shuaibu, Executive Secretary, Primary Health Care Development Agency, Gombe State, mentioned that the state government has now initiated a recruitment process to hire 440 healthcare workers. Dr. Bello Jamo Yusuf, Executive Secretary, Primary Health Care Board, Kaduna State, revealed that less than 30% of health service delivery is handled by adequately trained healthcare providers, which underscores poor health outcomes experienced in many communities.

Dr. Ahmad Abdulwahab, Health Lead, Nigeria's Governors' Forum, added that the predominant challenge within the healthcare sector pertains to human resource management and governance. He noted that without a skilled and proficient workforce, the successful engagement of partners remains elusive. Regarding accountability, he mentioned that the Nigeria Governors Forum's (NGF) primary role is to ensure accurate information is conveyed to the governing bodies. In collaboration with the National Primary Health Care Development Agency (NPHCDA), the NGF has developed a scorecard system to identify critical metrics and evaluate state performance. This information is presented monthly to facilitate ongoing monitoring.

2.1.2 Post-Event Engagement Impact

1 Increased Manpower in Yobe State

We held institutional engagements that led to an increase in manpower for PHC in Yobe State. As a result of our engagement, the Executive Secretary ordered the immediate addition of staff (female nurses) to three facilities (Damagun, Ngelzarma, and Hausari PHC), amplifying the need to engage specific genders to ensure gender inclusion at the facility. This effort led to an increase in Antenatal Care (ANC) and hospital births at these facilities.

2 Kwara Government Commits to PHC Upgrade

The Chairman of the Nigeria Governors Forum, who is also the Kwara State Governor, gave his commitment to improving the PHCs in Kwara during the launch. Two months after the engagement with him, he ordered the upgrades of PHCs in the state, using the \$500,000 awarded to the state for emerging as having the best primary health care services in the North Central Geopolitical Zone.

3 Niger Makes Provision for More Health Workers

The Niger State government, in its 2024 approved budget, made provision for the recruitment of 1,000 health workers and 26 medical doctors to improve the state's health outcomes.



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2.1.3 Health Policy Brief

In the course of the year one implementation, BudgIT also developed a policy brief on the health budget using a trend analysis of actual spending on the health budget in the 2021 and 2022 fiscal years in the five focal states. The brief focused on the state's health budget allocation pattern, expenditure analysis, and Primary Health Care financing in the states. The policy brief was sent to the focal state governments to advise on resource allocation to the health ministry in the 2024 budget cycle. In the policy brief, we recommended the following policy issues:

1 Increase Health Budget Allocation

Given the rising inflation and potential health crises, state governments should consider a substantial increase in the health budget to ensure adequate healthcare services for all. The Abuja Declaration of 15% should be prioritized and met.

2 Invest in Primary Health Care

Restore and increase funding for public health services, especially the primary health care centers in the state, to address the unique healthcare needs of women, children, and marginalized communities. More investment should be made in drug procurement, health professional recruitment, and primary health care center rehabilitation across the states.

3 Fund Support for Maternal and Child Health

Budgetary allocations should support maternal and child health programs, including awareness campaigns, healthcare workers training, and the provision of essential medical supplies.

4 Monitor Budget Performance

Implement robust monitoring and evaluation mechanisms to track budget performance accurately, identify challenges, and ensure efficient resource utilization in the health sector.

2.1.4 Bi-annual Meetings with BHCPF Team on Insights Building and Cross-sectional Learning

While we did not particularly meet with the Basic Health Care Provision Fund (BHCPF) team, we have had several engagements with other critical stakeholders that bear responsibility for the Primary Health Care service delivery in Nigeria. During the inception phase of the investment, we had engagements with NPHCDA, NEMCHIC Unit, in Abuja for the review and validation of the citizens' feedback tool and to properly set the questions to align with NPCHDA's strategy for tracking PHC service delivery. We also engaged with the leadership of all five states' SPHCDA during this process, as well as the Hon. Commissioners for Health in Kano and Kaduna States. We plan to meet with the BHCPF office in year two of the project.

2.2

Strengthen citizen and community voice and participation in PHC advocacy and accountability processes (service delivery, financing, infrastructure)

Output 5



Inception engagement with Ward Committees on primary health care delivery

Output 6

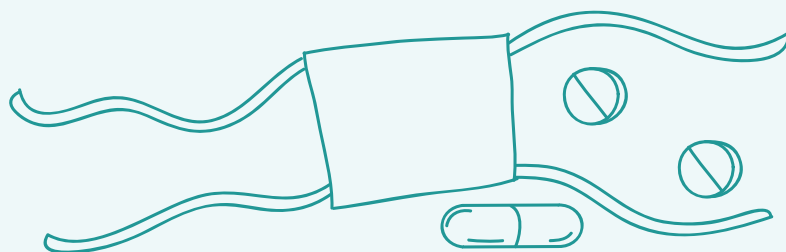


Community health tracking in 75 primary health centers with bi-monthly reports from community champions in every focus community

Output 7



PHC accountability tool developed to provide service delivery updates and also guide in evidence and data gathering for PHC Accountability Annual Report



2.2.1 Baseline Analysis and Inception Meetings

At the inception of the project, we visited the Executive Secretaries of SPHCDA in Kano, Kaduna, Gombe, Niger, and Yobe States to share the project idea and secure their commitment to support the project's implementation in their states. We also used the process to present the prototype of the PHC portal, which was in the development phase at the time. We collected and integrated their feedback, and the portal was thereafter tested with bugs fixed before the official launch to the public in July 2023.

This community mapping exercise helped show the situational analysis of the project's target locations and population. We assessed all five focus states of this project and 15 communities/PHC facilities in each state. We ensure project locations are spread across the three senatorial districts in each state, targeting six local government areas in each state, except in Kano, where the locations are spread across 13 local government areas, at the request of the State PHC Management Board.

Out of the 75 communities in this project, only 18 have had prior engagement with any institutional entity from the WDCs. But as it stands, all the WDCs in the 75 communities are active, supporting their PHC facilities, and engaging actively with relevant government stakeholders.

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The project team facilitated coordination meetings across all five focus states. The convening had in attendance the critical stakeholders, which included the leadership of the states' PHC Management Board, the PHC facility heads, Ward Development Committees (WDCs), Community-Based Organizations (CBOs), as well as other citizens.

We used the convening to introduce the project to broader stakeholders and the role each stakeholder plays in the theory of change. We also introduced the <https://www.phctracka.org/> platform for community members to share their PHCs experience and build the capacity of the local structures—WDCs and CBOs—to serve as support systems for community members and advocate for accountability for improved PHCs services. Feedback from the respective states was shared with the different Executive Secretaries and their respective desk officers.

2.2.2 Multi-stakeholder Engagements and Meetings

In the period under review, we had 162 town hall meetings, reaching 4,549 people directly. The meetings and engagements focused on different thematic issues that surround PHC accountability, enable communities to take ownership of their PHC facilities, and play a role in improving the quality of services offered. At the barest minimum, citizens' and patients' feedback provided through the PHC Accountability Platform is helping to identify issues in PHC services. These issues are collated quarterly and categorized into three categories (Community, LGAs, SPHCDA). The curated feedback categorization also guides the advocacy engagements of stakeholders, from the community to the local government and the state government, as required. The idea is to first identify issues in the feedback within the control and capacity of the community leadership and system to resolve. Other feedback beyond the capacity of the community is grouped for advocacy action with the government at both the local and state levels.

In our engagements with the citizens, we encountered the following insights:

While all 75 communities had existing Ward Development Committees (WDC) before the project commenced, many of them were unaware of their expected role in strengthening PHC in the community. The SCEAP Project team kicked off community engagement with the WDCs, and by the end of the one-year project implementation, all 75 WDCs (including women-led committees) had been empowered and awakened to their responsibilities.

Out of the 75 communities in this project, only 18 have had prior engagement with any institutional entity from the WDCs. But as it stands, all the WDCs in the 75 communities are active, supporting their PHC facilities, and engaging actively with relevant government stakeholders.

Most community members before the SCEAP intervention were not actively involved in the development and activities of their PHCs, as they presumed ownership and accountability were solely the functions of the government. This narrative has been changed through community-led engagement and discussions, as the community members now know they own the PHC facility.

The desire to contribute to the development of the PHC in their communities was a major contributing factor for most people surveyed, but a lot of members do not know how to do so. With community engagements such as town hall meetings, focus group discussions, and advocacy visits, most community members now actively participate in their community through feedback, engagements, and advocacy calls, including philanthropic visits.

An underutilized medium of communication was the use of community meetings and the town criers for the dissemination of information. During the SCEAP intervention, these channels of communication proved to be an effective medium for communicating at the community level.

2.2.3 PHC Platform Development

www.phctracka.org

In July 2023, BudgIT launched the PHC Accountability Portal (PAT) as a platform for citizens and communities to use to share their PHC service experiences. The portal provides platforms for concerned citizens—people who have not received services at the PHC facility within three months, but who see and feel they have concerns to report as regards a PHC facility around them. The portal also provides a platform for patients—people who have received services at a PHC facility within three months. This portal provides opportunities for patients to share their service experience and provide an overall service experience rating. This provides a unique opportunity for citizens' voices to be heard transparently, without any alterations. It also provides an opportunity for government stakeholders, development partners, and other critical stakeholders to be abreast with the reality of PHC service delivery at the grassroots level. To strengthen the voice of these actors in participating in PHC advocacy and accountability processes, we developed and deployed a digital platform —<https://www.phctracka.org>—that allows citizens (patients or concerned citizens) to share their PHC service experience. This process is enhanced through the support of community actors whose capacity has been built and their rights enabled to hold the government accountable. Between July 2023, when this portal was launched, and December 2023, we had 10,897 feedback from citizens across the five project states. Kano accounted for 37% of the citizens and patients feedback, followed by Gombe (22%), Kaduna (16%), Niger(14%), and Yobe (11%).

State	Citizen Feedback	Patient Feedback	Total
Gombe	694	1,728	2,422
Kaduna	479	1,223	1,702
Kano	879	3,148	4,027
Niger	433	1,104	1,537
Yobe	140	1,048	1,188
Grand Total	2,625	8,251	10,876

2.3

Improve community tracking and feedback mechanisms with government stakeholders and systems within LGAs, State Assemblies, SPHCDAs, and broader health financing ecosystem (e.g., PHCUOR, BHCPF gateway organizations) using the PHC Tracka tool.

Output 8



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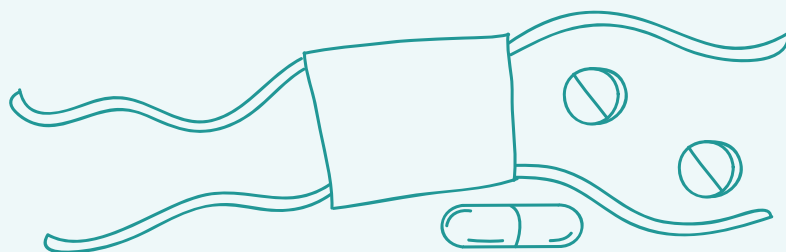
stakeholder engagement sessions at state and LGA levels to provide institutional support for PHC performance

Output 9



10

engagements with SPHCDPAs and SMOHs on PHC performance, service delivery levels, and evidence gathered across PHCs on a bi-annual basis



Budget SCEAP engagement in the 75 communities of implementation has enhanced the confluence of partnerships involved in public health at the institutional level within the health financing ecosystem. Community members have successfully channeled their feedback in a coordinated and deliberate format to record progressive and transformative efforts toward ensuring optimal healthcare service delivery in focused environments.

In the first year of the project implementation, we recorded 232 engagement meetings, which included advocacy visits to LGAs and SPHCDA, as well as to other stakeholders across the five states. We also held several town hall meetings in all 75 communities. Some insights we found in this process include:

Thirty-four out of 75 PHCs had issues with human resources for health. Some of these human resources issues have been addressed, e.g Damagun, Ngelzarma, and Hausari facilities in Yobe State have received new health workers. The Niger State government, in its 2024 approved budget, made provision for the recruitment of 1,000 health workers and 26 medical doctors to improve the state's health outcomes.

Out of 75 PHCs, only 18 communities have prior engagements with the SPHCDA, leading to different interventions that include electricity restoration to the facility and facilitation of rent for the building used for PHC services in Kaduna State. Demolition of a dilapidated facility in Niger and the commencement of a new building, among others. 72 out of 75 communities have had institutional engagements with either their LGAs or SPHCDA through the SCEAP project.

Engagement with other stakeholders within the LGAs and the community has led to several improvements in the facilities across the 75 communities. These improvements include fixing of cracked walls, refurbishment of solar systems for alternative power supply, construction of toilets facilities, etc.



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2.4

Support 20 Community-Based Organizations (CBOs)—50% women-led/owned—to mainstream community reporting, feedback systems, and awards into existing community structures.

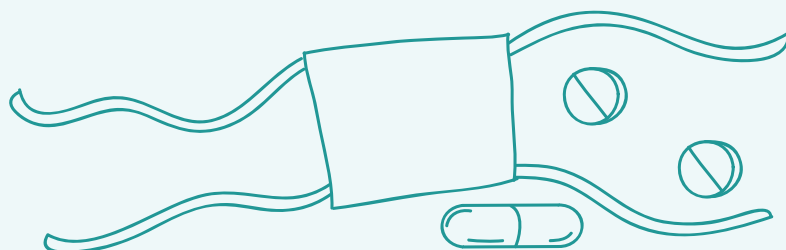
Output 10



Provide sub-awards to

20

Community-Based Organizations across five states to strengthen community feedback on health service delivery



2.4.1 Strengthening Community-Based Organizations

To ensure community-level sustainability and accountability, BudgIT identified and is currently partnering with 20 Community-Based Organizations that are sub-awardees and have received grants to support the SCEAP Project to be rooted in the community and to report the state of primary health care in their respective constituencies on the PAT platform. To foster gender inclusion and mainstreaming, 60% of the awardees are female-led organizations. After a successful recruitment process, 20 CBOs (12 women-led, and eight male-led organizations) were recruited to champion the SCEAP Project. An induction exercise was done, including signing the Terms of Reference (TOR) and the award of the subgrant. The first and second tranches of the allocation of \$101,166.55 have been disbursed into the subgrantees' organization's accounts for the successful execution of their activities.

The CBOs support the SCEAP Project by interfacing with the stakeholders and pushing conversations in public spaces through sensitization, engagement, and advocacy, especially at the LGA and SPHCDA levels. To increase awareness of state trends and issues related to primary health care service delivery in the 75 communities of implementation, the CBOs, over the first year of this grant, produced 120 monthly reports and 40 quarterly reports regarding their respective communities. With the engagement of the CBOs, we have contributed to the capacity and stability of the organizations as follows:

Community-led organizations have been tasked with the responsibility of being the voice for instituting the desired change in their community, especially at the PHC facility level. CBOs now engage the community members to apply the bottom-to-top engagement approach to addressing and communicating their challenges.

With 60% of our CBOs led by women, gender inclusion at the community level, especially as it concerns women's inclusion in leadership roles, is undergoing a reform with the engagement of more women-driven/led organizations.

There was a major gap/bias in capacity/skill between male-owned/led and female-owned/led organizations. This bias has multidimensional factors being addressed, as more women are now engaged in the community via community-based initiatives.

Engagement with the community via town hall meetings and focus group discussions has provided a community-centered approach to addressing their challenges rather than proffering solutions to the challenges identified, and ensuring the right stakeholders are contacted.

All 20 CBOs have strengthened their capacity with built-in data collection processes and tools such as the Kobo toolbox, advocacy skills, community mobilization, and an improved organization governance system.

2.5

Influence social behaviors and institutional accountability through an incentivized program for healthcare workers and PHC service delivery via PHC Facility and Workers Awards Event

Output 11



2

annual PHC Facility Awards ceremonies in Abuja, with a focus on PHC peer review and incentivizing steward leadership

Output 12



2

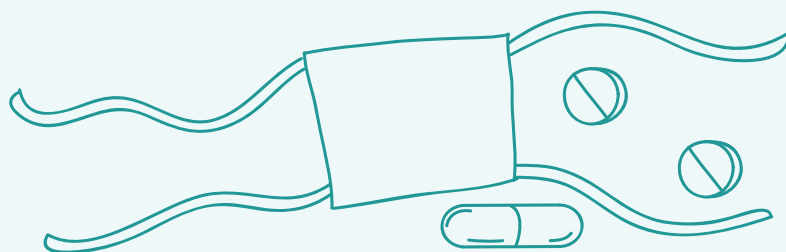
award ceremonies for PHC facility service leaders, with a focus on outstanding community leaders

Output 13



4

learning pieces on collaborative change, effects of responsive feedback, institutional change, and community leadership throughout the project



2.5 PHC Awards Program

BudgIT is collaborating with the SPHCDA's across the five focal states to implement an award program that aims to deliver a peer review mechanism and incentivize quality service delivery by institutionalizing an awards system for quality primary health service delivery. The SCEAP award system is targeted at acknowledging leading PHC facilities in respective focus states and healthcare workers with exceptional performance. The category for selection, directed at shaping social behaviors, was based on agreed criteria set by members of the SPHCDA, the community, and Community-Based Organizations. The awardees were assessed on three domains, namely:

Utilization of the PAT (PHC Accountability Tracka) feedback



Best Performing PHC Facility



Best Performing PHC Facility in Service Delivery

PHC Human Resources for Health



Community PHC/ Health Advocate



Health Worker Dedication to Work—punctuality, efficiency at service delivery/attitude to work



Best Facility Volunteer/ Health Champion

PHC- Community Engagement



Most Active Community in PHC Advocacy



Best Performing Ward Development Community WDCs



Best Performing Community Champion



Gender Inclusion at the PHC PWD's Champion



Outstanding Performing Community-Based Organization (CBOs)



Outstanding Leadership Award

The award event has already been implemented in Niger, Kano, and Kaduna States. Gombe and Yobe States will commence after Ramadan (the Muslim fasting period). We expect to have a full report on the impact of the awards on social behavior in the subsequent reporting period. Respective winners received a plaque award and a cash prize to incentivize and motivate them for professional growth. This gesture is aimed at inspiring/mirroring positive social and behavioral change across PHCs in Nigeria. Following the award event, we received positive feedback from the Honourable Commissioner of Primary Health Service, Niger State, as well as Kaduna State, noting that this is an activity they would like to sustain in the states.

2.5.1 Summary of Niger State Award Event

The Niger State Ministry of PHC Service, in collaboration with BudgIT, hosted the PHC Facility and Workers Award Ceremony to honor, recognize, and reward health workers and community members striving to make a real difference and deliver outstanding service at their primary health care.

In attendance were esteemed guests including: Niger State Commissioner, Ministry of PHC, Dr. Ibrahim Dangana, represented by the Director, Planning Research and Statistics, Dr. Inuwa Junaidu, Permanent Secretary, represented by the Director of Community and Family Health Services, Dr. Hauwa Kolo, Director of Immunization and Disease Control, Dr. Samuel Jiya, Alh. Alhassan Musa Kaboji, Director of Health Facilities, and staff from the Ministry of Primary Health Care Board and Directors at the LGA level

We paid a courtesy visit to the Niger State Ministry of PHC, where we engaged the Permanent Secretary, Dr. Abdullahi Usman Imam, and appreciated him for the warm reception while sharing an overview of BudgIT's work in Niger State and the progress we have made with the community. He mentioned he was already briefed and asked our team to reach out to him if we needed any additional support. We also visited the office of Dr. Inuwa Junaidu, Director of Health Planning, Research, and Statistics, who represented the Hon. Commissioner of Health, Dr. Ibrahim Dangana, discussed further collaborations and how we can bridge the gap by strengthening the partnership to ensure universal health coverage (UHC) for all, especially the hard to reach areas.



Thank you very much, Matthew (CBO Rep, Niger State), for the recognition and award. I am highly pleased and grateful. Thanks Similarly on behalf of all those who were appreciated and awarded, It will boost their morale and encourage more hard work and sacrifice. We'll sure mention this to His Excellency, Mr. Governor.

Dr. Ibrahim Dongana

Honourable Commissioner, Ministry of Primary Health Care, Niger State.

2.5.2 Summary of Kano State Award Event

The event began with an opening remark from Dr. Ashiru Rajab, Director of Human Resources (representing Hon. Commissioner for Health, Dr. Labaran Yusuf), which was followed by a goodwill message and word of admonition by the Director of Nursing Services, Dr. Abdul Kadir. Also in attendance were Alh Muazu Yusuf Sharada Community Leader Sharada, Mr. Sadiq M Sadiq, Ministry of Planning and Budget, and Mr. Idris Nuhu, KNSPHCDA.

On behalf of the Kano Emirate, Alh Muazu Yusuf, Sharada Community Leader, gave a goodwill message and shared Sharada's community experience before and after the SCEAP intervention in their community. Other partners who shared their goodwill messages included Garba Haruna Idris, Program Manager representing the Society for Family Health, and Dr. Ashiru Hamza of the Alive and Thrive Project, Kano State.

Mr. Andrew Orlando (who stood in for the Country Director of BudgIT Foundation, Mr. Gabriel Okeowo) gave a speech admonishing the health workers and the community to be steadfast in their service to their respective communities. This was followed by an overview of BudgIT's implementation and engagement in Kano State, the progress update, and a live demonstration of the PAT portal and how this information has been used on the portal. The CBOs also shared success stories from their engagements on the project.

The award ceremony commenced immediately, with the winners expressing both a display of shock and excitement at their winnings at the facility and community levels, respectively. The same award category used in Niger was the uniform approach used in the other states.



Courtesy Visits

At the Kano State Ministry of Health, we met with the Director of Pharmacy, Pharm. Kamilu Mudi Salisu, who welcomed us. We discussed about BudgIT Foundation, including a presentation about the SCEAP Project and a live demonstration of the PAT portal. He was pleased with the presentation and enquired to visit the portal, www.phctracka.org, and also enquired about the Drug Revolving Fund.



The team then proceeded to visit the Director of Nursing, Abdul Kadir Harbau, State Ministry of Health, Kano State, where we further discussed the reason behind the PHC Facility and Workers Award ceremony and the need to motivate the health workers to ensure positive behavioral change. We were accompanied by representatives from FOMWAN who are partners with the International Budget Partnership (IBP). In like manner, we visited the office of the Deputy Governor of Kano State and were received by the Permanent Secretary, Alhaji Usman. He was pleased to know how the collaborative partnership between BudgIT Foundation and the state has yielded extensive and progressive success. We also demonstrated the PAT portal feedback session with him and thanked the government for their continuous support and efforts in ensuring UHC, especially at the grassroots level, while calling on them to look into the poor state of infrastructure in some communities, especially the hard-to-reach areas.

2.5.3 Summary of Award Event in Kaduna State

The SCEAP PHC Facility and Workers Award in Kaduna State began with an opening speech by the representative of BudgIT's Country Director, Mr. Andrew Orlando, followed by goodwill messages from the Honorable Commissioner of Health, Umma K. Ahmed, and a representative from the State PHC Management Board, Dr. Bello Jamo. In attendance was also the BMGF consultant in Kaduna State, Dr. Anthony Shamang.

Present at the event were religious and traditional rulers, WDCs, facility in-charges, community members, and all Community-Based Organizations (CBOs). An overview of the SCEAP Project in Kaduna State was presented by Dr. Biobele Davidson, which covered the SCEAP progress update for the state and included providing data-driven feedback via the live PAT portal demonstration. This was followed by a word of appreciation to all the stakeholders who participated and contributed tirelessly to the successful implementation of the SCEAP Project in Kaduna State.

The award ceremony kicked off with the presentation of the Award Ceremony to the government stakeholders who have provided an enabling environment for the successful implementation of the SCEAP Project and have led by exemplary leadership. Various categories of awards were given to the awardees who expressed excitement for their recognition and winnings.



We appreciate BudgIT Foundation for the inclusion of PWD in the SCEAP PHC Facility and Health workers Award Ceremony .A scale up of the SCEAP project and partnership with Sight Savers to ensure Disability inclusion is needed as we need more PWD involvement in the PHC

Mrs Adetoun Aliu
(SCEFP - Kaduna State Primary Health Care Management Board)

An aerial, top-down view of a busy street in a developing area. The street is filled with numerous small, yellow and black cars, likely taxis, and many people walking. The surrounding area is densely packed with small, simple buildings with corrugated metal roofs. The overall scene is captured in a dark, teal-blue color palette, giving it a somber or industrial feel.

3.0





3.0 Gender Analysis and Integration

We did a gender analysis survey to assess the level of gender inclusion and women's participation in primary health care service delivery in the project's focus states and to provide a rationale for and approach to mainstreaming gender into the implementation of the project. The report assessed certain aspects of inequalities women have experienced at various facilities and ensured active participation through gender mainstreaming via the intentional inclusion of women in the design phase of the project, its conceptualization, and its implementation.

The gender analysis collected data from 1,766 individuals, comprising 1,282 women and 484 men. The research was conducted in 78 facilities located across five states, namely, Yobe (18), Kaduna (17), Kano (15), Gombe (15), and Niger (13). Our sample was limited to citizens who use Primary Health Care (PHC) facilities situated in their respective communities. Across the facilities surveyed, a majority of the PHC facilities (68.8%) recorded more than 200 female patients visiting the facilities every month, indicating a significant demand for healthcare services among women.

Females within the child-bearing age range but not pregnant or without children make the highest visits to PHCs, accounting for 30% of the respondents.

Females within the child-bearing age range but not pregnant or without children make the highest visits to PHCs, accounting for 30% of the respondents. This provides insight that women in this period (females below 19) might need counseling on child-bearing, family planning, and contraception methods, among other services.

Among the 391 pregnant women surveyed, 287 responded to their frequency of visits for ANC, where 124 of the individuals (43.2%) make antenatal care (ANC) visits every month. One hundred and twenty-four respondents (43%) visited ANC facilities every month, 67 (23%) reported visiting only when they were sick, while nine (3%) indicated they never visited an ANC facility during pregnancy. Of the 1,286 respondents, 482 (37.5%) are male, and of this number, a whopping 360 (74.7%) do not subscribe to child-spacing options, while only 122 (25.3%) do so. The data on the adoption of child-spacing options by gender and state provides several insights. In total, out of 804 women surveyed, 561 (69.8%) do not subscribe to child spacing compared to males (74.7%).

Fifty-nine percent of the PHC facilities surveyed have female leadership members, while 25 (41%) do not. In contrast to Kano State, which has just one (9%) woman in charge of its 11 PHC facility leaders, all 10 PHC facilities in Kaduna State have female leaders. Out of 36 female respondents, 22 (61%) are officers-in-charge of the PHC facility, seven (19%) are facility managers, three (8%) are deputy officers-in-charge, and one (3%) each for assistant facility manager, revenue and record officer, nurse, and family planning officer. Across all the facilities surveyed, no female occupies the positions of ward focal person, pharmacy technician, or sanitation officer.

Other insights gleaned from the analysis include:

Ward Development Committees (WDCs) in the respective communities were all headed by men at the time of the survey, although women formed part of the membership of the WDCs, serving as women leaders and female focal persons. Further engagement with the WDCs leaders revealed that the underrepresentation of women as heads of WDCs in communities is mainly due to cultural factors.

A huge gender gap exists in PHC community management and engagement, despite women being the biggest users of primary health care centers. While 72.5% of this research respondents are women, and 82.5% of them responded that hospitals are their choice of place regarding child delivery, there is still a need to consider what barriers or cultural norms affect the other 17.8% from accessing healthcare facilities.

There are still a lot of gray areas surrounding the inclusion of PLWD and the vulnerable population (elderly, young, and marginalized groups) in the PHC facility, with very few considerations for their inclusion.

Furthermore, in integrating gender into the project process, we engaged the expertise, and proximity of 20 Community-Based organizations—60% women-led to facilitate the usage of the PAT portal in closing the feedback loop between the government and the people.

These CBOs facilitated capacity-building, periodic town hall meetings, and engagement sessions between community leaders, government, and healthcare actors and stakeholders at the state and community levels to accelerate equal inclusion and participation of relevant community segments. **Also, we have raised a total of 263 Community Champions, 149 male and 114 female. It is a continuous work to empower more females to be involved and come on board as Community Champions, hence the current 43% female representative among the Community Champions.** We will continue the work and keep increasing the percentage of females in the group.



With 60% of our CBOs led by women, gender inclusion at the community level, especially as it concerns women's inclusion in leadership roles, is undergoing a reform with the engagement of more women-driven/led organizations.

An aerial, top-down view of a busy street in a developing area, possibly a market or a busy thoroughfare. The street is filled with numerous cars, many of which are yellow and black, and a large number of people walking. The surrounding area is densely packed with buildings, many of which have corrugated metal roofs. The overall scene is captured in a dark, teal-blue color palette, giving it a somber or industrial feel. The text '4.0' is overlaid on the lower half of the image.

4.0





4.0 State-Level Analysis

BudgIT is working with 20 Community-Based Organizations (CBOs) across the five states to work with the community leadership and structures to review the feedback and categorize them into Community, LGAs, and State-level advocacy issues. The existing mandate is for the CBOs to organize communities to resolve issues within the control of the community system and support them to lead advocacy actions for LGAs and state governments as may be required. This has begun to record successes as the awareness, civil obligation, and interest of the community have been awakened to take ownership of their PHC facility. The involvement of the community strata has witnessed restructuring in some facilities (repairs), additional manpower (human resources for health), the renovation of some PHC infrastructure, improvement of security around the facility, and, more importantly, fostered community unity with the goal-centered of improving the health system for their members.

4.1 Key Program Statistics

State	Town Hall Meetings	Advocacy Visits	Persons Reached	Interventions	Govt. Agencies and Stakeholders Engaged
Kano	40	52	808	40	SPHCMB, Kano State Min. of Health, LGAs and Clonehouse
Kaduna	60	61	2,361	14	WDC Excocs, Religious Leaders, Facility Managers, Clonehouse, Village heads, Facility staff
Gombe	19	36	477	17	Village Heads, Religious Leaders, Community Champions, Gombe State Min. of Health, SPHCMB, LGAs
Niger	27	26	400	12	Community Stakeholders, including Religious and Community Leaders, NSPHCB, LGAs, Community Leaders, and Nicare
Yobe	18	57	503	12	Clonehouse, Yobe State Ministry of Health, YSPHCB, LGAs, Community Stakeholders SPHCB, KAPSCO, Kaduna State Health Suppliers Management Agency, LGAs, KADCO for Electricity issues, etc

4.2 Kano State

In Kano State, 15 facilities were assessed and profiled on the PAT portal. These PHC facilities are being supported by four community-based organizations, which span across three senatorial districts and 15 LGAs. Engagement at the community level was done via a holistic approach, with interactions commencing at the start of the project with the stakeholders, facility personnel, and community members, respectively.

Following their engagement with the designated PHC facilities and community, 4,027 reports were recorded on the portal, with 879 citizen and 3,148 patient feedback reports. As compared to the previous data generated for the third quarter report, the Kano SCEAP intervention recorded a 20% increase in the number of people who used the PHC accountability portal, largely from patient feedback.

The activities ranging from sensitization, advocacy, and PHC utilization sessions via town hall meetings were coordinated to optimize the usage of the PAT Portal by members of the community to record their feedback.

Strengthening the manpower, finding an alternate source of electricity, and renovating the PHC facilities were the recurrent feedbacks. Hotoro North PHC, Saye Model, and Rahama Basic Health Care received responses about the provision of water supply at the facility. Provision of a drainage system was a recurrent feedback recorded by both the citizens and patients who assessed care at Albasu facility.

While patients were mostly satisfied with the quality of services provided at the facilities, some expressed their displeasure with the state of the waiting room as recorded at Albasu, Kademi, and Gwagwara PHC facilities. Albasu and Makoda facilities had patients record more than an hour of walking to assess care at these facilities. According to the National Guideline for PHC, it is estimated that the walking distance from the community to the facility is expected to be 5km or 30 minutes from the community.



4,027
reports recorded



879
citizen feedback
reports



3,148
patient feedback
reports

Facility Name	Citizen Feedback	Patient Feedback	Total
Abbas PHC	1	93	94
Albasu PHC	73	390	463
Bunkure PHC	235	404	639
Gwagwarwa PHC	18	296	314
Hotoro North PHC	21	263	284
Kabuga PHC	13	222	235
Kademi PHC	230	321	551
Makoda Model PHC	4	131	135
Rahama Basic Health Center	56	328	384
Sani Marshal Maternity Memorial Center	12	62	74
Saye Model PHC	159	89	248
Sharada PHC	23	96	119
Takai PHC	1	148	149
Tsakuwa PHC	24	223	247
Warawa PHC	9	82	91
Grand Total	879	3,148	4,027



Key Results Recorded

Following a town hall meeting with the community members in Bunkure, Kano State, the community mobilized resources and repaired the facility’s damaged roof, as part of their commitment to improving health-seeking behaviors amongst their community members.

Based on the participants’ opinions, the SCEAP Project has resulted in an additional toilet facility in Gwagwarwa PHC, Kano State. Through advocacy, town hall meetings, and facilitation, and as a result of the WDC effort, there has been the construction of toilets, and payment of five volunteers’ salaries by a community philanthropist in Hotoro North, Gwagwara, and Makoda.

BudgIT State Program Officer, WDC chairman, and the CBO implementing the project in Nasarawa, Bagwai, and Bichi LGAs, held an advocacy visit to the Managing Director, Rural Water Supply and Sanitation Agency (RUWASSA), Kano State, to appeal to the agency on the issue of water supply. The director was delighted to welcome the team to the agency, where he responded that the agency is ready to partner with the community only if they will assist in educating the community on the need to practice sustainability and take ownership of such property because, as he told the team, over the past six months before the visit, the agency had created over 132 boreholes across the state but discovered that only 39 are functional. The director told the team to write a list of the facilities with similar needs and present them for further action.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Kano South	Gaya	<p>Kademi PHC</p> <p>Population: 2,000–2,500</p>	<p>The facility attends to an average of 900–1,000 patients monthly.</p> <p>Needs: Some of the issues raised are the unavailability of oxygen in the facility that can help sustain patients before referral and the lack of permanent doctors to attend to issues like blood transfusions.</p>	<p>PHC Average Monthly Patient Attendance: 1,137</p> <p>Impact: Based on SCEAP engagements, we have seen the renovation of the record office, light bulb provision for improved lighting, general hygiene and sanitation improvements, emergency unit renovation, and engagement of ad-hoc staff.</p> <p>Urgent Need: Provision of oxygen in the facility to sustain patients.</p>
	Albasu	<p>Albasu PHC</p> <p>Population: 35,282</p>	<p>The facility attends to an average of 900–1,100 patients monthly.</p> <p>Needs: There is a need for facility extension and a doctor’s accommodation to provide a more suitable environment, a good and clean toilet facility, and a proper laboratory and pharmacy.</p>	<p>PHC Average Monthly Patient Attendance: 1,063</p> <p>Impact: Based on SCEAP engagements, the community provided solar power and was involved in supplying hygiene and sanitation facilities to the PHC while the laboratory unit was renovated by the collective efforts of the community.</p> <p>Urgent Need: Facility extension and a doctor’s accommodation for a more suitable environment.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Kano South	Takai	<p>Takai PHC</p> <p>Population: 46,270</p>	<p>The facility attends to an average of 1,300-1,400 patients monthly.</p> <p>Needs: Renovation of the hospital environment, lack of drainage system, hence a completely waterlogged environment during rainfall, the facility also requires X-ray and scanning machines.</p>	<p>PHC Average Monthly Patient Attendance: 4,259</p> <p>Impact: Following the SCEAP engagements, the community mobilized and provided an alternative and sustainable energy supply (solar panel repair), including the installation of a light source to illuminate the facility, and the provision of general hygiene and sanitation kits. Other major community-driven initiatives were the renovation of the female ward, the repair of the facility ambulance, the painting of the maternity unit, and the replacement of window nets.</p> <p>The involvement of LGA stakeholders and philanthropic engagement provided the facility with 40 electric bulbs and ten rechargeable bulbs.</p> <p>GAYA/WDC/community members facilitated a conversation that led the facilities to prioritize the provision of personal protective equipment (PPE), repair of PCV machines, and the provision of basic medical equipment such as a BP machine, using funds from their BHCPF allocation.</p> <p>Urgent Need: Provision of a drainage system to aid access to the facility during the rainy season and the provision of an X-ray machine.</p> <p>Emerging Need: Provision of a drainage system to aid access to the facility during the rainy season and the provision of an X-ray machine.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Kano South	Bebeji	<p>Rahama Basic Health Center</p> <p>Population: 4,000</p>	<p>The facility attends to an average of 1,613 patients monthly.</p> <p>Needs: Expansion of wards, especially the maternity ward, more beds, and provision of ambulance.</p>	<p>PHC Average Monthly Patient Attendance: 1,604</p> <p>Impact: Through the intervention of the SCEAP Project, Bebeji Basic Health Center was able to acquire mattresses for their inpatient wards.</p> <p>The facility, through the support and generous donation of the community, also purchased BP and centrifuge machines, and ten additional mattresses, including the construction of public conveniences.</p> <p>Pending Needs: The expansion of wards, especially the maternity ward, and the provision of ambulances have been communicated to the SPHCDA via an official letter sent by the WDC.</p>
	Bunkure	<p>Bunkure PHC</p> <p>Population: 4,000</p>	<p>The facility attends to an average of 1,500 patients monthly.</p> <p>Needs: Clinical machines for genotype screening, BP, infant ambu-bag and majorly power supply.</p>	<p>PHC Average Monthly Patient Attendance: 1,604</p> <p>Impact: Following the involvement of the SCEAP Project, the community was able to repair the solar power at the facility.</p> <p>Additional efforts from the community also led to the renovation of the leaking roof, provision of hygiene and sanitation kits, and Mackintosh at the labor and delivery unit to prevent cross infection at the facility.</p> <p>The outcome of the town hall meetings achieved the repair of the water pipe network in the facility and the provision of water supply at the delivery unit, not excluding the engagement of a visiting medical doctor to the facility.</p> <p>Pending Needs: The facility still needs a hemoglobin electrophoresis machine (used for genotype screening), a sphygmomanometer (BP, machine), and an infant ambu-bag.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
North Central	Warawa	Warawa PHC Population: 3,000-3,500	The facility attends to an average of 1,100–1,200 patients monthly. Needs: More staff strength to help with the influx of patients to the facility.	PHC Average Monthly Patient Attendance: 737 Impact: Additional volunteers were recruited from the community to assist as support staff in the facility following a courtesy visit led by the SCEAP Project’s WDC and CBO to the Warawa LGA Coordinator on the shortage of manpower at the facility, Additional Efforts: Plans are ongoing with the facility stakeholders to explore internal funding sources toward increasing the working days of the existing staff with additional pay.
	Dawakin Kudu	Tsakuwa PHC Population: 33,850	The facility attends to an average of 900–1,000 patients monthly. Needs: Community member’s lament a current outbreak of malaria and typhoid. They revealed this can be addressed by fumigating the entire community which will help control the current situation.	PHC Average Monthly Patient Attendance: 1,604 Impact: Through the intervention of the SCEAP Project, YES Concepts engaged the WDC and the PHC management to drill a borehole to generate running water for the Tsakuwa PHC facility. To ensure active community participation, improve health advocacy, and proffer lasting solutions to health challenges, the community stakeholders have mandated community sensitization and participation in health-related activities by practicing environmental hygiene, using medicated mosquito nets, and using affordable insecticides.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
North Central	Gwale	<p>Kabuga PHC</p> <p>Population: 4000–5000</p>	<p>The facility provides various basic healthcare services to an average of 3,390 patients monthly.</p> <p>Needs: Stable alternative power or a generator set, more drugs, chairs (plastics) and other medical equipment.</p>	<p>PHC Average Monthly Patient Attendance: 4,319</p> <p>Impact:</p> <p>Following the multi-stakeholder engagement at the community, WDCs, and PHC level led to the acquisition of a solar system and a generator set as alternative sources of power to address lack of power supply.</p> <p>Through communal effort, more chairs were donated for PHC patients/staff by a philanthropist from the community, outpatient prescription cards were donated for patients who cannot afford them, and there has been improved requisition of drugs through the drug revolving funds.</p>
	Kano Municipal	<p>Sharada PHC</p> <p>Population: 6,000–6,500</p>	<p>The facility attends to an average of 1,800–1,900 patients monthly.</p> <p>Needs: General medical equipment, drugs, more beds, delivery and labor kits.</p>	<p>PHC Average Monthly Patient Attendance: 2,164</p> <p>Impact:</p> <p>The issues surrounding the availability of basic medical equipment (such as a sphygmomanometer) and the addition of more beds to the delivery room have been addressed by members of the community, who also sought donations from philanthropists in their community, leading to an increase in the facility attendance.</p> <p>Other notable impacts achieved include the strengthened relationship between the facility and community toward improved cooperation leading to the provision of drugs, hospital beds and birthing kits.</p> <p>Emerging Issues Resolved:</p> <p>In addition, the issue of insecurity, which was a recurrent concern, has been addressed by the community stakeholders and WDC, leading to the recruitment of two vigilante personnel to guard the facility.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
North Central	Nasarawa LGA	Hotoro North PHC Population: 4000–4500	The facility attends to an average of 1,600–1,700 patients monthly. Needs: Expansion of the labor room, toilet facility for clients, ceiling fans, chairs, television and cable television for reception, plumbing maintenance, delivery beds, and drug cabinet.	PHC Average Monthly Patient Attendance: 2,400 Impact: The collaborative effort of the community, facility, and CBO under the SCEAP project has implemented the expansion of the labor room as well as the maintenance of the facility plumbing and the provision of chairs in the waiting area for patients. Measurements for the construction of the toilet facility for clients have been taken, and construction will commence soonest. This is closely monitored by the CBO assigned to the facility.
		Gwagwarwa PHC Population: 35,976	The facility attends to an average of 3,000–3,500 patients monthly. Needs: Medical work tool, proper waste management system and plead for the urgent completion of the ongoing renovation for a more convenient space to render services to patients.	PHC Average Monthly Patient Attendance: 4,000 Impact: With support from the community, especially the WDC chairman, the facility now has an effective waste management system for proper medical waste disposal. The facility has also completed the renovation exercise to accommodate more patients. Emerging Needs: Office furniture for staff and benches for patients in the waiting area, which has been communicated to the LGA by the WDC.
		KURA LGA Sani Marshal Maternity Memorial Center Population: 4,000	The facility attends to an average of 951 patients monthly. Needs: The facility environment needs interlocking and an ambulance.	PHC Average Monthly Patient Attendance: 1,065 Impact: With collaborative efforts under the SCEAP Project, Sani Marshal PHC now has a strengthened facility-community relationship. An official communication has been sent to the LGA by the WDC and the facility in-charge regarding the provision of an ambulance for the facility. Other notable achievements recorded at the facility include: 1. Renovation of the maternity ward and other parts of the PHC facility. 2. The donation of mattresses for the facility by a member of the community.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Kano North	Bichi	<p>Saye PHC</p> <p>Population: 4000–5000</p>	<p>It provides various basic healthcare services to an average of 1500–1600 patients monthly.</p> <p>Needs: There is an urgent need to fix the water source, which is now faulty. Aside from that everything is fine.</p>	<p>PHC Average Monthly Patient Attendance: 3,800</p> <p>Impact: With support from the community and the collaborative effort between the facility and the community members, the water supply has been restored to the facility.</p>
	Bagwai	<p>Abbas PHC</p> <p>Population: 38,000</p>	<p>The facility attends to an average of 2,000–3,000 patients monthly.</p> <p>Needs: More hospital equipment for the laboratory and maternity ward. More staff strength to accommodate a consistent inflow of patients.</p>	<p>PHC Average Monthly Patient Attendance: 3,200</p> <p>Impact: The issue surrounding the limited manpower resource for health has been raised at the community stakeholder engagement sessions and has been communicated to the Board by the WDC and facility representative. Other issues include the provision of medical tools such as:</p> <ol style="list-style-type: none"> 1. BP apparatus, and stethoscope for the consulting room 2. Hematocrit/centrifuge machine for the laboratory 3. A staff quarters for female staff
	Makoda	<p>Makoda Model PHC</p> <p>Population: 1500</p>	<p>The facility provides various basic healthcare services to an average of 3000–4000 patients monthly.</p> <p>Needs: There is a need for general addition of drugs and hospital equipment.</p>	<p>PHC Average Monthly Patient Attendance: 3,700</p> <p>Impact: The utilization of the resources in the Drug Revolving Fund (DRF) has helped the facility secure medications, especially routinely prescribed medications by utilizing resources from their DRF, thereby reducing out-of-stock situations for these medications.</p> <p>Emerging Needs: Microscope and electrophoresis machine (genotype screening machine) for the laboratory.</p> <ol style="list-style-type: none"> 2. Sphygmomanometer (BP Apparatus) and additional forceps for the maternity ward. 3. Solar batteries to ensure uninterrupted power supply at the facility. <p>These needs have been communicated by the facility incharge, also the WDC chairman has sent a correspondence to the director at the LGA.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Kano North	Tsakuwa	<p>Tsakuwa PHC</p> <p>Population: 33850</p>	<p>The facility attends to about 900–1000 patients monthly with basic healthcare.</p> <p>Needs: The community members lament the current outbreak of malaria and typhoid. They revealed this can be addressed by fumigating the entire community which will help control the current situation.</p>	<p>PHC Average Monthly Patient Attendance: 1,033</p> <p>Impact: One major achievement in this community is the strengthened bond between them and the PHC following the collaborative partnership under the SCEAP Project. The desire to improve their facility has provided a conducive environment for successful mobilization and health awareness exercises by the community health workers. Health talks on the community's needs such as endemic ailments (environmental control of vectors for malaria), hygiene and sanitation now hold regularly.</p>

4.3 Yobe State

In Yobe State, four Community-Based Organizations provided support to 15 facilities across the three senatorial districts in the state. Over the six months of implementation, Yobe State recorded 1,209 feedback. A large number of this feedback was from the patient report (1,048) who recorded easy access to the facility within walking distance between the stipulated time frame of 15 to 30 minutes but some members of the community (47) reported an extended walking time distance of more than an hour to Ibrahim Geidam and Murfaa facilities to access ANC and post-natal services at these facilities. This poses the risk of pregnant women seeking services from traditional birth attendants or home delivery and recording defaulters in routine immunization.

A review of the services assessed at the facility revealed that ANC, outpatient, and immunization services were the most sought-after services at these facilities. Many patients who assessed services at Dogon Zare and Mamudo PHC described the condition of the waiting room as uncomfortable as they had no privacy and it was crowded with insufficient seats

to accommodate those who sought care at the facility.

The feedback from the concerned citizens in some of the communities gave an insight into the current state of the infrastructure and basic amenities lacking at some of these facilities. These feedback range from the need to expand at Tudun Wada and Ngillewa facilities, to the provision of electricity at Afunori facility and Jawa Primary Health Care facility. The recruitment of additional human resource personnel to meet the surge in patient demand and strengthen the workforce at these facilities was a recurrent concern raised across all the implementing facilities. WHO recommends that the ratio of healthcare providers to patients at the PHC is 1:600 but the national guideline in Nigeria places it at 1:5000. As it stands currently across all the project locations, one healthcare provider has hundreds of patients to attend to.



1,209
reports recorded



140
citizen feedback
reports



1,048
patient feedback
reports



15
Facilities

Facility Name	Citizen Feedback	Patient Feedback	Total
Afunori PHCC	33	11	44
Babuje PHCC	3	71	74
Dagona PHC	2	94	96
Dogon kuka PHCC	16	21	37
Dogon Zare PHC	2	80	82
Garin Lamido PHCC	8	175	183
Gwange Primary Health care	1	7	8
Ibrahim Geidam PHCC	4	55	59
Ngelzarma PHCC	2	50	52
Kaliyari PHCC	1	54	55
Maisandari PHCC	3	16	19
Mamudo PHC	11	195	206
Murfa PHCC	1	22	23
Ngillewa PHCC	37	63	100
Damagum PHCC	16	134	150
Grand Total	140	1,048	1,188



Key Results Recorded

Resulting from the project's advocacy, among other interventions by other partners, Yobe State made budgetary appropriation for health worker recruitment to increase the manpower capacity in the state and renovation of facility infrastructure.

It was also noted in Yobe State that the SCEAP Project has been successful in gaining the acceptance of most community members. They now have access to a site where they can voice their complaints without any disruption and are confident that their concerns will reach the appropriate body and receive the necessary attention.

Before the SCEAP Project, In Babuje and Ngilewa facilities, patients felt marginalized, and uncared for by the healthcare providers in the facility. However, with the sensitization and education of the health workers on their attitude toward the patients, there is a remarkable change in their attitude as they now treat patients with empathy, a testament came from the facilities.

A human angle story from RAWYOD demonstrated that during one of the town hall meetings at Hausari PHCC, a concern was raised that staff in the facility resume late to work, and most times community members have to wait for them to come before being attended to. This was taken up by the WDC who called the staff to order. Community members testify that staff now come to work as early as possible and their level of dedication has increased, which has also led to an increased number of clients visiting the facility to access services.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Yobe East	Damaturu	Maisandari/ Maisandari PHCC Population: 10,000	The facility needs Male and female ward, There is also a need for a functional ambulance to help in transporting patients to the facility, especially in emergencies. Other concerns raised were the need for ultrasound scanning machines for the ANC services and increased staff strength to meet the patients' demands on the facility.	Impact: The SCEAP intervention has fostered a strengthened relationship between the community and the facility. Community members now actively participate in the activities including advocacy and health awareness sessions. Urgent Need: The need for wards, ambulance, and ultrasound scanning machines for the ANC Unit which have been communicated to the SPHCMB through the WDC and the CBO assigned to the facility.
		Murfa Kalam Murfa PHC Population:	The facility needs additional Staff to enable them to optimize their service delivery. They also voiced concerns over the lack of a source of water at the facility.	Impact: Due to the intervention of the SCEAP Project, the facility has been able to tailor their concerns surrounding limited human resource personnel for health at their facility which is currently receiving attention from the Government with interventions such as Community-based nursing program and the ongoing recruitment exercise for health workers targeted at hard to reach areas. Urgent Need: Facility extension and a doctor's accommodation for a more suitable environment.
		Gwange Gwange PHC Population: 20,000	The facility is in dire need of an alternative source of electricity, Drainage at the facility, and standard laboratory equipment. They also requested that a Doctor be assigned to the facility.	Impact: Due to the security challenges surrounding this facility, a community-based approach was employed to address some of its needs, such as addressing the issue of creating a drainage system at the facility, especially during the rainy season while issues surrounding providing laboratory equipment and medical personnel have been communicated to the state PHC board.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Yobe East

Busari

Dapachi
Ibrahim Geidam
PHCC

Population:
5,000

The facility requested that capacity-building sessions and training for the staff be held regularly and improve staff strength by employing more health workers.

Impact:
Resources from the Drug Revolving Fund (DRF) have helped cushion the cost of medication for patients at the PHC, especially for some medications while the CBOs under the SCEAP Project continue to champion health campaigns and awareness sessions in the community.

Kiliyari village
Kaliyari PHCC

Population:
10,000

The facility needs water supply to carry out its daily activities.

Impact:
The facility has secured a water source, improving its hygiene status. It has also recorded an increased number of patients, particularly during nutrition services following health awareness sessions conducted by the CBO assigned to the facility.

Emerging Needs: Shortage of staff quarters in the health facility.

Request the installation of a solar borehole on the facility. These needs have been channeled through the WDC to the SPHCMB.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Yobe South

Fune

Damagum
 Damagum PHCC
Population:
 20,000

Three big concerns at the facility are the lack of beds for admitting patients, the need for additional staff, and the availability of drugs.

Impact:
 Additional health personnel were assigned to the facility following stakeholders' engagement (under the SCEAP Project). There has been an increase in staff strength leading to open transparency as health stakeholders at the grassroots now actively involve themselves in the accountability process at the facility.

Ngelzarma
 Ngelzarma PHCC
Population:
 15,000

There is a need for the provision of a scanning machine, ambulance, and staff quarters for this facility.

PHC Average Monthly Patient Attendance: 702

Impact:
 The facility is now receiving full support from the Yobe Ambulance Management Agency (YOSAMA) under the leadership of Dr. Danchuwa, curbing their ambulance challenges.

Health personnel has been increased at the facility which has improved its working conditions (staff now run shifts helping to increase the work hours at the facility).

Urgent Need: Providing staff quarters is an urgent need to ensure 24-hour care at the facility. Engagement is ongoing between the community stakeholders and the SPHCMB.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Yobe South	Fune	Dogon Kuka Dogon kuka PHCC Population:	There is a need to increase manpower at the facility (nurse, midwife, and doctor) and provide standardized laboratory equipment,	<p>PHC Average Monthly Patient Attendance: 625</p> <p>Impact: There has been an increase in community members volunteering at the facility, especially those with health-related backgrounds. In addition, community members, especially the WDC have started volunteering their vehicles and bikes to be used as local ambulances to convey sick patients to the facility.</p> <p>Urgent Need: The facility's need for standard laboratory equipment has been communicated to the directors at the LGA with an official communication sent to the SPHCMB.</p>

		Potiskum		
-----		Mamudo Mamudo PHCC Population: 20,000	The facility requires expansion, additional manpower (midwives, nurses, doctors, etc.), a light source, an ambulance, and wards to support service delivery.	<p>PHC Average Monthly Patient Attendance: 1,543</p> <p>Impact: The facility has witnessed an increase in human resources (nurses and CHEWS). The WDCs and other community leaders have championed ownership of the facility and engaged stakeholders to address the urgent need for a light source to illuminate it at night and provide ambulance services and wards.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Yobe South
Yobe North

Tudun Wada
 Tudun Wada PHCC
Population:
 30,000

The facility needs ward expansion and laboratory facilities to enhance service delivery.

PHC Average Monthly Patient Attendance: 5,896
Impact:
 An official communication has been sent to address the facility's need for wards and laboratory expansion by the District Head, WDC, and facility incharge.

Nguru
 Ngillewa community
 Ngillewa PHCC
Population:

The facility needs a scanning machine, ambulance, and staff quarters.

PHC Average Monthly Patient Attendance: 350
Impact:
 The provision of human resources for health was a key achievement for Ngillewa PHCC as two (2) health assistants were recruited from the community to strengthen the workforce at the PHCC. Community capacity-building by the engagement and training of community champions across the five (5) implementing communities.
Urgent Need: The facility's need for an ultrasound scan, an ambulance, and staff quarters have been communicated to the SPHCMB through the advocacy visit led by the WDC chairman and the assigned CBO.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Yobe North

Nguru

Afunori Community

Afunori PHCC

Population:
2,600

The facility needs additional staff, including a nurse. Although in a good and functional state, it needs a patient ward, ambulance, and well-equipped laboratory.

PHC Average Monthly Patient Attendance: 300

Impact:
Additional health personnel have been added to Afunori PHCC while the facility has been extended to accommodate more clients.

Urgent Need:
The need for more beds has been raised at the town hall meeting and the WDC and facility incharge supported by the facility's CBO have communicated it to the director at the LGA level. The CBO trained health workers on work ethics and its role in strengthening the bond between the community and their facility during the community-centered capacity-building sessions.

Bade

Dagona

Dagona PHC Center.

Population:
6000

The facility needs additional personnel to increase the manpower and a Pack Cell Volume (PCV) machine for the laboratory.

PHC Average Monthly Patient Attendance: 800

Impact:
Members of Dagona Community have taken ownership of their facility by rendering their services as volunteers and community health champions to strengthen the bond between the community and the facility. This has increased non-technical manpower support at the facility.

Urgent Need: The need for PCV readers at the facility has been communicated to the relevant authorities while support has been sought from other NGOs providing health support in the region.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Yobe North

Bade	<p>Garin Lamido</p> <p>Garin Lamido PHCC</p> <p>Population: 5000</p>	<p>The facility required some renovations including the expansion of patient wards, and staff quarters to accommodate its staff.</p>	<p>PHC Average Monthly Patient Attendance: 400</p> <p>Impact: To address the security concerns raised at the town hall meeting regarding the porous exit at the facility, the community members, championed by the facility's CBO mobilized and provided an exit gate for it. This action also fueled the WDCs and the district leaders to prioritize its perimeter fencing.</p> <p>Urgent Need: The expansion and renovation of the patient wards and the provision of staff quarters at the facility.</p>
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Babuje	<p>Babuje PHCC</p> <p>Population: 11000</p>	<p>There is an urgent need for additional staff, an improved water source, provision of toilets, and expansion of wards for patients' care at the PHC.</p>	<p>PHC Average Monthly Patient Attendance: 1000</p> <p>Impact: Hygiene-related concerns raised at the town hall meeting have been addressed through health awareness and sensitization exercises by the health workers and focus group decisions. Addressing its source of water challenge was a major milestone in tackling hygiene-related issues at the facility, which has also improved service delivery efficiency.</p> <p>Advocacy engagements trip to the Emir resulted in a parcel of land donation for expanding the facility.</p> <p>Other stakeholder engagements such as talks with the Nguru LGA Chairperson led by the WDC helped recruit indigenous community members to assist at the facility.</p> <p>To improve effective service delivery at the facility, a health awareness and sensitization session was held for the health workers with feedback from the PAT portal displayed.</p>
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4.4 Gombe State

Gombe state recorded 2,422 feedback with 1,728 (71%) generated from the patient reports and 171 (29%) from the concerned citizen report generated from the 15 facilities across six LGAs in the three senatorial districts. Most patients who accessed care at most of the facilities provided satisfactory feedback on the quality of care received but expressed the need for subsidized costs of the prescribed medications. This is in line with universal health coverage ensuring that all people have access to essential medical services without risking financial hardship.

Water unavailability, which is essential for running the hospital, was a major concern for most patients in Gombe State. Patients who assessed care at Lano PHC complained about the poor state of infrastructure at the facility. Community members raised their concerns about the lack of electricity at Akko facility as the available solar unit was non-functional. Expansion and renovation of the existing infrastructure were feedback recorded at Gombe Abba, Gelengu PHC, and Lafiya-Tale facilities.

In PHC Kumo, the BudgIT SCEAP Project unfolded a human angle story where amidst the town hall meeting, a remarkable individual named Amina emerged as an example of change. Amina, a resilient mother of three, had long faced the unsanitary conditions of the local toilet facilities, deeply concerned about the health and well-being of her family. As the SCEAP Project opened, Amina found her voice during the community engagement session. Her impassioned plea for better sanitation resonated with her fellow residents, sparking a collective determination to address the longstanding issue.

Inspired by Amina's courage, the community united to transform the PHC Kumo toilets into a clean and safe space, symbolizing not only improved infrastructure but a tangible manifestation of shared responsibility. Amina's story serves as a testament to the transformative power of community-driven initiatives. Her journey from a concerned individual to a catalyst for change exemplifies the profound impact that grassroots projects like SCEAP can have on individual lives.



2,422
reports recorded



694
citizen feedback reports



1,728
patient feedback reports



15
Facilities



171
concerned citizen report

Yobe State Feedback by Facility Data

Facility Name	Citizen Feedback	Patient Feedback	Total
Akko PHCC	39	77	116
Bangunji PHCC	183	197	380
Dadinkowa Model PHCC	9	93	102
Dukku PHCC	61	100	161
Gadam PHCC	41	85	126
Gelengu PHCC	14	134	148
Kumo PHCC	21	38	59
Lafiya Tale PHCC	16	109	125
Lapan PHCC	115	190	305
Mallam Sidi PHCC	52	45	97
PHCC Bambam	30	163	193
PHCC Cham	16	206	222
PHCC Gombe Abba	26	119	145
PHCC Lano	27	88	115
Pindiga PHCC	44	84	128
Grand Total	694	1,728	2,422



In Dadin Kowa in Yamaltu Deba, Gombe State, a transformative action unfolded during the reporting period as the community identified the pressing issues of power supply challenges and toilet facilities within the healthcare facility. Rather than submitting to the challenges, the community members exhibited remarkable unity and initiative. Recognizing that waiting for external support might prolong their struggles, they decided to take matters into their own hands. The outcome was nothing short of inspiring. With the funds mobilized, the community successfully addressed the power supply challenges. Additionally, efforts were directed toward renovating and modernizing the toilet facilities, ensuring a more sanitary and comfortable environment for healthcare services.



Key Results Recorded

Due to the improved capacity of the WDCs and the community at large in understanding their role in the effective delivery of primary health care services, the WDC in Lano mobilized the community to contribute resources that were used to repair damaged walls in the Lano Primary Health Care facility and replaced the facility signpost. This has increased patients' visits to the facility and improved the community's health outcomes.

Likewise in Akko facility, the community provided an alternate source of electricity which brought relief for health workers at Akko PHC to execute their duties, especially at night, thereby improving access to ante-natal services and reducing neonatal death that usually arises from lack of access to the facility when women need to deliver at night.

Following the advocacy visits to the PHC management board and collaborative efforts of the District Head, WDC, and the facility, an additional personnel was posted to Lano PHC facility after an official letter was drafted and sent to the board to inform them of the shortage of manpower at Lano PHC facility.

Request for assistance were sent to some stakeholders and philanthropists of Malam Sidi Community by Malam Sidi Progressive Association (MPA) with the collaboration of WDCs to have 5% requested by Gombe State agency for community and rural development to reconstruct the staff quarters in PHC Malam Sidi. To this end, the facility was expanded and the building behind the PHC facility was donated to the facility as a temporary space for the staff quarters until the facility quarters are constructed.

In Dadin Kowa, power supply to the healthcare facility was a persistent challenge. FOCEI, spurred by the community's engagement during the November 2023 town hall meeting, initiated resource mobilization to restore the power supply by installing renewable energy (solar panels). This story captures the community's journey toward a brighter future, where uninterrupted healthcare services become a reality, transforming lives and fostering communal well-being. Efforts are ongoing to provide electricity from the grid via the Jos Electricity Distribution Company.



WOWICAN documented that in Gelengu PHCC, during a revisit meeting with community stakeholders, they were able to support in resolving one of the challenges that were raised during the town hall meeting on inadequate laboratory equipment. As a result, they have gotten the most needed equipment. Also as a CBO, WOWICAN provided support by getting a Glucometer (Accu-check machine) for BP checks at the same PHC. On the use of phctracka, WOWICAN successfully trained 50 community champions (ten from each of the five assigned SCEAP Project communities), on the importance of the portal to give feedback on healthcare experiences at their facility.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Gombe North	Dukku	LAFIYA TALE PHCC Population: 8506	The facility needs roofing, and because of the poor weather conditions at the facility, nursing mothers don't usually come for antenatal and immunization. It also lacks sufficient beds for male and female wards and a TB unit to address the prevalence of tuberculosis in the community. Some patients are admitted on benches.	PHC Monthly Average Patient Attendance: 984 Impact: The SCEAP intervention has followed the town hall meetings, the community contributed funds to repair the leaking roof at the facility, and held a groundbreaking ceremony to lay the foundation for the TB unit. The challenge of inadequate beds has been communicated to the LGA Director and is being monitored by the Federation of Muslim Women Association in Nigeria(FOMWAN) Gombe State Chapter(FOMWAN) being the CBO assigned to the community on the SCEAP Project.
		PHCC Gombe Abba Population: 38,595	The facility is too small to cater to over 15 communities, has a leaking roof (which is not palatable during the rainy season), and does not have fencing making it insecure. There is a lack of sufficient beds and mattresses and medical consumables, eg., BP apparatus.	PHC Average Monthly Patient Attendance: 421 Impact: Following successful engagements led by the WDC and community members, the security challenges faced by health workers have been resolved with the completion of the facility perimeter fencing. As a response to SCEAP town hall meeting and advocacy initiative, there is an ongoing renovation and construction of two additional blocks of staff quarters at the Gombe Abba PHC facility. The assigned CBO which is FOMWAN had supported the WDC, community stakeholders and the facility to write a letter of advocacy which was channeled through Gombe Abba Ward Counselor to the LGA Chairman. In response to the letter of advocacy, the facility received support from the Rural Urban and water sanitation (RUWASSA) Agency and African Development Bank through the LGA for the repair of the facility leaking roof and building of two blocks of staff quarters which is near completion.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Gombe North	Dukku	<p>DUKKU PHCC</p> <p>Population: 46,271</p>	<p>The facility has a small ward for both males and females which cannot accommodate patients. There is also a need for more beds and mattresses and additional laboratory equipment.</p>	<p>PHC Monthly Average Patient Attendance: 2,314</p> <p>Impact: Following SCEAP intervention and engagement with the facility management and the CBO (FOMWAN), the need for laboratory equipment has been addressed.</p> <p>Other issues raised, such as the expansion of the male and female wards, and additional beds for the wards have also been communicated to the LGA authorities.</p>
	Kwami	<p>Mallam Sidi PHCC</p> <p>Population: 25,680</p>	<p>The facility personnel wished that staff quarters could be provided to support staff welfare and ensure the constant availability of health workers in the facility. The facility premises also need concrete paving.</p>	<p>PHC Average Monthly Patient Attendance: 680</p> <p>Impact: The intervention of the SCEAP Project, has led to the renovation of a segment of the staff quarters which is now in use.</p> <p>Also, proposals have been submitted by the Community leaders led by the WDC to the Gombe State Agency for Communities and Social Development regarding support for the facility.</p>
			<p>GADAM PHCC</p> <p>Population: 41,850</p>	<p>This facility's major need is a provision of water supply.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Gombe South

Balanga	PHCC BamBam Population: 13,416	The facility is too small for the number of patients it caters to. There is a need for expansion and fixing the leaking roof.	PHC Monthly Average Patient Attendance: 350 Impact: One major achievement in the SCEAP project was the conflict resolution between the Community and the facility over a land dispute. This resolution led to the community taking responsibility for the leaking roof at the facility.
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Kwami	Mallam Sidi PHCC Population: 25,680	The facility's major needs include staff quarters, a mortuary, a supply of medical staff, and a doctor (not a single medical doctor is available)	PHC Average Monthly Patient Attendance: 1,004 Impact: With repeated community sensitization (in the community and religious centers) as well as support from a philanthropist, the Community successfully raised cash donations for the purchase of beds for the ward. Further partnership with the Road safety unit, led to the donations of hygiene kits at the facility. Urgent Need: The issues surrounding inadequate human resources for health (lack of medical doctors), staff quarters, and mortuary have been communicated to the relevant stakeholders backed with the submission of letters.
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Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Gombe South

Kwami	Gelengu PHCC Population: 15,000	The facility needs an extension as the building is too small for the community health needs. There is also a need for more patient beds and mattresses.	<p>PHC Monthly Average Patient Attendance: 333</p> <p>Impact: With support from the CBO under the SCEAP project, Gelengu PHC secured some important laboratory equipment.</p> <p>Urgent Need: Extension of the facility building to accommodate more patients, especially in the waiting area, and provision of more beds and mattresses has been communicated to the LGA director.</p>
Shongom	Lapan PHCC Population: 43,197	The facility needs fencing, staff quarters, a good access road to the facility center, a microscope, and a hematocrit centrifuge.	<p>PHC Average Monthly Patient Attendance: 324</p> <p>Impact: To prioritize the security of medical personnel and infrastructure at the facility, the joint efforts of the community and the CBOs recorded positive responses with community members donating building materials to commence the fence process.</p> <p>Other needs raised such as the construction of road access to the facility, and the building of staff quarters. Have also been captured in the official letters sent to the Local Government Authorities.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Gombe South	Shongom	Bagunji PHCC Population: 14,369	This facility lacks enough staff, laboratory equipment, staff quarters, and fencing to secure the premises.	<p>PHC Monthly Average Patient Attendance: 333</p> <p>Impact: With the community led initiative, under the SCEAP project, Baginji community has successfully renovated the facility windows, secured the facility with burglarries, and mended cracked walls. They have also established a partnership with a pharmaceutical agency, utilizing their DRF to prevent out-of-stock routinely administered medications.</p> <p>With the support from community members championed by the CBO (WOWICAN), the fencing of the Bagunji PHC has commenced.</p>
		Akko Kumo PHCC Population: 69,264	The facility needs an ultrasound scanning machine and a medical doctor.	<p>PHC Average Monthly Patient Attendance: 1,800</p> <p>Impact: At Kummo PHC under the SCEAP project, some renovations were carried out on the facility's toilets as part of the community contribution in taking ownership. The facility request for Ultrasound Scan and medical personnel have been resolved.</p>
		Pindiga PHCC Population: 13,232	The facility lacks sufficient health workers, and needs some equipment, such as a dressing kit, centrifuge machine, and more bedding.	<p>PHC Average Monthly Patient Attendance: 409</p> <p>Impact: During the town hall meeting held in the SCEAP project, issues centered around provision of running water at the facility, the provision of equipment at the facility, and the addition of health workers to strengthen the workforce at the facility had been raised and this has been communicated by the WDC chairperson to the LGA Director.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Gombe Central	Akko	AKKO PHCC Population: 37,770	There are not enough sitting chairs for patients and beds and mattresses in the wards. The facility also needs more medical equipment and weighing scales.	PHC Average Monthly Patient Attendance: 504 Impact: Under the SCEAP project, the community effectively repaired the solar power system, guaranteeing an uninterrupted electricity supply for the PHC. Additionally, they addressed water scarcity by promptly repairing the facility's water reservoir. Urgent Need: Such as chairs in the waiting area, additional beds/mattresses, and medical equipment have been communicated to the LGA director.
	Yalmatu Deba	Dadinkowa model PHCC Population: 11,765	The facility needs sufficient manpower, delivery kit equipment, and staff quarters to encourage the health workers to stay.	PHC Average Monthly Patient Attendance: 1,800 Impact: The lack of power was identified as a significant issue. Under the SCEAP project, the community members took the initiative, and after five years, electricity was restored to the facility via solar power. Urgent Need: The issues surrounding Insufficient manpower and provision of staff quarters have been communicated to the LGA Director by the WDC Chairman and CBO.
		PHCC Lano Population: 7,000	Crack in the wall which has made the community members scared of attending the facility. Additional staff to help at the facility.	PHC Average Monthly Patient Attendance: 1,100 Impact: During the SCEAP Project implementation, a cracked wall was identified inside the facility and promptly mended it. Additionally, as part of the intervention, a new signpost was installed to enhance visibility and navigation within the premises. An additional staff (Nurse) was posted from the SPHCMB to the facility following the stakeholder engagement.

4.5 Kaduna State

Based on the collected data, Kaduna State had 1,702 feedback generated from the total response lodged into the PAT portal during the year one period of this project by concerned citizens and patients across the 15 facilities where the SCEAP Project was implemented in six LGAs across three senatorial districts. While many of the patients reported satisfaction in the quality of services received at the facilities, a recurrent feedback recorded across the different facilities was the unavailability of prescribed medications prompting patients to seek the drugs at a higher rate outside the facility. This has a high tendency to impact adherence/compliance to prescribed

medications due to cost. Other feedback recorded was the need to expand the Romi facility to accommodate the high influx of patients accessing care at the facility. Patients reported that the Gidan Tagwai Health Clinic was in a poor state and lacked basic amenities such as water and electricity, which has affected members of the community's access to this facility. Optimizing basic amenities such as electricity and providing an alternate source of power for the facility, providing water, and essential drugs were feedback recorded on the citizens' report by members of the community to optimize the health-seeking behavior of their community members.



1,702
reports recorded



479
citizen feedback
reports



1,233
patient feedback
reports



15
Facilities

Kaduna State Feedback by Facility Data

Facility Name	Citizen Feedback	Patient Feedback	Total
Anguwar Jaba PHC	24	59	83
Basawa PHC	20	75	95
Bayan Dustse PHCC	44	81	125
Doka PHC (Kachia)	7	107	114
Gidan Tagwai Health Clinic	3	218	221
Gora Bafai PHC	16	139	155
Kakau PHC	95	38	133
Kinkinau PHC	107	88	195
Kubau Road PHC	13	61	74
Kurmin Masara PHC	3	96	99
Lazuru PHC	18	42	60
Mabushi PHC	14	17	31
Romi PHC	70	54	124
Sabon Gari (Nasarawa) PHC	41	74	115
Sakadadi Model PHCC	4	74	78
Grand Total	479	1,223	1,702



Key Results Recorded

In Sabon Gari Community, Kaduna, approval was granted by the Kaduna State PHC Board to commence construction work on the permanent site while the rent was renewed for the year. This will provide a better working environment for the health workers, who will in turn provide better healthcare services to the people.

It was discovered during a town hall meeting that Romi PHC facility was using a prepaid meter and experiencing constant light disconnection as a result of the inability to pay its bills. A letter was written to the state PHC board which was sent to Kaduna Power Supply Company (KAPSCO) by the PHC board. KAPSCO is the body responsible for paying all bills of PHC facilities in Kaduna State. KAPSCO directed Kaduna Electricity Distribution Company (KAEDCO) to reconnect the PHC to the national grid and never to bill, disconnect, or disturb them again. This will significantly improve the health outcome of the community and reduce neonatal death and complications that occur because of the unavailability of health workers at night.

As a result of the advocacy efforts following community engagement activities, issues surrounding security at Gora Bafai PHC facility were identified and community members volunteered to provide temporary security personnel to safeguard it. This has improved the confidence of the health workers to stay back at the facility and provide services to the people.

Regarding the shortage of manpower at the Doka Primary Health Center, suggestions were given to resolve the issue, which included utilization of funds from BHCPF allocations to engage a volunteer midwife to assist in providing technical assistance at the facility while the WDC focal person proposed that community members would provide support in ensuring the facility was hygienic and conducive for use by members of the community.

Citizens and patients are happy with the SCEAP Project with maximum support recorded by the effort of the communities' heads. At Kinkinau and Bayan Dutse Communities, community members carried out environmental cleaning at the PHC facility led by their youth leadership.



In Kaduna, solar panel installation at PHC Mabushi is ongoing, and a bed donation by a member of Mabushi community. There have been improvements in the availability of drugs to the facilities e.g., Gora Bafai, Kurmin Masara, and Doka with more improvement in service delivery, increasing the number of community members accessing service at the PHCs than before.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Kaduna North	Lere	<p>Lazuru PHC</p> <p>Population: 9,400</p>	<p>Monthly attendance of over 400–500 in attendance.</p> <p>Needs: Alternative power supply (solar power), the facility is far from settlement which affects the number of people that patronize the PHC, shortage of drugs, staff, and ambulance.</p>	<p>PHC Average Monthly Patient Attendance: 1,706</p> <p>Impact: Solar panels were installed in the facility as one of the impacts of the SCEAP Project through WDC advocacy to the Kaduna State Government. The WDC and the community mobilized resources among themselves and built the solar battery house to accommodate the solar batteries. In addition to these, drug supply to the facility has improved with the PHC raising requisition time for quick supplies.</p> <p>Urgent Need: However, the PHC needs an additional 300,000 naira to make the scanning machine fully functional and also the need for facility expansion to accommodate staff quarters.</p>
	Sabon Gari	<p>PHCC Sakadadi</p> <p>Population: 20,508</p>	<p>Daily attendance of over 100 patients mostly during antenatal and immunization day. Monthly attendances spike between 400–500.</p> <p>Needs:Medical work tools, drugs, more volunteer staff (not a payroll), beds, water, alternate electricity, cabinet, fixing and timely payment of staff salary and ambulance.</p>	<p>PHC Average Monthly Patient Attendance: 1,411</p> <p>Impact: Under the SCEAP project, the PHC was given medical equipment and had solar panels installed by the Kaduna State government. The facility also has students coming for internships as volunteers which has increased the manpower at the facility while serving as a training site for the community.</p> <p>Urgent Need: Needs raised such as water, cabinets, and ambulance have been communicated to the Kaduna SPHCMB.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Kaduna North	Sabon Gari	Anguwar Jaba PHC Population: 29,955 for 11 settlements	The facility has a catchment of 11 settlements, with a monthly attendance of over 700. Needs: The facility needs an alternative power supply, delivery beds. drugs cabinet, BP machine. weighing scales, more staff, and an ambulance.	PHC Average Monthly Patient Attendance: 1,581 Impact: Through the advocacy visits under the SCEAP Project community members donated a piece of land for the installation of a solar panel while the LGA chairperson donated funds utilized for the fencing of the facility property. The community members also purchased an ultra-scan machine. Urgent Needs: The request for the provision of additional delivery beds, weighing scales, and an ambulance for the facility has been communicated to the LGA chairman and the SPHCMB.
		Basawa PHCC Population: 12,630 for seven settlements.	The facility has a catchment of seven settlements, with a monthly attendance of over 552. Needs: The facility needs an alternative power supply, delivery beds. drugs cabinet, BP machine. weighing scales, more staff, and an ambulance.	PHC Average Monthly Patient Attendance: 1,294 Impact: Under the SCEAP Project, solar electricity was installed by the Kaduna State government. The delivery of additional beds and other equipment to the PHC was also recorded. The facility also has an increase in community members volunteering to strengthen the manpower at the facility. Other needs; such as the provision of an ambulance for the facility and water source have been communicated to the LGA and SPHCMB. Pending Needs: Also, due to the fire incident that damaged some parts of the facility, the WDC has been advocating for the repairs through the LGA and the SPHCMB.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Kaduna Central	Chikun	<p>PHC – Bayan Duste</p> <p>Population: 16,225 for three settlements.</p>	<p>Monthly attendance of over 600–700 patients.</p> <p>Needs: The facility needs chairs (plastic/wooden), an ambulance, an alternate power supply, a refrigerator, a drugs cabinet, weighing scales, more staff, and a microscope (compound).</p>	<p>PHC Average Monthly Patient Attendance: 950</p> <p>Impact: With support from the SCEAP project, the facility has been able to provide more comfortable seats for clients in the waiting area. An alternative power supply has been provided to complement the electricity supply at the facility including the provision of inverter and electric refrigerators, drugs cabinet, additional human resource for health and a microscope for the laboratory.</p> <p>Pending Needs: Include the provision of weighing scales and an ambulance for the facility which was also included in the letter sent to the SPHCMB.</p>
		<p>Yelwa PHC – Romi Primary Health Care</p> <p>Population: Over 29,000 with over six settlements.</p>	<p>The facility has a monthly attendance of over 1,012 patients.</p> <p>Needs: Renovation, alternate power supply, drugs cabinet, BP machine, weighing scales, staff increase, an ambulance, the need for space as the building is too compact (they wrote a letter to the local government, but to date, nothing has been done), and lastly, the facility gets flooded whenever it rains.</p>	<p>PHC Average Monthly Patient Attendance: 1,407</p> <p>Impact: Through the intervention of the with the intervention of the SCEAP project, Romi PHC has recorded improvements such as the availability of a functional BP machine, weighing scale, a functional borehole ensuring steady water supply to the facility, electricity supply and additional medical personnel to increase the human resource for health at the facility.</p> <p>Pending Needs: which have been communicated include; structural renovation and expansion of the facility including a drainage system, alternate power supply and an ambulance.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Kaduna Central	Chikun	Sabon Gari PHC	<p>A monthly attendance of over 500 patients in attendance.</p> <p>Population: Over 57,410 residents with eight settlements.</p> <p>Needs: The apartment for the PHC is rented for 150,000 naira yearly which will soon be increased to 300,000 naira. They buy water which goes for 50 naira per bucket. They need permanent land to build a PHC (both males and females use the same ward), more beds, solar, water, etc.</p>	<p>PHC Average Monthly Patient Attendance: 406</p> <p>Impact:</p> <p>Following the SCEAP intervention, a functional facility development committee was set and a building account opened for the commencement of the construction of the permanent site for the facility. In the interim, the yearly rent of 350,000 was paid to ensure continuity of care at the facility. Advocacy visits to residential companies within the community shows some promises in supporting the building project. Demarcation of the existing ward has been done to ensure privacy of patients when on admission.</p> <p>Other Needs Raised: lack of water supply resulting in daily purchases, no alternate power supply, and provision of additional beds on the wards. These needs have also been communicated to the health stakeholders and are awaiting feedback.</p>
		Kakau PHC	<p>Average of over 700 monthly patients in attendance.</p> <p>Population: 6,758</p> <p>Needs: Delivery kits, alternate solar, drugs, chairs (plastics), more staffing, medical equipment, incinerator, toilets, and mitigation against security challenges.</p>	<p>PHC Average Monthly Patient Attendance: 700</p> <p>Impact:</p> <p>PHC Kakau under the SCEAP project has recorded some impact such as the availability of an alternate power supply provided by the Kaduna State Ministry of Health. Provision of addition 6 (six) convenience at the facility to cater to the patients /clients, Increase in the number of hours by medical personnel to two (2) shift systems with additional personnels at the facility. Adequate medications are available at the facility preventing out of stock due to timely request and the utilization of the drug revolving fund.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Kaduna South

Urgent Needs:
include delivery kits for the labor room, plastic chairs and an incinerator for the facility. These have been communicated to the SPHCMB. ,

Tudun Wada South Kinkinau PHC
Population: 30,700

Monthly attendance of 1500 with over five settlements.
Needs: Issues with staff's attitude in prompt service delivery according to the village head. The facility also needs a solar power system.

PHC Average Monthly Patient Attendance: 815
Impact: One key issue raised during the townhall meeting was the attitude of the health workers towards the patients and their service delivery. This has improved following feedback from the PAT portal and discussions chaired by the CBOs and supported by the WDC.
Needs: for alternative power supply for the facility is still awaiting a response from the LGA and is closely followed by the CBOs.

Sabon Gari South [kubau] Kubau Road PHC
Population: 312,228

A monthly attendance of over 1,000.
Needs: Renovation. water (borehole), alternative power supply, general medical equipment, drugs, beds, delivery, consumables, labor kits, more staff, and space as the whole building is gam parked.

PHC Average Monthly Patient Attendance: 358
Impact: With a community centered approach under the SCEAP project, an advocacy visit by the WDC to a member of the community yielded the donation of medications worth 300,000 naira to the PHC, especially for women and children. Following stakeholder engagement between the WDC and the Kaduna State PHCMB, the facility received medications and some laboratory equipment .
Community members were encouraged to volunteer at the facility to strengthen the manpower at the facility .
Other pending issues raised: Such as the facility expansion and building staff quarters are currently receiving some attention with ongoing talks to acquire the neighboring piece of land by the LGA and WDC for the facility.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Kaduna South	KACHIA	Gidan Tagwai PHC Population: 48889 with three settlements.	A monthly attendance of 460. Needs: The facility needs full renovation as rain has blown off the roof of the permanent site, which led to one of the community members voluntarily lending his house for temporary use. The facility also lacks water, light, toilet, and security.	PHC Average Monthly Patient Attendance: 347 Impact: Following the advocacies and engagement with SPHCB and other agencies, the facility was assessed and provision for a permanent facility is in progress. Other Issues: raised such as electricity, water supply and shortage of human personnel at the facility have also been communicated to the board for action.
		Doka PHC Population: over 70,000	A monthly attendance of 500. Needs: The facility needs chairs, ceiling fans, shelves, tables, benches, television for reception, refrigerators, toilet seats/plumbing maintenance, drainage system/interlocking tiles, leaking roof repair, more manpower (staffing), and space.	PHC Average Monthly Patient Attendance: 892 Impact: With the support of the SCEAP project the facility now receives support from the community as five (5) members of the community now volunteer at the facility. The facility also received additional chairs to cater for patients at the waiting area and tables for the staff. The community members also supported the construction of a drainage system for the facility, an additional refrigerator and a television set was also provided for the facility. During the townhall meetings the community gathered some funds which were used in fixing the damaged toilets at the facility. Urgent Need: Replacement of the damaged water tank at the facility which has been communicated to the LGA chairman who promised to provide a replacement.
		ZANGO KATAF	Gora Bafai PHC Population: 7,401	A monthly attendance of 672. Needs: Human resources, drugs, tables, drug cabinets, delivery kit, window nets, mosquito nets, generator, television, and cable television for the reception area, borehole and overhead tank including summers, toilet for staff and clients, beds,

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Kaduna South

			incinerator/waste disposal, interlocking tiles, drainage system, incubator, water, light, and more staff.	provision of borehole, repair of damaged staff toilets, an incinerator for medical waste management and the interlocking of the facility has been communicated to the LGA chairman by the WDC and CBOs.
		Mabushi PHC	<p>A monthly attendance of between 350–400 patients.</p> <p>Needs: The facility needs rehabilitation of the toilet facility for clients, ceiling fans, chairs, television, and cable television for reception, plumbing maintenance, delivery beds, drug cabinet and consumables, and other medical equipment, and more staff.</p>	<p>PHC Average Monthly Patient Attendance: 306</p> <p>Under the SCEAP engagement, the facility received some supplies of delivery kits, a television set and drug cabinets. The facility was tiled and proper plumbing constructed by the community.</p> <p>The Facility's Pending Need: for a pulse oximeter in the consultation room and additional staffing has been communicated to the LGA chairperson.</p>
		<p>Kurmin Masara PHC</p> <p>Population: 9,119</p>	<p>A monthly attendance of between 150-300 patients.</p> <p>Needs: The facility needs drugs, chairs and tables, drug cabinets, delivery kits, window nets, mosquito nets, water, a toilet for staff and clients, beds, and Incinerator/waste disposal.</p>	<p>PHC Average Monthly Patient Attendance: 684</p> <p>Following the SCEAP advocacy engagement , the facility needs were identified and an official communication sent to the LGA chairman.</p> <p>The Pressing Facility Needs Identified Include: mosquito treated insecticide nets , drug cabinets and additional beds for the wards.</p>

4.6 Niger State

Niger State recorded 1,537 feedback consisting of 1,104 patient reports and 433 concerned citizens feedback on the PAT portal. Some citizens expressed concerns over the poor state of the PHC infrastructure at School Health - Maternal Child Health Care (MCH), the need for expansion of Tundu Fulani City Gate facility and that of Planned Parenthood Federation of Nigeria (PPFN) PHC to accommodate the increase in influx of patients using these facilities. The request that regular renovations should be carried out to maintain the structure of the facilities was a common response lodged

into the portal, while others requested that an alternative source of electricity be provided to augment the power provided by the national grid. Other feedback at the portal includes the provision of a ramp for easy access for patients on wheelchairs into Central PHC Kontagora facility, increasing the number of health personnel, and ensuring medications are always available at the facility. While patients who used these facilities were mostly satisfied with the quality of care they received, they also shared concerns over the inadequate health personnel.



1,537
reports recorded



433
citizen feedback
reports



1,104
patient feedback
reports

Niger State Feedback by Facility Data

Facility Name	Citizen Feedback	Patient Feedback	Total
Central PHC Kontagora	7	108	115
CHC – Lapai	1	4	5
Maidubu PHC	7	82	89
Maikunkele PHC	63	99	162
MCHC - Tudun Wada	14	104	118
MCH - Wushishi	14	129	143
MCH – Lapai	0	3	v3
PHC - Kpakungun	81	80	161
PHC – Kawu	2	6	8
PHC – Kodo	7	145	152
PHCC – Kangi	3	11	14
PHCC Mokwalla	0	27	27
Planned Parenthood Federation of Nigeria (PPFN)	62	87	149
School Health - MCH	86	98	184
Tundu Fulani City Gate PHC	86	121	207
Grand Total	433	1,104	1,537



Key Results Recorded

Weekly cleaning at Barkin Sale PHC, MCH School of Health Tech Chanchaga, and routine cleaning and provision of water for services at Maikunkele PHC, including supporting the facilities with securities (vigilante group) during night shifts have been sustained.

Across the board, the facilities incharge made it clear that there has been an increase in client inflow to the facilities. Maikunkele PHC which had 245 clients in October 2023 recorded 360 clients in November 2023 as at the time of reporting while Kawo PHC in Lapai LGA which had 78 in the same reporting month had 211 clients inflow. The same applies to all the facilities.

At Kodo Community, members tasked themselves with a tipper of sand as well as money for workmanship to work on the broken floors and patch up the cracked walls. Currently, there are tippers of sand at the facility and renovation has commenced to bring the facility up to standard.

At Kangi Makun PHC, it was reported that there is a high turnout of community members for healthcare services and drugs are always available in the facility due to new Nicare enrollment of patients in the facility and the WDC chairman and his secretary promised to go for more mobilization.

In Mokwalla PHC, drugs are now available in the facility, and due to the new enrolment of more patients on Nicare, additional staff were sent to the facility making the facility upgrade run 24-hour shifts.

In Kawu PHC, Lapai LGA, the community members and their leaders contributed 100, 000 naira only for the Drug Revolving Fund, and a ten-man committee was formed for monitoring. Twenty-nine thousand naira was also contributed to buy two mattresses to replace the old ones. The community members were excited and happy about what they could do for themselves.

Diocesan Health Initiative (DHI) donated 100 birthing kits for clean and safe delivery and to motivate pregnant women to access the health facility for ANC and delivery.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Niger East	Bosso	Mai Ugwanan Tundu Fulani City Gate PHC Population: 9,400	The facility has a catchment of 12 settlements under the clinic with a monthly attendance of over 523, especially during the outbreak (rainy) season around May and October. Needs: The facility needs water, an alternate power supply, delivery beds, a drug cabinet, and a BP machine. weighing scales, additional staff, shade for ante-natal (as they sit under the sun), chairs, seats, etc.	PHC Average Monthly Patient Attendance: 1,706 Impact: Following the SCEAP engagement, the facility needs were resolved as the facility was renovated with the addition of a waiting room, repair of faulty toilet, provision of additional furniture (new beds for the wards and office furniture for the staff) and additional equipment such as BP machine, and weighing scale for the consulting room. The staff strength increased with the addition of two (2) casual staff to the team including the training of a community champion. This has reduced the wait time at the facility. There is improved community stakeholders' involvement and increased collaboration with WHDC, supervisor counselor and the Bosso Local Government Authorities.
		Maikunkele PHC Population: 18,708 for 25 settlements.	The facility has a catchment of 25 settlements, with a daily attendance of over 223 patients mostly during antenatal and immunization days. Monthly attendances spike between 700-800, especially during outbreak seasons. Needs: Medical work tools, drugs, more volunteer staff (not a payroll), beds, water, alternate electricity, cabinet, and fixing of toilets and some rooms.	PHC Average Monthly Patient Attendance: 250 Impact: Following the SCEAP project implementation at the facility, the facility has recorded the following improvements; Improved community stakeholders' involvement in security concerns and also addressing issues raised during town hall meetings. Including the engagement of security guards to safeguard the facility. Improved collaboration and active participation between staff, community stakeholders, and youth to conduct health outreaches.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Niger East

Increased staff strength with the addition of two (2) staff to the existing workforce. Repair and renovation of the dilapidated toilet at the facility and the provision of an alternative electricity (solar light) at the facility.

Chanchaga

Lima A School Health - MCH

Population: 7,300 for seven settlements.

The facility has a catchment of seven settlements, with a monthly attendance of over 300. The clinic was closed and left abandoned due to its proximity to town and other communities. The outcry of the community made the health authorities reopen it.

Needs: The facility needs renovation, provision of water, alternative power supply, delivery beds, a drugs cabinet, a BP machine, weighing scales, and increasing staff strength.

PHC Average Monthly Patient Attendance: 128

Impact: Following the SCEAP intervention the facility, the following issues have been resolved at the facility; The reconstruction of the dilapidated MCH facility is ongoing and will be completed around April 2024. A temporary site was provided to ensure service provision to the community is still ongoing. To ensure community ownership the WHDC was revived and activated, and they have been instrumental in conducting sensitization and town hall activities in the implementing communities.

Barki Sale Planned Parenthood Federation of Nigeria (PPFN)

Population: 7,938 for six settlements.

The facility has a catchment of six settlements, with a monthly attendance of over 213. Attendance tends to go high during the rainy season due to outbreaks.

Needs: Provision of water, alternate power supply, and delivery beds. drugs cabinet, a BP machine. weighing scales, and increase in staff.

PHC Average Monthly Patient Attendance: 305

Impact: Barkin Sale community under the SCEAP project has accomplished community ownership with community members actively participating in improving the hygiene status at the facility, while the youths in the community provide security to the facility.

Pending Needs at the Facility: such as the provision of alternate power supply, furnitures for the facility (patient beds and office furnitures) and additional staff has been communicated to the Chanchaga LGA authorities.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Niger East		PHC - Kpakungun	The facility has a catchment of eight settlements, with a monthly attendance of over 432 patients. Attendance spikes during outbreak season.	<p>PHC Average Monthly Patient Attendance: 1500</p> <p>Impact: With the inception of the SCEAP Project, the facility through active community participation has addressed the following needs; Improved staff strength by the addition of eight (8) full-time and five (5) part-time staff to the facility by the Niger State Ministry of PHC and the training of a community champion to improve sensitization and health awareness at the community.</p> <p>Addressed the Security challenge at the facility through recruitment of guards to secure the facility by the community. Provided an alternative source of electricity via solar panel installation at the facility. Improved the state of the facility by the provision of new furniture (beds for patients and staff) and also the hygiene condition through the consistent supply of water at the facility.</p>
		Population: Over 6,800 for 8 settlements.	<p>Needs: The facility needs chairs (plastic/wooden), an ambulance fix, an alternate power supply, a refrigerator, a drugs cabinet, and a BP machine. weighing scales, staff increase, microscope (compound), electrophoresis machine, hot air oven, and autoclave.</p>	
Niger South	Lapai	PHC – Kawu	The facility has a catchment of four settlements, with a monthly attendance of over 200 patients.	<p>PHC Average Monthly Patient Attendance: 657</p> <p>Impact: Drug revolving fund is now utilized to ensure routinely prescribed medications are available and reducing the incidences of out of stock. A drug cabinet was also constructed to aid the storage of the medications. Some community members donated mattresses to the facility .. The need for renovation of the PHC has been communicated to the LGA chairman.</p>
		Population: Over 3,000 for four settlements.	<p>Needs: Renovation, an alternate power supply, a refrigerator, a drugs cabinet, BP machine. weighing scales, staff increase, microscope (compound), electrophoresis machine, hot air oven, and autoclave.</p>	

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
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Niger South

Police Barrack Qrts
CHC – Lapai

Population: 7,426

The facility has a catchment of four settlements with a monthly attendance of over 480 patients.

Needs: The facility needs renovation, alternate power supply, drugs, and medical equipment.

PHC Average Monthly Patient Attendance: 1,175

Impact:

Under the SCEAP Project , the facility was renovated by the Niger State Ministry of PHC supported by the community, and the establishment and utilization of the drug revolving fund was achieved. This has prevented out of stock for medications at the facility.

Pending Needs:

The provision of an alternative power source (solar energy) has been communicated to the LGA chairperson by the WDC.

Emir Palace
MCH – Lapai

Population: 7,759 - 14 settlements.

The facility services 14 catchment villages with an average of over 300 monthly patients' attendance.

Needs: The facility needs labor and delivery kits, an alternate generator, drugs, chairs (plastics), and other medical equipment.

PHC Average Monthly Patient Attendance: 192

Impact:

Following the SCEAP intervention, the adequate utilization of the DRF has been achieved, this has ensured routinely medications are available at the facility. Other pending needs; such as delivery kits, and an alternate source of electricity (generator) was included in the request sent to the Niger State Ministry of PHC by the WDC.

PHCC – Kangi

Population: 42,408

The facility has a catchment of six settlements with a monthly attendance of over 542 during outbreak season.

Needs:The facility needs renovation, water (borehole), alternative power supply, general medical equipment, drugs, delivery beds, consumables, labor kits, etc.

PHC Average Monthly Patient Attendance: 2,555

Impact:

PHC Kangi under the SCEAP project has been able to utilize allocations from BHCPF for the purchase of Plastic chairs , the renovation of the facility (paint) and the repair of the ultrasound scanning machine at the facility. Funds have been generated for the purchase of delivery forceps for the labor room. The expansion of the facilities laboratory has been concluded and will commence shortly.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Niger North	Kontagora	Tudun Wada Maternal and Child Health Clinic (MCH) Population: 12,390	The facility attends to an average of 582 patients monthly. Needs: The facility needs to expand the labor room, provide a toilet facility for clients, ceiling fans, chairs, television, and cable television for reception, plumbing maintenance, delivery beds and a drug cabinet.	PHC Average Monthly Patient Attendance: 232 Impact: Since the implementation of SCEAP, the lack of water at the facility has been resolved . Hygiene status at the facility has improved remarkably. The hospital stairs renovation is ongoing. The DPHC led a team to the Emirate council secretary to advocate the repair of the stairs to allow for inclusion at the facility. Also the facility acquired ceiling fans, delivery beds, and chairs to improve the health access at the facility.
		Salem Bashiri Central PHC Kontagora Population: 15,744	The facility attends to an average of 500 patients monthly. Needs: The facility needs shelter (for arrivals/clients in-waiting and visitors), chairs, ceiling fans, shelves, tables, benches, television for reception, refrigerators, toilet seats/plumbing maintenance, drainage system/interlocking tiles, and repair of leaking roof and ceiling.	PHC Average Monthly Patient Attendance: 1,578 Impact: Following the SCEAP intervention, the facility constructed a shelter for visitors and a waiting area for patients seeking care at the facility. The leaking roof has been repaired and additional ceiling fans installed. Pending issues; such as provision of drainage and interlocking of the facility, have been communicated to the LGA chairman and are closely monitored by the CBO .
		Maidubu PHC Kontagora Population: 12,960	The facility attends to an average of 672 patients monthly. Needs: The facility needs the provision of a labor room (because there was no labor room, one of the wards was used as a labor room, which is not too safe for deliveries), lab, human resources and drugs, tables, drug cabinets, delivery kit, window nets, mosquito nets, generator, television and cable television for the reception area, borehole and overhead tank, including summers, toilet for both staff and clients, beds, incinerator/waste disposal, interlocking tiles, drainage system, and an incubator.	PHC Average Monthly Patient Attendance: 321 Impact: As a result of the SCEAP intervention, water supply to the facility has been improved, including the provision of convenience systems at the facility for the patients and staff. Following townhall engagements issues surrounding the attitude of health workers at the facility was addressed and this has improved remarkably.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results
Niger North	Wushishi	<p>Sabon Gari Maternal and Child Health Clinic (MCH)</p> <p>Population: 10,340</p>	<p>The facility attends to an average of 300-337 patients monthly.</p> <p>Needs: The facility needs rehabilitation of its toilet for clients, provision of ceiling fans, chairs, television, and cable television for the reception area, plumbing maintenance, delivery beds, drug cabinets and consumables, and other medical equipment.security.</p>	<p>PHC Average Monthly Patient Attendance: 354</p> <p>Impact: To ensure community ownership and active participation, the community members formed a committee to advocate and engage the various stakeholders in improving their PHC facility. The facility also acquired additional delivery beds for the Labor room. To ensure maintenance of the facility, the committee set by the community is working closely with the LGA to ensure sustainability and timely repair.</p>
		<p>PHC – Kodo</p>	<p>The facility attends to an average of 200-300 patients monthly.</p> <p>Needs: The facility needs renovation, provision of labor and an injection room, a laboratory, drugs, chairs and tables, drug cabinets, a delivery kit, window, and mosquito nets, a water source, a toilet for staff and clients, beds, and incinerator/waste disposal.space.</p>	<p>PHC Average Monthly Patient Attendance: 178</p> <p>Impact: With the integration of the SCEAP project , PHC Kodo was able to renovate the PHC , through engagement sessions with the Ministry of PHC additional health workers were posted to the facility, community members actively volunteer to provide support at the facility, The formation of a support group for inclusion at the facility following the town hall engagement has addressed some of the issues surrounding hygiene related challenges at the facility.</p>

An aerial, top-down view of a busy street in a developing area. The street is filled with numerous small, yellow and black cars, likely taxis, and many people walking. The surrounding area is densely packed with small, simple buildings with corrugated metal roofs. The overall scene is captured in a dark, teal-blue color palette, giving it a somber or industrial feel.

5.0





5.1 PHC Accountability Tracka (PAT) Reports Gender Analysis

Patient Feedback Received (July to December 2024)			
States	Female	Male	Grand Total
Gombe	1195	533	1728
Kaduna	912	311	1223
Kano	2243	905	3148
Niger	819	285	1104
Yobe	672	376	1048
Grand Total	5,841	2,410	8,251

When seeking healthcare services, gender disparities are a major consideration. Globally, gender norms, inequality, and roles are barriers that impact the health-seeking behaviors and well-being of members of the community. Of the 8,251 patients' feedback collected, 29% (2,410) are male and 71% (5,841) are female. This exposes the gap in gender access and service delivery

hence the need for gender-driven advocacies, discussions, and health promotion/sensitization exercises to encourage access and enlighten community members about health concerns specific to each gender while providing tailored gender inclusion services at the community level in the PHCs.


8,251
 patient feedback
 collected

=


2,410
 Male reports


5,841
 Female reports

5.2 Patient Feedback Received by Age and Gender of Patients

States	Below 20 years		20yrs - 35yrs		36yrs - 50yrs		Above 50	
	Female	Male	Female	Male	Female	Male	Female	Male
Gombe	197	128	732	220	236	137	30	48
Kaduna	127	63	509	124	246	108	30	16
Kano	280	159	1458	468	417	221	88	57
Niger	116	21	487	141	187	93	29	30
Yobe	294	188	301	105	75	68	2	15
Grand Total	1,014	559	3,487	1,058	1,161	627	179	166

The data reviewed by age reveals the highest feedback was from the age group 20-35 years (reproductive age group) which is about 55% of the total respondents. This may be because women around this age bracket are of childbearing age and likely need to access healthcare for themselves or their dependents. On cross-tabulation by age, it's also clear that younger females within the same age bracket gave more feedback across the board with a decline in response as the age distribution increases. There is therefore a need for targeted health programs to meet the needs of these women ensuring that service delivery spans beyond medical care and advocating for policies and support groups that provide community members with an enabling environment to thrive mentally, emotionally, and physically. While the feedback data highlights success in engagement, it also signals an opportunity for improvement in

involving males more actively, especially in certain age brackets.

Kano State recorded the highest feedback across the board (468 male responses and 1,458 female responses) from persons within the 20-35 years age bracket, 638 feedback for persons within the 26–50 years age group, 145 feedback from citizens above 50, 439 feedback from persons under 20 with sum total of 3,148 feedback recorded for the state. Yobe state on the other hand recorded more feedback from persons under 20 years (294 female responses and 188 male responses). This validates the healthcare facility especially the PHC/PHCC plays a crucial role in providing healthcare services related to reproductive health, including antenatal care, family planning, and nutritional and maternal healthcare to members of the community.

5.2.1. Health Care Access level

6,442 (78%) respondents describe access to their facility as easy, which can be translated to the location, walking distance, and availability of a signpost which aids visibility. On the other hand, 1,809 (22%) persons who utilized services at the PHC described access to the facility as difficult.

Kano State with 705 responses recorded the highest feedback from community members who described access to their facility as difficult, accounting for 39% (542 female) while Niger State recorded the lowest feedback accounting for 199 feedback (11%).

Total Patient Feedback Received on Health Care Access Level

States	Difficult		Easy	
	Female	Male	Female	Male
Gombe	277	126	918	407
Kaduna	157	77	755	234
Kano	542	163	1701	742
Niger	158	41	661	244
Yobe	164	104	508	272
Grand Total	1298	511	4543	1899

5.2.2. Educational Status of Respondents

3,078 (37%) respondents provided feedback on having secondary education which accounts for the highest feedback recorded during the survey; 1,672 (20%) respondents had primary education; 919

(21%) persons had no formal education; 534 (12%) respondents had undergone non-formal/vocational training while 504 (11%) persons had tertiary education.

Total Patient Feedback Received on Educational Status

States	No Formal Education		Non-formal Education/ Vocational Training		Primary Education		Secondary Education		University Education	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Gombe	365	132	69	44	331	66	359	173	71	118
Kaduna	99	21	95	24	157	35	425	152	136	79
Kano	365	122	313	79	455	156	918	374	192	174
Niger	100	35	109	42	172	32	282	91	156	85
Yobe	227	124	33	3	172	96	206	98	34	55
Grand Total	1156	434	619	192	1287	385	2190	888	589	511

5.2.3 Facility Cleanliness

A higher number of the patients, 7,555 (91.56%) who had visited the facilities claimed the facilities are clean as compared to the average patient, 696 (8.44%)

who claimed the health facilities are unclean. The claims that PHCs are clean are high across the states, indicating that hygiene has generally improved.

Total Patient Feedback Received on Facility Cleanliness

States	Not Clean		Clean	
	Female	Male	Female	Male
Gombe	17	14	1178	519
Kaduna	39	14	873	297
Kano	172	62	2071	843
Niger	160	94	659	191
Yobe	81	43	591	333
Grand Total	469	227	5372	2183

5.2.4. Waiting Room Condition

Of the total responses received from the PAT portal, 6,157 (75%) said the PHC waiting room in their facility was in good

condition, 1,750 (22%) stated that the waiting room was in a fair state and 344 (5.59%) said it was in a poor condition.

Total Patient Feedback Received on Waiting Room Condition

States	Fair		Good		Poor	
	Female	Male	Female	Male	Female	Male
Gombe	261	99	929	432	5	2
Kaduna	350	123	540	171	22	17
Kano	131	77	2101	825	11	3
Niger	280	129	430	106	109	50
Yobe	188	112	404	219	80	45
Grand Total	1210	540	4404	1753	227	117

5.2.5. Access to Water

Our observation of access to water at the PHCs across the five states under review was that a higher number of patients (6,398) 84% was in Kano. In other states, there is a need for an improvement in the citizens with access to clean water at

PHC facilities which include Kaduna 74%, Yobe 95%, and Gombe 78%. Niger State showed the poorest performance with 42% (790 respondents) access to clean water.

Total Patient Feedback Received on Water Access		
States	No Access To Water	Access to Water
Gombe	346	1382
Kaduna	285	938
Kano	362	2786
Niger	790	314
Yobe	70	978
Grand Total	1853	6398

5.2.6. Waiting Time Before Consultation

The report showed only 9.6% of the patients took more than an hour to be attended to in all the primary health care facilities in the states while 24% waited for between 30 minutes to an hour. Most

of the patients (about 34%) had a waiting time of between 15-30 minutes. However, only 32% spent less time (15 minutes) to be attended to.

Total Patient Feedback Received on Service Wait Time				
States	15-30 minutes	30 minutes - 1 hour	Less than 15 minutes	More than 1 hour
Gombe	746	352	544	86
Kaduna	505	415	230	73
Kano	1236	346	1343	223
Niger	514	280	284	26
Yobe	206	190	455	197
Grand Total	3207	1583	2856	605

5.2.7. Situation Room Condition

About 75% of the respondents reported they were attended to in comfortable consulting rooms across the states while

15% reported they were not comfortable and 9% reported they were indifferent.

Total Patient Feedback Received on Consulting Room Condition			
States	Comfortable	Indifferent	Not comfortable
Gombe	1462	81	185
Kaduna	868	218	137
Kano	2893	79	176
Niger	685	174	245
Yobe	656	92	300
Grand Total	6564	644	1043

5.2.8. Quality of Care

4,346 respondents (98%) of patients agreed the quality of care received at their facility was good. They were carefully attended to in their facilities. However,

only 104 (2%) reported displeasure with the quality of care they received across the states.

Total Patient Feedback Received on Carefully Attended To		
States	Not Carefully Attended	Carefully Attended
Gombe	17	1711
Kaduna	11	1212
Kano	41	3107
Niger	28	1076
Yobe	50	998
Grand Total	147	8104

5.2.9. Health Service Charge

Charge for service is a key determinant in seeking care at the community level. As opposed to the assumption that services provided at the PHC are free from any form of charge, 1,620 (36.40%) feedback obtained from the portal revealed that they were charged when accessing

healthcare at their facilities as opposed to 2,830 (63.59%) who reported that no charge was affixed to the care they received. The majority of persons accessing care at the primary health facility in Kano State, 79%, recorded that they were not charged for services.

Total Patient Feedback Received on Charged For Service

States	No Charge for Service		Charged for Service	
	Female	Male	Female	Male
Gombe	690	177	505	356
Kaduna	578	149	334	162
Kano	1689	685	554	220
Niger	233	25	586	260
Yobe	412	197	260	179
Grand Total	3602	1233	2239	1177

5.2.10. Prescription Satisfaction

4,383 (98.5%) patients were satisfied with the prescriptions received and the choice of medication they had gotten from the

facility. This was observed in all the states.

Total Patient Feedback Received on Health Personnel Prescription Satisfaction

States	Not Satisfied with Prescription		Satisfied with Prescription	
	Female	Male	Female	Male
Gombe	14	15	1181	518
Kaduna	6	3	906	308
Kano	11	6	2232	899
Niger	21	22	798	263
Yobe	8	4	664	372
Grand Total	60	50	5781	2360

5.2.11. Availability of Drugs at the Facility

842 (18.9%) responses attested to the availability of drugs at the PHC facilities while 3,608 (81%) patients' feedback revealed the unavailability of drugs at the

PHCs. Hence there is a need to mobilize more advocacies for the supply of drugs to health facilities to ensure drugs are available

Total Patient Feedback Received on Drug Availability

States	Drugs Not Available		Drugs Available	
	Female	Male	Female	Male
Gombe	167	138	1028	395
Kaduna	144	70	768	241
Kano	168	50	2075	855
Niger	271	122	548	163
Yobe	78	42	594	334
Grand Total	828	422	5013	1988

An aerial, top-down view of a busy street in a developing area. The street is filled with numerous small, yellow and black cars, likely taxis, and many people walking. The surrounding area is densely packed with small, simple buildings with corrugated metal roofs. The overall scene is captured in a dark, teal-blue color palette, giving it a somber or industrial feel.

6.0





6.0 What Has Changed?

1 WDCs Activated

At the inception of this project, the community mapping and stakeholders analysis showed that all the 75 communities of intervention had WDCs in place, however, 68 of them were inactive and dormant to their responsibilities. This project started by re-activating the WDCs through a series of meetings and capacity-building sessions to improve their knowledge about their roles and responsibilities and empower them to take the lead in reforms necessary to improve primary health care services in their communities.

2 Citizens Have a Platform for Service Experience

A novel initiative that this project launched, which was not common before it, is the deployment of technology to provide a platform (<https://www.phctracka.org/>) for citizens and patients to share PHC service experience. This is a huge step toward improving accountability and increasing the health outcomes of the communities. The feedback (over 10,000 reports) provided allows for documenting issues that need to be resolved in the facility and quality of service which has made it easy to address a good amount of the prevailing issues.

3 Enabling Local Accountability Interfacing CBOs to Public Institutions

The project is successfully increasing the number of accountability actors by enabling the rights and capacity of community members. We have built a network of CBOs (mostly women-led) who are expanding active citizenship and community ownership through the 232 community meetings held so far.

4 Community Ownership on Projects

We started off the project by putting the ownership and sustainability process in place. By design, the project employs a community-driven change (CDC) approach. We also engaged 20 Community-Based Organizations assigned to the focus communities to support the community efforts and serve as a catalyst for advocacy actions. Communities have taken 132 actions across PHCs resulting in various changes that are contributing to improvement in the delivery of PHC services.

5 Improved Response to Institutions (2024 Budget Kicks Off)

This project has significantly closed the proximity gap between the community and the government. Communities have seen over 44 institutional responses and 56 government interventions in PHCs within communities than it was before the commencement of the project.

6 Increased Patient Visit to the Facility

All the interventions of this project mentioned above have increased the number of patients' visits to the PHC facilities thereby reducing the likelihood of self-medication as well as other medical complications and deaths that arise as a result of lack of access to a health center.

7 Improved Healthcare Services

Overall, health workers and community members in all 75 communities where this project is implemented attest that healthcare services have improved. However, challenges remain in 11 out of 75 PHCs that the various health stakeholders are addressing. These improvements have been curated in a [documentary](#) and the monitoring and evaluation report.

6.0 Next Steps

1 Impact Evaluation on Social Behaviour and Health Outcomes

In the next reporting period of this investment, which will lead to the end of the two-year period, we will engage a consultant to undertake an impact evaluation exercise to measure the level of change that occurred as a result of the project interventions. This will particularly measure the change in the social behaviour of the community members, WDCs, health workers, as well as other stakeholders and measure what health outcomes this has translated to.

2 PAT Platform Upgrade and Optimization

There is an ongoing upgrade and optimization of <https://www.phctracka.org> to include a performance monitoring dashboard for the PHC facilities and general user experience improvement. The performance dashboard will enable easy tracking of improvements executed at the facilities.

3 Expanding the Use of Data in PHC Evaluation

We plan to expand the use of the data collected on this project for other PHC evaluation purposes, including health finance accountability, BHCPF funding tracking, etc.

70





7.0 Learning

This project has been a strong learning curve for all the stakeholders involved—the project team, the government, the community leadership, the health workers, and the community members at large. In the first implementation of this grant, there are lessons we have learned and documented to serve as a guide in similar future projects.

1 We learned that the government has created community engagement systems but many of them were not knowledgeable about their deliverables, the SCEAP Project took this up and built the capacity of all WDCs across the project locations to help them rise to their responsibilities.

2 We learned that a community has the power to support and strengthen healthcare service in their community if they are properly guided to do so. We have seen at least communities directly providing support in 32 out of 75 PHCs.

3 A key concept of this project was centered on the community feedback mechanism. The use of technology has played a crucial role in ensuring citizens can document their feedback, concerns and proffer solutions to help strengthen the PHCs in their communities. We have built Nigeria's first PHC online tracking system, expected to be upgraded and scaled to data-driven levels in the next reporting period.

4 Regarding deploying digital platforms for citizens to share their PHC service experience, we learned that a uniform/national patients card number will be crucial to ensuring the quality data collected on digital feedback platforms. A uniform/national patients card number will significantly help data validation.

5 The knowledge of the SCEAP Project has improved the patients' experiences at their healthcare facilities. The collaborative partnership between the Community-Based Organizations, stakeholders, village heads/representatives, WDCs, women leaders, facility in-charge and community members have proven instrumental in addressing healthcare challenges and enhancing service delivery. Community participation tailored toward sensitization and advocacy is the key to ownership at the grassroots.





8.0

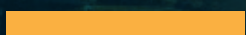


8.0 Challenges

- 1** Developing and deploying a portal for tracking and collecting community members' feedback on PHC healthcare services is a novel approach still facing teething stages challenges, slowing down the project impact key stakeholders may want to see.
- 2** At the start of this project, Nigeria was going into general elections, which was a keenly contested one that created different forms of tension across the country, including the five states where this project is being implemented. Three out of the five focus states had new governors and new administrations. In the same manner, three SPHCDA had new Executive Secretaries. All of these changes dragged the project in the beginning—a nine-month lag that did not provide performance optimization.
- 3** Technology innovation is still a big challenge in many parts of the country, including the 75 communities where this project is being implemented. Some community members are still finding it challenging to get around using a web portal to share their PHCs service experience, thereby relying on a third party to help them and fill out the online form. This invariably indicates there may be the possibility of falsified data.
- 4** The lack of a uniform national PHC patient registration number system is a challenge for data validation. As it stands, any citizen can go to the portal and fill the feedback form as a patient when they may not be, but no registration system allows the portal to verify and validate the person and the data supplied.
- 5** Health financing gap is a big challenge. All 75 PHC facilities have many needs way beyond the resources of their respective states, making it difficult for advocacy actions carried out in the period under review to show tangible results.



9.0





9.0 Conclusion

Community engagement sits at the intersection of five global objectives: public sector systems strengthening, accountability to affected populations (AAP), social accountability, behavioral change and social norms, and community systems strengthening. It connects a wide range of sectors-specific development and humanitarian objectives, including decentralization, transparency, democratization, and social accountability which demonstrates strong intersectionality. The SCEAP Project has incited community ownership, participation, and engagement in the communities where this project is implemented. The engagements at the community level, the facility, and the government were crucial in designing the framework for the project.

Awareness of the SCEAP Project has generated an increase in the awareness of the PHCs in the five focus states of implementation. The knowledge of the SCEAP Project has improved the patients' experiences at their healthcare facilities. The collaborative partnership between the Community-Based Organizations, stakeholders, village heads/representatives, WDCs, women leaders, facility in-charges, and community members have proven instrumental in addressing healthcare challenges and enhancing service delivery.

The SCEAP Project has significantly improved relationships between the health facility and community members, and these efforts have resulted in open discussions and joint problem-solving strategies between the community and the health facility.



An aerial, top-down view of a busy street in a densely populated area, likely a developing country. The street is filled with numerous small, colorful cars and motorcycles. The surrounding buildings are small and closely packed, with many having corrugated metal roofs. The overall scene is captured in a dark, teal-tinted color palette, giving it a somber or industrial feel. The text 'Appendix' is overlaid in the lower-left quadrant in a clean, white, sans-serif font, with a short orange horizontal line underneath it.

Appendix

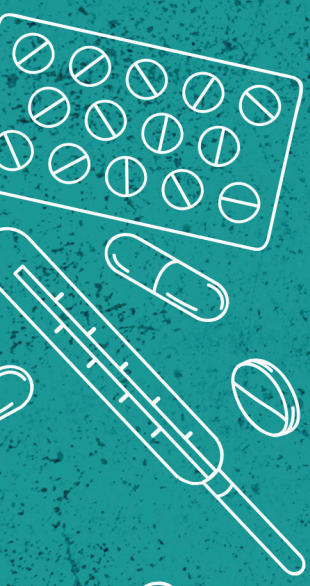


Additionality (baseline on attendance, PHC engagement & Institutional Engagement)

	Baseline on PHC Attendance	SCEAP Project Data (Average PHC Attendance)	Baseline on Community Engagement	SCEAP Community Project	Baseline on Institutional Engagement	SCEAP Institutional Engagement
Niger	8,331	11,476	WDC Excos, Community Leaders and Women Leaders	Community Stakeholders including Religious and Community Leaders, NSPHCB, LGAs, Community Leaders, WADATA Committee Women Support Group	Village Head, Facility In-Charges /Staff LGA Authorities and SPHCB	Nicare Clonehouse NSPHCB LGAs Community Leaders
Kaduna	9,596	13,260	WDC Excos, Community Leaders and Women Leaders	WDC Excos, Religious Leaders, Facility Managers, Village Head, Facility Staff, SPHCB	Village Head, Facility In-Charges /Staff LGA Authorities and SPHCB	KADCO: for Electricity issues etc KAPSCO: Kaduna State Health Suppliers Management Agency Kaduna State Government LGAs Clonehouse
Kano	29,004	46,461	WDC Excos, Community Leaders and Women Leaders	SPHCMB, Kano State Min. of Health, LGAs and Clonehouse	Village Head, Facility In-Charges /Staff LGA Authorities and SPHCB	SPHCMB Kano State Min. of Health LGAs Clonehouse Kano State Committee on Heal

Additionality (baseline on attendance, PHC engagement & Institutional Engagement)

	Baseline on PHC Attendance	SCEAP Project Data (Average PHC Attendance)	Baseline on Community Engagement	SCEAP Community Project	Baseline on Institutional Engagement	SCEAP Institutional Engagement
Yobe	8,970	19,503	WDC Excocs, Community Leaders and Women Leaders	Clonehouse, Yobe State Ministry of Health, YSPHCB, LGAs, Community Stakeholders	Village Head, Facility In-Charges /Staff LGA Authorities and SPHCB	Yobe State Ministry of Health YSPHCB LGAs Clonehouse Yobe Ambulance Management Agency (YOSAMA)
Gombe	8,331	10,904	WDC Excocs, Community Leaders and Women Leaders	Village Heads, Religious Leaders, Community Champions, Gombe State Min. of Health, SPHCMB, LGAs and Clonehouse	Village Head, Facility In-Charges /Staff LGA Authorities and SPHCB	Gombe State Ministry of Health SPHCB LGAs Clonehouse Gombe state Agency for Communities and Social Development Gohealth program



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