

Strengthening Community Engagement & Accountability for PHC (SCEAP)

PARTNERS REPORT



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.

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.

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. 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.

An aerial photograph of Kano State, Nigeria, showing a complex network of roads, including several large roundabouts and a multi-lane highway. The city is densely packed with buildings and greenery. A semi-transparent blue map outline of Kano State is overlaid on the right side of the image, with the city's layout visible through it. The overall color palette is dark blue and green.

PARTNER'S PROJECT REPORT

Kano State

Partner Organisation:



Health Awareness
Campaign Movement

State:

Kano

Senatorial District:

North and Central

LGAs Covered:

Nassarawa, Bichi, Bagwai,
and Makoda

Supervised Facilities/Communities:

Gwagwarwa PHC, Hotoro North
PHC, Abbas PHC, and Makoda
Model PHC



Before

- Toilet Construction at Gwagwarwa PHC



After



5 Key successes recorded in facilitated communities assigned to your organization?

Toilet Construction at Gwagwarwa PHC:

To improve the hygiene and sanitary conditions at Gwagwarwa PHC, HACM advocated to Too Clean Company PLC, which supported the facility by renovating the facility's toilet.

Provision of water at Saye PHC:

HACM with the support of the PHC Manager and WDC raised the sum of N181,000 which was used to repair the faulty borehole at the facility.

Expansion and Demarcation of Labour Room at Hotoro North PHC:

Following the advocacy engagements to other actors and stakeholders in the community, the facility received donations from E-Health and other community members which were utilised in the purchase of materials to demarcate the labour room, provide additional chairs and the creation of a companion suite for pregnant women.

Facilitation of additional Human Resource for Health at Makoda Model PHC:

Following advocacy and engagement sessions with the LGA director at Makado, an additional medical doctor was posted to the facility to address the human resource for health gap.

Expansion and provision of an Ultrasound Scan Machine at Makoda PHC.

HACM also facilitated the expansion and the provision of an abdominal ultrasound scan at the facility.

Key Challenges Encountered

High Transportation Costs:

HACM faced some difficulties due to the high cost of transportation which hindered the organisation's ability to implement activities in some communities effectively.

Limited Collaborative for Higher-level Advocacy:

HACM encountered challenges collaborating with other implementing CBOs in the state to advocate for healthcare improvements at the state level, which limited their impact.

Poor Response from Some Community Members on the Citizen Concern Form due to lack of interest and loss of trust in the health system from unmet needs.

Why should SCEAP continue?

The SCEAP Project is a project worth continuing for the following reasons: sustainability and long-term impact, positive impact and measurable success, community support and buy-in ownership, unfinished objectives, and ongoing challenges, building long-term benefits and community structures, adapting to new challenges and opportunities, capacity building and empowering communities.

SCEAP contribution to your organization

Capacity-building Training and Skill Development:

The SCEAP Project often includes training for CBO staff and volunteers, enhancing their skills in community engagement, accountability, and project management.

Knowledge Transfer:

By implementing the SCEAP Project, CBOs have gained knowledge about best practices in community engagement, data collection, and accountability measures, which they can apply to other projects.

Improved Community Relationships Trust and Collaboration:

This project has built a stronger relationship between the CBO and the community. We have earned the trust of the community and this has fostered a collaborative environment through active engagement with community members when addressing their concerns.

Increased Participation:

The SCEAP Project encourages greater community involvement in decision-making, leading to more community-driven initiatives and increased support for the CBO's activities.

Enhanced Accountability Transparency:

The project promotes transparency within the CBO by

establishing clear communication and reporting channels. This has improved the organisations credibility and accountability to the community and the stakeholders.

Feedback Mechanisms:

The Project includes a feedback mechanism often includes implementing feedback mechanisms, which allows the CBO to receive and act on community feedback, improving service delivery and to issues raised.

Attracting Funding:

Demonstrating effective community engagement and accountability has made us more attractive to donors and funding agencies. This has the potential to assist us in securing additional resources for future projects.

Organisational Development Policy and Governance Improvements:

The SCEAP Project has led to the development and refining of CBO's Internal might lead to developing or refining the CBO's internal policies and governance structures, promoting better organisational management.

Networking and Partnerships:

Through the project, CBOs can strengthen their networks with other organisations, local authorities, and stakeholders, leading to new partnerships and collaboration opportunities.

Partner Organisation:

Gaya Youth Awareness Association (GAYAA)

State:

Kano

Senatorial District:

Kano South

LGAs Covered:

Albasu, Bebeji, Bunkure, Gaya, and Takai LGAs

Supervised Facilities/Communities:

Albasu, Bunkure, Kademi, Rahama, and Takai PHCs

Reporting Period:

July 2023 – August 2024



Securing Emergency Transport: The project successfully secured an ambulance for Kademi PHC



5 Key successes recorded in facilitated communities assigned to your organization?

Securing Emergency Transport:

With a collaborative effort during the project, we project successfully secured an ambulance for Kademi PHC, significantly improving emergency transport services and access to timely medical care.

Resource Mobilization for Health Equipment:

Essential tracer equipment was obtained for Bunkure PHC through advocacy efforts with the State Primary Health Care Management Board an additional resource personnel from a community philanthropist.

Infrastructure Improvements:

To enhance sanitation and hygiene conditions at the Health Centre, a facility was constructed at Rahama PHC in Bebeji LGA and this has lead to an improvement in the infrastructure.

Facility Renovation and Hygiene Enhancement:

Bunkure PHC benefited from roofing renovations and improved hygiene and sanitation practices, creating a more conducive environment for healthcare delivery.

Provision of Medical Supplies:

Mattresses and essential medical equipment were secured for Takai PHC, enhancing the facility's capacity to provide quality healthcare services.

Facility Roof Renovation at Bunkure PHC



Before



After

Key Challenges Encountered

Transportation Costs:

The project was hindered by the constant increase in transportation costs due to fluctuations in petrol prices, making it difficult to maintain consistent field activities.

Political Instability:

Kano's political instability, particularly due to delays in the gubernatorial election court ruling, created an uncertain environment, affecting the project's progress.

Limited Stakeholder Engagement:

Advocacy efforts were often met with a lack of audience from targeted stakeholders, limiting the project's ability to influence decision-making and secure the necessary support.

Frequent Staff Transfers:

The frequent transfer of PHC coordinators, facility in-charge, and health workers disrupted continuity in project activities and hindered relationship-building efforts.

Resource Shortages and Delays:

The lack of free drugs and healthcare services, insufficient resources, and delays in the approval of the Basic Health Care Provision Fund (BHCPF) funds impeded the implementation of critical activities needed to improve infrastructure and service delivery.

Resistance to Change:

Some facility managers were resistant to change and lacked adaptability, which slowed down the adoption of new practices and improvements.

Low Community Participation:

Due to the economic situation, community members prioritised their businesses over attending town hall meetings, leading to lower participation and engagement in the project's initiatives.

Critical areas for review include:

Primary Health Care Management Board Engagement:

Assess and strengthen the PHCM board's engagement in project activities to ensure better alignment with health system priorities and increased support for resource allocation.

Training Prioritisation:

Focus on prioritising the Ward Development Committees (WDCs) and community champions training in advocacy and resource mobilisation. This will enhance their ability to advocate for health needs and secure necessary resources effectively.

Tracking Facility Fund Sources:

Establish and implement robust tracking mechanisms for monitoring the facility's fund sources to ensure their judicious utilisation. This process should include measures for maintaining transparency and accountability, thereby maximising the impact of available resources.

Increase in Project Funds:

Explore opportunities to increase funding to support expanded activities and address resource gaps. Securing additional funds will enable the project to scale its efforts and sustain its positive outcomes.

Why should SCEAP continue?

Ongoing Community Needs:

The communities served by the SCEAP Project still face significant healthcare challenges, such as insufficient resources, inadequate infrastructure, and low access to quality healthcare services. Continuing the project would help address these ongoing needs and improve the health outcomes in these underserved areas.

Impact on Healthcare Access:

The project has already made tangible progress, such as increasing the number of facility attendances, delivery, and maternal health services, creating community ownership, strengthening the WDC's capacity in advocacy, and mobilising resources for healthcare centres. These successes demonstrate the project's potential to create lasting change, which could be amplified with continued efforts.

Building on Established Relationships:

The SCEAP Project has established meaningful relationships with community leaders, healthcare workers, and local government officials. Continuing the project can strengthen these relationships, leading to more effective advocacy, better resource mobilisation, and greater community involvement.

Sustaining Momentum:

Ending the project now could result in a loss of momentum and the potential reversal of the gains made. By continuing, the SCEAP Project can build on its achievements and work towards creating a more sustainable healthcare system in the target communities.

In conclusion, continuing the SCEAP Project is crucial for maintaining and expanding the positive impact on healthcare access and quality in the target communities.

SCEAP contribution to your organization

Enhanced Advocacy Skills:

Through involvement in advocacy visits and community engagement, Gaya Youth Awareness Association members have gained valuable experience and skills in advocating for health issues and mobilising community support.

Strengthened Partnerships:

By collaborating with the SCEAP Project, the Gaya Youth Awareness Association has strengthened its relationships with local stakeholders, including health officials, district heads, and legislative members, promoting a support network for future initiatives.

Capacity Building:

Training sessions and workshops conducted as part of the project have contributed to building the capacity of the

association's members, equipping them with skills and knowledge relevant to project management, advocacy, and community engagement efforts.

Broadened Network:

The project has facilitated connections with various stakeholders, including NGOs, healthcare professionals, local government and State officials, and other community organisations, expanding the association's network and influence.

Shared Resources and Expertise:

The established partnerships have provided the association with access to shared resources, expertise, and best practices, improving our ability to address community health issues effectively.

Partner Organisation:



Rural Health Accountability Project (RHAP)

State:

Kano

Senatorial District:

Kano North, Central and South

LGAs Covered:

Nassarawa, Bichi, Bagwai, Makoda, Albasu, Bebeji, Bunkure, Gaya, Takai, Kura, Dawakin-kudu, Sharada, Kabuga and Warawa.

Supervised Facilities/Communities:

Kabuga, Sharada, Tsakuwa, Warawa, Kura, Gwagwarwa, Makoda Model, Saye, Hotoro North Bagwai Communities PHC, Kademi PHC, Bunkure PHC, Albasu PHC, Rahama Model PHC, Sani Marshal Maternity Memorial Centre, Abbas PHC, Takai PHC

Reporting Period:

July 2023 – August 2024



5 Key successes recorded in facilitated communities assigned to your organization?

- Following Coordinated supervision across the implementing communities, has been strengthened community action which has resulted in improvements such as the construction of boreholes, the provision of an ambulance and a solar power system for Kademi PHC, renovation at six PHC facilities, construction of toilets, and supply of sanitary equipment at six PHC facilities.
- Community uptake of services has steadily increased due to sensitisation, awareness, and engagement activities.
- Feedback generated from the portal has assisted in institutional engagement with the various stakeholders, which has helped build our capacities, the community's, and the implementing organizations as well as partner with the government and other crucial stakeholders in the facility, community, and state.
- Through the SCEAP Project, we carried out a series of radio programs for health campaigns, sensitisation, and other vital health information.

Key Challenges Encountered

Reduced Frequency of visits to the PHC due to the high cost of transportation

Limited collaborative engagement for higher-level advocacy

Difficulties in accessing the healthcare board due to government bureaucracy

Why should SCEAP continue?

The SCEAP Project is a project worth continuing for the following reasons: capacity-building and empowering communities, community support and ownership buy-in, sustainability and long-term impact, positive impact and measurable success, unfinished objectives, and ongoing challenges, building long-term benefits and community structures, and adapting to new challenges and opportunities.

SCEAP contribution to your organization

The SCEAP Project has created a platform for high-level collaboration with other Community-Based Organizations across Nigeria. It has also encouraged good community engagement between CBOs and health workers across PHCs and increased trust between community residents and CBOs. Notable among its contributions is the collaboration between the government and CBOs. The project has created a means for CBOs to engage community volunteers, thereby providing opportunities for training and development for these volunteers.

Partner Organisation:

YES Foundation for Sustainable Development

State:

Kano

Senatorial District:

Kano-Central

LGAs Covered:

Kura, Dawakin-kudu, Sharada, Kabuga, Warawa LGAs

Supervised Facilities/Communities:

Tsakuwa PHC, Sani Marshal Maternity Memorial Center, Kabuga PHC, Sharada PHC, Warawa PHC

Reporting Period:

July 2023 – August 2024



Solar System purchased by the WDC at Sharada PHC, Kano Municipal



Facility Expansion At Sani Marshal Maternity Memorial Center



Before



Ongoing Work

5 Key successes recorded in facilitated communities assigned to your organization?

Improved Social and Behavioural Change for Patients and Healthcare Service Providers:

During the implementation of the SCEAP project, we have recorded a marked improvement in PHC staff punctuality, health seeking behaviours for patients and a strengthened patient-health worker relationship these has led to improvement in health services across our implenting facilities.

Infrastructural Development at Assigned PHC Facilities:

To ensure infection prevention and control due to poor handwashing hygiene and water borne tranmission related ailments. We were able to advocate for running water at the facility and this was successfully achieved as a borehole was drilled at one of our implementing facility. To prevent bite and transmission of illnesses from mosquitoes and other insects , the communityxxx was able to construct protective nets at the doors and windows at the Maternity and children wards. There was also the renovation and repair of the roof alongside the expansion/extension of the PHC facility to include additional office spaces , waiting areas , a store and accomodation for the PHC staff.

Strengthened Community Engagement:

Active community participation and ownership of the SCEAP initiative at assigned has recorded the following successes such as the; included the recruitment of security personnel, volunteers to PHCs, donation of generator set and solar system, donation of medical equipment, long-lasting insecticide net, medical consumables and non-consumable commodities, clinic prescription cards for financially handicapped patients, donation of delivery and labour kits, clinic beds, wheelchairs, etc.

Increased Staff Strength:

With the increase in additional human resource personnels, we have recorded an increase in the influx of patients at our assigned PHC facilities. with the influx of patients at assigned PHC facilities.

Capacity Strengthening for Volunteers, Community Champions, and Facility Health Workers on Community Engagement and PHC Advocacy:

YES Foundation for Sustainable Development successfully trained over 300 male motivators on the use of the PHC Accountability tracka (PAT) portal to share experiences and provide feedback on PHC needs as well as leverage their influence to support female participation in health outcomes. We also trained over 500 female champions on community engagement, PHC advocacy, gender-based violence, and mental wellness.

Key Challenges Encountered**Funding Constraints:**

Inflation and the high cost of goods and services have limited the project's budget, affecting the scope and scale of interventions.

Community Resistance:

Some community members were initially resistant to change, requiring additional efforts to build trust and promote project acceptance.

Data Management and Tracking for Implementing CBOs:

Implementing CBOs cannot access the dashboard on the PHC accountability Tracka (PAT) for data tracking and management systems, which makes it difficult to monitor progress (patient satisfaction survey and citizen feedback) and make data-driven decisions before the quarterly data breakdown is generated by the BudgIT SHS department and shared.

Staffing and Training:

The capacity of project staff and their level of engagement were limited due to funding constraints for proper reimbursement. Funding constraints also limited the frequency of training for community champions and project volunteers in their assigned communities.

Aspects of the project to be reviewed:**Funding and Resource Allocation:**

Review funding strategies to ensure sustainability and impact, proper volunteers' reimbursement, capacity strengthening, and community engagement.

Proper Community Entry and Engagement:

Refine community engagement strategies to enhance participation and ownership. Conduct continuous collective and collaborative state-level advocacy and coordination meetings.

Data Management Systems:

The existing data management platform (PAT) needs to be improved to include a section where implementing CBOs can access data collection daily, monitor progress, and make

evidence-based project decisions.

Staff Capacity-building:

Adequate provision is needed to enable training and capacity-building programmes for staff, volunteers, and community champions to enhance their skills and effectiveness on the project.

Why should SCEAP continue?

The SCEAP Project should be continued and scaled up for the following reasons:

Sustaining Achievements:

Continuing the project ensures the progress made in improving healthcare services and community engagement is sustained and built upon.

Unaddressed Challenges:

Despite significant successes, challenges such as funding constraints and community resistance still exist, requiring continued attention and effort.

Scalability and Replicability:

Expanding the project to other areas can replicate its successful interventions and increase its impact, ultimately contributing to improving primary healthcare services in Kano State.

Community Ownership and Participation:

Continuing the project allows for further strengthening of community engagement, ownership, and participation, which is essential for long-term sustainability.

Alignment with Healthcare Goals:

The SCEAP Project aligns with national and global healthcare goals, and its continuation supports the achievement of these which improves various health indicators in the PHC system.

Adapting to Future Challenges:

The SCEAP Project contributes to improving community involvement and responsibility in primary healthcare, ensuring adaptable systems to changing health needs, maintaining high service standards, and mitigating challenges critical for sustainable for all at the PHC.

SCEAP contribution to your organization

The SCEAP Project has been a transformative journey for YES Foundation, marking a significant milestone in our organisation's growth and development. Through this project, we have not only made a tangible difference in the lives of marginalised communities but enhanced our reputation, built meaningful partnerships, and increased our capacity to implement healthcare initiatives.

The project has elevated YES Foundation's standing in the healthcare sector. Our successes have earned us recognition as the best-performing CBO in Kano State and respect from local authorities, healthcare providers, and community leaders, paving the way for future collaborations and partnerships.

Moreover, SCEAP has strengthened our organisation's capacity to design, implement, and manage healthcare initiatives. Our team has gained invaluable expertise and experience, enabling us to tackle more complex challenges

and expand our reach. The project has also fostered a culture of learning and growth within our organisation, with staff development and training opportunities that have enhanced our skills and expertise.

The trust and credibility we have built with local communities are invaluable assets, allowing us to engage more effectively and sustainably. Furthermore, the project's success has improved our ability to mobilise resources, including funding, expertise, and stakeholder support.

As we look to the future, we are excited to replicate and scale up the SCEAP model in other areas, increasing our impact and reach. The project's contributions to YES Foundation have been profound, positioning us for even greater success in improving healthcare outcomes for marginalised communities.



BMGF-SCEAP PROJECT REPORT

Gombe State

Partner Organisation:



Foundation for Community
Empowerment Initiative
(FOCEI)

State:

Gombe

LGAs Covered:

Akko, Yamaltu Deba

Supervised Facilities/Communities:

Akko PHC, Kumo PHC, Pindiga
PHC, Lano PHC, Dadin Kowa PHC

Reporting Period:

July 2023 – August 2024



Toilet renovation at Kumo PHC



Before



After

Water installation at Pindiga PHCC



5 Key successes recorded in facilitated communities assigned to your organization?

Community-led Infrastructure Projects:

FOCEI successfully facilitated and supported multiple community-led infrastructure improvements across various Primary Health Care (PHC) facilities. In Pindiga, the community mobilised resources to provide a reliable water source and installed an alternate power supply via the solar system solar power. Akko PHC saw the provision of additional chairs and the restoration of solar power. In Kumo, the renovation of toilet facilities was completed, while Lano PHC benefited from the mending of cracked walls and the replacement of a signpost. Additionally, Dadin-Kowa Community experienced power restoration and renovations, a direct result of FOCEI's advocacy efforts.

Recognition for Outstanding Performance:

FOCEI's exceptional impact on healthcare services and community engagement was recognised when it was awarded the Best Outstanding Performing Community-Based Organization during the BudGIT PHC Award ceremony. This accolade highlights FOCEI's effectiveness and dedication in driving the success of the SCEAP Project.

Establishment of Community Champions:

In every project site, FOCEI established community champions who have taken on leadership roles in sustaining healthcare improvements. These champions have been pivotal in maintaining advocacy, ensuring community engagement, and driving continued progress within their communities.

Sustainability and Empowerment:

The project empowered community members by fostering a strong sense of ownership over their healthcare needs. FOCEI's approach ensured that communities became self-sufficient and resilient, with a long-term commitment to sustaining the healthcare initiatives introduced through the project.

Strengthened Partnerships and Advocacy:

Through consistent advocacy and strategic partnerships with local stakeholders, FOCEI addressed significant healthcare challenges. These strengthened collaborations led to successful infrastructure improvements, resource mobilisation, and an integrated approach to enhancing healthcare services across the Gombe Central Senatorial District.

Key Challenges Encountered

Limited Resource Mobilisation:

One of the primary challenges encountered during the implementation of the SCEAP Project was the difficulty in mobilising adequate resources to address all identified healthcare needs across various communities. Despite efforts to engage stakeholders and secure funding, there were constraints in accessing sufficient resources to tackle the extensive infrastructure and service delivery issues within the PHC facilities.

Sustainability of Community Engagement:

While the project successfully nurtured initial community involvement, sustaining this level of engagement over time has been challenging. Maintaining momentum and ensuring continued participation from community members required ongoing effort and support, which was sometimes challenging to secure consistently.

Infrastructure and Equipment Maintenance:

Several PHC facilities require significant repairs and replacements. However, the lack of timely maintenance and the challenge of securing necessary parts or skilled labour led to delays in addressing these issues, which sometimes hindered the project's overall progress.

Aspects of the project that should be reviewed:**Resource Mobilisation Strategy:**

The project would benefit from a more targeted and diversified resource mobilisation strategy, including building stronger partnerships with government agencies, international donors, and private sector stakeholders. This could help secure the necessary funding and resources to address the comprehensive needs of communities.

Long-term Engagement Plans:

It is key to develop long-term strategies for sustaining community engagement beyond the project's immediate interventions. These could include establishing formal

community committees, providing ongoing training, and securing commitments from local leaders to maintain momentum.

Maintenance Protocols:

Establishing clear maintenance protocols and securing commitments for ongoing support from local government or other stakeholders could ensure infrastructure and equipment remain functional. This would involve planning for regular assessment, repairs and maintenance as part of the project's sustainability plan. and repairs as part of the project's sustainability plan.

Why should SCEAP continue?

The SCEAP Project should continue because it has profoundly impacted healthcare delivery in the communities served, and its continuation is recommended. The project has not only improved healthcare infrastructure but also

empowered communities to take ownership for their health outcomes. Given the success and recognition garnered, continuing the project would further strengthen community engagement, ensure the sustainability of the improvements made, and potentially expand the reach to other communities in need.

SCEAP contribution to your organization

The SCEAP Project significantly contributed to FOCEI's growth and capacity. Staff and volunteers gained valuable experience in data collection and resource mobilisation. The organisation also benefited from administrative costs and organisational support from BudgIT, which were used to procure essential equipment such as a public address system, laptop computer, and printer, which will support future initiatives.

Partner Organisation:



Women Wing Christian
Association of Nigeria
(WOWICAN)

State:

Gombe

Senatorial District:

Gombe South

LGAs Covered:

Shongom and Balanga

Supervised Facilities/Communities:

Lapan PHCC, Bangunji PHCC,
Gelengu PHCC, Cham PHCC,
Bambam PHCC

Reporting Period:

July 2023 – August 2024



5 Key successes recorded in facilitated communities assigned to your organization?

Community Leadership:

The SCEAP Project enforced strong unity among the community leaders, especially the ward development chairmen, who now know their responsibility as a voice for their community's development.

Relationship Strengthening:

The SCEAP Project has further strengthened and increased the level of relationship between community health workers and community members, which has yielded more support and an awareness campaign for community members.

Fostering Advocacy:

Through the SCEAP Project, they have realised advocacy is the key to community development. Through this intervention, support received after effective advocacy include; two thousand blocks and financial support from a politician and community members at Bambam PHC for fencing and renovation. In Lapan PHC, the facility's fencing and ANC seat repair are ongoing by the community members. In Bangunji PHC, the community women built temporary staff quarters of six single rooms for the facility while the PHC fencing and renovation are ongoing. In Cham PHC, there are regular reports of support to patients on admission by philanthropists in the community and members of the Red Cross by some philanthropists and the Red Cross. In Gelengu PHC, a memo has been written to the governor requesting the facility's expansion, which will be effected by willing political representatives from the community.

Ongoing facility fencing at Lapan PHC by Community Members.



Improved Perception:

Through our engagement, the attitudes of health workers in these communities have improved, and since the award event, they now see how important they are to their community.

Community Literacy:

The SCEAP Project has also changed the mindset of these communities regarding ownership of any project or development brought to their community, and they now look forward to receiving more such interventions.

Key Challenges Encountered

- The health seekers expected incentives to visit the facility. If the SCEAP Project can help with a few medications, especially antenatal drugs for pregnant women, it will help more with the inflow of pregnant women to the facilities.
- Some major projects, such as building a mortuary or drilling boreholes, are almost beyond the community members' ability to handle. If the SCEAP Project can assist in such projects, it would help the communities.
- Some communities stopped those willing to donate financially to the facilities because they were not from the ruling political party. There is a need for more advocacy in this regard, and the involvement of all stakeholders will help.
- We experienced network failures in most visited communities, especially during the rainy season, which impacted our work.

Why should SCEAP continue?

Before the SCEAP Project commenced, the facilities/communities felt the PHCs were the government's responsibility. With the help of the town hall meeting with the health seekers, workers, and community stakeholders, they now know the importance of taking responsibility for their facilities. Many changes have been recorded, from the inflow of clients to the facilities, community members and stakeholders' willingness to contribute to the development of the PHCs. With follow-up and heightened advocacy, we will see more improvement and development. Stopping the SCEAP Project now will make it impossible to achieve that goal. We, as an organisation, wish for the SCEAP Project to continue.

SCEAP contribution to your organization

The SCEAP Project has helped us (WOWICAN) build relationships with community stakeholders and the government. It has also enhanced the feedback mechanism from community engagement, which helps our organisation identify gaps and areas for improvement in service delivery.

Partner Organisation:



Federation of Muslim Women
Association in Nigeria (FOMWAN
Gombe)

State:

Gombe

Senatorial District:

Gombe North

LGAs Covered:

Dukku and Kwami LGA

Supervised Facilities/Communities:

PHC Gombe Abba, PHC L/Tale,
PHC Gadam, PHC Malam Sidi
and Comprehensive Primary
Health Care Dukku

Reporting Period:

July 2023 – August 2024



Ongoing Renovation of Gombe Abba PHC Facility



Construction of Staff Quarters at Gombe Abba PHCC.



5 Key successes recorded in facilitated communities assigned to your organization?

During the intervention, we found that the Gombe Abba facility was dilapidated, and some wards were not functional. Today, with the advocacies and follow-up conducted by FOMWAN and the WDCs committee, the facility has been renovated, and the staff quarters have been built.

Malam Sidi Community has written a proposal and bill of quantity, which they submitted to the Gombe State Agency for Community and Rural Development, seeking support to renovate their facility staff quarters.

As we identified that Gadam Community experienced a water drought, the facility management decided to close the facility toilet, which uses a water system that made it difficult for health seekers to ease themselves. FOMWAN advised the community members to build a pit latrine instead, to which they agreed and for which work has commenced.

After we identified that the ANC roof at Lafiya Tale facility had been removed by a heavy wind, which provided some discomfort for pregnant women awaiting care before receiving attention from the healthcare providers. We called a town hall meeting where we discussed the issue with the key stakeholders and advised them on the importance of taking ownership. With that, they made an appeal fund where they raised thirty-five thousand six hundred naira (N35,600) to repair the roof. The WDC chairman informed the Gombe North Senator Alhaji Ibrahim Hassan Dankwambo about the issue and he promised to help.

There has been an increase in patronage and a high patient turnout in all five facilities of the project communities. Also, we recorded that women have started attending the facilities for delivery, compared to previous practice of using other mediums for delivery.

Why should SCEAP continue?

We want the SCEAP Project to continue because most of the people in the project implementation communities, especially Gombe Abba and Lafiya Tale communities have understood the importance of ownership.

SCEAP contribution to your organization

The SCEAP Project has enabled FOMWAN to engage with communities/facilities for the improvement of healthcare over the implementation period. Also, SCEAP has enhanced the staff capacity in our organisation.

Partner Organisation:



Knighthingale Women Health Initiative

State:

Gombe

Senatorial District:

All Senatorial District

LGAs Covered:

Akko, Balanga, Dukku, Kwami, Yamaltu-Deba and Shongom

Supervised Facilities/Communities:

Akko PHC, Kumo PHC, Pindiga PHC, Lano Community, Dadin-Kowa PHC, PHC Lapan, PHC Bangunji, PHC Cham, PHC Bambam, PHC Gelengu, PHC Lafiya-Tale, PHC Dukku, PHC Gombe-Abba, PHC Malam-Sidi, PHC Gadam

Reporting Period:

July 2023 – August 2024



5 Key successes recorded in facilitated communities assigned to your organization?

Strengthened Community Voice:

Under our supervision, we recorded the following achievements; In Pindiga, the community mobilised resources to provide a reliable water source and install solar power. In Akko PHC, they provided additional chairs and restored solar power. In Kumo, the renovation of toilet facilities was completed, while Lano PHC benefited from the mending of cracked walls and the replacement of a signpost. Dadin Kowa Community experienced power restoration and renovations. Gombe Abba PHC was renovated and expanded, Lapan PHC was fenced, and the water borehole for Cham PHC was fixed. PHC Bangunji was fenced, and Gadam Community agreed to build a traditional toilet in their PHC due to the lack of water.

Community Leadership:

One of the successes recorded in all the 15 PHCs as a result of the SCEAP Project intervention is the activation of the Ward Development Committee, who have been inactive for a long time except during political campaigns towards elections. However, through the SCEAP Project intervention and advocacy training, the WDC chairmen realised their responsibility to their community, and through their current meeting, many issues were raised and resolved.

Increase in Facilities Use:

Patronage has increased, and patient turnout has been high in all 15 facilities of the project implementation communities. We also recorded that women now attend the facilities for delivery, unlike before.

Project Ownership:

The project empowered community members by fostering a strong sense of ownership over their healthcare needs. This approach ensured that communities became self-sufficient and resilient, with a long-term commitment to sustaining the healthcare initiatives introduced through the project.

Strengthened Partnerships and Advocacy:

We addressed significant healthcare challenges through consistent advocacy and strategic partnerships with local stakeholders. These strengthened collaborations led to successful infrastructure improvements, resource mobilisation, and an integrated approach to enhancing healthcare services across the Gombe State.

Key Challenges Encountered

Some of our challenges were that most of the communities we covered are in hard-to-reach areas, a high level of illiteracy in the Gombe Abba and Lafiya Tale communities of Dukku LGA, the high cost of transportation, and the need to review the project's budget, which hindered our efforts at executing the project properly.

Limited Resource Mobilisation:

One of the primary challenges encountered during the implementation of the SCEAP Project was the difficulty in mobilising adequate resources to address all identified healthcare needs across various communities. Despite efforts to engage stakeholders and secure funding, there were constraints in accessing sufficient resources to tackle the extensive infrastructure and service delivery issues within the PHC facilities.

Sustainability of Community Engagement:

While the project successfully nurtured initial community involvement, sustaining this level of engagement over time has been challenging. Maintaining momentum and ensuring continued participation from community members required ongoing effort and support, which was sometimes challenging to secure consistently.

Infrastructure and Equipment Maintenance:

Several PHC facilities required significant repairs and replacements. However, the lack of timely maintenance

and the challenge of securing necessary parts or skilled labour led to delays in addressing these issues, which sometimes hindered the project's overall progress.

We suggest that the following should be reviewed:

Resource Mobilisation Strategy:

The project would benefit from a more targeted and diversified resource mobilisation strategy, including building stronger partnerships with government agencies, international donors, and private sector stakeholders. This could help secure the necessary funding and resources to address the comprehensive needs of the communities.

Long-term Engagement Plans:

It is key to develop long-term strategies for sustaining community engagement beyond the project's immediate interventions. These could include establishing formal community committees, providing ongoing training, and securing commitments from local leaders to maintain momentum.

Maintenance Protocols:

Establishing clear maintenance protocols and securing commitments for ongoing support from local government or other stakeholders could ensure that infrastructure and equipment remain functional. This would involve planning for regular check-ups and repairs as part of the project's sustainability plan.

Key Challenges Encountered

The project should continue because the SCEAP Project has profoundly impacted healthcare delivery in the communities served, and its continuation is recommended. The project has not only improved healthcare infrastructure but also empowered communities to take ownership of their health outcomes. Given the success and recognition garnered, continuing the project would further strengthen community engagement, ensure the improvements' sustainability, and potentially expand the reach to other communities in need.

Positive Impact and Ongoing Need:

The SCEAP has demonstrated significant positive outcomes, such as improved community trust, better service delivery, and enhanced accountability. It would be prudent to continue the project. Ongoing community engagement and accountability are crucial for

maintaining strong relationships and ensuring the organisation remains responsive to communities' evolving needs.

Capacity for Continuous Improvement:

If there is room to build on SCEAP's successes by refining methods, expanding reach, or addressing new challenges, continuing the project could help the organisation further solidify its community ties and improve its effectiveness.

Sustainability and Long-term Goals:

Community engagement and accountability are not one-time efforts but ongoing processes. Continuing SCEAP ensures these principles become deeply embedded in the organisational culture, contributing to the long-term sustainability of the organisation and its initiatives.

Why should SCEAP continue?

The SCEAP Project played a critical role in the expansion and capacity-building of Knightingale Women Health Initiative. The staff and volunteers acquired crucial skills and hands-on experience in community mobilisation and data collection through this project. These experiences enhanced their professional development and empowered the initiative to reach a broader audience and implement more effective health interventions. The knowledge and capabilities gained from the SCEAP Project have elevated the relationship between the organisation and local actors in the community, among which are:

Enhanced Communication and Trust:

SCEAP has helped to foster transparent communication and build trust between the organisation and the community. This has led to better stakeholder relationships, increased community support, and more effective project collaboration.

Improved Service Delivery:

By engaging with the community, understanding their needs, and using their feedback, the organisation can tailor its intervention more effectively, leading to higher satisfaction and better outcomes for the community.

Capacity-building:

SCEAP often involves training and capacity-building initiatives for the community and the organisation's staff. This enhances the skills and knowledge within the organisation, improving its overall efficiency and effectiveness.

Increased Accountability:

Implementing community engagement and accountability practices ensures that the organisation remains transparent and responsible for its actions. This can improve the organisation's reputation and foster a culture of accountability.

Sustainability:

Engaging the community in the decision-making process ensures that the organisation's projects are more sustainable, as they are more likely to meet the actual needs of the community and gain long-term support.

Innovation and Adaptability:

Continuous engagement with the community gives the organisation insights into emerging trends, challenges, and opportunities, allowing it to adapt and innovate more effectively.

An aerial photograph of a complex highway interchange with multiple overpasses and ramps, set against a dark blue background. A semi-transparent, light blue map of Yobe State is overlaid on the right side of the image, partially covering the highway. The map shows the state's irregular shape and internal road network.

BMGF-SCEAP PROJECT REPORT

Yobe State

Partner Organisation:



Forum for the Promotion of Gender Equity and Moral Values (FOPGEMOV)

State:

Yobe

Senatorial District:

All Senatorial District

LGAs Covered:

Damaturu, Busari, Fune, Potiskum, Nguru, Bade

Supervised Facilities/Communities:

Maisandari PHC, Murfa PHCC
Gwange PHC, Ibrahim-Geidam PHC
Kaliyari PHC, Ngillewa PHC
Afunori PHC, Ngelzarma PHC,
Dogon Kuka PHC, Damagum PHC,
Dogon Zare PHC, Mamudo PHC,
Garin Lamido PHC, Babuje PHC,
Dagona PHC

Reporting Period:

July 2023 – August 2024



FOPGEMOV: Joint advocacy visit to Sarkin Bade by Yobe lead CBO and SCEAP implementing CBOs



5 Key successes recorded in facilitated communities assigned to your organization?

- Improved community-facility relationships in most of the communities
- Reawakened WDCs' performance, especially in communities where WDCs have little or no knowledge of their responsibilities as a major player in their communities' health matters
- Communities have taken ownership of their facilities thereby contributing their time and resources to improve the functionality of those facilities

The SCEAP Project has given community members the means to voice out their concerns and the level of service delivery satisfaction they receive from their facilities. These are shared through the regular PAT surveys and monthly town hall meetings in the communities.

Key Challenges Encountered

We experienced challenges with synchronizing and coordinating CBOs' activities, as some CBOs' feedback was not captured on the portal due to technical issues. Some communities could not participate adequately due to poor network issues. As a result, their feedback did not reflect on the portal. We would like the PAT portal and feedback submission to be reviewed.

Why should SCEAP continue?

The SCEAP Project should continue beyond this level because the achievements and successes recorded (community ownership and participation) are yet to mature enough to ensure the sustainability of the project efforts, posing a likelihood of returning to its previous status if the project ends now. There has also been a total change in communities' perceptions of health-related mechanisms but the use of the PAT portal is yet to be achieved, hence the need for continuity. Finally, there is the need for strong capacity-building of community structures (community leaders, WDCs, and champions) to rise to their responsibilities to ensure sustainability.

SCEAP contribution to your organization

The SCEAP Project has strengthened our capacity in advocacy efforts, community engagements, programming, visibility, and achievement of our objectives.

Partner Organisation:



Roadmap for Women and Youth Development (RAWYOD)

State:

Yobe

Senatorial District:

Yobe North

LGAs Covered:

Bade and Nguru

Supervised Facilities/Communities:

Babuje, Garin Lamido, Dogona, Ngelewa, Afunori

Reporting Period:

July 2023 – August 2024



Community sensitization on proper hygiene practices at afunori community, Nguru LGA



5 Key successes recorded in facilitated communities assigned to your organization?

- Before the SCEAP Project, there was a disconnect between the facilities and the community. However, the project has now facilitated synergy and collaboration through several initiatives, such as community engagement activities (town hall meetings), advocacy, and others.
- Due to WDCs/RAWYOD advocacy visits to the Emir of Bade regarding the lack of space in Babuje PHC, the emir provided land for the facility expansion.
- An advocacy visit in Afunori propelled one of the philanthropists to solely fund the repair of the faulty solar system used to provide the facility with electricity, demonstrating community ownership and willingness in supporting their facility.
- The waiting room at the Dagona facility had few seats for clients, but a town hall meeting resolved the issue, as community members provided four plastic chairs and two mats afterwards.
- Garin Lamido PHCC now have two additional staff from advocacy visits to government stakeholders and two implementing facilities.

Key Challenges Encountered

We faced a lack of proximity to the facility, network interruption, lack of acceptance and openness in some of the implementing communities, and delay in responding to issues after advocacy.

Why should SCEAP continue?

It is a project worth continuing. Firstly, the project has established a strong presence in the community but to ensure the sustainability plan's effectiveness, it needs to establish a stronger presence in the community, hence the need for continuity. Secondly, the project has strengthened local structures, particularly the WDCs about their roles in the healthcare system. Extending the project will ensure ongoing capacity-building for health workers, community leaders, and other stakeholders on advocacy and other health-related community engagements.

SCEAP contribution to your organization

It has strengthened our organisation's community engagement capacity and increased our visibility.

Partner Organisation:



African Youths for Peace
Development and Empowerment
Foundation (AFRYDEV)

State:

Yobe

Senatorial District:

Zone A (Yobe East)

LGAs Covered:

Bursari and Damaturu LGAs

Supervised Facilities/Communities:

Gwange PHCC, Maisandari PHCC,
Murfa PHCC, Ibrahim Geidam
PHCC and Kaliyari PHCC

Reporting Period:

July 2023 – August 2024



5 Key successes recorded in facilitated communities assigned to your organization?

Building Trust through Positive Community Reception:

From the very beginning, the SCEAP Project was met with overwhelming acceptance and commitment from local stakeholders—community leaders, healthcare providers, and residents—ensuring the project was not only well-received but actively supported. Their collaborative attitude fostered an environment where open communication and active participation became the norm. As a result, the project's initiatives were implemented smoothly, with community members playing a crucial role in shaping and driving the intervention's success.

Transforming Healthcare through Impactful Patient Feedback:

One of the standout successes of the SCEAP Project has been its commitment to listening to the voices of those it serves. The introduction of a comprehensive patient feedback survey provided invaluable insights into the patient experience at healthcare centres. The feedback led to immediate changes, such as improved communication between healthcare providers and patients and significantly reduced waiting at the facility. These changes have enhanced the patient experience and strengthened the community's confidence in the healthcare system.

Empowering Local Leadership through Strengthened Ward Development Committees (WDCs):

The SCEAP Project has been instrumental in revitalising and empowering Ward Development Committees (WDCs). These committees, critical in overseeing healthcare services, have become more effective and proactive in their duties.

With the support of the project, WDCs have developed more substantial capabilities in tracking healthcare deliverables, ensuring transparency, and advocating for the needs of their communities, which has led to a more resilient and accountable healthcare system in Yobe State.

Gaining Community Confidence and Trust:

A significant achievement of the SCEAP Project has been its ability to gain the trust and confidence of the community. As one community leader stated, "The SCEAP Project has given the community a sense of ownership over primary healthcare. People now have a platform to voice their concerns individually or collectively, knowing their issues will be addressed." This sense of ownership and empowerment has transformed how community members interact with the healthcare system. They no longer feel like passive recipients of services but active participants in ensuring quality and accessible healthcare.

Driving Behavioral Change among Healthcare Providers:

The SCEAP Project has also created significant changes within healthcare centres. Healthcare providers have become more attuned to the community's needs and concerns, thanks partly to the PAT Tracka tool, which allows community members to voice their concerns directly. This has led to a noticeable shift in the attitude of healthcare providers towards patients, with many adopting a more patient-centred approach. The knowledge that community members have a direct line to express their concerns has fostered a culture of accountability and continuous improvement.

Key Challenges Encountered

Initial Resistance to New Feedback Mechanisms:

In some communities, the introduction of innovative feedback mechanisms, particularly the PAT tool, encountered initial resistance. This hesitation was largely due to a lack of familiarity and previous negative experiences with similar systems that failed to deliver tangible results. Overcoming this resistance required additional community engagement and education efforts to build trust and demonstrate the effectiveness of these tools in driving positive change.

Connectivity Issues Affecting the PAT Tracka:

The implementation of the PHC Tracka system, which was integral to the project's data collection and monitoring efforts, faced significant challenges due to inconsistent internet connectivity in certain areas. These technical difficulties hindered the timely and efficient gathering of crucial data, impacting the ability to track real-time progress and respond to emerging issues promptly. The project team had to devise alternative solutions to mitigate these challenges and ensure the continuity of data collection.

Ensuring Consistency and Reliability of Patient Feedback:

Maintaining the consistency and reliability of patient feedback proved to be a complex task. The process required continuous efforts to ensure data collected were accurate and reflective of the actual experiences of patients. This challenge was compounded by the need to manage and validate large volumes of feedback while maintaining the integrity of the data, which is essential for driving informed decisions and improving healthcare services.

Critical Shortage of Resident Doctors:

A significant concern raised during the implementation was the critical shortage of resident doctors at primary healthcare centres, which severely limited the capacity of these facilities to provide adequate care, leading to increased wait times and decreased patient satisfaction. The absence of resident doctors also placed additional strain on the existing healthcare staff, further exacerbating the challenges faced by these centres in delivering quality healthcare.

Difficulty in Adopting the PAT Tool:

The adoption of the PAT tool by some community members was hindered by their unfamiliarity with Android smartphones, which are necessary to operate the tool. This technological barrier posed a significant challenge, particularly among older residents and those with limited exposure to modern digital devices. Despite these challenges, efforts were made to provide targeted training and support to them, ensuring all community members could effectively utilise the PAT tool to voice their concerns and contribute to the improvement of healthcare services.

Insufficient Funding:

One of the most significant challenges encountered was the insufficient funds released to partners, especially given the prevailing economic conditions in the country. The allocated funds were often inadequate to fully cover the costs of implementing the project's activities, particularly in remote and underserved areas where logistical expenses are higher. This financial constraint limited the scope and scale of some interventions, making it difficult to achieve the desired impact.

Why should SCEAP continue?

The SCEAP Project should continue. The following are our recommendations.

Sustained Improvement in Healthcare Quality:

The project has already led to measurable improvements in healthcare quality within the targeted LGAs. These improvements include better patient care, reduced waiting times, and more responsive services. Discontinuing the project would jeopardise these gains, potentially leading to a decline in healthcare quality (with no prepared sustainability plan) and a potential return to previous inadequacies in healthcare services.

Building on Established Trust and Relationships:

The project has built strong relationships with key stakeholders, including community leaders, healthcare providers, and local government officials. These relationships are crucial for the project's ongoing success and should be leveraged to further enhance healthcare outcomes in the region by building the capacity of the stakeholders.

Alignment with National and Global Health Goals:

The SCEAP Project aligns with broader national and global health goals, including those related to the Sustainable Development Goals (SDGs). Continuing the project will contribute to achieving these goals, particularly in improving access to quality healthcare and reducing health inequalities.

Opportunity to Expand and Replicate Success:

The success of the SCEAP Project in the targeted LGAs provides a strong case for expanding its scope to other regions. By continuing the project, there is an opportunity to replicate these successes on a larger scale, benefiting more communities and further improving healthcare outcomes across the state.

SCEAP contribution to your organization

Strengthened Credibility and Community Trust:

The successful execution of the SCEAP Project has significantly bolstered AFRYDEV's standing as a trusted and effective organisation within the communities we serve. The positive response from community members and leaders has reinforced our credibility and deepened trust in our ability to foster meaningful change.

Capacity Building and Professional Growth:

The SCEAP Project has been instrumental in enhancing our team's skills and expertise. Through direct engagement with diverse stakeholders, the management of sophisticated feedback systems, and the resolution of challenges like technological limitations, our staff have gained valuable experience and grown professionally, strengthening our organisation's overall capacity.

Development of Strategic Partnerships:

Through the SCEAP Project, AFRYDEV has successfully cultivated stronger relationships with local and state government bodies, healthcare providers, and other critical stakeholders. These partnerships have been crucial to the project's success and have paved the way for future collaborations on similar and potentially larger initiatives.

Increased Visibility and Advocacy Opportunities:

Our involvement in the SCEAP Project has significantly raised AFRYDEV's profile within the local communities and the broader humanitarian and healthcare sectors. This heightened visibility has afforded us a greater platform to advocate essential issues such as community-driven healthcare oversight, transparency, and accountability.

Enhanced Resource Mobilisation:

The tangible successes achieved through the SCEAP Project have demonstrated AFRYDEV's capability to manage and execute large-scale initiatives effectively. This track record positions us favourably to attract additional funding and support from donors and partners, enabling us to scale our impact in future projects.

Partner Organisation:



Center for Child Care and Human Development (C3HD)

State:

Yobe

Senatorial District:

Yobe South

LGAs Covered:

Fune and Potiskum

Supervised Facilities/Communities:

Dogon Kuka PHC, Ngelzarma PHC, Mamudo PHC, Damagum PHC, Dogon Zare PHC

Reporting Period:

July 2023 – August 2024



Land for Mamudo PHC by LGA



5 Key successes recorded in facilitated communities assigned to your organization?

We experienced challenges with the water supply in Ngelzarma PHC, which is among the biggest challenges health seekers face at the facility. However, with proper engagement with the relevant stakeholders through effective town hall meetings, we successfully provided water to the facility. Through community engagement, we found a solution for the issue of refuelling the tricycle ambulance for Mamudo PHC. The stakeholders and community members would raise some amount of money used monthly for the fueling of the ambulance. We also provided land for Mamudo PHC from Potiskum's local government chairman.

Key Challenges Encountered

Lack of Awareness:

Some communities have a limited understanding of the importance of their role in healthcare decision-making. Raising awareness and building trust requires significant effort.

Cultural Barrier:

Because of the language barrier, it was initially challenging to bring some of the community leaders together, but with proper advocacy, we achieved this.

Power Dynamics:


Existing power imbalances between community members and stakeholders affect the level of inclusion and meaningful participation in decision-making processes.

Why should SCEAP continue?

The project successfully promoted community engagement and accountability in primary healthcare, laying the foundation for lasting partnerships, participatory decision-making, and improved healthcare services.

How has the project contributed to your organisation?

The project helped enhance C3HD's relationship with stakeholders, built our staff's capacity, and influenced our organisation's policy and operational efficiency. It allowed us to learn and evaluate opportunities for our organisation and innovative ideas on approaches to healthcare delivery, data collection, and community engagement. It also enhanced our reputation in demonstrating a commitment to community engagement and accountability as a socially responsible entity to receive support from donors, partners, and stakeholders.

An aerial photograph of a lush green landscape, likely in Kaduna State, Nigeria. The image shows a winding river in the foreground, a small village with several buildings in the middle ground, and rolling green hills in the background. The entire scene is framed by a dark blue silhouette of the map of Nigeria, with the landscape visible through the outline of the country.

BMGF-SCEAP PROJECT REPORT

Kaduna State

Partner Organisation:



State:

Kaduna

Senatorial District:

Kaduna Central

LGAs Covered:

Chikun and Kaduna South

Supervised Facilities/Communities:

Kakua, Romi Yelwa, Bayan Dutse, Sabon Gari (Nasarawa), Kinkinau

Reporting Period:

July 2023 – August 2024



Construction of the road to Sabo Gari
PHC by community effort



The ambulance is a donation from FAROF in conjunction with TY
Danjuma Foundation PHC to Bayan Dutse Narayi PHC



5 Key successes recorded in facilitated communities assigned to your organization?

Improved Community Participation:

The project has significantly increased community involvement in healthcare decision-making. Regular town hall meetings and stakeholder engagements have empowered community members to voice their concerns and contribute to the management of local health facilities.

Enhanced Accountability in Healthcare Facilities:

The monthly Patients/Concerned Citizens Tracka initiative has improved transparency and accountability in healthcare facilities, leading to better service delivery and responsiveness from healthcare staff and more efficient tracking and resolution of issues.

Behavioral Change and Positive Health Outcomes:

The project has successfully influenced positive behavioural changes in the communities, which is evident in the increased patronage of healthcare facilities and adherence to health recommendations, leading to improved health outcomes in the assigned communities.

Strengthened Stakeholder Collaboration:

Collaboration between the community, local leaders, and healthcare workers has been strengthened. The support from local philanthropists and the willingness of the Ward Development Committees (WDC) to engage with partners and the religious institutions have been instrumental in addressing some of the pressing issues such as ambulance services to ensure the timely referral of patients to the PHC facility and for emergency purposes.

Facility Managers Capacity-building:

The SCEAP Project has contributed to the capacity-building of healthcare facility managers, mainly through leadership changes like the one at Kakau PHC. New leadership has led to improved facility management, better hygiene standards, and a more motivated workforce, positively impacting service delivery.

Key Challenges Encountered

Resource Constraints:

Limited financial and material resources hindered the full implementation of planned activities, which affected the ability to conduct thorough follow-ups and sustain community engagement efforts via monthly town hall meetings as planned.

Stakeholder Coordination:

Maintaining consistent communication and coordination among various stakeholders, including community leaders, healthcare staff, and local authorities, proved challenging, occasionally leading to delays in addressing identified issues.

Resistance to Behavioral Change:

Despite efforts to promote positive health behaviours, there was initial resistance from some community members. Changing long-standing practices and attitudes required more time and intensive engagement than initially anticipated.

Inadequate Infrastructure:

The poor condition of some healthcare facilities, such as inadequate sanitation and lack of basic amenities, posed a challenge to delivering quality services and implementing project activities effectively.

Sustainable Funding:

Securing ongoing funding to sustain the project's initiatives and expand its impact was a significant challenge. The reliance on limited project funds made it difficult to plan long-term interventions.

Aspects of the project to be reviewed:

Resource Allocation:

Review the project's resource allocation to implementing CBOs to ensure critical activities, such as monthly town hall meetings, follow-ups, community engagement, and community champions, are adequately funded and supported with the necessary resources.

Stakeholder Engagement Strategy:

Enhance the stakeholder engagement strategy to improve coordination and communication. This could include a special monthly or quarterly stipend for key stakeholders and regular check-ins for more structured collaboration frameworks.

Infrastructure Support:

Advocate for or integrate efforts to improve the physical infrastructure of healthcare facilities, ensuring that the environment supports the goals of the SCEAP Project.

Why should SCEAP continue?

Continuing the SCEAP Project is essential to solidify its progress, address ongoing challenges, and expand its positive impact. Ending the project prematurely could undermine the current achievements and leave critical gaps in healthcare accountability and community engagement. The SCEAP Project would strengthen the target facilities, making healthcare service delivery more proficient and efficient. At the beginning of this program, Kakau Primary Healthcare had no power source, but through our advocacy, the Kaduna State Primary Healthcare Board installed six solar panels as an alternative light source, which marked an end to a dark era. Again, their patronage increased from 500–600 monthly patients to 700–800 monthly patient attendance at the facility.

Romi Yelwa Primary Healthcare battled constant light disconnection by Kaduna Electric and a poor relationship with the WDC. Today, those issues have been resolved due to our intervention through the SCEAP Project. They now enjoy free light as a government-owned facility. The SCEAP Project also inspired the WDC to provide the facility with an alternate water source (borehole). Other PHCs (Bayan Dutse, Sabon Gari, and Kinkinau) now enjoy owning an

ambulance, facility road grading, and high for service delivery uptake at their respective facilities, respectively. PHC Sabon Gari (Nasarawa) would not like to hear that this project is ending because today, the road leading to their facility has been graded, along with other benefits such as monthly sanitation by the WDC and facility workers, annual rent payment by their councillor, and improved patronage among others.

SCEAP contribution to your organization

The success of the SCEAP Project has strengthened Baye Child Foundation's reputation as a credible and efficient organisation in community health and engagement, with the potential of opening doors to new partnerships, funding opportunities, and collaborations with local and international stakeholders. It also helped build the capacity of the foundation's staff in areas such as community mobilisation, stakeholder engagement, and project management, as well as deepening our relationships with the communities we serve. Lastly, it has helped to improve healthcare among vulnerable populations while increasing our capacity to influence advocacy around critical health issues, community-led solutions, policy changes, and resource allocation to benefit underserved communities.

Partner Organisation:



Family Health Advocates
in Nigeria Initiative (FHANI)

State:

Kaduna

Senatorial District:

Northern

LGAs Covered:

Sabon Gari, Lere and Kaduna
South

Supervised Facilities/Communities:

Bassawa, Sakaddadi, Ung Jabba,
Lazuru and Kubau Road

Reporting Period:

July 2023 – August 2024



Lab Built by WDC Lazuru



5 Key successes recorded in facilitated communities assigned to your organization?

Community Ownership and Staff Accountability:

Here, the WDCs in Lazuru built a lab, solar battery room, and shelves for the pharmacy at the facility. In Ung Jabba, the community advocated for the LGA chairman, who donated 350,000 naira to erect a fence after a community member donated his land for the solar panel to be installed at the facility. WDC Bassawa advocated with the LGA chairman and ES SPHCB to renovate the burnt section of the PHC.

Increase in Client Attendance and Improved Relationship Between Healthcare Providers and Communities:

The monthly Patients/Concerned Citizens Tracka initiative has improved transparency and accountability in healthcare facilities, leading to better service delivery and responsiveness from healthcare staff and more efficient tracking and resolution of issues.

Community Awareness on Health Rights:

The community members can now demand certain rights from the service providers and the government due to the awareness created. The WDC at Bassawa had a dialogue meeting between the community and health providers on the attitude of healthcare providers. That meeting was an eye-opener for clients to understand their rights and the rights of the service providers. A woman referred to a secondary facility at Hunkuyi because of complications apologised to the service providers for her initial behaviour. The service providers also educated the community on the service charter at the facility.

Renewed Pride and Desire for Inclusive Language:

The community finds it interesting when they open the PHC Tracka and see their facility on the internet. They consider the app friendly and hope it can be translated into a language they understand to avoid interpreters and enhance privacy.

Key Challenges Encountered

Entitlement Mindset:

One of the challenges we faced was the monetary expectations of the community members, who were used to receiving refreshments from previous organisations during town hall meetings.

Language Accessibility:

The PHC Tracka should be interpreted into major local languages to enable communities to continue using it after the project's expiration.

Increase in the Project's Budget:

Despite efforts to promote positive health behaviours, there was initial resistance from some community members. Changing long-standing practices and attitudes required more time and intensive engagement than initially anticipated.

Offline PAT Portal Access:

Most communities could not access the PHC Tracka and believe it can be more effective if they are internet-free because certain areas lack the network for transmission.

Why should SCEAP continue?

We recommend continuing the project for the following reasons.

Momentum and Progress:

The project has already made significant progress in building community capacity, establishing accountability mechanisms, and fostering partnerships.

Community Ownership:

The project has empowered communities to take ownership of their development, which is essential for sustainability.

Unfinished Work:

Some activities, such as advocacy and policy influence, may still be ongoing or require further efforts to achieve desired outcomes.

Scalability and Replicability:

Continuing the project could allow for scaling up successful initiatives and replicating them in other communities.

Long-term Impact:

Community engagement and accountability are long-term processes that require sustained efforts to achieve lasting impact.

SCEAP contribution to your organization

SCEAP has helped us build stronger relationships with local communities, increasing trust and participation in our programs. The project's focus on accountability mechanisms has strengthened our internal controls, ensuring transparency and responsible use of resources. SCEAP has enhanced the skills and knowledge of our staff and community leaders, improving program implementation and sustainability while helping to foster new partnerships with local government, civil society, and private sector entities, expanding our network and resources.

The project's success has attracted new funding opportunities for our organisation (such as the opportunity to

partner with Health Strategy and Delivery Foundation to implement the Kaduna State Health Service Delivery Plan, a 5-year project sponsored by the Bill and Melinda Gates Foundation), recognising our organisation's commitment to community engagement and accountability. Others include empowering communities to take ownership of their development, providing valuable lessons and best practices, informing our organisational strategy and future programming, and building community capacity and accountability for sustainable impact beyond the project's lifespan.

Partner Organisation:



State:

Kaduna

Senatorial District:

Kaduna Central, North and South.

LGAs Covered:

Sabon Gari, Lere, Chikun, Kaduna South, Kachia and Zango Kataf

Reporting Period:

July 2023 – August 2024



5 Key successes recorded in facilitated communities assigned to your organization?

Increased Health Facility Patronage:

Patronage has significantly grown across all fifteen (15) selected health facilities in Kaduna State, reflecting enhanced community trust and confidence in the services.

Improved Community Participation:

The SCEAP Project has fostered strong community ownership of primary healthcare facilities across 15 communities. In Lazuru, the WDCs took the initiative to build a laboratory, solar battery room, and shelves for the pharmacy. In Ung Jaba, the community's advocacy led the LGA chairman to donate N350,000 for a fence, with land donated by a community member for the solar panel installation. WDC Bassawa advocated for the renovation of a burnt section of the PHC. Through regular town hall meetings and stakeholder engagements, communities have become deeply involved in healthcare decision-making, holding staff accountable and ensuring facilities are well-maintained and responsive to local needs.

Enhanced Accountability and Transparency:

Introducing the Patients/Concerned Citizens Tracka initiative has markedly improved transparency and accountability in healthcare facilities. Monthly reporting and tracking have enabled more effective

monitoring of healthcare staff performance and service delivery. This has resulted in more timely resolution of issues, heightened responsiveness from healthcare providers, and increased trust between the community and healthcare facilities.

Infrastructure Improvements:

The SCEAP Project has driven substantial community infrastructure improvements. Key upgrades include the renovation of PHC staff quarters, the installation of water supply and solar systems, and environmental maintenance through community-led efforts. These enhancements have not only improved the physical conditions of healthcare facilities but also addressed critical issues such as power supply and sanitation, thereby elevating the quality of patient care.

Strengthened Security Measures:

In response to security challenges, communities have taken significant steps to ensure the safety of their PHCs. Initiatives include employing local security personnel, building security posts, and creating safer environments for health workers. These measures have been crucial in protecting healthcare facilities and personnel, thus ensuring continuous and uninterrupted healthcare services.

Key Challenges Encountered

Resource Constraints:

Limited financial and material resources have hindered the full implementation of planned activities. The lack of adequate funding affected the ability to conduct thorough follow-ups and sustain community engagement efforts, such as monthly town hall meetings.

Stakeholder Coordination:

Maintaining consistent communication and coordination among stakeholders, including community leaders, healthcare staff, and local authorities, proved challenging. This occasionally led to delays in addressing issues and implementing solutions effectively.

Inadequate Infrastructure:

Poor conditions in some healthcare facilities, including inadequate sanitation and a lack of basic amenities, challenged the delivery of quality services and the effective implementation of project activities.

Sustainable Funding:

Securing ongoing funding for the project's initiatives was a significant challenge. The reliance on limited project funds made it difficult to plan long-term interventions and sustain project activities beyond the initial phase.

We suggest reviewing the following.

Resource Allocation:

The project's resource allocation should be reviewed to ensure critical activities, such as monthly town hall meetings, follow-ups, and community engagement, are adequately funded. This includes providing necessary resources for community champions and other critical project components.

Budget Flexibility:

The project budget should be reviewed to accommodate economic changes, such as increases in transportation costs due to fuel subsidy removal. Ensuring budget flexibility can help manage unforeseen expenses and maintain project effectiveness.

Stakeholder Engagement Strategy:

To enhance the stakeholder engagement strategy, the project needs to improve coordination and communication and consider implementing special stipends for critical stakeholders with regular check-ins for more structured collaboration frameworks.

Infrastructure Support:

Advocate for or integrate efforts to improve healthcare facilities' physical infrastructure. This includes addressing issues like inadequate sanitation and ensuring the environment supports the SCEAP Project's goals.

Translation and Accessibility:

The PHC Accountability Tracka should be translated into major local languages to improve accessibility and sustainability. Making it internet-free or offline-enabled could address connectivity issues in areas with limited network coverage.

Why should SCEAP continue?

The SCEAP Project should continue and potentially be expanded. The successes achieved within a year, such as increased community ownership, proactive involvement in healthcare management, and tangible improvements in facility infrastructure, demonstrate the project's effectiveness. These positive outcomes suggest that extending the project to other LGAs and scaling it across all 36 states plus the Federal Capital Territory could further engage and provide a strong foundation for broader implementation of healthcare delivery nationwide.

SCEAP contribution to your organization

The SCEAP Project has been a transformative experience for TOFEDAM Care Initiative, profoundly influencing our organisational growth and effectiveness. One of the most significant impacts has been the enhancement of our leadership capabilities. The project has provided invaluable insights into effective leadership and management, helping us better align our operations with our overarching vision and mission. This

alignment has strengthened our strategic focus and improved our ability to achieve our goals.

Over the past year, the project has been instrumental in building the capacity of our staff. With BudgIT's support, we have engaged in extensive training and capacity-building initiatives that have equipped our team with the necessary skills and knowledge to excel in their roles. These training sessions have covered a wide range of topics, from stakeholder engagement to issue resolution, ensuring that our staff are well-prepared to address the challenges they encounter in the field.

In addition, the project has greatly impacted our approach to community sensitisation and advocacy efforts, helping us develop more effective strategies for interacting with community members, local leaders, and other stakeholders. This allows us to address community concerns more efficiently and foster stronger relationships with key partners. Overall, the SCEAP Project has catalysed growth and improvement within TOFEDAM Care Initiative.

Partner Organisation:



Association of Positive Youth living with HIV/AIDS in Nigeria (APYIN)

State:

Kaduna

Senatorial District:

Southern Kaduna

LGAs Covered:

Kachia and Zango Kataf

Supervised Facilities/Communities:

Gidan Tagwai, Doka, Gora Bafai, Kurmin Masara, and Mabushi

Reporting Period:

July 2023 – August 2024



Installation of Solar inverter, batteries and panels for alternative power supply at Doka PHC



Construction of borehole at Mabushi



5 Key successes recorded in facilitated communities assigned to your organization?

Stakeholders Engagement:

The SCEAP Project successfully engaged various community stakeholders, including politicians, traditional rulers, and individual community members, to support and contribute to the healthcare system. This collaborative effort strengthened the healthcare infrastructure and improved service delivery, focusing on involving all relevant parties in addressing local healthcare challenges.

Community Ownership:

The project has improved PHC community ownership whereby communities have become more proactive in prioritising healthcare and are actively involved in ensuring their local health centres are well-maintained and responsive to their needs.

Strengthened Security:

In response to security challenges, communities with security concerns took concrete steps to protect their PHCs and ensure the security and safety of health personnel. Local security personnel was employed, and community members pledged to safeguard their health centres and built security posts and offices, ensuring the safety of PHC workers and facility assets.

Infrastructure Improvements:

This includes renovating PHC staff quarters and maintaining health facilities through community-led weeding efforts. Additionally, essential social amenities like water supply and solar systems were installed in critical locations such as Mabushi, Kurmin Masara, and Gora Bafai, enhancing the overall quality of care for patients and solving the problem of power supply as reported at the PHC tracka by patients and concern citizens.

Health Service Insurance:

The project also improved indigent patients' health services and insurance enrollment. Through advocacy with the Kaduna State Contributory Health Management Authority (KACHMA), the project facilitated the enrollment of community members under the state's health insurance scheme, ensuring better access to healthcare and financial protection for the communities served. This resulted in the early distribution of health consumables and drugs.

Key Challenges Encountered

Some of the challenges we encountered were the lack of a translated version of the PHC Accountability Tracka for indigenous languages, insecurity in some parts of some communities and LGA (Zangon Kataf), and lack of network coverage for smartphones in places like Gora Bafai, Kurmin Masara, Gidan Tagwai and the hiked cost of transportation. Also, communities like Gora Bafai, Gidan Tagwai, and Doka still believe in self-medication and herbal or traditional medicines, neglecting the services of the PHC, which also affected their willingness to report using the PHC Tracka.

We would like to recommend that the project add other commonly spoken languages in the communities example Hausa to the PHC Tracka, review the project stipends, especially for those covering rural areas, and provide training for the Commissioner of Health, Director of PHCDA, traditional rulers, religious leaders, WDCs, women leaders, youth leaders, OICs among others on the vision and mission of SCEAP.

Why should SCEAP continue?

SCEAP should be sustained because it has built more relationships and benefits between health practitioners and communities as communities now understand the benefits of PHCs and why they need to strengthen their resilience for accountability. Regular town hall meetings and direct engagement between communities and healthcare providers build trust, essential for the successful delivery of health services. Stopping the project could lead to losing

momentum in the gains made so far. Continued implementation ensures that progress is not reversed and that improvements are built upon. Successful continuation of the SCEAP Project in Southern Kaduna can serve as a model for other regions, demonstrating practical strategies for improving community engagement and accountability in healthcare systems across the country.

The PHC accountability tracka has also helped promote transparency in health service delivery. Ongoing use of this tool ensures that healthcare providers remain accountable to their communities. The discussion during town hall meetings regarding GBV, IPV, and other gender-related issues, coupled with the gender analysis component of the project, addresses disparities in healthcare access and outcomes between different genders. Continued implementation will ensure these disparities are consistently identified and addressed.

We believe the data collected enables informed health policy and decision-making at the local level, leading to more targeted and effective interventions, which allows for the timely identification and response to emerging health challenges in the community, ensuring healthcare systems remain adaptable and resilient.

SCEAP contribution to your organization

The SCEAP project has significantly built our organisational profile, which aligns with our mission and objectives. The successful implementation of the SCEAP Project has bolstered APYIN's reputation as a credible and trustworthy organisation in health advocacy and community engagement, particularly in Southern Kaduna. This has deepened our connection with the communities and LGAs we serve, fostering trust and collaboration. This engagement has laid a strong foundation for future initiatives, as communities are more likely to support and participate in projects led or implemented by APYIN.

The data collected through the PHC accountability tracka has equipped APYIN with robust evidence to advocate for better health services and policies. This data-driven approach enhances the effectiveness of APYIN's advocacy efforts at the local and broader levels.

The collaboration with TOFEDAM, the two LGAs, BudgIT Foundation and Clone House, and other stakeholders during the SCEAP Project has served as a learning opportunity in which we gained invaluable experience and expertise in managing

complex health initiatives, including community mobilisation, data management, and gender-sensitive programming. This has strengthened the organisation's capacity to undertake similar projects in the future and has expanded APYIN's network of partners with the potential of leading to new opportunities for funding, collaboration, and scaling up successful initiatives.

The project has also improved our gender expertise by evaluating and implementing the gender analysis conducted as part of the SCEAP Project, which has positioned APYIN as an organisation committed to gender equity in healthcare.

The challenges and successes encountered during the SCEAP Project have provided valuable lessons that can inform the design and implementation of future projects, leading to continuous improvement in the organisation's engagement with the government, potential donors, and partners.



BMGF-SCEAP PROJECT REPORT

Niger State

Partner Organisation:



Diocesan Health Initiative (DHI)

State:

Niger

Senatorial District:

Niger South

LGAs Covered:

Bida and Lapai LGA

Supervised Facilities/Communities:

Mokwalla PHC, CHC Lapai,
Kangi PHC, Emir Palace MCH
Lapai, Kawu PHC.

Reporting Period:

July 2023 – August 2024



Donation of Solar Refrigerator at MCH Lapai



DHI Presenting Birthing kits to MCH PHCC/CHC Lapai



5 Key successes recorded in facilitated communities assigned to your organization?

The following are our achievements so far:

- The community in Kawu PHC has been able to set up a committee that ensures drugs are always available in the facility.
- With the help of the SCEAP Project, the Emirate Council in all the communities (Kawu, Kangi Makun, Makwalla, MCH, and CHC) in two LGAs now supports the growth and development of primary healthcare in their communities.
- With the help of the SCEAP Project, the iNcare Healthcare Program has been strengthened, with more community members enrolling.
- Through the SCEAP Project, we carried out a series of radio programs for health campaigns and other vital health information.
- With the help of the SCEAP Project, a philanthropist named Jantabo donated a solar refrigerator with panels at MCH Lapai LGA.

Key Challenges Encountered

Our major challenge has been the issue of the high cost of transportation which hinders adequate M&E and supervision.

Why should SCEAP continue?

The SCEAP Project is one we wish would be continued because it has just started achieving its goals. To set up a sustainable and continuous program in all communities, the team should evaluate and come out with a plan that will sustain the intervention.

SCEAP contribution to your organization

The SCEAP Project has strengthened our organisation through training on ways to tackle health-related issues in the communities.

Partner Organisation:



Elishaddai Rural Health and Dev't Foundation

State:

Niger

Senatorial District:

Niger East

LGAs Covered:

Bosso and Chanchaga

Supervised Facilities/Communities:

PHC Kpakungu, PFFN PHC Barkin Sale, MCH (School Clinic) Limawa A, City Gate PHCC, Tundun Fulani, and PHCC Maikunkele

Reporting Period:

July 2023 – August 2024



Completed construction of Limawa A PHC Facility building



Reconstructed School MCH Limawa A, for commissioning soon Aug '24

Provision of water for Maikunkele PHC



Water supply at Maikunkele PHC refurbished, new storage tank installed, borehole drilled by community stakeholders

5 Key successes recorded in facilitated communities assigned to your organization?

Among the critical successes recorded by SCEAP in Five PHCs are:

Increase in Client Patronage:

Facility patronage has increased as more community members use the health service in their community's PHCs.

Improved Feedback Channels:

There has been an improvement among community members, facility staff, and government stakeholders as the number of people at town hall meetings has increased over time, and the issues discussed are more tailored to essential topics such as feedback on facilities' conditions and steps for implementing strategic plans to improve them.

Increased Participation:

Community members' involvement in facility matters has soared as they now place higher premiums on their PHCs' activities. In this manner, community ownership of health facilities is achieved as staff and community members collaborate and contribute to their facilities' welfare.

School Clinic Reconstruction:

(MCH) Limawa A has been reconstructed into a modern facility, while City Gate PHCC, Tundun Fulani, has been renovated by top politicians from the zone. Plans to touch the other two facilities are ongoing, while PHCC Kpakungu has already been upgraded to a basic health facility.

Ward Development Committees Reactivation:

The WDCs have been reactivated, and community health champions training has commenced at five communities—Barkinsale, Kpakungun, Limawa A in Chanchaga LGA, Tundun Fulani City Gate Community and Maikunkele in Bosso LGA. Their activities have resulted in increased collaboration between facilities and communities achieving improved health outreaches, immunisation, and other health awareness and community mobilizations, etc.

Key Challenges Encountered

Inflation:

With the rising inflation in Nigeria, the cost of implementation, the price of commodities, and transportation rose astronomically, discouraging practical activities implementation and robustness of the process.

Incentives:

Many community partners no longer cooperate or are unwilling or not fully committed to participating in project activities because they don't get enough incentives. They, at times, frustrate some activities.

Stakeholders' Reluctance:

Some well-to-do community stakeholders refuse to contribute to the community's progress by assisting the PHCs with resources.

Gender Discrimination:

In communities where women are assigned specific functions, their spouses refuse some of them access to participate and execute their roles.

Shortage of Staff:

Despite efforts made by the LGAs PHC departments, some facilities still lack adequate staff to carry out activities effectively, especially for community health outreaches and vaccination.

Why should SCEAP continue?

SCEAP Project has achieved remarkable results as a pilot project. Nobody believed what is happening around the PHCs now, especially demand creation and service uptake, community ownership, and increased information dissemination, could be possible. All these new narratives are because of SCEAP, which has brought about proper engagements and community stakeholders' accountability, which aligns with our community's health demands.

The project has only taken place in a little fragment of the communities and facilities in the zone. If it stops at this level without scaling, it would deny 98% of the communities the benefits these five communities have gotten, as the most significant percentage (99.8%) of our rural populace depends on PHC for their health needs. We firmly believe that SCEAP's continuation will inject life into PHCs operations and directly activate the lost hope of the poor and downtrodden. ERHDF believes that if SCEAP is stopped at this level, its achievements will soon be forgotten, as many communities would not bear witness to its existence and impact.

SCEAP contribution to your organization

SCEAP has been of tremendous benefit to us as it has impacted ERHDF with learning and capacity-building opportunities. Added to other projects implemented, our CV has been boosted, and it has presented us with immeasurable access to information about health sector programming, especially in the use of information technology and PHC Tracka for documenting patients' and concerned citizens' responses. Another area the project has helped us is effective monitoring and reporting (M&E). This has been a lovely experience as we've learned about online cost-saving tools like Zoom meetings for our organisation's use. Through the project, ERHDF has collaborated with community stakeholders, health workers, and government stakeholders for policy reviews and advocacy, which has helped gain their trust and cooperation in solving issues and strengthening engagement between them. It has opened avenues for collaborative work with the LGAs and state agencies.

Partner Organisation:



Global Promoters for
Community Initiatives (GPCI)

State:

Niger

Senatorial District:

Niger North, Zone C

LGAs Covered:

Wushishi and Kontagora

Supervised Facilities/Communities:

MCH Sabon Gari PHC, Kodo PHC,
Central PHC, MCH Tudun Wada
and Maidubu PHC

Reporting Period:

July 2023 – August 2024



Provision of water borehole at MCH Sabon gari Wushishi LGA



Ongoing renovation of the broken floor at PHC Kodo



5 Key successes recorded in facilitated communities assigned to your organization?

The following are the substantive gains from our intervention effort:

New Water Source:

As a result of one of the town hall meetings with the religious leaders in attendance, a community philanthropist provided a borehole with an overhead tank for MCH Sabon Gari, Wushishi LGA.

Community Collaboration:

The community efforts of Kodo community members in flooring and patching the broken floor and walls of the facility have led to the admission of patients for the first time in the last two years.

Facility Signpost:

The counsellor representing Sabon Gari Ward (who always attended the town hall meeting whenever he was invited) donated a new signpost to the facility.

Increase in Client Patronage:

Patient patronage has drastically increased in the five facilities at Kontagora and Wushushi LGA.

New Benches and Fans:

At Kodo PHC facility, community members have bought new benches to aid service delivery from the money donated by the councillor, and at MCH Tudun Wada, Kontagora, fans have been bought.

Key Challenges Encountered

Some challenges we encountered include the high transport cost to the various LGAs of implementation, difficult participants' mobilisation during the project's inception because of farming activities, and insecurity at Kontagora and Wushishi LGA. Due to the ongoing road construction project by the state government, travelling to the target LGAs has been strenuous and time-consuming. The roads were full of bumps, diversions, and heavy-duty machine crossings. For instance, a journey to Wushishi, which was supposed to take two hours, now takes as much as four hours, and Kontagora, which is supposed to take four hours, takes at least six hours. Due to these impediments, one is already exhausted by the time they reach the place of assignment.

Why should SCEAP continue?

Being an accountability project, it has opened the eyes of some facilities in-charge on how BHCPF should be properly disbursed and serve as a link between the community and the facility. It has also brought active community participation in PHC activities, with community members taking ownership of the facility. This has also reduced MMR in the community as the community has improved their health-seeking behaviours.

SCEAP contribution to your organization

The SCEAP Project has paved the way for GPCI to leverage the established relationships with community actors to carry out other projects in the communities with minimal difficulties. Also, SCEAP has impacted GPCI staff with the skill of engaging community members in our intervention work, which has enhanced our organisation's capacity.

Partner Organisation:



ISODAF Initiative for Social Development in Africa

State:

Niger

Senatorial District:

Niger, North, South and East

LGAs Covered:

Wushishi, Bosso, Chanchaga, Bida, Lapai and Kontagora

Supervised Facilities/Communities:

All 15 facilities

Reporting Period:

July 2023 – August 2024



Grp pix of State SCEAP CBOs monthly Coordination meeting participar

5 Key successes recorded in facilitated communities assigned to your organization?

Improved Facility Patronage:

The project recorded an appreciable increase in patronage across the 15 health facilities during the SCEAP Project implementation.

Health Delivery Accountability:

The PAT feedback channel has improved the ability of citizens and healthcare seekers to provide real-time feedback on the quality of services received and the situation of the health facility, enabling state actors to have first-hand information and engendering accountability in the system.

Citizens Engagement and Facility Ownership:

The SCEAP Project has increased the involvement of community members in facility matters to sensitise larger numbers of citizens through social accountability and citizens' engagement that promotes ownership. The citizens now invest in services that promote and contribute to their communities' quality of health outcomes.

Cross-Community Mentoring:

Communities now mentor neighbouring communities on structured engagement, strategic advocacy, and citizen mobilisation strategy to secure state actors' attention and responsiveness for health facility upgrades, increase in human resources, equipment supply, and integration of health insurance services across the SCEAP LGAs.

Social Accountability Structure:

The project has strengthened community social accountability structures and reactivated others where necessary to support all external efforts through robust engagements with religious and traditional leaders, including other community opinion leaders, towards a sustainable structure for better health accountability and outcomes.

Key Challenges Encountered

The following were some of the challenges we faced:

Inflation and Government Priority:

The rise in inflation in the country made it difficult for the government to focus on facilities that need critical attention, making it challenging for health seekers to enjoy quality healthcare within their reach.

Lack of Sufficient Human Resources:

There are still challenges in human resources for health at some facilities with a high need for more healthcare workers.

Incentives:

Some citizens expect payment or incentives when they engage in community activities, which makes it challenging to secure their support on many occasions.

Erroneous Citizen's Mindset:

Citizens' attitudes towards facilities as government properties make it difficult for some of them to support the community efforts in giving the health facilities a facelift.

Gender Inclusion:

Gender inclusion is not practised optimally in forming WDCs, making it difficult for women to have many representations, especially in decision-making positions in the committee.

Stringent Budget:

The fixed contractual agreement made the project budget a bit stringent on implementation despite the country's high inflation cost, which has impacted the project's implementation.

Why should SCEAP continue?

The project has contributed to our overall capacity through constructive engagement learning on community mobilisation and engagement, the use of technology to promote the quality of health services, more visibility in the state, networking, and expanded collaborations.

SCEAP contribution to your organization

We support that the project should continue as it has opened a channel of engagement between the government and communities. Rather than stopping it, it should be extended to more LGAs that have not benefited. The project's accountability model should be built upon across other LGAs and communities to promote better health outcomes and improved health services to health seekers. Also, the project's incentivised award model should be a sustainable practice to promote a sense of belonging and appreciation to community structures and health workers supporting all health services across the board.

States Highlights

An aerial photograph of a city at dusk, with a dark blue overlay. The city features a mix of residential and commercial buildings, with a prominent tower in the center. The text "States Highlights" is overlaid in white on the left side of the image.



Kano

- HACM facilitated the repair of a water borehole by raising N181,000 through advocacy championed by the Ward Development Committee
- Following the advocacy engagements to other actors and stakeholders in the community, the facility received donations from E-Health and other community members which were utilised in the purchase of materials to demarcate the labour room, provide additional chairs and the creation of a companion suite for pregnant women.
- To improve the hygiene and sanitary conditions at Gwagwarwa PHC, HACM advocated to Too Clean Company PHC which supported the facility by renovating the facility's toilet.
- HACM facilitated the provision of a scanning machine at Makoda PHC.
- With a collaborative effort during the project, we successfully secured an ambulance for Kademi PHC, significantly improving emergency transport services and access to timely medical care.
- Essential health equipment was obtained for Bunkure PHC through advocacy efforts with the State Primary Health Care

- Management Board, along with additional resources from a community philanthropist.
At Bunkure PHC, there was roofing renovations and improved hygiene and sanitation practices, creating a more conducive environment for healthcare delivery.



Gombe

- Community interventions led by WDC resulted in the renovation of Gombe Abba facility and the construction of staff quarters.
- At PHC Bam Bam, following an advocacy visit, the facility received 2000 blocks which were used for its fencing with the support of the community's political representatives.
- In Pindiga, the community mobilised resources to provide a reliable water source and install solar power. Akko PHC saw the provision of additional chairs and installed an alternate power supply via the solar system. In Kumo, the renovation of toilet facilities was completed, while Lano PHC benefited from the mending of cracked walls and the replacement of a signpost. Additionally, Dadin Kowa community experienced power restoration and renovations, a direct result of FOCEI's advocacy efforts.



- Community-led nursing programme to address the human resource for health deficit/ challenges and the preference of female health personnel at some facilities
 - Regarding the lack of space in Babuje PHC, the Emir of Bade provided land for the facility expansion, due to an advocacy visit in Afunori, one of the philanthropists solely funded the repair of the faulty solar system to serve the facility with electricity, displaying a sense of community ownership and willingness in supporting their facility.
 - When Dagona PHC noticed that the facility lacked a scanning machine, it offered to invite a lab technician once a week to provide scanning services for individuals in need. The community members now take responsibility for their healthcare system, evident when they jointly provided five wooden benches and a mat to the Dagona facility's waiting room, which is now convenient for clients.
 - At Garin Lamido, community members now actively use healthcare facilities. This is attributed to the positive change in the attitudes of health workers, which has created an inviting environment for community members and increased accessibility to medical services. This positive change has also strengthened the relationship between health workers
- and community members.
 - During a town hall meeting in Babuje PHCC, we recorded a challenge with the cleaners not effectively carrying out their work, as the environment was always dirty. The RAWYOD team, together with the community leaders, met with the cleaners to address the issue. Clients and other community members testified that the facility's hygiene condition has improved since then.
 - In Ngelzarma Community, Fune LGA, C3HD facilitated a town hall meeting. After several discussions on the issue of water supply in the facility, the WDC chairman, other members of the committee, and community stakeholders connected a water supply from a borehole in the community, which is a few meters from the facility. They constructed a



Kaduna

- In response to security challenges, communities with security concerns took concrete steps to protect their PHCs and ensure the security and safety of health personnel. Local security personnel were employed, and community members pledged to safeguard their health centres and built security posts and offices, ensuring the safety of both PHC workers and facilities.
- Infrastructure improvements have been secured, including the renovation of PHC staff quarters and the environmental maintenance of health facilities through community-led weeding efforts. Additionally, essential social amenities like water supply and solar systems were installed in key locations such as Mabushi, Kurmin Masara, and Gora Bafai, enhancing the overall quality of care for patients and solving the problem of power supply as reported at the PHC Accountability Tracka by patients and concern citizens.
- The project also led to improved health services and insurance enrollment for indigent patients. Through advocacy with the Kaduna State Contributory Health Management Authority (KACHMA), the project facilitated the enrollment of community members under the state's health insurance scheme, ensuring better access to health care and financial protection for the communities served. This resulted in the early distribution of health consumables and drugs.



Niger

- There has been a reconstruction of School Clinic (MCH) Limawa A to a modern facility and the renovation of City Gate PHCC Tundun Fulani by top politicians from the zone. While PHCC Kpakungu has already been upgraded to a basic health facility.
- A borehole with an overhead tank was provided at MCH Sabon Gari Wushishi LGA by a philanthropist as a result of one of the town hall meetings with the religious leaders.
- Kodo community members' efforts in flooring and patching the broken floor and walls of the facility have led to admitting patients for the first time in the last two years.
- Through the help of the SCEAP Project, the iNcare Healthcare Program has been strengthened with more enrollment of community members as a result.

Strengthening Community Engagement and Accountability for Primary Healthcare Project (SCEAP)



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