Social and Citizens' Accountability
for Primary Health Care Performance

Community Stakeholders Engagement Guide
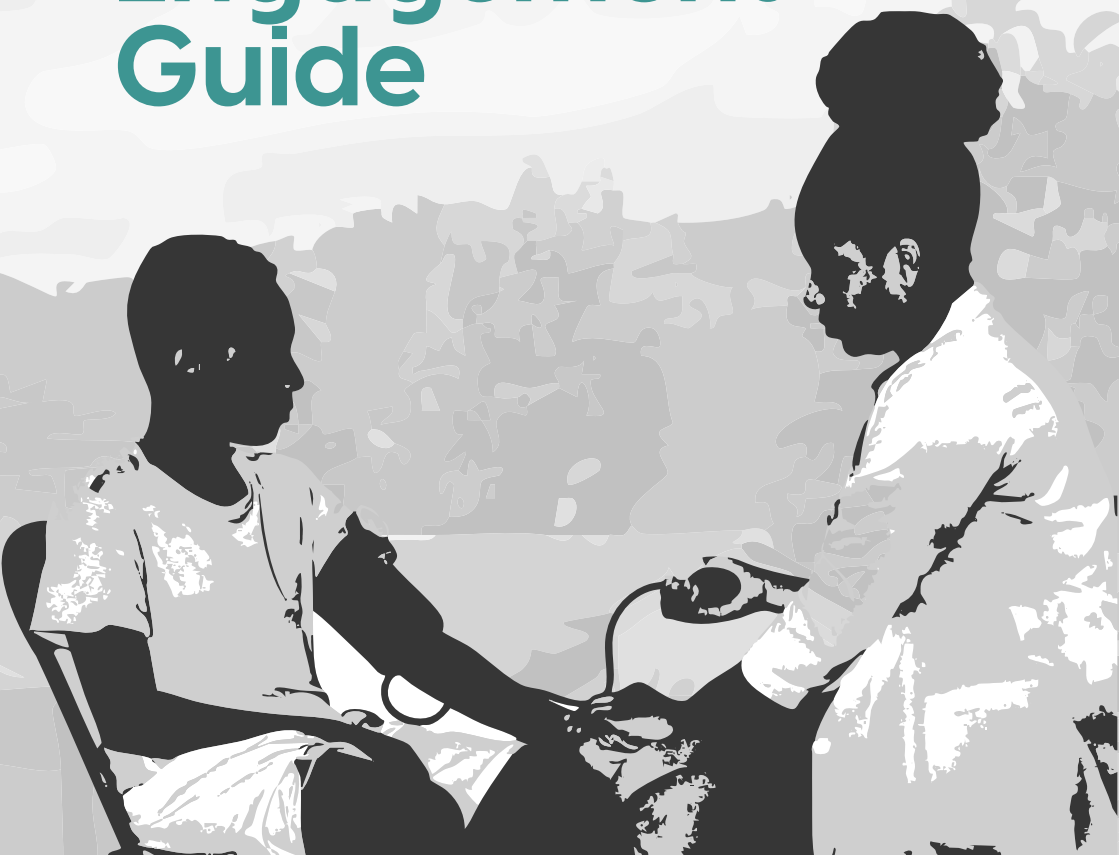
About BudgIT

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

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Abbreviations

AC	Advisory Committee
BHCPF	Basic Health Care Provision Fund
CAP	Community Action Planning
CEFP	Community Engagement Focal Person
CEPs	Community Entry Points
CHEW	Community Health Extension Worker
CHIPS	Community Health Influencers, Promoters and Services Agents
CSOs	Civil Society Organizations
DC	Development Committee
DRF	Drug Revolving Fund
FGDs	Focus Group Discussions
FMC	Facility Management Committee
GIZ	Gesellschaft für Internationale Zusammenarbeit
JCHEW	Junior Community Health Extension Worker
LGA	Local Government Area
LGHA	Local Government Health Authority
N/A	Not Applicable
NGOs	Non-Governmental Organizations
OIC	Officer In Charge
PHC	Primary Health Care
PLA	Participatory Learning and Action
SPHCB	State Primary Health Care Board
ToR	Terms of Reference
TWG	Technical Working Group
VDC	Village Development Committee
WDC	Ward Development Committee
WHS	Ward Health System

Chapter 1

1.0 Project Description

The Social and Citizen Accountability for PHC project in Kaduna State focuses on empowering citizens and communities to take ownership of their PHCs by providing a platform for them to give feedback on the quality of service and championing community-led advocacy.

1.1 Objectives

- Strengthen the use of data and evidence to drive institutional engagement and accountability for primary healthcare in Kaduna State through community tracking and feedback mechanisms with government stakeholders and systems within LGAs, SPHCDAs

- Build the capacities to strengthen citizen and community voice and participation in PHC advocacy and accountability processes (service delivery, financing, and infrastructure) in 200 communities with PHC presence, emphasising the VDC and WDC to champion this cause.

- KADMAM, in collaboration with the VDCs and WDCs, will facilitate and track health project implementation in Kaduna State to improve:

- **The Health Outcomes in Kaduna State:** This investment will contribute to reducing morbidity and mortality in Kaduna State, especially among women, children and the vulnerable population at the community level through improved PHC service delivery. VDC and WDC will lead the campaigns to strengthen PHC attendance, ANC visits, family planning services, and vaccination uptake while leading awareness and sensitisation exercises to reduce neonatal and under-5 mortality.

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- **Empowered communities in Kaduna State:** This project will build the capacities of VDCs and WDCs to empower their communities to take ownership and be involved in the service delivery process of their community PHC. They, alongside other stakeholders, will lead the advocacy for improved government attention.

- **Improved data ecosystems:** VDCs and WDCs will utilise the community feedback data collected through the PHC Tracka portal to drive conversations on the need for improved healthcare financing and community vigilance on resource use and service delivery.

1.2 Key activities under this investment include:

- Community Mapping and Stakeholders Analysis
- Facility profiling and baseline assessment survey conducted in 200 facilities and communities
- Gender analysis
- Stakeholder convening and capacity building for patients and citizens
- Patient and citizen data collection
- Quarterly insight curation based on feedback collected
- Advocacy engagement from feedback collected
- Project Monitoring and Evaluation/ Learning
- Tracking changes in health outcomes in Kaduna State
- Government adoption of the Project systems.

These key activities are aimed at:
- Engaging and mobilising community-level gatekeepers and citizens to disseminate performance data and gather feedback for decision-makers.

- Raising awareness and catalysing actions to address policy, data, personnel, and health systems gaps is crucial for enhancing the quality of care and accessibility of services to attain PHC objectives.

-   Building the capacity and strengthening community-level gatekeepers and community members to drive reforms at the community and institutional levels.

-   Aligning PHC messaging across various government levels and platforms and leveraging data from message-testing exercises tailored for Nigerian PHC decision-makers and opinion leaders to ensure accountability and promote informed decision-making.

Chapter 2

2.0 Community and Social Mobilisation in the Primary Health Care System

2.1 Community Engagement

Community engagement involves mobilisation, which entails gathering and directing people's interests to make them actively involved in finding solutions to some of their challenges. To succeed, community mobilisation and participation require a detailed plan, factoring in time, patience, and contextualised understanding on the mobilisers' part. Community mobilisation is a continuous exercise, and this forms an integral aspect of the SCAPP project in creating awareness and participation in matters affecting their health and the development of context-specific activities by the community members themselves.

2.1.1 SCAPP Key activities to be undertaken:
-       Project introductory session with community members
-       Community organogram and responsibility-defining sessions;

- *What is health and development all about?*
- *Identifying the government set structure?*
- *How can the community contribute to the success of their health and the development of PHCs?*
- *What is the impact of community participation, and how can this influence their health and the development of their PHC?*
- *Who are the Key health stakeholders, and how can they contribute to developing the health and other sectors in the community?*

-       Exploring and engaging the various community entry points, village heads, traditional leaders, and religious leaders to strengthen the community voices and participate in the demand for better quality of care delivery.
-       Health awareness and sensitisation exercises/activities

- PAT feedback review sessions
- Town Hall Meetings
- Focus Group Discussions
- Context-specific brainstorming sessions
- Advocacy exercises planning
- Institutional engagement exercises are planned
- Identify community focal persons alongside the various leaders (women, men, youth leaders) to champion the advocacy.
- Health indicators and their impact on the state
- Ways to effectively optimise service delivery in the PHC
- How can the community provide feedback on the PHC utilisation
- Engaging stakeholders, the power of the community voice
- Domestic resource mobilisation is a key pillar of community contribution to the healthcare system.

2.2 Engagement of Ward Health System and the Village Development Committees

2.2.1 What is the Ward Health System (WHS)

The Ward Health System (WHS) was created to improve and ensure access to sustainable, quality, acceptable and affordable health services within the community. It is a recognised system in all tiers of government. It encompasses the involvement and active participation of the community members who are actively involved during the construction/rehabilitation stages of the health centres to transfer these health facilities to their Village and Ward Development Committees (VDC and WDC) to ensure ownership, accountability and proper management.

2.2.2 The Function of the WHS
- To promote active participation in community health/centre interventions, ensuring ownership and sustainability.
- Amplifying the voices of the community in demanding accountability

- Active involvement in the demand for quality health care and service delivery.
- Government and Institutional stakeholder engagements in improving service delivery at the community/facility levels
- Work towards improving health indicators, especially towards target groups, by ensuring an inclusive system.

2.3 The Committees

2.3.1 The Development Committee

The DC is the body responsible for organising and managing health and development activities in a ward. It reinforces the importance of community participation and involvement in health and development programmes.

2.3.2 The Ward Development Committee

Members of the ward development committee are present in every political ward. This structure encompasses the various community stakeholders and serves as an interface between the community and the government (LG) Health Authority. It is recognised as the fourth level of health care delivery in Nigeria.

The SCAPP project acknowledges that many of these committees already exist but may not be fully functional and is championing their reactivation to ensure ownership, functionality, and sustainability.

2.3.3 Responsibilities of the Committees

Roles and responsibilities of the VDC	Roles and Responsibilities of the WDC
The committee shall:	The Ward Development Committee shall:
• Identify health and health-related needs in the village/community	• Identify the health and development needs of the ward and plan for them
• Plan for the health and welfare of the community	• Develop and forward the Community Action Plan (for the ward) to the LG Health Authority
• Identify available resources (human and material) within the community and allocate them appropriately to PHC programmes.	• Identify local human and material resources to meet these needs
• Supervise the implementation of the PHC work plan.	• Ensure implementation of the Community Action Plan
• Monitor and evaluate the progress and impacts of the implementation of health activities.	• Mobilise and stimulate the active involvement of prominent and other local people in project planning, implementation, monitoring and evaluation.
• Mobilise and stimulate active community involvement in the implementation of developed health plans	• They will actively supervise and monitor the Drug Revolving Fund (DRF) and the proper use of free/donated health commodities in the ward.
• Determine exemptions for drug payment and deferment, but provide funds for the exemptions/deferments.	• When necessary, raise funds for health and development programs at the facility, village, and ward levels.
• Determine the pricing of drugs to allow for financing other PHC activities.	• Ensure accountability by providing regular feedback to the ward members on how funds raised are utilised.
• Supervise all account books (Money at hand should be deposited in a bank within 24 hours or 72 hours at weekends)	

Roles and responsibilities of the VDC	Roles and Responsibilities of the WDC
• Supervise and monitor the quantity of drugs in the supply.	• Ensure that women, children and the poorest can access the health services they need
• Select appropriate persons within the community to be trained as community volunteers.	• Liaise with local government and other voluntary agencies to find solutions to health and development challenges in the ward.
• Supervise the activities of the community volunteers, among others, including review of monthly work records.	• Supervise the activities of the VDCs/FMCs/CHEWs/JCHEWs/CEFPs/CHIPs
• Agree with the Village Health Worker on how many hours they work daily.	• Oversee the functioning of all health facilities in the ward
• Establish or recommend establishing a village health post where there is none already.	• Provide necessary support to CHIPs and CEFPs
• Liaise with other officials living in the village to provide health care and other development activities	• Ensure that a dedicated bank account for the selected Primary Health Centre in the ward is opened with a reliable commercial bank for the BHCPF funds. The signatories shall be the WDC Chairman and the OIC Primary Health Centre
• Provide necessary support to VHW for the provision of health care services	• Maintain a separate WDC bank account for WDC fundraising activities. The signatories shall be the Chairman, Secretary, and Treasurer of the WDC
• Forward the local community health plan to the ward level. Provide feedback to their community on their activities regularly (at least quarterly)	• Monitor essential medicines and consumables, essential equipment and infrastructure at monthly intervals

Roles and responsibilities of the VDC	Roles and Responsibilities of the WDC
	• Ensure the proper functioning of health facilities in the ward using a maintenance plan • Monitor the timely submission of monthly service data at the community and facility levels.

2.3.4 SCAPP Key activities to be undertaken:

- Engage the Committees in the SCAPP project.
- Organise capacity-building sessions for the various members/structures in the committees.
- Ensure the active participation of the Committees in the community action plan by driving contextual solutions to identified challenges.
- Ensure inclusivity in the accountability framework through active participation
- Ensure seamless engagements between all committees, FMC/VDC/WDC and other partners
- Strengthen the representation of all actors in institutional/stakeholder engagements.

Chapter 3

3.1 Monthly Meeting Schedules

- Regular meetings and feedback sessions are encouraged to sustain inclusive and effective community engagement. These sessions must respect cultural and religious rites while ensuring that gender gaps are bridged and inclusivity is encouraged.
- These engagements will be held in designated places, such as Health facilities, community halls, village squares, or district centres.

3.1.1 Town hall meetings:
Agenda for the monthly meeting
- Opening
- Reading and adoption of minutes of the last meeting
- Action points from the previous meeting
- Specific topics:
- Update on the finances of DC
- Update on DRF and agree on any actions required
- Reports on health and development activities
- Feedback from the PAT portal
- Feedback from advocacies/institutional engagements
- Matters arising/ urgent interventions, including a brief health awareness talk
- Any other business
- Attendance/photographs
- Adjournment/Date of next meeting.

3.1.2 Focus Group Discussions:
Agenda for Focus Group Discussion
- Opening
- Introduction of participants
- Jingles/ Songs

- Topic for the month
- Group activities
- Human angle storytelling session
- Success Stories / Challenges
- Action points
- Matters arising/ urgent interventions
- Any other business
- Attendance
- Date of next meeting.

Chapter 4

Government/ Institutional Stakeholder Engagement and Adoption

The LGA and SPHCDA are Health pillars in the State and are crucial to the sustainability and adoption of the SCAPP project in Kaduna State.

SCAPP Key activities undertaken:

- Coordinate activities across the stakeholders with the different health stakeholders in the state.

- Leverage the TWG to strengthen existing policies

- Coordinate with other PAC grantees to triangulate the different investments.

- Participate in Learning and Action strategic meetings

- Facilitate reviews and insight meetings

- Be engaged in the advisory committee.

- Engage stakeholders during knowledge-sharing sessions.

- Facilitate and support the award ceremony for recognising exceptional workers and outstanding facilities.

- Provide recommendations at the LGA, State and National levels to strengthen the PHC, especially around financing and policies.

References

Strengthening Community Engagement and Accountability for Primary Health Care (SCEAP) Project

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Notes