

Strengthening Community Engagement & Accountability for PHC (S C E A P)

GRANT ACTIVITY REPORT

budgfi



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List of Acronyms

AAP – Accountability to Affected Population

ANC – Ante-natal Care

BHCPF – Basic Healthcare Provision Fund

BP – Blood Pressure

CBOs - Community-Based Organizations

CHC – Community Health Center

DRF - Drug Revolving Fund

ESs - Executive Secretaries

LGAs – Local Government Areas

MCH - Maternal and Child Health

NEMCHIC - National Emergency Maternal and Child Health Intervention Centre

NGF - Nigeria Governors Forum

NPHCDA - National Primary Health Care Development Agency

SHS – Strengthening Health System

SMOH - State Ministry of Health

SPHCDA - State Primary Health Care Development Agency

TOR - Terms of Reference

PHC - Primary Health Care

PHCC - Primary Health Care Centre

PHCUOR - Primary Health Care under One Roof

PAT - PHC Accountability Tracker

PWDs – People With Disabilities

PLWDs - People Living With Disabilities

SCEAP - Strengthening Community Engagement and Accountability for Primary Health Care

WDCs - Ward Development Committees

An aerial, high-angle photograph of a busy street in a developing area, likely a slum or informal settlement. The street is filled with numerous small, closely packed houses with corrugated metal roofs. The street itself is crowded with many small cars, mostly yellow and black, and a large number of people walking. The overall scene is one of a densely populated, active urban environment. The image is overlaid with a dark, semi-transparent blue filter.

Executive Summary

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

This report explains activities during the two years period of implementing the SCEAP Project across the five focus states, 38 local government councils, and 75 communities/PHC facilities. The PHC Accountability Portal — <https://www.phctracka.org> — in the period under review generated 45,485 feedback (11,543 from concerned citizens and 33,942 from patients who had received care in the 75 PHC facilities).

With a focus on improving primary health care delivery in various communities. Several engagements took place, including 439 town hall meetings, 427 advocacy meetings, 40 radio sessions, and three documentaries in addition to SCEAP storytelling initiative(using the solution journalism model) to capture the impact of the project.

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

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

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

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

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

An aerial, high-angle photograph of a busy street in a densely populated area, likely a developing country. The street is filled with numerous small, closely packed houses with corrugated metal roofs. The street itself is crowded with many small cars, mostly yellow and black, and a large number of people walking. The overall scene suggests a bustling, possibly informal, urban environment. The image has a dark, muted color palette with a blueish-green tint.

1.0





1.0 Project Background

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

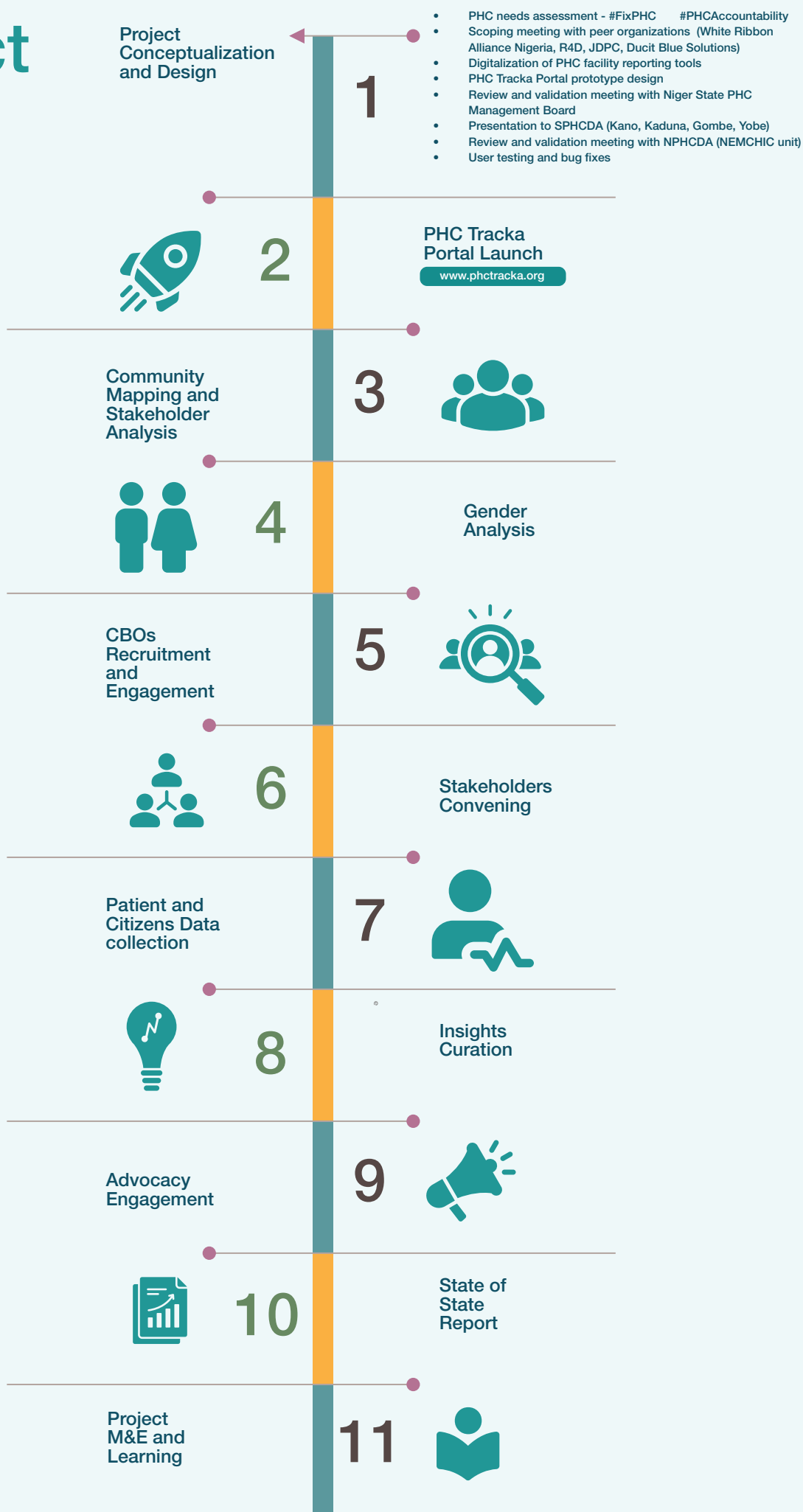
1.1 Project Objectives

The following are the project objectives.

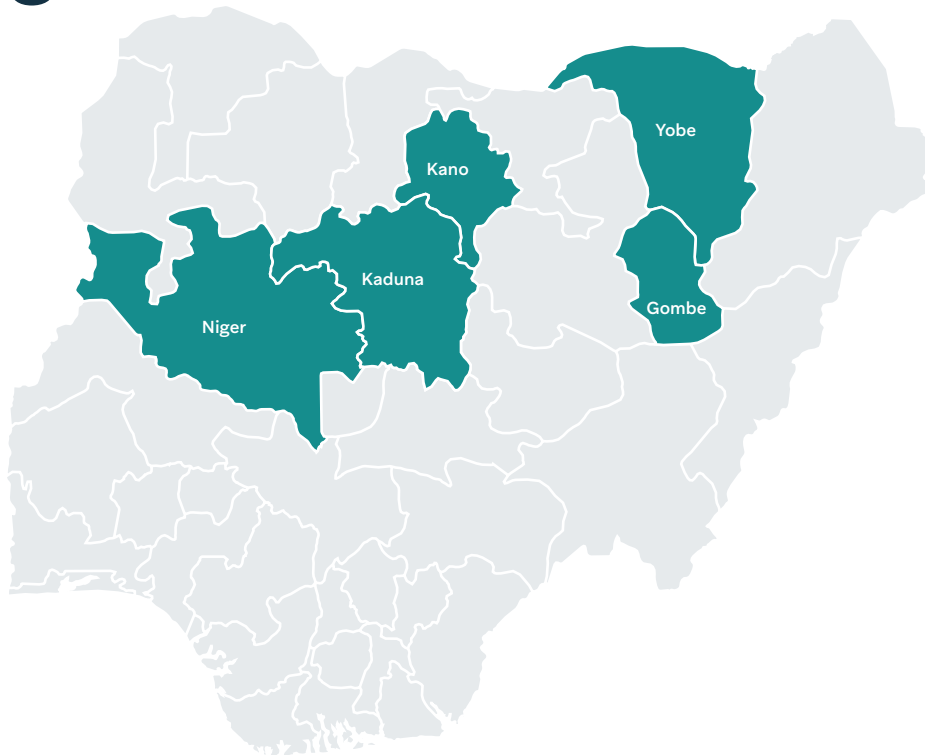
- Strengthen the use of data and evidence to drive institutional engagement on fiscal issues and accountability for primary health care.
- Strengthen citizen and community voice and participation in PHC advocacy and accountability processes (service delivery, financing, and infrastructure) in 75 communities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

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

Project Flow



Pilot States



Pilot Communities



75

Primary Health
Care (PHC) facilities



6

LGAs



3

Senatorial
Districts

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

PHCs Profile

Year 1

Year 2

34/75 PHCs

Did not have enough human personnel



28PHCs

resolved

31PHCs

resolved

5/75 PHCs

Lack drainage



4PHCs

resolved

5PHCs

resolved

15/75 PHCs

Lack access to laboratory services



12PHCs

resolved

16PHCs

resolved

17/75 PHCs

Lack access to drugs and medications



18PHCs

resolved

20PHCs

resolved

20/75 PHCs

Have poor toilet/sanitary facilities



16PHCs

resolved

19PHCs

resolved

14/75 PHCs

Lack access to good water



18PHCs

resolved

28PHCs

resolved

28/75 PHCs

Lack access to electricity



12PHCs

resolved

13PHCs

resolved

PHCs Profile

Year 1

Year 2

23/75 PHCs

Lack alternative
source of power



14PHCs

resolved

21PHCs

resolved

9/75 PHCs

Lack access to good
security



10PHCs

resolved

13PHCs

resolved

5/75 PHCs

Lack waste
management system



1PHC

resolved

1PHC

resolved

9/75 PHCs

Are without
ambulance service



5PHCs

resolved

7PHCs

resolved

5/75 PHCs

Have poor lighting
system



5PHCs

resolved

5PHCs

resolved

19/75 PHCs

Lack adequate
patients
bed/mattresses



12PHCs

resolved

12PHCs

resolved

8/75 PHCs

Lack staff quarters
(dilapidated, building
renovation and
construction)



15PHCs

resolved

23PHCs

resolved

Other Achievements



Improved sanitation and hygiene in

55PHCs



Purchase of personal protective equipment for

4PHC



Donation of land for expansion /building a solar house for

2PHCs



Purchase of beds/ mattresses for

11PHCs

N350k x2
N700K

Payment of rent for PHC



N100k, N300k
and N500k

Cash donation to PHC



Supply of birthing kits to

6PHCs = **46**packs



Building of TB unit for

1PHC



Purchase of television for

4PHCs



Purchase of refrigerator for

2PHCs



Purchase of ceiling fan for

5PHCs

Complete floor tiling of PHC building

2PHC



Purchase of scan machines for

4PHCs

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

22PHCs



Notable improvement of attitude of health workers

10PHCs



Donation of land for facility building

2PHCs



Donation of Ambulance

3PHCs

Other Achievements



No. of Patient Reports

33,942



No. of Citizen Reports

11,543



No. of Total Patient & Citizen Reports

45,485



Total No. of Community Engagements

866

Town hall meetings

439



Advocacy Visits

427



Total No of Persons Reached Directly

10,151



No. of Institutional Engagements

56



No. of Institutional Response

59



No. of Tangible Impact Actions

204



Managed Community Interventions

268

PHC Facility Monthly Attendance

PHC Facility Monthly Attendance				
Niger	PHC Facility	Baseline on PHC Monthly Attendance	As at end of Year 1	As at end of Year 2
	City Gate PHCC Tudun Fulani City	523	300	1,105
	PHCC Maikunkele	165	250	1,250
	MCH (School Clinic) Limawa ward A	300	128	1,005
	PPFN PHCC Barkin Sale	213	305	1,306
	PHCC Kpakungu	432	1500	5,135
	Kawu PHC	200	657	585
	CHC Lapai (Police Barrack)	480	1175	690
	MCH Emir Palace Lapai	300	192	402
	Makwalla PHC	1700	1751	2,130
	PHCC Kangi	542	2555	3,402
	Tundu Wada MCH	582	232	867
	Central PHC Kontagora	500	1578	1,292
	Maidubu PHC	672	321	892
	Sabon Gari MCH	337	354	373
	PHC Kodo	300	178	277
Gombe	Akko PHCC	500	504	890
	Bangunji PHCC	600	333	424
	Dadinkowa Model PHCC	470	1,800	1,178
	Dukku PHCC	420	2,314	1,101
	Gadam PHCC	1,060	753	1,025
	Gelengu PHCC	160	333	514
	Kumo PHCC	1,610	1,800	1,729
	Lafiya Tale PHCC	570	984	900
	Lapan PHCC	520	324	430
	Mallam Sidi PHCC	800	680	897
	PHCC Bambam	170	350	680
	PHCC Cham	310	1,004	1,042
	PHCC Gombe Abba	300	421	572
	PHCC Lano	210	1,100	1,483
	Pindiga PHCC	600	409	848

PHC Facility Monthly Attendance

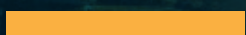
PHC Facility Monthly Attendance				
Kano	PHC Facility	Baseline on PHC Monthly Attendance	As at end of Year 1	As at end of Year 2
	Kademi PHC	1,000	1,137	1,186
	Albasu PHC	1,100	1,063	2,000
	Takai PHC	1,400	4,259	7,057
	Bunkure PHC	1,613	1,688	2,170
	Rahama Basic Health Center	1,650	1,604	1,489
	Warawa PHC	1,200	737	830
	Tsakuwa PHC	1,000	1,568	1695
	Kabuga PHC	3,390	4,319	6,217
	Sharada PHC	1,900	2,164	2,445
	Hotoro North PHC	1,700	4,700	6,001
	Gwagwarwa PHC	3,500	4,000	9,542
	Sani Marshal Maternity Memorial Center	951	1,065	1882
	Saye PHC	1,600	3,800	5,409
	Abbas PHC	3,000	3,200	3,352
	Makoda Model PHC	4,000	3,700	3,700
Yobe	Murfa PHCC	100	1,019	1,645
	Gwange Primary Health care	300	550	2,226
	Maisandari PHCC	500	700	1,745
	Ibrahim Geidam PHCC	400	600	1,630
	Kaliyari PHCC	100	1,077	1,375
	Damagum PHCC	1,000	1,240	1,890
	Ngelzarma PHCC	600	702	1,654
	Dogon kuka PHCC	100	625	1,432
	Mamudo	150	788	2,445
	Dogon Zare	1,500	1,543	4,929
	Ngillewa PHC	700	350	1,261
	Afunori PHC	1,000	300	792
	Dagona PHC	150	800	708
	Garin Lamido PHC	100	400	905
	Babuje	50	1,000	1350

PHC Facility Monthly Attendance

PHC Facility Monthly Attendance				
Kaduna	PHC Facility	Baseline on PHC Monthly Attendance	As at end of Year 1	As at end of Year 2
	Lazuru Primary Health Centre	500	1,706	1,998
	PHCC Sakadadi	100	1,411	1,100
	Anguwar Jaba Primary Health Center	700	1,581	5377
	Basawa Primary Health Care Center	552	1,294	1045
	PHC – Bayan Duste	700	950	860
	Romi Primary Health Care	1,012	1,407	1,148
	Sabon Gari Primary Healthcare Center	500	406	368
	Kakau Primary Health Care	700	700	320
	Kinkinau Primary Health Centre	1,500	815	840
	Kubau Road Primary Health Center	1,000	358	415
	Gidan Tagwai PHC	460	347	252
	Doka Primary Health Centre	500	892	358
	Gora Bafai Primary Health Centre	672	403	300
	Mabushi Primary Health Centre	400	306	1,532
	Kurmin Masara Primary Health Centre	300	684	802
		60,896	88,543	132,101

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2.0





2.0 Outcome and Activity Report

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

Output 1



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

Output 2



Primary Health Accountability reports

Output 3



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

Output 4



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



2.1.1 The State of States Report and Presentation

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

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

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

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

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

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

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

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

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

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

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

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

2.1.2 Post-Event Engagement Impact

1 Increased Manpower in Yobe State

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

2 Kwara Government Commits to PHC Upgrade

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

3 Niger Makes Provision for More Health Workers

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

4 Government Adoption of SCEAP

During the course of implementation we received letters of recommendation from four Executive Secretaries (ES) (Gombe, Kaduna, Kano and Niger States) adopting the SCEAP project and recognizing its impact in the selected facilities/communities and employing us to scale up to other facilities. This was a remarkable achievement for the project as Government adoption is a major milestone in acceptance and the sustainability of the project in the respective states.



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2.1.3 Health Policy Brief

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

1 Increase Health Budget Allocation

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

2 Invest in Primary Health Care

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

3 Fund Support for Maternal and Child Health

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

4 Monitor Budget Performance

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

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

While we did not particularly meet with the Basic Health Care Provision Fund (BHCPF) team, we commenced communications (via an official letter of introduction) with the BHCPF office in the second year of the project.

We also had several engagements with other critical stakeholders that bear responsibility for the Primary Health Care service delivery in Nigeria. During the inception phase of the investment, we had engagements with NPHCDA (NEMCHIC Unit), in Abuja for the review and validation of the citizens' feedback tool and to properly set the questions to align with NPCHDA's strategy for tracking PHC service delivery. We also engaged with the leadership of all five states' SPHCDA during this process, as well as the Hon. Commissioners for Health in Kano and Kaduna States.

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

Output 5



Inception engagement with Ward Committees on primary health care delivery

Output 6

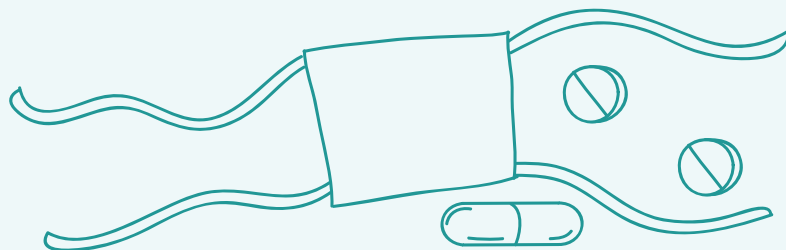


Community health tracking in 75 primary health centers with bi-monthly reports from community champions in every focus community

Output 7



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



2.2.1 Baseline Analysis and Inception Meetings

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

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

The gender analysis survey was conducted across the implementing communities in the

five states—Gombe, Kaduna, Kano, Niger, and Yobe. This survey focused on gender inclusion in primary healthcare (PHC) delivery, particularly around equitable access, gender integration, and inclusivity. The study found that PHC utilization is notably higher among women, with 72% of the 1,776 respondents being female. Most of these women (75.6%) were within the reproductive age range of 20-44 years, and 43.6% visited PHCs monthly. However, persons with disabilities (PWDs) reported inadequate facility accommodations, such as ramps or sign language interpreters. The study emphasized the need for gender-sensitive approaches in healthcare with recommendations such as improving accessibility for PWDs, expanding maternal health programs, addressing cultural biases towards traditional births, and enhancing family planning services through awareness campaigns. Removing age and consent barriers to empower adolescents was also emphasized. Additionally, fostering community engagement through partnerships with local organizations and improving accountability in PHC delivery were suggested. The report called for policy improvements, strengthened implementation, and incentivizing healthcare workers to ensure high-quality, gender-sensitive care.

Of the total 75 PHC facilities that we profiled, 65 are BHCPF facilities, meaning these facilities have access to certain resources and attention that the other 10 PHC facilities do not have access to, serving as our control group.

The project team facilitated coordination meetings across all five focus states. The convening had in attendance the critical stakeholders, which included the leadership of the states' PHC Management Board, the

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

PHC facility heads, Ward Development Committees (WDCs), Community-Based Organizations (CBOs), as well as other citizens.

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

Knowledge sharing sessions with

Government stakeholders: The SCEAP (Strengthening Community Engagement and Accountability for PHC) knowledge-sharing sessions with government stakeholders, which took place in 2024 across all SCEAP implementing states, provided valuable insights into improving primary health care. These sessions focused on reviewing project progress experience sharing by members of the community, the WDCs and the facility in charges, highlighting the impact and achievements of the project, and the need to continue the project to sustain the achievements. It also provided a forum to enable all stakeholders to present their challenges and advocate for stronger collaborations. Government stakeholders, especially the Executive secretaries, voiced their strong support for the ongoing community involvement in healthcare improvements, pledged to provide a conducive environment for dialogue and supported the impacts achieved under the project, including the adoption of the SCEAP project to enable expansion to other facilities/communities.

Partners Report: This report highlights the successes and challenges recorded during the implementation of the SCEAP Project,

which sought to improve primary healthcare, accountability and community participation in healthcare delivery; fiscal responsibility; enhancing service delivery; and fostering sustainability through partnerships with 20 community-based organizations (CBOs).

The report highlights feedback and achievements such as facility renovations, borehole installations, better sanitation, toilets, solar installations, recruiting medical personnel, provision of medical equipment, ambulance procurement, community sensitization programs, etc. Community advocacy efforts empowered Ward Development Committees (WDCs) and strengthened community champions, especially the training of females, leading to an improvement in healthcare accountability and ownership.

The report also outlined challenges, which include logistic issues like high transportation costs to facilities, the bias/perception gaps, lack of trained medical personnel, unavailability of drugs, religious barriers, lack of proper drainage systems, lack of water, electricity, and medical equipment, initial community resistance and engagement, and technological barriers with the PHC Accountability Tracker tool (PAT) as some of the challenges faced during the project. We also received recommendations from the partners (CBOs), such as securing additional funding, enhancing stakeholder engagement, improving tools like PAT for offline use, and sustaining capacity-building programs for community champions and healthcare workers. Advocating for extending the SCEAP project to scale its impact and improve healthcare access and quality. Other recommendations were project extension to increase its impact and enhance the quality and accessibility of healthcare, more funding, increasing stakeholder engagement, refining the PHC Accountability Tracker tool (PAT) for offline use, and increasing capacity-building for healthcare workers and community champions.

2.2.2 Multi-stakeholder Engagements and Meetings

In the period under review, we had 866 community engagements (Advocacy visits and town hall meetings), reaching 10,151 people directly. The meetings and engagements focused on different thematic issues that surround PHC accountability, enable communities to take ownership of their PHC facilities, and play a role in improving the quality of services offered. At the barest minimum, citizens' and patients' feedback provided through the PHC Accountability Platform is helping to identify issues in PHC services. These issues are collated quarterly and categorized into three categories (Community, LGAs, SPHCDA). The curated feedback categorization also guides the advocacy engagements of stakeholders, from the community to the local government and the state government, as required. The idea is to first identify issues in the feedback within the control and capacity of the community leadership and system to resolve. Other feedback beyond the capacity of the community is grouped for advocacy action with the government at both the local and state levels.

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

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

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

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

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

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

The baseline gender survey conducted at the inception of the project highlighted a major gap in reproductive health services and highlighted critical insights into the utilization and preferences of maternal healthcare services. Issues surrounding the preferred choice for child spacing and family planning. The study reveals significant gaps and cultural biases that influenced the uptake of family planning services. Our team facilitated the addition of female staff to the ANC unit of the SCEAP implementing PHCs.

Although the minimum standard for primary health care services prescribed by the National Primary Health Care Development Agency does not explicitly state the minimum standard for services to be provided for PWDs, our gender research presented that there may be limited or no provisions for PWDs in the PHC facilities visited by the respondents. Only 21 out of 46 people affirmed the presence of services for people living with disabilities, which range from wheelchairs to ease mobility in the facility, disability-inclusive infrastructure, sign language interpreters, and support groups.

As part of SCEAP response:

- **In Niger state, the community supported Makwalla PHC with construction of a ramp on the facility building**
- **In Kaduna, community members in Bayan Dutse, led by the focal representative of PLWDS supported the facility in the construction of a ramp to make the facility disability inclusive.**
- **Advocacy efforts in Kano State secured wheelchairs to support mobility for persons with mobility issues receiving care at Sani Marshal Memorial PHC.**

The SCEAP project has enhanced the resource mobilization skills of the community structures, as communities now have the capacity to channel the needs of PHCs through official mediums of communication to receive government responses for the provision of additional human personnel, utilities, drugs, etc., across the 75 SCEAP PHCs.

The unharnessed potential/power of the community is due to awareness, community involvement and outreach efforts. Traditional and religious leaders (who are strong pillar in these communities) now support and actively participate in their PHC's buildings to accommodate a larger number of patients at the SCEAP facilities, provide staff accommodation (with the construction / renovation of staff quarters),

The importance of the feedback mechanism in demanding accountability during service mapping at the inception of SCEAP: there was no defined or designated platform for community members, WDCs and PHC facility staff to address issues affecting healthcare provisions, but by the end of the two years of implementing SCEAP, communities are aware of different mediums to channel their feedback and utilize this feedback during town hall meetings and focus group discussions to identify and resolve issues to improve the quality of services provided. The portal also provides a documented guide of their efforts/achievements (including context impacts) and achievements for reviews and accountability purposes.

2.2.3 PHC Platform Development

www.phctracka.org

In July 2023, BudgIT launched the PHC Accountability Portal (PAT) as a platform for citizens and communities to use to share their PHC service experiences. The portal provides platforms for concerned citizens—people who have not received services at the PHC facility within three months, but who see and feel they have concerns to report as regards a PHC facility around them. The portal also provides a platform for patients—people who have received services at a PHC facility within three months. This portal provides opportunities for patients to share their service experience and provide an overall service experience rating. This provides a unique opportunity for citizens' voices to be heard transparently, without any alterations. It also provides an opportunity for government stakeholders, development partners, and other critical stakeholders to be abreast with the reality of PHC service delivery at the grassroots level. To strengthen the voice of these actors in participating in PHC advocacy and accountability processes, we developed and deployed a digital platform —<https://www.phctracka.org>—that allows citizens (patients or concerned citizens) to share their PHC service experience. This process is enhanced through the support of community actors whose capacity has been built and their rights enabled to hold the government accountable. Between July 2023, when this portal was launched, and December 2024, we had 10,897 feedback from citizens across the five project states. Kano accounted for 37% of the citizens and patients feedback, followed by Gombe (22%), Kaduna (16%), Niger(14%), and Yobe (11%).

State	Citizen Feedback	Patient Feedback	Total
Gombe	2160	5069	7229
Kaduna	2713	6183	8896
Kano	4113	13324	17437
Niger	1823	5126	6949
Yobe	734	4240	4974
Grand Total	11,543	33,942	45,485

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

Output 8



20

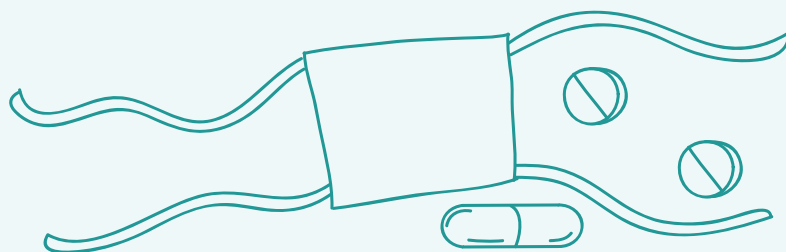
Stakeholder engagement sessions at state and LGA levels to provide institutional support for PHC performance

Output 9



10

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





In the two years period of the project implementation, we recorded 866 engagement meetings, which included town hall meetings and advocacy visits to LGAs and SPHCDA, as well as to other stakeholders in all 75 communities across the five states.

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

In the two years period of the project implementation, we recorded 866 engagement meetings, which included townhall meetings and advocacy visits to LGAs and SPHCDA, as well as to other stakeholders in all 75 communities across the five states. Some insights we found in this process include:

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

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

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

Community advocacy actions have received responses such as the provision of laboratory equipment, drug supply and improved water supply at the SCEAP-implemented PHC facilities. Pipe-borne water boreholes were constructed and scan machines and other laboratory equipment were donated. Specifically, members of Lazuru community anchored the construction of the laboratory building of Lazuru PHC to improve access to laboratory services

Other achievements include improvements in provision of ambulance services improved security measures at the PHCs across the states in four PHCs in Gombe state, one PHC in Yobe state and three PHCs in Niger state; security personnels were recruited in some of the facilities where there was none and also perimeter fences were built to secure the patient and staff of those facilities

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

Output 10



Provide sub-awards to

20

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



2.4.1 Strengthening Community-Based Organizations

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

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

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

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

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

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

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

The SCEAP CBOs have strengthened their capacity with the use of the PHC Tracka platform. While the 16 implementing CBOs input patient and citizen feedback reports, the four lead CBOs are responsible for reviewing, approval and publishing the data entered on the platform. Providing a community tier validator.

Involvement of the community members and CBOs in advocacy actions has improved their advocacy skills. It is worthy to note that the members of the SCEAP-selected communities have successfully mobilised resources from the government through their organised advocacy visits

Community champions who are members of the community were raised and trained to strengthen community capacity to utilize the PAT platform. A total of 153 (93 males and 60 females) community champions were selected and trained to support the community members to upload their feedback from PHC experiences on the PAT platform.

Enhanced community governance on the PHC facilities has resulted in community-level building of trust and improvement in the quality of healthcare service delivery at the PHC facilities.

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

Output 11



2

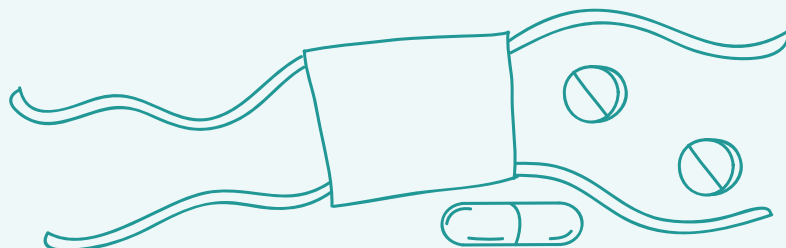
award ceremonies for PHC facility service leaders, with a focus on outstanding community leaders

Output 12



4

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



2.5 PHC Awards Program

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

Utilization of the PAT (PHC Accountability Tracka) feedback



Best Performing
PHC Facility



Best Performing PHC Facility
in Service Delivery

PHC Human Resources for Health



Community PHC/
Health Advocate



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



Best Facility Volunteer/
Health Champion

PHC- Community Engagement



Most Active Community in
PHC Advocacy



Best Performing Ward
Development Community WDCs



Best Performing
Community Champion



**Gender Inclusion at the
PHC PWD's Champion**



**Outstanding Performing
Community-Based
Organization (CBOs)**



**Outstanding Leadership
Award**

The award event has already been implemented in Niger, Kano, and Kaduna States. Respective winners received a plaque award and a cash prize to incentivize and motivate them for professional growth. This gesture is aimed at inspiring/mirroring positive social and behavioral change across PHCs in Nigeria. Following the award event, we received positive feedback from the Honourable Commissioner of Primary Health Service, Niger State, as well as Kaduna State, noting that this is an activity they would like to sustain in the states.

2.5.1 Summary of Niger State Award Event

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

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

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



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

Dr. Ibrahim Dongana

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

Date of Award: 22nd February, 2024

AWARD CATEGORY	AWARD	AWARD WINNER
PHC Facility	Best Performing PHC Facility (PHC Accountability Portal)	Tundun Fulani City Gate PHC
	Best Performing PHC Facility In Service Delivery	PHCC Kpakungu
PHC Human Resource	Community PHC /Health Advocate	Kangi PHC Bida
	Health Worker Dedication To Work - Punctuality, Efficiency At Service Delivery/ Attitude To Work	Mrs. Kaka Adamu; Kodo PHCC
	Best Facility Volunteer/Health Champion	Suleiman Salihu (City Gate PHCC Tundun Fulani)
PHC-Community Engagement	Most Active Community in PHC Advocacy	Kawo Community Lapai
	Best Performing Ward Development Community: (WDCs)	Limawa Ward A WDC
	Best Performing Community Champion	Alh. Muhammed Kathun Kodo PHC
Gender inclusion at the PHC PWD's Champion		Habiba Ibrahim-MCH Lapai
Outstanding Performing Community-Based Organization (CBOs)		iSODAF

2.5.2 Summary of Kano State Award Event

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

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

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

The award ceremony commenced immediately, with the winners expressing both a display of shock and excitement at their winnings at the facility and community levels, respectively.



Courtesy Visits

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



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

Date of Award: 27th February, 2024

AWARD CATEGORY	AWARD	AWARD WINNER
PHC Facility	Best Performing PHC Facility (PHC Accountability Portal)	Hotoro North PHC
	Best Performing PHC Facility in Service Delivery	Kabuga PHC
PHC Human Resource	Community PHC /Health Advocate	Mr Saliyu Isa Turaki (Sani Marshal Memorial Health Center)
	Health Worker Dedication To Work - Punctuality, Efficiency At Service Delivery/ Attitude To Work	Mr Sani Yusuf (Kabuga PHC)
	Best Facility Volunteer/Health Champion	Abubakar Muhammed Sani (Tsakuwa PHC)
PHC-Community Engagement	Most Active Community in PHC Advocacy	Hotoro North - Ladidi Bala Suleiman
	Best Performing Ward Development Community: (WDCs)	Alhaji Muhammed Rabi Inuwa (Kademi PHC)
	Best Performing Community Champion	Ms. Rahila Ishaya(Tsakuwa Community)
Gender inclusion at the PHC PWD's Champion		Haj. Asabe Ismail (Gwagwarwa PHC)
Outstanding Performing Community-Based Organization (CBOs)		YES Concept

2.5.3 Summary of Award Event in Kaduna State

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

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

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



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

Mrs Adetoun Aliu

(SCEFP - Kaduna State Primary Health Care Management Board)

Date of Award: 29th February, 2024

AWARD CATEGORY	AWARD	AWARD WINNER
PHC Facility	Best Performing PHC Facility (PHC Accountability Portal)	PHC Lazaru, Lere LGA
	Best Performing PHC Facility In Service Delivery	PHC Bayan Dutse
PHC Human Resource	Community PHC /Health Advocate	PHC Basawa, Sabon Gari
	Health Worker Dedication To Work - Punctuality, Efficiency At Service Delivery/ Attitude To Work	Mrs. Linda Buki, Bayan Dutse PHC
	Best Facility Volunteer/Health Champion	Shedrack Samuel, Mabushi PHC
PHC-Community Engagement	Most Active Community in PHC Advocacy	Kurmin Masara PHC
	Best Performing Ward Development Community: (WDCs)	Tudun Wada , South Kinkinau
	Best Performing Community Champion	Abdulumuni Ismail (Village Head Bassawa) Sabon Gari LGA
Gender inclusion at the PHC PWD's Champion		PHC Sakaddadi, Sabon Gari LGA
Outstanding Performing Community-Based Organization (CBOs)		Tofedam Care Initiative

2.5.4 Summary of Award Event in Yobe State

The event began with the National anthem and welcoming of the dignitaries. Followed by an opening remark of the Executive Secretary(ES) of Yobe State Primary Healthcare management Board Dr Babagana Kundi Machina (represented).

A keynote address was given by His Excellency Idi Barde Gubana Deputy Governor of Yobe State represented by Hon. Musa G. Telan and Mr Andrew Orlando (who stood in for the Country Director of BudgiT Foundation - Mr Gabriel Okeowo) who admonished the health workers and the community to be steadfast in their service to their respective communities and strive for excellence in delivering care.

This was followed by a goodwill message from the Representative of His Royal Highness the Emirate council of Damaturu (Muhammad Mahd'i) and Emirate Council of Bade (Saleh Kaigama). other dignitaries who shared good will messages included;

-  *Hon. Commissioner, Ministry of Health Dr Muhammad Lawan Gana represented by Muhammed K. Usman*
-  *The Executive Secretary, Yobe State contributory health Management Agency.*
-  *Members of the SPHCMB: Muhammed K. Usman,*
-  *State Lead, Lafiya UK Programme, Yobe State: Zanna Moh'd Ali (State Lead)*
-  *Caretaker Chairman, Damaturu L.G.A Hon. A. Murfa*
-  *SSG, Yobe State*
-  *Executive Secretary, State Emergency Management Agency: Dr M.I. Jalo*
-  *State Coordinator, North East Development Commission*
-  *Executive Director/ Chairman, Network of Yobe Civil Society Organizations represented by Dr Mauzu*
-  *Chairperson, Network of Women-led Civil Society Organizations*
-  *CEO, spotlight for transparency and accountability initiative.*
-  *Northern initiative : Murtala Mubarak*

A brief Overview of BudgIT's implementation and engagement in Yobe State, State progress update and a live demonstration of the PAT(PHC Accountability Portal) portal and how the information has been utilized on engaging and driving both civic actions and institutional engagements with the all Health Stakeholders at the community, facility, LGA and State levels respectively including at the National and Federal Levels respectively. on the portal and the feedback was shared by Dr Biobele Davidson (Head SHS/ Administrative Lead BudgIT Foundation Abuja)

The SCEAP documentary was aired and it captured a mixture of emotions as the audience expressed how the Primary Healthcare System was in need of attention especially in the hard to reach areas of the states captured. It also buttressed the need for the community to take ownership of their PHCs.

The award ceremony commenced immediately with the winners expressing both a display of shock and excitement on their winnings at the Facility and Community levels respectively.

A vote of thanks was given by Dr Biobele Davidson and this was followed by a group photograph. The event ended at 1:00pm to enable participants who journeyed from different locations in Yobe state ample time to return to their homes.



Date of Award: 18th April, 2024

AWARD CATEGORY	AWARD	AWARD WINNER
PHC Facility	Best Performing PHC Facility (PHC Accountability Portal)	Mamudo PHC – Potiskum LGA
	Best Performing PHC Facility In Service Delivery	Garin Lamido PHC – Bade LGA Gwange PHC – Damaturu LGA Ngelzarma PHC – Fune LGA Tudun Wada PHC – Potiskum LGA Afunori PHC – Nguru LGA Ibrahim Geidam PHC Dapchi – Bursari LGA
PHC Human Resource	Community PHC /Health Advocate	Bade – Rukaiya Abubakar Dagona PHC Bursari – Gambo Lagremi Kaliyari PHC Damaturu –Musa Shu'aibu Maisandari PHC Fune – Abdullahi Bukar Damagum PHC Nguru – Alhassan Baba Suleiman Ngillewa PHC Potiskum –Maryam Hassan Tudun Wada PH
	Health Worker Dedication To Work - Punctuality, Efficiency At Service Delivery/ Attitude To Work	Bade LGA - Rukaiya Abubakar - Dagona PHC Bursari LGA - Guwo Lagremi - Kaliyari PHC Damaturu LGA - Aisha Suleiman Baba - Maisandari PHC Fune LGA - Abdullahi Bukar - Damagum PHC Nguru LGA - Ligali Mumin Ali Makinta - Ngillewa PHC Nguru LGA - Alhassan Baba Suleiman - Hausari PHC Potiskum LGA - Fatima Usman Hassan - Tudun Wada PH
	Best Facility Volunteer/Health Champion	Laraba Inuwa - Bade LGA
PHC-Community Engagement	Most Active Community in PHC Advocacy	Babuje Community – Bade LGA
	Best Performing Ward Development Community: (WDCs)	Unified SCEAP Ward Development Committees (WDCs) from: Gwange, Maisandari, Murfa Kalam, Damaturu LGA
	Best Performing Community Champion	Mamman Hassan Lawan – Garin Lamido; Bade LGA
Best Facility in Providing Access to PLWD		Dogon Kuka PHC – Fune LGA
Outstanding Performing Community-Based Organization (CBOs)		Forum for the Promotion of Gender Equity and Moral Values (FOPGEMOV)






2.5.5 Summary of Award Event in Gombe State

The event began with the National anthem and welcoming of the dignitaries. Followed by an opening remark of the ES of Gombe State represented by the Dr Seni James Barka

A keynote address was given by His Excellency the Deputy Governor of Gombe State H.E. Mannaseh Daniel Jatau represented by the SSG, Gombe State Sanusi Ahmad Pindigu.

Mr Andrew Orlando (who stood in for the Country Director of BudgiT Foundation - Mr Gabriel Okeowo) admonished the health workers and the community to be steadfast in their service to their respective communities and strive for excellence in delivering care.

The other dignitaries present who shared good will messages include;

-  *Mr. Dauda Teman: SMOH Gombe State*
-  *Mr. Yakubu Demba: SMOH Gombe State*
-  *Barr. Jonson Ojogbane : Assist. Director EFCC*
-  *Saleh F. Lungori: Ministry of Health*
-  *Ibrahim Yusuf : Gombe Network of CSO.*



A brief Overview of BudgIT's implementation and engagement in Yobe State, State progress update and a live demonstration of the PAT(PHC Accountability Portal) portal and how the information has been utilized on engaging and driving both civic actions and institutional engagements with the all Health Stakeholders at the community, facility, LGA and State levels respectively including at the National and Federal Levels respectively. on the portal and the feedback was shared by Dr Biobele Davidson (Head SHS/ Administrative Lead BudgIT Foundation Abuja).

The SCEAP documentary was aired and it captured a mixture of emotions as the audience expressed how the Primary Healthcare System was in need of attention especially in the hard to reach areas of the states captured. It also buttressed the need for the community to take ownership of their PHCs.

The award ceremony commenced immediately with the winners expressing both a display of shock and excitement on their winnings at the Facility and Community levels respectively.

A word of gratitude was given by the the best performing CBO.

A vote of thanks was given by Dr Biobele Davidson and this was followed by a group photograph. The event ended at 1:00pm to enable participants who journeyed from different locations in Gombe state ample time to return to their homes.



Date of Award: 25th April, 2024

AWARD CATEGORY	AWARD	AWARD WINNER
PHC Facility	Best Performing PHC Facility (PHC Accountability Portal)	Lapan PHC – Shongom LGA
	Best Performing PHC Facility In Service Delivery	Gadam PHCC – Kwami LGA
PHC Human Resource	Community PHC /Health Advocate	Model PHCC Dadinkowa – Yamaltu Deba LGA
	Health Worker Dedication To Work - Punctuality, Efficiency At Service Delivery/ Attitude To Work	RN Martha Buba –BangunjiPHCC – Shongom LGA
	Best Facility Volunteer/Health Champion	Amina Muhammad (CHIPS) – Malam Sidi PHCC – Kwami LGA
PHC-Community Engagement	Most Active Community in PHC Advocacy	Kumo Community – Akko LGA
	Best Performing Ward Development Community: (WDCs)	Chairman WDC – Lano Kuri Lambam Ward – Yamaltu Deba LGA
	Best Performing Community Champion	Hauwa Yaro – Bambam PHCC – Balanga LGA
Best Facility in Providing Access to PLWD		CHC Dukku – Dukku LGA
Outstanding Performing Community-Based Organization (CBOs)		FOUNDATION for Community Empowerment Initiative (FOCEI)

An aerial, high-angle photograph of a busy street in a developing area. The street is filled with numerous small, yellow and black cars, and many people are walking along the sidewalks. The surrounding area is densely packed with small, simple houses with corrugated metal roofs. The overall scene suggests a bustling, everyday life in a community.

3.0





3.0 Gender Analysis and Integration

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

The gender analysis collected data from 1,766 individuals, comprising 1,282 women and 484 men. The research was conducted in 75 facilities located across five states, namely, Yobe (18), Kaduna (17), Kano (15), Gombe (15), and Niger (15). Our sample was limited to citizens who use Primary Health Care (PHC) facilities situated in their respective communities. Across the facilities surveyed, a majority of the PHC facilities (68.8%) recorded more than 200 female patients visiting the facilities every month, indicating a significant demand for healthcare services among women.

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

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

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

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

During the course implementation, we ensured gender-inclusive programming. Some of the narratives and insights generated are;

For overall gender, Kano recorded the highest number of female participation (10,086), followed by Kaduna (4692), and the lowest was Yobe with a total of 2721 female participation.

Gender by Age: From the analysis, participants in Kano under the age of 20 to 35 years recorded the highest number of female participation (7500), followed by Niger with a total of 2,260. Kaduna also recorded a high number of females under the same age range. There were, in total, 5,385 females and 2,551 males aged 36 to 50, with 532 females and 579 males over 50. A total of 33,942 people participated, demonstrating a balanced representation of genders and age groups.

Access to health care with easy access records a highest total of 1701 females in Kano, 918 in Gombe and 755 in Kaduna. The total for all states was 21960 females and 7600 males. Kano had the highest number (1174) of females with difficult access and Kaduna recorded the lowest (318). The total was 3182 female and 1200 male with difficult access.

In many categories, female participation was consistently higher than male participation. Gombe had 5,069 participants, with females leading at all educational levels. Kaduna had 6,183 participants, the majority of whom were female, particularly those in secondary education. Kano had the most participants (13,324), with a high proportion of women pursuing university education. Niger (5,126 participants) and Yobe (4,240 participants) also had significant female representation. The total number of participants reached 33,942.

Inclusivity in healthcare services was a key issue. Only 36% of facilities had accommodations for PWDs, and gender disparities in leadership roles within PHCs were noted. Marginalized groups, including adolescents and PWDs, were underserved, with few awareness programs in place. The survey also noted troubling statistics around neonatal and under-5 mortality rates, which remain above SDG targets. Vaccination uptake, though positive, required sustained efforts and outreach initiatives to maintain progress.



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

Other insights gleaned from the analysis include:

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

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

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

Furthermore, in integrating gender into the project process, we engaged the expertise and proximity of 20 community-based organizations—60% women-led—to facilitate the usage of the PAT portal in closing the feedback loop between the government and the people. These CBOs facilitated capacity-building, periodic town hall meetings, and engagement sessions between community leaders, government, and healthcare actors and stakeholders at the state and community levels to accelerate equal inclusion and participation of relevant community segments. Also, we have raised a total of 153 Community Champions, 93 male and 60 female. It is continuous work to empower more females to be involved and come on board as Community Champions, hence the current 43% female representation among the Community Champions. We will continue the work and keep increasing the percentage of females in the group.

Ultimately, the study emphasizes the need for gender-sensitive approaches in healthcare to ensure equitable access and better healthcare outcomes, especially for marginalized groups in these Nigerian states.

Recommendations during the continuum of care included improving accessibility for PWDs, expanding maternal health programs, addressing cultural biases towards traditional births, and enhancing family planning services through awareness campaigns. Removing age and consent barriers to empower adolescents was also emphasized. Additionally, fostering community engagement through partnerships with local organizations and improving accountability in PHC delivery were suggested. The report called for policy improvements, strengthened implementation, and incentivizing healthcare workers to ensure high-quality, gender-sensitive care.

An aerial, high-angle photograph of a busy street in a developing area. The street is filled with numerous small, closely packed houses with corrugated metal roofs. The street itself is a mix of dirt and paved sections, with many cars and people moving along it. The overall scene is captured in a dark, moody, and slightly desaturated color palette, giving it a gritty, documentary-like feel. The text '4.0' is overlaid in the lower-left quadrant, with a small orange horizontal line under the '4'.

4.0



4.0 State-Level Analysis

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

4.1 Key Program Statistics

State	Town Hall Meetings	Advocacy Visits	Persons Reached	Managed Community Interventions	Govt. Agencies and Stakeholders Engaged	Institutional Engagements	Institutional Response	Tangible Impact
Kano	103	84	1,716	76	SPHCMB, RIWASSA, Kano State Min. of Health, LGAs, BHCPF, WDC, E-Health, So Clean Company, Religious Leaders, Facility In - charges, Village heads, Clonhouse, Kano State Health Insurance Scheme	13	12	58
Kaduna	140	130	4,107	61	WDCs, Religious Leaders, Facility Managers/Staff, RIWASSA, Village heads, Kaduna State Ministry of Health SPHCB, KAPSCO, Kaduna State Health Suppliers Management Agency, LGAs, KADCO for Electricity issues, FAAROL, TY Danjuma Foundation,BH	14	14	41
Gombe	44	70	1,194	50	Gombe State Primary Healthcare Development Agency (GSPHCDA), Village Heads, Religious Leaders, Community Champions, WDC, Gombe State Min. of Health, SHMB, LGAs, CIHP, Clonhouse, Ministry of Social Welfare/Development	10	10	50
Niger	104	70	1,832	56	Minstry of Primary HealthCare, Community Stakeholders, Clonhouse, Religious leaders, NSPHCB, LGAs, Community Leaders, Nicare, Ministry of Health, WDC, Youth Leaders, House of Representatives, Niger Emirate Council	12	11	31
Yobe	48	73	1,302	25	Yobe State Ministry of Health, YSPHCB, LGAs, Community Leaders, Religiuous leaders, UNICEF, WDCs, YOSAMA,, Facility in charges, Clonhouse	10	9	24
Total	439	427	10,151	268		59	56	204

4.2 Kano State

In Kano State, 15 facilities were assessed and profiled on the PAT portal. These PHC facilities are being supported by four community-based organizations, which span across three senatorial districts and 14 LGAs. Engagement at the community level was done via a holistic approach, with interactions commencing at the start of the project with the stakeholders, facility personnel, and community members, respectively.

Following their engagement with the designated PHC facilities and community, 17,437 reports were recorded on the portal, with 4,113 citizen and 13,324 patient feedback reports. As compared to the previous data generated for the third quarter report, the Kano SCEAP intervention recorded a 20% increase in the number of people who used the PHC accountability portal, largely from patient feedback.

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

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

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



17,437
reports recorded



4,113
citizen feedback
reports



13,324
patient feedback
reports

Kano State Feedback by Facility Data

State-Level Analysis | 57

Facility Name	Citizen Feedback	Patient Feedback	Total
Abbas PHC	55	550	605
Albasu PHC	216	1199	1415
Bunkure PHC	306	726	1032
Gwagwarwa PHC	67	643	710
Hotoro North PHC	74	687	761
Kabuga PHC	240	1177	1417
Kademi PHC	841	1153	1994
Makoda Model PHC	68	432	500
Rahama Basic Health Center	235	623	858
Sani Marshal Maternity Memorial Center	1147	1487	2634
Saye Model PHC	203	421	624
Sharada PHC	211	876	1087
Takai PHC	34	420	454
Tsakuwa PHC	281	1856	2137
Warawa PHC	135	1074	1209
Grand Total	4113	13324	17437



Key Results Recorded

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

Based on the participants' opinions, the SCEAP Project has resulted in an additional toilet facility in Gwagwarwa PHC, Kano State.

Through advocacy, town hall meetings, and facilitation, and as a result of the WDC effort, there has been the construction of toilets, and payment of five volunteers' salaries by a community philanthropist in Hotoro North, Gwagwarwa, and Makoda.

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

The CBO GAYA, assigned to Kademi PHC through advocacy efforts, played a crucial role in facilitating the securing of an ambulance for the PHC. The new ambulance is now operational, enhancing the health center's capacity to transport patients to referral facilities and provide emergency transport.

Community members in Kabuga community supported the facility in improving the infrastructure by renovating the Kabuga ANC Unit and providing additional chairs to ensure the comfort of the patients during their visit to the facility.

At Sani Marshal Maternity Memorial Centre in Kano State, several infrastructural developments were done and these include the extension of wards, office spaces/store and accommodation for staff. Our advocacy efforts led to the deployment of additional healthcare workers to the Sani Marshal Maternity Memorial Center. Also, the piping of water channel into the maternity ward, repair of leaking roof, repair of faulty electrical wiring, provision of medical equipment and hospital beds were achieved during the SCEAP intervention by YES Concept, the CBO assigned to the facility, championed by the ward development committee of the facility.

At Albasu PHC in August 2024, some issues/needs identified during SCEAP town hall meetings were addressed. A hematocrit machine was procured for the laboratory. A shed for reception and comfort of patients waiting at the laboratory was constructed. Also a full-scale renovation of the Albasu PHC facility building was carried out, significantly improving the physical environment for both patients and staff, funded by the BHCPF as a response to advocacy actions of the community members/WDCs to resolve the needs of the facility identified at the SCEAP town hall meetings.

At Takai PHC, there were infrastructural improvements during the SCEAP Project such as the replacement of faulty electrical bulbs, renovation of the postnatal unit, installation of water pipes to supply to the female ward, and provision of solar power to both male and female wards. These infrastructural attention have improved patient care, ensuring uninterrupted services.

At Rahama Basic PHC, essential healthcare equipment was purchased to improve diagnostic laboratory procedures and treatment services and the engagement of ad-hoc security personnel has enhanced the safety of staff and patients attending the PHC facility.

To ensure the privacy of patients accessing healthcare, there was provision of curtains to cover doors and windows for privacy and comfort of patients at the Takai PHC facility.

As part of responses received during SCEAP implementation, there was recruitment of additional health workers to support healthcare delivery to patients at Warawa PHC.

To address the issue of delayed clinical/laboratory procedures due to unstable availability of electricity, there was a repair of a faulty solar panel at Tsakuwa PHC.

There was a donation of solar system to Sharada PHC to provide an alternative power supply to the PHCs.

At Makoda PHC, the facility received an additional human resource, a medical doctor employed and a scanning machine donated to Makoda PHC facility by the state. Also as a response to an advocacy visit to Makoda LGA Chairman, honorable Ubale Kashim at Makoda LGA secretariat led to some commitment from the LGA;

- Approval for the recruitment of two additional nurses and one doctor within the next quarter by providing necessary support for the recruitment process and working closely with the facility management to ensure a smooth onboarding process for the new staff.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Kano South	Gaya	Kademi PHC Population: 2,000–2,500	<p>The facility attends to an average of 900–1,000 patients monthly.</p> <p>Needs: Some of the issues raised are the unavailability of oxygen in the facility that can help sustain patients before referral and the lack of permanent doctors to attend to issues like blood transfusions.</p>	<p>PHC Average Monthly Patient Attendance: 1,137</p> <p>Impact: Based on SCEAP engagements, we have seen the renovation of the record office, light bulb provision for improved lighting, general hygiene and sanitation improvements, emergency unit renovation, and engagement of ad-hoc staff.</p> <p>Urgent Need: Provision of oxygen in the facility to sustain patients.</p>	<p>PHC Average Monthly Patient Attendance: 1,186</p> <p>Impact: Following the advocacy efforts, GAYAA played a crucial role in securing an ambulance for the Kademi PHC. • The new ambulance is now operational, enhancing the center's capability to transport patients to referral facilities and provide emergency transport services, significantly improving access to timely healthcare for the community</p> <p>The provision of a solar power system by the LGA chairman augmented the deficit of electricity in the facility, ensuring uninterrupted access to healthcare services even in areas with unreliable power supply.</p> <p>During the monthly town hall meeting, the Gaya Youth Awareness Association successfully facilitated the renovation of the Kademi PHC's roofing, which had been damaged by wind. The renovation was completed using resources generated from the BHCPF facility.</p> <p>Also the community constructed a veranda for the Antenatal Care (ANC) unit, built an additional office and a generator house at Kademi PHC to accommodate administrative needs."</p>
		Albasu Population: 35,282	<p>The facility attends to an average of 900–1,100 patients monthly.</p> <p>Needs: There is a need for facility extension and a doctor's accommodation to provide a more suitable environment, a good and clean toilet facility, and a proper laboratory and pharmacy.</p>	<p>PHC Average Monthly Patient Attendance: 1,063</p> <p>Impact: Based on SCEAP engagements, the community provided solar power and was involved in supplying hygiene and sanitation facilities to the PHC while the laboratory unit was renovated by the collective efforts of the community.</p> <p>Urgent Need: Facility extension and a doctor's accommodation for a more suitable environment.</p>	<p>PHC Average Monthly Patient Attendance: 2000</p> <p>Impact: As a result of SCEAP response, the facility In-Charge and the WDCs ". Procured a hematocrit machine and built a shed for the laboratory at Albasu PHC in August 2024." Additionally, full-scale renovation of the facility was carried out significantly improving the physical environment for both patients and staff, all these interventions were funded by the BHCPF allocation to the PHC Facility</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Kano South	Takai	<p>Takai PHC</p> <p>Population: 46,270</p>	<p>The facility attends to an average of 1,300-1,400 patients monthly.</p> <p>Needs: Renovation of the hospital environment, lack of drainage system, hence a completely waterlogged environment during rainfall, the facility also requires X-ray and scanning machines.</p>	<p>PHC Average Monthly Patient Attendance: 4,259</p> <p>Impact: Following the SCEAP engagements, the community mobilized and provided an alternative and sustainable energy supply (solar panel repair), including the installation of a light source to illuminate the facility, and the provision of general hygiene and sanitation kits. Other major community-driven initiatives were the renovation of the female ward, the repair of the facility ambulance, the painting of the maternity unit, and the replacement of window nets.</p> <p>The involvement of LGA stakeholders and philanthropic engagement provided the facility with 40 electric bulbs and ten rechargeable bulbs.</p> <p>GAYA/WDC/community members facilitated a conversation that led the facilities to prioritize the provision of personal protective equipment (PPE), repair of PCV machines, and the provision of basic medical equipment such as a BP machine, using funds from their BHCPF allocation.</p> <p>Urgent Need: Provision of a drainage system to aid access to the facility during the rainy season and the provision of an X-ray machine.</p> <p>Emerging Need: The provision of oxygen cylinders to aid patients in critical condition.</p>	<p>PHC Average Monthly Patient Attendance: 7.057</p> <p>Impact: Due to community dialogues and involvement in PHC improvements, the faulty electrical bulbs were replaced for improved lighting of the PHC. The postnatal unit was renovated, with an installation of water supply to the female ward. Through the SCEAP Initiative, the provision of solar power to both male and female wards has improved patient care, particularly by ensuring uninterrupted services.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Kano South	Bebeji	<p>Rahama Basic Health Center</p> <p>Population: 4,000</p>	<p>The facility attends to an average of 1,613 patients monthly.</p> <p>Needs: Expansion of wards, especially the maternity ward, more beds, and provision of ambulance.</p>	<p>PHC Average Monthly Patient Attendance: 1,604</p> <p>Impact: Through the intervention of the SCEAP Project, Bebeji Basic Health Center was able to acquire mattresses for their inpatient wards.</p> <p>The facility, through the support and generous donation of the community, also purchased BP and centrifuge machines, and ten additional mattresses, including the construction of public conveniences.</p> <p>Pending Needs: The expansion of wards, especially the maternity ward, and the provision of ambulances have been communicated to the SPHCDA via an official letter sent by the WDC.</p>	<p>PHC Average Monthly Patient Attendance: 1,489</p> <p>Impact: During the SCEAP implementation, some essential healthcare equipment were purchased to improve diagnostic and treatment services. The engagement of ad-hoc security personnel has enhanced the safety of staff and patients</p>
	Bunkure	<p>Bunkure PHC</p> <p>Population: 4,000</p>	<p>The facility attends to an average of 1,500 patients monthly.</p> <p>Needs: Clinical machines for genotype screening, BP, infant ambu-bag and majorly power supply.</p>	<p>PHC Average Monthly Patient Attendance: 1,604</p> <p>Impact: Following the involvement of the SCEAP Project, the community was able to repair the solar power at the facility.</p> <p>Additional efforts from the community also led to the renovation of the leaking roof, provision of hygiene and sanitation kits, and Mackintosh at the labor and delivery unit to prevent cross infection at the facility.</p> <p>The outcome of the town hall meetings achieved the repair of the water pipe network in the facility and the provision of water supply at the delivery unit, not excluding the engagement of a visiting medical doctor to the facility.</p> <p>Pending Needs: The facility still needs a hemoglobin electrophoresis machine (used for genotype screening), a sphygmomanometer (BP, machine), and an infant ambu-bag.</p>	<p>PHC Average Monthly Patient Attendance: 2,170</p> <p>Impact: In response to the needs of PHCs discussed at townhall meetings, the WDCs and the community members provided curtains to enhance privacy and improve the comfort for the patients receiving care at Bunkure PHC facility.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two Intervention Results
North Central	Warawa	Warawa PHC Population: 3,000-3,500	<p>The facility attends to an average of 1,100–1,200 patients monthly.</p> <p>Needs: More staff strength to help with the influx of patients to the facility.</p>	<p>PHC Average Monthly Patient Attendance: 737</p> <p>Impact: Additional volunteers were recruited from the community to assist as support staff in the facility following a courtesy visit led by the SCEAP Project's WDC and CBO to the Warawa LGA Coordinator on the shortage of manpower at the facility,</p> <p>Additional Efforts: Plans are ongoing with the facility stakeholders to explore internal funding sources toward increasing the working days of the existing staff with additional pay.</p>	<p>PHC Average Monthly Patient Attendance: 830</p> <p>Impact: To address the challenges of with shortage of staff at Warawa PHC, the stakeholders facilitated the recruitment of additional health workers to support the existing workforce for improved service delivery</p>
	Dawakin Kudu	Tsakuwa PHC Population: 33,850	<p>The facility attends to an average of 900–1,000 patients monthly.</p> <p>Needs: Community member's lament a current outbreak of malaria and typhoid. They revealed this can be addressed by fumigating the entire community which will help control the current situation.</p>	<p>PHC Average Monthly Patient Attendance: 1,604</p> <p>Impact: Through the intervention of the SCEAP Project, YES Concepts engaged the WDC and the PHC management to drill a borehole to generate running water for the Tsakuwa PHC facility. To ensure active community participation, improve health advocacy, and proffer lasting solutions to health challenges, the community stakeholders have mandated community sensitization and participation in health-related activities by practicing environmental hygiene, using medicated mosquito nets, and using affordable insecticides.</p> <p>One major achievement in this community is the strengthened bond between them and the PHC following the collaborative partnership under the SCEAP Project. The desire to improve their facility has provided a conducive environment for successful mobilization and health awareness exercises by the community health workers. Health talks on the community's needs such as endemic ailments (environmental control of vectors for malaria), hygiene and sanitation now hold regularly.</p>	<p>PHC Average Monthly Patient Attendance: 1,695</p> <p>Impact: To ensure constant electricity power supply to support clinical/laboratory procedures for patients at the facility, the community stakeholders and WDCs facilitated the repaired a faulty solar system and also provided Tsakuwa PHC with an additional alternate power supply (solar system)</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
North Central	Gwale	<p>Kabuga PHC</p> <p>Population: 4000–5000</p>	<p>The facility provides various basic healthcare services to an average of 3,390 patients monthly.</p> <p>Needs: Stable alternative power or a generator set, more drugs, chairs (plastics) and other medical equipment.</p>	<p>PHC Average Monthly Patient Attendance: 4,319</p> <p>Impact:</p> <p>Following the multi-stakeholder engagement at the community, WDCs, and PHC level led to the acquisition of a solar system and a generator set as alternative sources of power to address lack of power supply.</p> <p>Through communal effort, more chairs were donated for PHC patients/staff by a philanthropist from the community, outpatient prescription cards were donated for patients who cannot afford them, and there has been improved requisition of drugs through the drug revolving funds.</p>	<p>PHC Average Monthly Patient Attendance:6,217</p> <p>Impact: At Kabuga PHC through collaborative efforts of WDCs, facility management, th building and roofing of ANC waiting area was achieved as a result of SCEAP implementation in Kabuga PHC facility</p>
	Kano Municipal	<p>Sharada PHC</p> <p>Population: 6,000–6,500</p>	<p>The facility attends to an average of 1,800–1,900 patients monthly.</p> <p>Needs: General medical equipment, drugs, more beds, delivery and labor kits.</p>	<p>PHC Average Monthly Patient Attendance: 2,164</p> <p>Impact:</p> <p>The issues surrounding the availability of basic medical equipment (such as a sphygmomanometer) and the addition of more beds to the delivery room have been addressed by members of the community, who also sought donations from philanthropists in their community, leading to an increase in the facility attendance.</p> <p>Other notable impacts achieved include the strengthened relationship between the facility and community toward improved cooperation leading to the provision of drugs, hospital beds and birthing kits.</p> <p>Emerging Issues Resolved:</p> <p>In addition, the issue of insecurity, which was a recurrent concern, has been addressed by the community stakeholders and WDC, leading to the recruitment of two vigilante personnel to guard the facility.</p>	<p>PHC Average Monthly Patient Attendance: 2,445</p> <p>Impact:</p> <p>At Sharada PHC there was a donation of solar system to provide an alternative power supply to the PHCs</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
North Central	Nasarawa LGA	<p>Hotoro North PHC</p> <p>Population: 4000–4500</p>	<p>The facility attends to an average of 1,600–1,700 patients monthly.</p> <p>Needs: Expansion of the labor room, toilet facility for clients, ceiling fans, chairs, television and cable television for reception, plumbing maintenance, delivery beds, and drug cabinet.</p>	<p>PHC Average Monthly Patient Attendance: 2,400</p> <p>Impact: The collaborative effort of the community, facility, and CBO under the SCEAP project has implemented the expansion of the labor room as well as the maintenance of the facility plumbing and the provision of chairs in the waiting area for patients. Measurements for the construction of the toilet facility for clients have been taken, and construction will commence soonest. This is closely monitored by the CBO assigned to the facility.</p>	<p>PHC Average Monthly Patient Attendance: 6,001</p> <p>Impact: Through the joint effort of community stakeholders, Hotoro PHC received attention for the improvement of hygiene and sanitation through the renovation of non functional toilet facility to promote a hygienic environment for the comfort of patient and staff</p>
		<p>Gwagwarwa PHC</p> <p>Population: 35,976</p>	<p>The facility attends to an average of 3,000–3,500 patients monthly.</p> <p>Needs: Medical work tool, proper waste management system and plead for the urgent completion of the ongoing renovation for a more convenient space to render services to patients.</p>	<p>PHC Average Monthly Patient Attendance: 4,000</p> <p>Impact: With support from the community, especially the WDC chairman, the facility now has an effective waste management system for proper medical waste disposal. The facility has also completed the renovation exercise to accommodate more patients.</p> <p>Emerging Needs: Office furniture for staff and benches for patients in the waiting area, which has been communicated to the LGA by the WDC.</p>	<p>PHC Average Monthly Patient Attendance: 9,542</p> <p>Impact: A meeting was organized with the ward development committee and a collaborative advocacy visit was paid to the LGA HOD of Works department Mal. Muhammad Abdulkarim about the lack of toilets in the facility. The LGA in collaboration with Mr Musa Usman community Philanthropist responded and constructed new toilet for Gwagwarwa PHC facility</p>
	KURA LGA	<p>Sani Marshal Maternity Memorial Center</p> <p>Population: 4,000</p>	<p>The facility attends to an average of 951 patients monthly.</p> <p>Needs: The facility environment needs interlocking and an ambulance.</p>	<p>PHC Average Monthly Patient Attendance: 1,065</p> <p>Impact: With collaborative efforts under the SCEAP Project, Sani Marshal PHC now has a strengthened facility-community relationship. An official communication has been sent to the LGA by the WDC and the facility in-charge regarding the provision of an ambulance for the facility.</p> <p>Other notable achievements recorded at the facility include:</p> <ol style="list-style-type: none"> Renovation of the maternity ward and other parts of the PHC facility. The donation of mattresses for the facility by a member of the community. 	<p>PHC Average Monthly Patient Attendance: 1,882</p> <p>Impact: For the Resolution of Community Concerns: YES Concept being the CBO assigned to implement SCEAP in Sani Marshal Maternity Memorial Center supported the community in resolving several concerns, such as; 1.Piping of water channel into the maternity ward, repair of leaking roof, repair of faulty electrical wiring, provision of medical equipment and hospital beds. 2. Address the staffing shortages at Kura PHC facility, improving water supply and sanitation at Sani Marshal Maternity Memorial Center, and enhancing community engagement in healthcare facility management.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Kano North					<p>3.The town hall meeting at Kurunsumau community of Kura LGA successfully addressed concerns and facilitated open discussions about the on-going building of offices and store at Sani Marshal Maternity Memorial Centre, a process which is being championed by the WDCs</p> <p>4. Other Infrastructure developments are (extension of wards, office spaces, store and accommodation for staff).Our advocacy efforts led to the deployment of additional healthcare workers to the Sani Marshal Maternity Memorial Center, addressing the community's concern about inadequate staffing.</p>
	Bichi	<p>Saye PHC</p> <p>Population: 4000–5000</p>	<p>It provides various basic healthcare services to an average of 1500–1600 patients monthly.</p> <p>Needs: There is an urgent need to fix the water source, which is now faulty. Aside from that everything is fine.</p>	<p>PHC Average Monthly Patient Attendance: 3,800</p> <p>Impact: With support from the community and the collaborative effort between the facility and the community members, the water supply has been restored to the facility.</p>	<p>PHC Average Monthly Patient Attendance:5,409</p> <p>Impact: There is an improvement in the provision of water at Saye PHC facility and the renovation of staff quarter by the community/WDCs</p>
	Bagwai	<p>Abbas PHC</p> <p>Population: 38,000</p>	<p>The facility attends to an average of 2,000–3,000 patients monthly.</p> <p>Needs: More hospital equipment for the laboratory and maternity ward. More staff strength to accommodate a consistent inflow of patients.</p>	<p>PHC Average Monthly Patient Attendance: 3,200</p> <p>Impact: The issue surrounding the limited manpower resource for health has been raised at the community stakeholder engagement sessions and has been communicated to the Board by the WDC and facility representative. Other issues include the provision of medical tools such as: 1. BP apparatus, and stethoscope for the consulting room 2. Hematocrit/centrifuge machine for the laboratory 3. A staff quarters for female staff</p>	<p>PHC Average Monthly Patient Attendance:3,352</p> <p>Impact: Through advocacy actions of the WDCs and the facility management, the needs of Abbas PHC such as limited manpower and more hospital equipment have been communicated to the Board by the WDC and facility representative. Awaiting their response</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Kano North	Makoda	<p>Makoda Model PHC</p> <p>Population: 1500</p>	<p>The facility provides various basic healthcare services to an average of 3000–4000 patients monthly.</p> <p>Needs: There is a need for general addition of drugs and hospital equipment.</p>	<p>PHC Average Monthly Patient Attendance: 3,700</p> <p>Impact: The utilization of the resources in the Drug Revolving Fund (DRF) has helped the facility secure medications, especially routinely prescribed medications by utilizing resources from their DRF, thereby reducing out-of-stock situations for these medications.</p> <p>Emerging Needs: Microscope and electrophoresis machine (genotype screening machine) for the laboratory. 2. Sphygmomanometer (BP Apparatus) and additional forceps for the maternity ward. 3. Solar batteries to ensure uninterrupted power supply at the facility.</p> <p>These needs have been communicated by the facility incharge, also the WDC chairman has sent a correspondence to the director at the LGA.</p>	<p>PHC Average Monthly Patient Attendance:3,700</p> <p>Impact: In response to the advocacy visit conducted by HACM CBO to the State house of representative, a new Scanning Machine was purchased and donated to Makoda PHC facility and the lobby area was renovated for the comfort of waiting patients</p> <p>A refresher staff training organized by the new employed doctor. "</p> <p>Another Advocacy to Makoda LGA Chairman, honorable Ubale Kashim in his office at Makoda LGA secretariat, He acknowledged the challenges faced by the facility and expressed support for staff recruitment. He committed to:</p> <p>- Approve the recruitment of two additional nurses and one doctor within the next quarter.</p> <p>- Provide necessary support for the recruitment process.</p> <p>- Work with the facility management to ensure a smooth onboarding process for the new staff."</p>

4.3 Yobe State

In Yobe State, four Community-Based Organizations provided support to 15 facilities across the three senatorial districts in the state. Over the six months of implementation, Yobe State recorded 4,974 feedback. A large number of this feedback was from the patient report (4,240) who recorded easy access to the facility within walking distance between the stipulated time frame of 15 to 30 minutes but some members of the community (47) reported an extended walking time distance of more than an hour to Ibrahim Geidam and Murfaa facilities to access ANC and post-natal services at these facilities. This poses the risk of pregnant women seeking services from traditional birth attendants or home delivery and recording defaulters in routine immunization.

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

to accommodate those who sought care at the facility.

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



4,974
reports recorded



734
citizen feedback
reports



4,240
patient feedback
reports



15
Facilities

Facility Name	Citizen Feedback	Patient Feedback	Total
Afunori PHCC	34	166	200
Babuje PHCC	20	169	189
Dagona PHC	5	233	238
Dogon kuka PHCC	110	220	330
Dogon Zare PHC	10	568	578
Garin Lamido PHCC	9	429	438
Gwange Primary Health care	38	221	259
Ibrahim Geidam PHCC	74	275	349
Ngelzarma PHCC	129	199	328
Kaliyari PHCC	71	225	326
Maisandari PHCC	40	214	254
Mamudo PHC	50	700	750
Murfa PHCC	50	245	295
Ngillewa PHCC	38	162	200
Damagum PHCC	56	184	240
Grand Total	734	4240	4974



Key Results Recorded

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

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

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

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

To the control the yearly flooding situation around the Gwange PHC facility compound during the rainy season, a water system drainage was successfully constructed to channel excess water from the environment to avoid breeding sites for mosquitoes and enhance control of malaria infection from mosquito bites and other waterborne disease

At Ibrahim Geidam PHC, the drug revolving fund scheme was established as a result of SCEAP engagements to ensure constant supply of drugs, Financial resources from the Drug Revolving Fund (DRF) have helped cushion the cost of medication for patients at the PHC, especially for some expensive medications while the CBOs under the SCEAP Project continue to champion health campaigns and awareness sessions in the community.

At Murfa PHC, the workforce gap of shortage of staff has been addressed by provision of additional staff.

During the facility engagement at Dagona PHC, the absence of a scanning machine was identified as community members had to travel to a neighboring town (Gashua) to access this service. Community members participated in their healthcare system by providing five wooden benches and a mat to the Dagona facility waiting room making it convenient for clients.

The implementation of SCEAP facilitated the addition of more health personnel to support service delivery at Afunori PHCC and the building has been expanded to accommodate more patients/ clients.

At Garin Lamido, the community members are now actively utilizing healthcare facilities, this is attributed to the positive change in the attitudes of health workers as a result of SCEAP which has created an inviting environment for community members leading to increased accessibility to medical services. This positive change has also strengthened the relation between health workers and community members.



Quotes

Shared by Mallam Kadai Lawan (A Community Leader, Maisandari Ward) through a town hall meeting stated "The community people are happy with the SCEAP project where the project has provided the community with a platform to assert their ownership of primary healthcare. They now have a dedicated space to raise individual or collective concerns without interruption. They trust that their issues will be directed to the right authorities and addressed appropriately."

"This survey is a great opportunity for us at the community level, people in the community can now freely lay out their complaints without any obstacle knowing fully that their complaints would be given due consideration".

"Empowering patients with the knowledge of how their feedback can improve healthcare services is truly commendable"

"I am really happy with this survey because it provides a platform for individuals to voice their concerns, especially the masses."

"I appreciate how AFRYDEV/Budgit is fostering a culture of patient engagement and empowerment"

"I feel enlightened after completing this survey. It's a step towards improving healthcare centers".

"I sincerely hope that this survey will result in favourable developments at the healthcare centers."

"To me, educating patients on the impact of their feedback shows a dedication to continuous improvement in healthcare delivery"

"I am pleased with this survey as it provides a platform for individuals, especially the masses, to voice their concerns."

"Completing this survey has made me feel enlightened. I believe it is a positive step towards improving healthcare centers."

"It's inspiring to see AFRYDEV/Budgit prioritize patient voices, paving the way for enhanced healthcare services."

"Healthcare providers are changing their attitude toward patients as community members can now directly voice their concerns through the survey."

"I hope this survey will help to clear the water feature in front of the facility entrance."

"The significance of feedback, AFRYDEV/Budgit is setting, is a high standard for patient-centered care."

"I now understand that our feedback in this survey helps to improve healthcare."

"I am pleased with this survey because it has provided us with a platform to voice our concerns."

"I love this initiative to educate patients on healthcare accountability is fostering trust and transparency within healthcare institutions."

"I admire how AFRYDEV's community health assistants are bridging the gap between patients and healthcare improvements."

"It's refreshing to see AFRYDEV/Budgit prioritize patient perspectives, ensuring their voices contribute to positive healthcare outcomes."

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Yobe East	Damaturu	Maisandari/ Maisandari PHCC Population: 10,000	The facility needs Male and female ward, There is also a need for a functional ambulance to help in transporting patients to the facility, especially in emergencies. Other concerns raised were the need for ultrasound scanning machines for the ANC services and increased staff strength to meet the patients' demands on the facility.	PHC Average Monthly Patient Attendance: 700 Impact: The SCEAP intervention has fostered a strengthened relationship between the community and the facility. Community members now actively participate in the activities including advocacy and health awareness sessions. Urgent Need: The need for wards, ambulance, and ultrasound scanning machines for the ANC Unit which have been communicated to the SPHCMB through the WDC and the CBO assigned to the facility.	PHC Average Monthly Patient Attendance: 1,754 Impact: A significant response recorded in Maisandari PHC is the impact the SCEAP project has made by providing the community with a platform to assert their ownership of PHC and community members trust that their issues will be directed to the right authorities for action
		Murfa Kalam Murfa PHC Population:	The facility needs additional Staff to enable them to optimize their service delivery. They also voiced concerns over the lack of a source of water at the facility.	PHC Average Monthly Patient Attendance: 1019 Impact: Due to the intervention of the SCEAP Project, the facility has been able to tailor their concerns surrounding limited human resource personnel for health at their facility which is currently receiving attention from the Government with interventions such as Community-based nursing program and the ongoing recruitment exercise for health workers targeted at hard to reach areas. Urgent Need: Facility extension and a doctor's accommodation for a more suitable environment.	PHC Average Monthly Patient Attendance: 1,645 Impact: Through SCEAP advocacy by WDCs/facility management and CBO to Yobe state government, The need for additional Staff have been addressed in Murfa PHC The pending need is water supply
		Gwange Gwange PHC Population: 20,000	The facility is in dire need of an alternative source of electricity, Drainage at the facility, and standard laboratory equipment. They also requested that a Doctor be assigned to the facility.	PHC Average Monthly Patient Attendance: 550 Impact: Due to the security challenges surrounding this facility, a community-based approach was employed to address some of its needs, such as addressing the issue of creating a drainage system at the facility, especially during the rainy season while issues surrounding providing laboratory equipment and medical personnel have been communicated to the state PHC board.	PHC Average Monthly Patient Attendance: 2,226 Impact: Due to seasonal flooding situation, a water system drainage was successfully constructed to enhance flood control at Gwange PHC The Pending needs are laboratory equipment and Medical Doctors

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Yobe East	Busari	<p>Dapachi</p> <p>Ibrahim Geidam PHCC</p> <p>Population: 5,000</p>	<p>The facility requested that capacity-building sessions and training for the staff be held regularly and improve staff strength by employing more health workers.</p>	<p>PHC Average Monthly Patient Attendance: 600</p> <p>Impact: Resources from the Drug Revolving Fund (DRF) have helped cushion the cost of medication for patients at the PHC, especially for some medications while the CBOs under the SCEAP Project continue to champion health campaigns and awareness sessions in the community.</p>	<p>PHC Average Monthly Patient Attendance:1,630</p> <p>Impact: As a result of SCEAP engagements, there is a drug revolving fund to ensure constant supply of drugs for patients to access at Ibrahim Geidam PHC</p>
		<p>Kiliyari village</p> <p>Kaliyari PHCC</p> <p>Population: 10,000</p>		<p>PHC Average Monthly Patient Attendance: 1077</p> <p>Impact: The facility has secured a water source, improving its hygiene status. It has also recorded an increased number of patients, particularly during nutrition services following health awareness sessions conducted by the CBO assigned to the facility.</p> <p>Emerging Needs: Shortage of staff quarters in the health facility.</p> <p>Request the installation of a solar borehole on the facility. These needs have been channeled through the WDC to the SPHCMB.</p>	<p>PHC Average Monthly Patient Attendance:1.375</p> <p>Impact: In response to lack of water supply at Kaliyari, the community was able to secure a water source in 2023, this has improved the hygiene and sanitation of the facility</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Yobe South	Fune	<p>Damagum</p> <p>Damagum PHCC</p> <p>Population: 20,000</p>	Three big concerns at the facility are the lack of beds for admitting patients, the need for additional staff, and the availability of drugs.	<p>PHC Average Monthly Patient Attendance: 1240</p> <p>Impact: Additional health personnel were assigned to the facility following stakeholders' engagement (under the SCEAP Project). There has been an increase in staff strength leading to open transparency as health stakeholders at the grassroots now actively involve themselves in the accountability process at the facility.</p>	<p>PHC Average Monthly Patient Attendance: 1,890</p> <p>Impact: As a support for healthcare delivery, the traditional leader donated a parcel of land for the expansion of the PHC building to accommodate more patients accessing care in Damagun PHC</p>
		<p>Ngelzarma</p> <p>Ngelzarma PHCC</p> <p>Population: 15,000</p>	There is a need for the provision of a scanning machine, ambulance, and staff quarters for this facility.	<p>PHC Average Monthly Patient Attendance: 702</p> <p>Impact: The facility is now receiving full support from the Yobe Ambulance Management Agency (YOSAMA) under the leadership of Dr. Danchuwa, curbing their ambulance challenges.</p> <p>Health personnel has been increased at the facility which has improved its working conditions (staff now run shifts helping to increase the work hours at the facility).</p> <p>Urgent Need: Providing staff quarters is an urgent need to ensure 24-hour care at the facility. Engagement is ongoing between the community stakeholders and the SPHCMB.</p>	<p>PHC Average Monthly Patient Attendance: 1,654</p> <p>Impact: In Ngelzarma Community of Fune LGA, C3HD facilitated a town hall meeting and after several discussions on the issue of water supply in the facility, the WDC chairman and the other members of the committee, and the stakeholders in the community with support from UNICEF connected a water source from a borehole in the community which now provides water to the facility. They also constructed a reservoir which will be used to store water for the PHC facility.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Yobe South	Fune	Dogon Kuka Dogon kuka PHCC Population:	There is a need to increase manpower at the facility (nurse, midwife, and doctor) and provide standardized laboratory equipment,	PHC Average Monthly Patient Attendance: 625 Impact: There has been an increase in community members volunteering at the facility, especially those with health-related backgrounds. In addition, community members, especially the WDC have started volunteering their vehicles and bikes to be used as local ambulances to convey sick patients to the facility. Urgent Need: The facility's need for standard laboratory equipment has been communicated to the directors at the LGA with an official communication sent to the SPHCMB.	PHC Average Monthly Patient Attendance: 1, 432 Impact: In response to the issue of limited number of health personnel, a few volunteers are now supporting the facility staff to attend to patients Urgent Needs: The facility's need for standard laboratory equipment has been communicated to the directors at the LGA with an official communication sent to the SPHCMB.
	Potiskum	Dogon Zare Dogon Zare PHC Population: 97,000	The facility grossly needs human resources and begs for expansion and provision of an ambulance and a male ward.	PHC Average Monthly Patient Attendance: 702 Impact: The community now actively takes ownership of the facility. The established advocacy team led by the Hakimi (District Head) has engaged members at the community and LGA levels to facilitate its expansion and renovation. Urgent Need: The need for an ambulance and male ward has also been communicated to the stakeholders.	PHC Average Monthly Patient Attendance: 4,929 Impact: NIL
		Mamudo Mamudo PHCC Population: 20,000	The facility requires expansion, additional manpower (midwives, nurses, doctors, etc.), a light source, an ambulance, and wards to support service delivery.	PHC Average Monthly Patient Attendance: 1,543 Impact: The facility has witnessed an increase in human resources (nurses and CHEWS). The WDCs and other community leaders have championed ownership of the facility and engaged stakeholders to address the urgent need for a light source to illuminate it at night and provide ambulance services and wards.	PHC Average Monthly Patient Attendance: 2,445 Through SCEAP advocacy to resolve the issue of PHC accommodation, the community leader donated a piece of land for expansion of Mamudo PHC

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Yobe North	Nguru	Ngillewa community Ngillewa PHCC Population:	The facility needs a scanning machine, ambulance, and staff quarters.	PHC Average Monthly Patient Attendance: 350 Impact: The provision of human resources for health was a key achievement for Ngillewa PHCC as two (2) health assistants were recruited from the community to strengthen the workforce at the PHCC. Community capacity-building by the engagement and training of community champions across the five (5) implementing communities. Urgent Need: The facility's need for an ultrasound scan, an ambulance, and staff quarters have been communicated to the SPHCMB through the advocacy visit led by the WDC chairman and the assigned CBO.	PHC Average Monthly Patient Attendance: 1,261 Impact: An official communication has been sent to address the facility's need for a scan machine by the District Head, WDC, and facility incharge which is closely monitored for a response.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Yobe North	Nguru	<p>Afunori Community</p> <p>Afunori PHCC</p> <p>Population: 2,600</p>	The facility needs additional staff, including a nurse. Although in a good and functional state, it needs a patient ward, ambulance, and well-equipped laboratory.	<p>PHC Average Monthly Patient Attendance: 300</p> <p>Impact: Additional health personnel have been added to Afunori PHCC while the facility has been extended to accommodate more clients.</p> <p>Urgent Need: The need for more beds has been raised at the town hall meeting and the WDC and facility incharge supported by the facility's CBO have communicated it to the director at the LGA level. The CBO trained health workers on work ethics and its role in strengthening the bond between the community and their facility during the community-centered capacity-building sessions.</p>	<p>PHC Average Monthly Patient Attendance: 792</p> <p>Impact: In a display of community ownership, community members have taken significant steps in improving their healthcare. A recent example of this commitment is seen in the support provided by a philanthropist from Afunori community funded the repair of the facility's solar panels which restored power to the facility. This act exemplified the community's growing responsibility and involvement in sustaining their own healthcare services.</p>
	Bade	<p>Dagona</p> <p>Dagona PHC Center.</p> <p>Population: 6000</p>	The facility needs additional personnel to increase the manpower and a Pack Cell Volume (PCV) machine for the laboratory.	<p>PHC Average Monthly Patient Attendance: 800</p> <p>Impact: Members of Dagona Community have taken ownership of their facility by rendering their services as volunteers and community health champions to strengthen the bond between the community and the facility. This has increased non-technical manpower support at the facility.</p> <p>Urgent Need: The need for PCV readers at the facility has been communicated to the relevant authorities while support has been sought from other NGOs providing health support in the region.</p>	<p>PHC Average Monthly Patient Attendance: 702</p> <p>Impact: The management of Dagona PHCC employed a part time Laboratory Technician who visits the facility once a week to provide scanning services for individuals in need. This was when a gap was identified that there is no scanning machine in the facility thus, community members have to go to Gashua town to access the scan. The Community members now take responsibility for their healthcare system; this was evident when Community members jointly provided five(5) wooden benches and a mat to the Dagona facility waiting room. It is now convenient for clients.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Yobe North	Bade	<p>Garin Lamido</p> <p>Garin Lamido PHCC</p> <p>Population: 5000</p>	<p>The facility required some renovations including the expansion of patient wards, and staff quarters to accommodate its staff.</p>	<p>PHC Average Monthly Patient Attendance: 400</p> <p>Impact: To address the security concerns raised at the town hall meeting regarding the porous exit at the facility, the community members, championed by the facility's CBO mobilized and provided an exit gate for it. This action also fueled the WDCs and the district leaders to prioritize its perimeter fencing.</p> <p>Urgent Need: The expansion and renovation of the patient wards and the provision of staff quarters at the facility.</p>	<p>PHC Average Monthly Patient Attendance: 905</p> <p>Impact: At Garin Lamido, Community members are now actively utilizing healthcare facilities, this is attributed to the positive change in the attitudes of health workers which has created an inviting environment for community members. These responses have led to increased accessibility to medical services. This positive change has also strengthened the relation between health workers and community members.</p>
		<p>Babuje</p> <p>Babuje PHCC</p> <p>Population: 11000</p>		<p>PHC Average Monthly Patient Attendance: 1000</p> <p>Impact: Hygiene-related concerns raised at the town hall meeting have been addressed through health awareness and sensitization exercises by the health workers and focus group decisions. Addressing its source of water challenge was a major milestone in tackling hygiene-related issues at the facility, which has also improved service delivery efficiency.</p> <p>Advocacy engagements trip to the Emir resulted in a parcel of land donation for expanding the facility.</p> <p>Other stakeholder engagements such as talks with the Nguru LGA Chairperson led by the WDC helped recruit indigenous community members to assist at the facility.</p> <p>To improve effective service delivery at the facility, a health awareness and sensitization session was held for the health workers with feedback from the PAT portal displayed.</p>	<p>PHC Average Monthly Patient Attendance: 1,350</p> <p>Impact: In Babuje PHCC, during a town hall meeting we recorded a challenge with the cleaners not carrying out their work effectively, as the environment was always dirty.</p> <p>RAWYOD Team together with the community leaders had a meeting with the cleaning team to address the issue. The hygiene condition of the facility has markedly improved with clients and community members providing positive feedbacks as recorded on the portal.</p>

4.4 Gombe State

Gombe state recorded 7,229 feedback with 5,069 generated from the patient reports and 2,160 from the concerned citizen report generated from the 15 facilities across six LGAs in the three senatorial districts. Most patients who accessed care at most of the facilities provided satisfactory feedback on the quality of care received but expressed the need for subsidized costs of the prescribed medications. This is in line with universal health coverage ensuring that all people have access to essential medical services without risking financial hardship.

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



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

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



7,229
reports recorded



2,160
citizen feedback
reports



5,069
patient feedback
reports



15
Facilities

Gombe State Feedback by Facility Data

Facility Name	Citizen Feedback	Patient Feedback	Total
Akko PHCC	103	319	422
Bangunji PHCC	227	367	594
Dadinkowa Model PHCC	64	330	394
Dukku PHCC	279	433	712
Gadam PHCC	164	263	427
Gelengu PHCC	311	302	613
Kumo PHCC	62	289	351
Lafiya Tale PHCC	49	564	613
Lapan PHCC	312	456	768
Mallam Sidi PHCC	153	139	292
PHCC Bambam	43	207	250
PHCC Cham	68	563	631
PHCC Gombe Abba	117	316	433
PHCC Lano	93	250	343
Pindiga PHCC	115	271	386
Grand Total	2,160	5,069	7,229



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



Key Results Recorded

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

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

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

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

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

The complete renovation including the re-roofing, wall repairs, flooring and painting of Gombe Abba facility, The mobilization of resources to address these issues demonstrates tangible progress towards enhancing service delivery and infrastructure within the primary healthcare facility, it is worthy to note that Gombe Abba community head contributed with donation of a parcel of land near the facility to support the expansion.

Provision of staff accommodation by building of staff quarters at Gombe Abba facility which is 100% complete. This is to encourage the availability of staff to provide 24 hrs service to patients at the facility

At Mallam Sidi PHC facility, community members started a contributory scheme to raise 10% to Gombe State Agency for Community and Social development for reconstruction of their facility staff quarters.

In Cham PHC Community, the water borehole was faulty which affected water supply at the facility. Community members volunteered to supply water to the facility until when the borehole is fixed. There is positive change in the attitude of the health workers, changes in the attitude of community members towards their facility, patients/staff in facilities such as in Cham PHC are always appreciative of the constant welfare they receive in the facility through some good philanthropist, such as toiletries.

At Lapan community the borehole supplying water to the facility developed a fault. The community members came together to quickly fix it knowing how important hygiene is in the facility. After much community advocacy the facility, Facility fencing has also commenced, ensuring the safety of the staff and patients receiving care.

At Banguji PHC, there was a Construction of Six (6) studio apartments for staff quarters and fencing of the PHC.

At Kumo PHC, the CBO assigned to the facility (FOCEI) and community members jointly addressed the water supply challenge by purchasing water tanks as reservoirs, ensuring a reliable water supply to the facility.

At Pindiga Primary Health Care Centre there were significant infrastructure improvements including the installation of a water pump, the repair of the toilet system, and the construction of an additional pit toilet.

At Akko PHC, there were various infrastructural improvements such as the -

- Provision of additional seats at the waiting room and renovation of staff quarters and toilet facility.
- With the construction of a drawing pump, the facility now has a constant supply of water.
- To cope with the occasional water shortage due to drought, an additional pit toilet was constructed in the facility in addition to the water system toilets.
- A good remuneration template was designed for casual and volunteer staff of Akko PHC facility based on individual cadre by the community members and the Basic Primary Health Care Fund (BPHCF),
- Community members mobilized resources to expand the waiting area by creating a shade for women attending Antenatal Care (ANC) visits in Akko PHC Facility
- With community advocacy, the community ambulance is now in working condition, and additional benches have been provided at Akko healthcare facility. This has improved patient comfort and accessibility, especially during antenatal care (ANC) and routine immunization (RI) sessions, which have recorded an increase in patient attendance from 500 at baseline to 890 at the end of the second year.



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

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Gombe North	Dukku	LAFIYA TALE PHCC Population: 8506	The facility needs roofing, and because of the poor weather conditions at the facility, nursing mothers don't usually come for antenatal and immunization. It also lacks sufficient beds for male and female wards and a TB unit to address the prevalence of tuberculosis in the community. Some patients are admitted on benches.	PHC Monthly Average Patient Attendance: 984 Impact: The SCEAP intervention has Following the town hall meetings, the community contributed funds to repair the leaking roof at the facility, and held a groundbreaking ceremony to lay the foundation for the TB unit. The challenge of inadequate beds has been communicated to the LGA Director and is being monitored by the Federation of Muslim Women Association in Nigeria(FOMWAN) Gombe State Chapter(FOMWAN) being the CBO assigned to the community on the SCEAP Project.	PHC Monthly Average Patient Attendance: 900 Impact: NIL
		PHCC Gombe Abba Population: 38,595	The facility is too small to cater to over 15 communities, has a leaking roof (which is not palatable during the rainy season), and does not have fencing making it insecure. There is a lack of sufficient beds and mattresses and medical consumables, eg., BP apparatus.	PHC Average Monthly Patient Attendance: 421 Impact: Following successful engagements led by the WDC and community members, the security challenges faced by health workers have been resolved with the completion of the facility perimeter fencing. As a response to SCEAP town hall meeting and advocacy initiative, there is an ongoing renovation and construction of two additional blocks of staff quarters at the Gombe Abba PHC facility. The assigned CBO which is FOMWAN had supported the WDC, community stakeholders and the facility to write a letter of advocacy which was channeled through Gombe Abba Ward Counselor to the LGA Chairman. In response to the letter of advocacy, the facility received support from the Rural Urban and Water Sanitation Agency (RUWASSA) and African Development Bank through the LGA for the repair of the facility leaking roof and building of two blocks of staff quarters which is near completion.	PHC Monthly Average Patient Attendance: 572 Impact: To support availability of staff for 24hrs service delivery, the building of the staff quarters to provide accommodation for staff in Gombe Abba facility is a 100% completed while the renovation of the facility building was also completed. At PHC Gombe Abba the community head donated a plot of land near the facility; which would aid in the expansion of the facility.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Gombe North	Dukku	<p>DUKKU PHCC</p> <p>Population: 46,271</p>	The facility has a small ward for both males and females which cannot accommodate patients. There is also a need for more beds and mattresses and additional laboratory equipment.	<p>PHC Monthly Average Patient Attendance: 2,314</p> <p>Impact: Following SCEAP intervention and engagement with the facility management and the CBO (FOMWAN), the need for laboratory equipment has been addressed.</p> <p>Other issues raised, such as the expansion of the male and female wards, and additional beds for the wards have also been communicated to the LGA authorities.</p>	<p>PHC Monthly Average Patient Attendance: 1,101</p> <p>Impact:NIL</p>
	Kwami	<p>Mallam Sidi PHCC</p> <p>Population: 25,680</p>	The facility personnel wished that staff quarters could be provided to support staff welfare and ensure the constant availability of health workers in the facility. The facility premises also need concrete paving.	<p>PHC Average Monthly Patient Attendance: 680</p> <p>Impact: The intervention of the SCEAP Project, has led to the renovation of a segment of the staff quarters which is now in use.</p> <p>Also, proposals have been submitted by the Community leaders led by the WDC to the Gombe State Agency for Communities and Social Development regarding support for the facility.</p>	<p>PHC Monthly Average Patient Attendance: 897</p> <p>Impact: At Malam Sidi we recorded success as community members after townhall discussion have stated mobilizing funds toward the 10% to Gombe State Agency for Community and Social Development. This fund is collectively pooled for the reconstruction of their facility staff quarters.</p>
		<p>GADAM PHCC</p> <p>Population: 41,850</p>	This facility's major need is a provision of water supply.	<p>PHC Average Monthly Patient Attendance: 753</p> <p>Impact: Following the town hall meeting and community participation, the issue of water shortage has been addressed temporarily with water supply now provided from a borehole in the community to ensure continuous supply to the facility, pending when a permanent solution is reached.</p> <p>The community also mobilized and is currently building a pit latrine in Gadam PHC to serve the patients at the facility.</p>	<p>PHC Monthly Average Patient Attendance: 1,025</p> <p>Impact: NIL</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Gombe South	Balanga	PHCC BamBam Population: 13,416	The facility is too small for the number of patients it caters to. There is a need for expansion and fixing the leaking roof.	PHC Monthly Average Patient Attendance: 350 Impact: One major achievement in the SCEAP project was the conflict resolution between the Community and the facility over a land dispute. This resolution led to the community taking responsibility for the leaking roof at the facility.	PHC Monthly Average Patient Attendance: 680 Impact: NIL
	Kwami	PHCC CHAM Population: 29,300	The facility's major needs include staff quarters, a mortuary, a supply of medical staff, and a doctor (not a single medical doctor is available)	PHC Average Monthly Patient Attendance: 1,004 Impact: With repeated community sensitization (in the community and religious centers) as well as support from a philanthropist, the Community successfully raised cash donations for the purchase of beds for the ward. Further partnership with the Road safety unit, led to the donations of hygiene kits at the facility. Urgent Need: The issues surrounding inadequate human resources for health (lack of medical doctors), staff quarters, and mortuary have been communicated to the relevant stakeholders backed with the submission of letters.	PHC Monthly Average Patient Attendance: 1,042 Impact: In Cham PHC community, the borehole was faulty resulting in shortage of water supply at the PHC facility, a community member generously volunteered to supply water to the facility until the borehole is fixed. There is positive change in the attitude of the health workers, and this has enhanced a better, patients/staff relationship leading to increase in patients attendance at Cham PHC. Cham PHC now receives constant supply of toiletries from a community philanthropist to maintain the improved hygiene condition.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Gombe South	Kwami	<p>Gelengu PHCC</p> <p>Population: 15,000</p>	The facility needs an extension as the building is too small for the community health needs. There is also a need for more patient beds and mattresses.	<p>PHC Monthly Average Patient Attendance: 333</p> <p>Impact: With support from the CBO under the SCEAP project, Gelengu PHC secured some important laboratory equipment.</p> <p>Urgent Need: Extension of the facility building to accommodate more patients, especially in the waiting area, and provision of more beds and mattresses has been communicated to the LGA director.</p>	<p>PHC Monthly Average Patient Attendance: 514</p> <p>Impact: NIL</p>
	Shongom	<p>Lapan PHCC</p> <p>Population: 43,197</p>	The facility needs fencing, staff quarters, a good access road to the facility center, a microscope, and a hematocrit centrifuge.	<p>PHC Average Monthly Patient Attendance: 324</p> <p>Impact: To prioritize the security of medical personnel and infrastructure at the facility, the joint efforts of the community and the CBOs recorded positive responses with community members donating building materials to commence the fencing process.</p> <p>Other needs raised such as the construction of road access to the facility, and the building of staff quarters. Have also been captured in the official letters sent to the Local Government Authorities.</p>	<p>PHC Monthly Average Patient Attendance: 430</p> <p>Impact: At Lapan community the borehole supplying water to the facility developed a fault and was non functional. The community members came together to quickly fix it knowing how important hygiene is in the facility. After much community advocacy the facility fence has been raised which is going to make the place more secure and also encourage the health workers. This facility has also recorded an increase in the inflow of patients.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Gombe South	Shongom	Bagunji PHCC Population: 14,369	This facility lacks enough staff, laboratory equipment, staff quarters, and fencing to secure the premises.	PHC Monthly Average Patient Attendance: 333 Impact: With the community led initiative, under the SCEAP project, Bangunji community has successfully renovated the facility windows, secured the facility with burglaries, and mended cracked walls. They have also established a partnership with a pharmaceutical agency, utilizing their DRF to prevent out-of-stock routinely administered medications. With the support from community members championed by the CBO (WOWICAN), the fencing of the Bagunji PHC has commenced.	PHC Monthly Average Patient Attendance: 424 Impact: Bangunji community stakeholders resolved the need to provide staff accommodation with the construction of Six (6) studio apartments for staff quarters WDCs and community members pulled resources together and fenced the PHC. this has improved the security of the premises
Gombe Central	Akko	Kumo PHCC Population: 69,264	The facility needs an ultrasound scanning machine and a medical doctor.	PHC Average Monthly Patient Attendance: 1,800 Impact: At Kummo PHC under the SCEAP project, some renovations were carried out on the facility's toilets as part of the community contribution in taking ownership. The facility request for Ultrasound Scan and medical personnel have been resolved.	PHC Monthly Average Patient Attendance: 1.729 Impact: To address water supply challenges at Kumo PHC, FOCEI facilitated the purchase of water storage containers for storage, ensuring a reliable water supply for the facility.
		Pindiga PHCC Population: 13,232	The facility lacks sufficient health workers, and needs some equipment, such as a dressing kit, centrifuge machine, and more	PHC Average Monthly Patient Attendance: 409 Impact: During the town hall meeting held in the SCEAP project, issues centered around provision of running water at the facility, the provision of equipment at the facility, and the addition of health workers to strengthen the workforce at the facility had been raised and this has been communicated by the WDC chairperson to the LGA Director.	PHC Monthly Average Patient Attendance: 848 Impact: At Pindiga Primary Health Care Centre: Significant infrastructure improvements were made, including the installation of a water pump, the repair of water cistern toilets, and the construction of an additional pit toilet.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Gombe Central	Akko	AKKO PHCC Population: 37,770	There are not enough sitting chairs for patients and beds and mattresses in the wards. The facility also needs more medical equipment and weighing scales.	<p>PHC Average Monthly Patient Attendance: 504</p> <p>Impact: Under the SCEAP project, the community effectively repaired the solar power system, guaranteeing an uninterrupted electricity supply for the PHC. Additionally, they addressed water scarcity by promptly repairing the facility's water reservoir.</p> <p>Urgent Need: Such as chairs in the waiting area, additional beds/mattresses, and medical equipment have been communicated to the LGA director.</p>	<p>PHC Monthly Average Patient Attendance: 890</p> <p>Impact: Through SCEAP town hall meetings, community members has provided additional seats at the waiting room, for the comfort of patients accessing care.</p> <p>The staff quarters has been renovated for the comfort of staff. Water is now available in the facility through the construction of a drawing pump.</p> <p>All the faulty water system toilets in the facility have been fixed and to cope with the occasional water shortage due to drought, an additional pit toilet was constructed in the facility in addition to the water system toilets.</p> <p>A good remuneration template was designed for casual and volunteer staff based on individual cadre by the community members and the Basic Primary Health Care Fund (BPHCF). A significant success was the mobilization of resources by community members for the expansion of the waiting area utilized by women during Antenatal Care (ANC) visits.</p> <p>The community ambulance is now in working condition, and additional benches have been provided at the healthcare facilities. This has improved patient comfort and accessibility, especially during antenatal care (ANC) and routine immunization (RI) sessions, which have recorded increased patient attendance from 500 at baseline to 890 by end of year two.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
	Yalmatu Deba	Dadinkowa model PHCC Population: 11,765	The facility needs sufficient manpower, delivery kit equipment, and staff quarters to encourage the health workers to stay.	PHC Average Monthly Patient Attendance: 1,800 Impact: The lack of power was identified as a significant issue. Under the SCEAP project, the community members took the initiative, and after five years of lack of power, electricity was restored to the facility via solar power. Urgent Need: The issues surrounding Insufficient manpower and provision of staff quarters have been communicated to the LGA Director by the WDC Chairman and CBO.	PHC Monthly Average Patient Attendance: 1,178 Impact: NIL
		PHCC Lano Population: 7,000		PHC Average Monthly Patient Attendance: 1,100 Impact: During the SCEAP Project implementation, a cracked wall was identified inside the facility and promptly mended it. Additionally, as part of the intervention, a new signpost was installed to enhance visibility and navigation within the premises. An additional staff (Nurse) was posted from the SPHCMB to the facility following the stakeholder engagement.	PHC Monthly Average Patient Attendance: 1,483 Impact: Through communal actions following discussions at SCEAP town hall meetings, the community members cleaned the the facility compound and cut the grasses

4.5 Kaduna State

Based on the collected data, Kaduna State had a total of 8,896 feedback responses lodged into the PAT portal during the implementation of this project by concerned citizens (2,713) and patients (6,183) across the 15 facilities where the SCEAP Project was implemented in six LGAs across three senatorial districts.

While many of the patients reported satisfaction in the quality of services received at the facilities, a recurrent feedback recorded across the different facilities was the unavailability of prescribed medications prompting patients to seek the drugs at a higher rate outside the facility. This has a high tendency to impact adherence/compliance to prescribed

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



8,896
reports recorded



2,713
citizen feedback
reports



6,183
patient feedback
reports



15
Facilities



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

Kaduna State Feedback by Facility Data

Facility Name	Citizen Feedback	Patient Feedback	Total
Anguwar Jaba PHC	114	892	1006
Basawa PHC	122	909	1031
Bayan Dustse PHCC	278	169	447
Doka PHC (Kachia)	63	189	252
Gidan Tagwai Health Clinic	178	629	807
Gora Bafai PHC	118	392	510
Kakau PHC	389	58	447
Kinkinau PHC	353	245	598
Kubau Road PHC	143	220	363
Kurmin Masara PHC	32	320	352
Lazuru PHC	135	916	1051
Mabushi PHC	26	75	101
Romi PHC	355	108	463
Sabon Gari (Nasarawa) PHC	330	136	466
Sakadadi Model PHCC	77	925	1002
Grand Total	2,713	6,183	8,896



Key Results Recorded

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

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

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

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

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

Lazaru PHC facility in Lere LGA successfully constructed a laboratory unit, while the facility was also marked for renovation and upgrade by the ongoing PHC revitalization exercise by the National Primary HealthCare Development Agency (NPHCDA).

The PHC Angwar Jabba in Sabo Gari LGA, has also been selected for renovation and upgrade by the National Primary HealthCare Development Agency (NPHCDA).

PHC Lazuru Lere LGA, had a new look as it was duly constructed by the Speaker of the House of Representatives.

PHC Angwar Jabba in Sabo Gari LGA now has an additional Medical personnel (Medical doctor) to support the existing workforce. The staff was posted from the LGA to support service delivery.

Kaduna state Ministry of Health provided an alternate power supply and improved supply of drugs to Bayan Dutse PHC. This facility has had a series of challenges in terms of referral to Sabon Tasha general Hospital. The continuous advocacy has favoured them as they now own an ambulance donated by FAAROF in collaboration with TY Foundation.

The WDC and community members championed the clearing of the PHC surrounding at Basawa PHC to ensure a clean and accessible facility.

Issues surrounding out of stock of medications in all PHCs in April to July 2024 due to non-recapitalisation of BHCPF have been addressed. PHCs purchased medications from the State Health Suppliers Management Agency and all the requisitions have been made and paid.

The Kaduna State Ministry of Health provided an alternate power supply and improved supply of medications to Bayan Dutse PHC. Two refrigerators (one solar and one electric) were donated to the facility to support immunisation, an additional microscope was also donated for laboratory procedures respectively.

At Yelwa Romi, through community effort, electricity power was restored at the facility and there is sufficient manpower by addition of staff and volunteers to support the existing workforce.

At Sabon Gari PHC facility, the ward counselor supported the PHC with payment of rent for the PHC accommodation. Through community effort, the road leading to the facility was graded and a drainage culvert was constructed for flood control at the facility.

As a result of SCEAP project, Kaduna State Ministry of health supported Kakau PHC with the installation of solar panel, construction of a drainage system and a block of six toilets at the facility. This significant impact has improved service delivery at the PHC as there is adequate supply of electricity for clinical procedures and improved sanitation and hygiene at the PHC.

Following SCEAP intervention at Kinkinau PHC, the facility provided more chairs for patients.

In PHC Doka, there was a renovation of toilet facility, repair of borehole and provision of medical equipment such as weighing scale and Bp machine (Apparatus). Solar Inverter was Installed to provide an alternative power supply to support clinical procedures, and community members voluntarily participate in developmental activities at the clinic. This has led to improvement in service delivery with more community members now accessing service at the PHC

PHC Mabushi now has a new signpost which was donated by community members to improve the visibility of the PHC. In addition, the Kaduna state government installed solar panels to support power supply and also donated in patient beds.



Sakaddadi PHC Facility: From Skeptic to Advocate; Abdullahi, a 40-year-old farmer, initially doubted SCEAP's impact. However, after attending community meetings and seeing improvements in the PHC, he became an advocate. "SCEAP has changed our community. We now have clean water, functional toilets, and better healthcare," Abdullahi said.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Kaduna North	Lere	<p>Lazuru PHC</p> <p>Population: 9,400</p>	<p>Monthly attendance of over 400–500 in attendance.</p> <p>Needs: Alternative power supply (solar power), the facility is far from settlement which affects the number of people that patronize the PHC, shortage of medications, staff, and ambulance.</p>	<p>PHC Average Monthly Patient Attendance: 1,706</p> <p>Impact: Solar panels were installed in the facility as one of the impacts of the SCEAP Project through WDC advocacy to the Kaduna State Government. The WDC and the community mobilized resources among themselves and built the solar battery house to accommodate the solar batteries. In addition to these, drug supply of medication to the facility has improved with the PHC raising requisition time for quick supplies.</p> <p>Urgent Need: However, the PHC needs an additional 300,000 naira to make the scanning machine fully functional and also the need for facility expansion to accommodate staff quarters.</p>	<p>PHC Monthly Average Patient Attendance: 1,998</p> <p>Impact: As a result of community response during the SCEAP townhall meetings, the community members came together to construct a laboratory unit at Lazuru facility.</p> <p>Following SCEAP advocacy actions, PHC Lazuru, was duly constructed by the Kaduna State Speaker of the House of Representatives.</p>
	Sabon Gari	<p>PHCC Sakadadi</p> <p>Population: 20,508</p>	<p>Daily attendance of over 100 patients mostly during antenatal and immunization day. Monthly attendances spike between 400–500.</p> <p>Needs: Medical work tools, medications, more volunteer staff (not a payroll), beds, water, alternate electricity, cabinet, fixing and timely payment of staff salary and ambulance.</p>	<p>PHC Average Monthly Patient Attendance: 1,411</p> <p>Impact: Under the SCEAP project, the PHC was given medical equipment and had solar panels installed by the Kaduna State government.</p> <p>The facility also has students coming for internships as volunteers which has increased the manpower at the facility while serving as a training site for the community.</p> <p>Urgent Need: Needs raised such as water, cabinets, and ambulance have been communicated to the Kaduna SPHCMB.</p>	<p>PHC Monthly Average Patient Attendance: 1,100</p> <p>Impact: Due to SCEAP engagements in Sakadadi community, WDCs and community members provided source of supply of clean water and functional conveniences. This has enhanced the hygiene and sanitation of the facility.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Kaduna North	Sabon Gari	<p>Anguwar Jaba PHC</p> <p>Population: 29,955 for 11 settlements</p>	<p>The facility has a catchment of 11 settlements, with a monthly attendance of over 700.</p> <p>Needs: The facility needs an alternative power supply, delivery beds, drugs cabinet, BP machine, weighing scales, more staff, and an ambulance.</p>	<p>PHC Average Monthly Patient Attendance: 1,581</p> <p>Impact: Through the advocacy visits under the SCEAP Project community members donated a piece of land for the installation of a solar panel while the LGA chairperson donated funds utilized for the fencing of the facility property. The community members also purchased an ultra-scan machine.</p> <p>Urgent Needs: The request for the provision of additional delivery beds, weighing scales, and an ambulance for the facility has been communicated to the LGA chairman and the SPHCMB.</p>	<p>PHC Monthly Average Patient Attendance: 5,377</p> <p>Impact: The facility now has an additional Medical personnel (Medical doctor) to support the existing workforce. PHC Aungwar Jabba in Sabon Gari LGA is also selected for renovation and upgrading. This significant development is made possible through the support of the National Primary Health Care Development Agency (NPHCDA)</p>
		<p>Basawa PHCC</p> <p>Population: 12,630 for seven settlements.</p>	<p>The facility has a catchment of seven settlements, with a monthly attendance of over 552.</p> <p>Needs: The facility needs an alternative power supply, delivery beds, drugs cabinet, BP machine, weighing scales, more staff, and an ambulance.</p>	<p>PHC Average Monthly Patient Attendance: 1,294</p> <p>Impact: Under the SCEAP Project, solar electricity was installed by the Kaduna State government. The delivery of additional beds and other equipment to the PHC was also recorded. The facility also has an increase in community members volunteering to strengthen the manpower at the facility.</p> <p>Other needs; such as the provision of an ambulance for the facility and water source have been communicated to the LGA and SPHCMB.</p> <p>Pending Needs: Also, due to the fire incident that damaged some parts of the facility, the WDC has been advocating for the repairs through the LGA and the SPHCB.</p>	<p>PHC Monthly Average Patient Attendance: 1,045</p> <p>Impact: As a follow - up to discussions at SCEAP townhall meeting, to demonstrate ownership and oversight actions, members of the community cleared the bushes to have a clean PHC environment / This was achieved by initiative of WDCs and community members. There was out of stock of drugs in all PHCs in April to July 2024 due to non-recapitalisation of BHCPF. PHCs purchased drugs from State Health Suppliers Management Agency and this have been paid for, after necessary requisitions have been made.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Kaduna Central	Chikun	<p>PHC – Bayan Duste</p> <p>Population: 16,225 for three settlements.</p>	<p>Monthly attendance of over 600–700 patients.</p> <p>Needs: The facility needs chairs (plastic/wooden), an ambulance, an alternate power supply, a refrigerator, a drugs cabinet, weighing scales, more staff, and a microscope (compound).</p>	<p>PHC Average Monthly Patient Attendance: 950</p> <p>Impact: With support from the SCEAP project, the facility has been able to provide more comfortable seats for clients in the waiting area. An alternative power supply has been provided to complement the electricity supply at the facility including the provision of inverter and electric refrigerators, drugs cabinet, additional human resource for health and a microscope for the laboratory.</p> <p>Pending Needs: Include the provision of weighing scales and an ambulance for the facility which was also included in the letter sent to the SPHCMB.</p>	<p>PHC Monthly Average Patient Attendance: 860</p> <p>Impact: In response to the SCEAP facilitated advocacy to state government, Kaduna state Ministry of Health provided an alternate power(solar system), two refrigerators (1 solar and 1 electric) and an additional microscope to enhance service delivery and improved healthcare. Kaduna state Ministry of Health provided also improved supply of drugs to Bayan Dutse PHC</p> <p>Formally, PHC Bayan Dutse: has had a series of challenges in terms of referral to Sabon Tasha general Hospital. The continuous advocacy has favoured them as they now owned an ambulance donated by FAROF in collaboration with TY Foundation for emergencies.</p>
		<p>Yelwa PHC – Romi Primary Health Care</p> <p>Population: Over 29,000 with over six settlements.</p>	<p>The facility has a monthly attendance of over 1,012 patients.</p> <p>Needs: Renovation, alternate power supply, drugs cabinet, BP machine. weighing scales, staff increase, an ambulance, the need for space as the building is too compact (they wrote a letter to the local government, but to date, nothing has been done), and lastly, the facility gets flooded whenever it rains.</p>	<p>PHC Average Monthly Patient Attendance: 1,407</p> <p>Impact: Through the intervention of the with the intervention of the SCEAP project, Romi PHC has recorded improvements such as the availability of a functional BP machine, weighing scale, a functional borehole ensuring steady water supply to the facility, electricity supply and additional medical personnel to increase the human resource for health at the facility.</p> <p>Pending Needs: which have been communicated include; structural renovation and expansion of the facility including a drainage system, alternate power supply and an ambulance.</p>	<p>PHC Monthly Average Patient Attendance: 1,148</p> <p>Impact: Through community effort, electricity power was restored at the Facility. There is sufficient manpower of Staff and Volunteer to provide healthcare</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Kaduna Central	Chikun	<p>Sabon Gari PHC</p> <p>Population: Over 57,410 residents with eight settlements.</p>	<p>A monthly attendance of over 500 patients in attendance.</p> <p>Needs: The apartment for the PHC is rented for 150,000 naira yearly which will soon be increased to 300,000 naira. They buy water which goes for 50 naira per bucket. They need permanent land to build a PHC (both males and females use the same ward), more beds, solar, water, etc.</p>	<p>PHC Average Monthly Patient Attendance: 406</p> <p>Impact: Following the SCEAP intervention, a functional facility development committee was set and a building account opened for the commencement of the construction of the permanent site for the facility.</p> <p>In the interim, the yearly rent of N350,000 was paid to ensure continuity of care at the facility. Advocacy visits to residential companies within the community shows some promises in supporting the building project. Demarcation of the existing ward has been done to ensure privacy of patients when on admission.</p> <p>Other Needs Raised: lack of water supply resulting in daily purchases, no alternate power supply, and provision of additional beds on the wards. These needs have also been communicated to the health stakeholders and are awaiting feedback.</p>	<p>PHC Monthly Average Patient Attendance: 368</p> <p>Impact: Following SCEAP engagements, the facility received support such as:</p> <ul style="list-style-type: none"> - Mapping and excavation of site for Bore hole for the PHC facility. -The ward counselor / community supported the PHC with payment of rent for the PHC accommodation. -Road leading to the facility was graded and construction of culvert for drainage at the facility. -Opening of Bank Account for the Facility Development Committee for proper accountability.
		<p>Kakau PHC</p> <p>Population: 6,758</p>	<p>Average of over 700 monthly patients in attendance.</p> <p>Needs: Delivery kits, alternate power supply(solar), drugs, chairs (plastics), more staffing, medical equipment, incinerator, toilets, and mitigation against security challenges.</p>	<p>PHC Average Monthly Patient Attendance: 700</p> <p>Impact: PHC Kakau under the SCEAP project has recorded some impact such as the availability of an alternate power supply provided by the Kaduna State Ministry of Health. Provision of an additional 6 (six) conveniences at the facility to cater to the patients /clients, Increase in the number of hours by medical personnel to two (2) shift systems with additional personnels at the facility. Adequate medications are now available at the facility preventing out of stock due to timely request and the utilization of the drug revolving fund.</p>	<p>PHC Monthly Average Patient Attendance: 320</p> <p>Impact: As a result of SCEAP project, Kakau PHC received the following support from Kaduna state government</p> <ul style="list-style-type: none"> -Installation of solar panel to the facility. -Construction of culvert(drainage system) to control the waterlogging situation at the PHC -Sufficient drug supply. -Construction of additional six toilets at the facility.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Kaduna South				<p>Urgent Needs: include delivery kits for the labor room, plastic chairs and an incinerator for the facility. These have been communicated to the SPHCMB. ,</p>	
		<p>Tudun Wada South Kinkinau PHC</p> <p>Population: 30,700</p>	<p>Monthly attendance of 1500 with over five settlements.</p> <p>Needs: Issues with staff's attitude in prompt service delivery according to the village head. The facility also needs a solar power system.</p>	<p>PHC Average Monthly Patient Attendance: 815</p> <p>Impact: One key issue raised during the townhall meeting was the attitude of the health workers towards the patients and their service delivery. This has improved following feedback from the PAT portal and discussions chaired by the CBOs and supported by the WDC.</p> <p>Needs: for alternative power supply for the facility is still awaiting a response from the LGA and is closely followed by the CBOs.</p>	<p>PHC Monthly Average Patient Attendance: 840</p> <p>Impact: Following SCEAP intervention at Kinkinau PHC, the facility was provided with more chairs for the comfort of patients</p>
		<p>Sabon Gari South [kubau] Kubau Road PHC</p> <p>Population: 312,228</p>	<p>A monthly attendance of over 1,000.</p> <p>Needs: Renovation. water (borehole), alternative power supply, general medical equipment, drugs, beds, delivery, consumables, labor kits, more staff, and space as the whole building is jam-packed.</p>	<p>PHC Average Monthly Patient Attendance: 358</p> <p>Impact: With a community centered approach under the SCEAP project, an advocacy visit by the WDC to a member of the community yielded the donation of medications worth N300,000 naira to the PHC, especially for women and children. Following stakeholder engagement between the WDC and the Kaduna State PHCMB, the facility received medications and some laboratory equipment .</p> <p>Community members were encouraged to volunteer at the facility to strengthen the manpower at the facility.</p> <p>Other pending issues raised: Such as the facility expansion and building staff quarters are currently receiving some attention with ongoing talks to acquire the neighboring piece of land by the LGA and WDC for the facility.</p>	<p>PHC Monthly Average Patient Attendance: 415</p> <p>Impact: The implementation of SCEAP project, recorded achievements such as the provision of solar panels by the Kaduna State government to support power supply and a community member donated a parcel of land for the installation of solar panels at Kubau PHC</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Kaduna South	KACHIA	<p>Gidan Tagwai PHC</p> <p>Population: 48889 with three settlements.</p>	<p>A monthly attendance of 460.</p> <p>Needs: The facility needs full renovation as rain has blown off the roof of the permanent site, which led to one of the community members voluntarily lending his house for temporary use. The facility also lacks water, light, toilet, and security.</p>	<p>PHC Average Monthly Patient Attendance: 347</p> <p>Impact: Following the advocacies and engagement with SPHCB and other agencies, the facility was assessed and provision for a permanent facility is in progress.</p> <p>Other Issues: raised such as electricity, water supply and shortage of human personnel at the facility have also been communicated to the board for action.</p>	<p>PHC Monthly Average Patient Attendance: 252</p> <p>Impact: The SCEAP CBO/WDC in GidanTagwai community followed - up on advocacy done to the state government awaiting response from SPHCB.</p>
		<p>Doka PHC</p> <p>Population: over 70,000</p>	<p>A monthly attendance of 500.</p> <p>Needs: The facility needs chairs, ceiling fans, shelves, tables, benches, television for reception, refrigerators, toilet seats/plumbing maintenance, drainage system/inter-locking tiles, leaking roof repair, more manpower (staffing), and space.</p>	<p>PHC Average Monthly Patient Attendance: 892</p> <p>Impact: With the support of the SCEAP project the facility now receives support from the community as five (5) members of the community now volunteer at the facility. The facility also received additional chairs to cater for patients at the waiting area and tables for the staff. The community members also supported the construction of a drainage system for the facility, an additional refrigerator and a television set was also provided for the facility. During the townhall meetings the community gathered some funds which were used in fixing the damaged toilets at the facility.</p> <p>Urgent Need: Replacement of the damaged water tank at the facility which has been communicated to the LGA chairman who promised to provide a replacement.</p>	<p>PHC Monthly Average Patient Attendance: 358</p> <p>Impact: In PHC Doka, there was a renovation of toilet facility, repair of borehole and provision of medical equipment such as weighing scale and Bp machine (Apparatus). Also a Solar Inverter was Installed to provide an alternative power supply to support clinical procedures, and community members voluntarily participate in developmental activities at the clinic. This has led to improvement in service delivery with more community members now accessing service at the PHCs level than before.</p>
	ZANGO KATAF	<p>Gora Bafai PHC</p> <p>Population: 7,401</p>	<p>A monthly attendance of 672.</p> <p>Needs: Human resources, drugs, tables, drug cabinets, delivery kit, window nets, mosquito nets, generator, television, and cable television for the reception area,</p>	<p>PHC Average Monthly Patient Attendance: 403</p> <p>With the SCEAP intervention the facility request for drug cabinets and chairs have been provided by the community. There has also been provision of delivery kits at the labor room.</p>	<p>PHC Monthly Average Patient Attendance: 300</p> <p>Impact: In response to SCEAP advocacy to Kaduna state government, the Ministry of Health provided an alternative source of electricity with the installation of solar panels at Gora Bafai PHC to support clinical procedures for improved healthcare delivery to patients</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Kaduna South			borehole and overhead tank, toilet for staff and clients, beds, incinerator/waste disposal, interlocking tiles, drainage system, incubator, water, light, and more staff.	Community members also volunteer at the facility to provide support also, there is a good supply of light and few volunteers Other pending needs such as the provision of borehole, repair of damaged staff toilets, an incinerator for medical waste management and the interlocking of the facility has been communicated to the LGA chairman by the WDC and CBOs.	
		Mabushi PHC	<p>A monthly attendance of between 350–400 patients.</p> <p>Needs: The facility needs rehabilitation of the toilet facility for clients, ceiling fans, chairs, television, and cable television for reception, plumbing maintenance, delivery beds, drug cabinet consumables, other medical equipment, and more staff.</p>	<p>PHC Average Monthly Patient Attendance: 306</p> <p>Under the SCEAP engagement, the facility received some supplies of delivery kits, a television set and drug cabinets. The facility was tiled and proper plumbing constructed by the community.</p> <p>The Facility's Pending Need: for a pulse oximeter in the consultation room and additional staffing has been communicated to the LGA chairperson.</p>	<p>PHC Monthly Average Patient Attendance: 1,532</p> <p>Impact: PHC Mabushi now has a New signboard that was donated by community members to improve the visibility of the PHC. The Kaduna state government installed solar panels to support power supply and also donated 10 in patient beds.</p>
		Kurmin Masara PHC	<p>A monthly attendance of between 150-300 patients.</p> <p>Population: 9,119</p> <p>Needs: The facility needs drugs, chairs and tables, drug cabinets, delivery kits, window nets, mosquito nets, water, a toilet for staff and clients, beds, and Incinerator/waste disposal.</p>	<p>PHC Average Monthly Patient Attendance: 684</p> <p>Following the SCEAP advocacy engagement , the facility needs were identified and an official communication sent to the LGA chairman.</p> <p>The Pressing Facility Needs Identified Include: mosquito treated insecticide nets , drug cabinets and additional beds for the wards.</p>	<p>PHC Monthly Average Patient Attendance: 802</p> <p>Impact: NIL</p>

4.6 Niger State

Niger State recorded 6,949 feedback consisting of 5,126 patient reports and 1,823 concerned citizens feedback on the PAT portal. Some citizens expressed concerns over the poor state of the PHC infrastructure at School Health - Maternal Child Health Care (MCH), the need for expansion of Tundu Fulani City Gate facility and that of Planned Parenthood Federation of Nigeria (PPFN) PHC to accommodate the increase in influx of patients using these facilities. The request that regular renovations should be carried out to maintain the structure of the facilities was a common response lodged

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



6,949
reports recorded



1,823
citizen feedback
reports



5,126
patient feedback
reports



15
Facilities

Niger State Feedback by Facility Data

Facility Name	Citizen Feedback	Patient Feedback	Total
Central PHC Kontagora	24	458	482
CHC – Lapai	434	726	1160
Maidubu PHC	10	388	398
Maikunkele PHC	114	156	270
MCHC - Tudun Wada	14	446	460
MCH - Wushishi	56	425	481
MCH – Lapai	107	199	306
PHC - Kpakungun	139	132	271
PHC – Kawu	120	413	533
PHC – Kodo	44	387	431
PHCC – Kangi	128	354	482
PHCC Mokwalla	292	522	814
Planned Parenthood Federation of Nigeria (PPFN)	104	137	241
School Health - MCH	119	188	307
Tundu Fulani City Gate PHC	118	195	313
Grand Total	1,823	5,126	6,949



Key Results Recorded

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

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

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

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

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

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

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

The religious leaders and elders of Tundun Fulani have joined hands with the youth and other Stakeholders to mobilize the community residents to utilize their PHCs when seeking healthcare this has also increased the attendance at the facility (At baseline monthly attendance was 523 while at year two, the attendance was 1,105)

At Maikunkele community;

- The perimeter fencing of the PHC is near completion and currently at 80%.
- Solar security lights were also installed in the facility to illuminate the building and its surrounding especially at night.
- A local waste disposal incinerator was constructed at the facility to ensure proper waste management.
- The faulty water borehole and water storage tank were repaired and restored for use. The facility is now neat and organized,
- The facility now operates a 24 hour service with inclusion for persons with disabilities receiving due attention such as the provision of wheelchairs to aid mobility at the facility.
- There was also a timely referral of patients from the facility hence preventing the delay associated with a prolonged waiting time.

At Limawa Ward A community;

- The women group and community members following town hall and advocacy meetings now provide hygiene and sanitation services at the facility.
- The dilapidated building was completely demolished in 2023 and reconstructed in 2024 including a perimeter fence installed, while the facility is yet to be commissioned, the ministry of PHC provided a temporary place to ensure the continuity of care for the patients.

In Kawu PHC, the renovation of the health facility is in progress. This has generated an inflow of patients to the facility. At baseline, monthly attendance was 200 which increased to 657 in year two.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Niger East	Bosso	<p>Mai Ugwanan Tundu Fulani City Gate PHC</p> <p>Population: 9,400</p>	<p>The facility has a catchment of 12 settlements under the clinic with a monthly attendance of over 523, especially during the outbreak (rainy) season around May and October.</p> <p>Needs: The facility needs water, an alternate power supply, delivery beds, a drug cabinet, and a BP machine. weighing scales, additional staff, shade for ante-natal (as they sit under the sun), chairs, seats, etc.</p>	<p>PHC Average Monthly Patient Attendance: 1,706</p> <p>Impact: Following the SCEAP engagement, the facility needs were resolved as the facility was renovated with the addition of a waiting room, repair of faulty toilet, provision of additional furniture (new beds for the wards and office furniture for the staff) and additional equipment such as BP machine, and weighing scale for the consulting room. The staff strength increased with the addition of two (2) casual staff to the team including the training of a community champion. This has reduced the wait time at the facility.</p> <p>There is improved community stakeholders' involvement and increased collaboration with WHDC, supervisor counselor and the Bosso Local Government Authorities.</p>	<p>PHC Average Monthly Patient Attendance: 1,105</p> <p>Impact; Followings discussions at the SCEAP Townhall meetings, the religious leaders and elders of Tundun Fulani have collaborated with the youth and other Stakeholders to mobilize the community residents for regular uptake of medical services at PHC.</p>
		<p>Maikunkele PHC</p> <p>Population: 18,708 for 25 settlements.</p>	<p>The facility has a catchment of 25 settlements, with a daily attendance of over 223 patients mostly during antenatal and immunization days. Monthly attendances spike between 700-800, especially during outbreak seasons.</p> <p>Needs:Medical work tools, drugs, more volunteer staff beds, water, alternate electricity, cabinet, and fixing of toilets and some rooms.</p>	<p>PHC Average Monthly Patient Attendance: 250</p> <p>Impact: Following the SCEAP project implementation at the facility,the facility has recorded the following improvements; Improved community stakeholders' involvement in security concerns and also addressing issues raised during town hall meetings. Including the engagement of security guards to safeguard the facility. Improved collaboration and active participation between staff, community stakeholders, and youth to conduct health outreaches. Increased staff strength</p>	<p>PHC Average Monthly Patient Attendance: 1,250</p> <p>Impact; Maikunkele PHC recorded several impact of SCEAP project as follows: - The perimeter fencing of the PHC which is at 80 % completion. -The provision of solar security lights to illuminate the facility environment. -The construction of local waste disposal incinerators at the facility to ensure proper waste management. -The repair of the borehole and the provision of a water storage tank which was donated by a community stakeholder.</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Niger East				with the addition of two (2) staff to the existing workforce. Repair and renovation of the dilapidated toilet at the facility and the provision of an alternative electricity (solar light) at the facility.	The facility and its environment is now properly managed (neat).The PHC facility now operates a 24 hour service delivery. With the inclusion of service provision to patients with disabilities by providing basic amenities such as wheelchairs to aid movement in the facility. There is timely referral to and from the facility reducing the wait time and complications arising from preventable delays.
	Chanchaga	Lima A School Health - MCH Population: 7,300 for seven settlements.	The facility has a catchment of seven settlements, with a monthly attendance of over 300. The clinic was closed and left abandoned due to its proximity to town and other communities. The outcry of the community made the health authorities reopen it. Needs: The facility needs renovation, provision of water, alternative power supply, delivery beds, a drugs cabinet, a BP machine, weighing scales, and increasing staff strength.	PHC Average Monthly Patient Attendance: 128 Impact: In line with the SCEAP intervention at the facility, the following issues have been resolved at the facility; The reconstruction of the dilapidated MCH facility is ongoing and will be completed around April 2024. A temporary site was provided to ensure service delivery to the community.To ensure community ownership the WHDC was revived and activated , and they have been instrumental in conducting sensitization and town hall activities in the implementing communities.	PHC Average Monthly Patient Attendance: 1,005 Impact: Under the SCEAP engagement, there was a complete demolition in 2023 and a reconstruction of the Limawa Ward A PHC building in 2024 awaiting commissioning by Niger state government. At Limawa Ward A PHC Facility, a sustainable initiative was introduced through SCEAP facilitated community town hall and advocacy meetings to have women groups and community members provide sanitation and hygiene services at the facility.
		Barki Sale Planned Parenthood Federation of Nigeria (PPFN) Population: 7,938 for six settlements.	The facility has a catchment of six settlements, with a monthly attendance of over 213. Attendance tends to go high during the rainy season due to outbreaks. Needs: Provision of water, alternate power supply, delivery beds. drugs cabinet, BP machine. weighing scales, and increase in staff.	PHC Average Monthly Patient Attendance: 305 Impact: Barkin Sale community under the SCEAP project has accomplished community ownership with community members actively participating in improving the hygiene status at the facility, while the youths in the community provide security to the facility. Pending Needs at the Facility: such as the provision of alternate power supply, furnitures for the facility (patient beds and office furnitures) and additional staff has been communicated to the Chanchaga LGA authorities.	PHC Average Monthly Patient Attendance: 1,306 Impact: At Barkin Sale PHC, community ownership is being demonstrated as the women regularly delegate regular groups to maintain the hygiene of the PHC facility.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Niger East		PHC - Kpakungun Population: Over 6,800 for 8 settlements.	The facility has a catchment of eight settlements, with a monthly attendance of over 432 patients. Attendance spikes during outbreak season. Needs: The facility needs chairs (plastic/wooden), an ambulance fix, an alternate power supply, a refrigerator, a drugs cabinet, and a BP machine. Weighing scales, microscope (compound), electrophoresis machine, hot air oven, and autoclave.	PHC Average Monthly Patient Attendance: 1500 Impact: With the inception of the SCEAP Project, the facility through active community participation has addressed the following needs; Improved staff strength by the addition of eight (8) full-time and five (5) part-time staff to the facility by the Niger State Ministry of PHC and the training of a community champion to improve sensitization and health awareness at the community. Addressed the Security challenge at the facility through recruitment of guards to secure the facility by the community. Provided an alternative source of electricity via solar panel installation at the facility. Improved the state of the facility by the provision of new furniture (beds for patients and staff) and also the hygiene condition through the consistent supply of water at the facility.	PHC Average Monthly Patient Attendance: 5,135 Impact; There has been recorded improvements at Kpakungun PHCC since the inception of the SCEAP project in 2023. The Kpakungun PHCC facility received the award of best service delivery category at the SCEAP Award ceremony in 2024.
Niger South	Lapai	PHC – Kawu Population: Over 3,000 for four settlements.	The facility has a catchment of four settlements, with a monthly attendance of over 200 patients. Needs: Renovation, an alternate power supply, a refrigerator, a drug cabinet, BP machine. Weighing scales, microscope (compound), electrophoresis machine, hot air oven, and autoclave.	PHC Average Monthly Patient Attendance: 657 Impact: Drug revolving fund is now utilized to ensure routinely prescribed medications are available and reducing the incidences of out of stock. A drug cabinet was also constructed to aid the storage of the medications. Some community members donated mattresses to the facility. The need for renovation of the PHC has been communicated to the LGA chairman.	PHC Average Monthly Patient Attendance: 585 Impact; For DHI implementing SCEAP facilities, Kawu PHC was renovated giving a more presentable building condition. This has led to increase in uptake of healthcare service by the patients due to the new look of the facility. Being the CBO assigned to implement SCEAP in Kawu PHC, DHI donated packs of birthing and HIV test kits to the facility

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Niger South		Police Barrack Qrts CHC – Lapai Population: 7,426	The facility has a catchment of four settlements with a monthly attendance of over 480 patients. Needs: The facility needs renovation, alternate power supply, drugs, and medical equipment.	PHC Average Monthly Patient Attendance: 1,175 Impact: Under the SCEAP Project , the facility was renovated by the Niger State Ministry of PHC supported by the community, and the establishment and utilization of the drug revolving fund was achieved. This has prevented out of stock for medications at the facility. Pending Needs: The provision of an alternative power source (solar energy) has been communicated to the LGA chairperson by the WDC.	PHC Average Monthly Patient Attendance: 690 Impact; At one of the SCEAP facilitated community townhall meetings, a committee was set up to aid the repair of the ultrasound scanning machine and facilitate the resolution of other issues. There were donation of packs of birthing kits to the facility by DHI
		Emir Palace MCH – Lapai Population: 7,759 - 14 settlements.	The facility services 14 catchment villages with an average of over 300 monthly patients' attendance. Needs: The facility needs labor and delivery kits, an alternate generator, drugs, chairs (plastics), and other medical equipment.	PHC Average Monthly Patient Attendance: 192 Impact: Following the SCEAP intervention, the adequate utilization of the DRF has been achieved, this has ensured routinely medications are available at the facility. Other pending needs; such as delivery kits, and an alternate source of electricity (generator) was included in the request sent to the Niger State Ministry of PHC by the WDC.	PHC Average Monthly Patient Attendance: 402 A high-level SCEAP facilitated advocacy was conducted to the Emir of Bida, His royal highness Etsu Nupe. in response, the Emirate pledged to amplify the voices of the community members for improved services and better facilities at the PHCs across his emirate. The visit which coincided with the Niger State Contributory Health Scheme's visit to the emirate provided the opportunity for the agency responsible for health insurance in Niger state to learn more about SCEAP project. This has led to enrollment of more clients into the scheme The SCEAP CBO donated birthing kits to the facility In response to a SCEAP facilitated advocacy visit to Hon. Comm of Local government and chieftaincy, Lapai PHC received a solar refrigerator which is used for storage of vaccines. Now all the neighboring facilities will be supplied with vaccine needed. This has addressed the issue of poor supply of vaccines because prior to SCEAP intervention, getting ice pack for immunization at Lapai was a serious challenge, at times until the emir of Lapai put on his generator to assist the facility when there is no light, it would be difficult to distribute ice pack during immunization exercise.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Niger South	Bida	<p>Mokwalla – Masabadi PHCC Mokwalla</p> <p>Population: 24,815</p>	<p>The facility has a catchment of fourteen settlements with a monthly attendance of over 1,700 patients.</p> <p>Needs: The facility needs renovation. water (borehole), alternative power supply, general medical equipment, drugs, delivery beds, and labor kits.</p>	<p>PHC Average Monthly Patient Attendance: 1,751</p> <p>Impact: Following the SCEAP intervention, Mokwalla PHCC successfully acquired and installed alternative power supply via a solar system and a 3.5Kva generator to ensure uninterrupted power supply at the facility.</p> <p>Other notable improvements are the addition of five (5) extra beds for patients on admission, the supply of delivery kits at the labor room and constant supply of water to the facility. The utilization of the DRF has prevented out of stock of routinely administered medications.</p>	<p>PHC Average Monthly Patient Attendance: 2,130</p> <p>Impact: At Mokwalla PHC of Bida, the Local government contracted the construction of a new staircase at the PHC Facility. The ramp and staircase will assist persons with disabilities to access services at the clinic with little or no help. This will foster inclusion and ease access to healthcare by all.</p>
		<p>PHCC – Kangi</p> <p>Population: 42,408</p>	<p>The facility has a catchment of six settlements with a monthly attendance of over 542 during outbreak season.</p> <p>Needs:The facility needs renovation, water (borehole), alternative power supply, general medical equipment, drugs, delivery beds, consumables, labor kits, etc.</p>	<p>PHC Average Monthly Patient Attendance: 2,555</p> <p>Impact: PHC Kangi under the SCEAP project has been able to utilize allocations from BHCPF for the purchase of Plastic chairs , the renovation of the facility (painting) and the repair of the ultrasound scanning machine at the facility. Funds have been generated for the purchase of delivery forceps for the labor room. The expansion of the facilities laboratory has been concluded.</p>	<p>PHC Average Monthly Patient Attendance: 3,402</p> <p>Impact: At Kangi PHCC, patients' attendance has greatly increased as a result of awareness done by DHI being the assigned SCEAP CBO, Due to advocacies by the incharge and WDC to the Min of Primary Health Care(MPHC), there are plans by the MPHCC to expand the facility building to accommodate the patient population Also DHI supported donation of birthing kits to the facility</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Niger North	Kontagora	<p>Tudun Wada Maternal and Child Health Clinic (MCH)</p> <p>Population: 12,390</p>	<p>The facility attends to an average of 582 patients monthly.</p> <p>Needs: The facility needs to expand the labor room, provide a toilet facility for clients, ceiling fans, chairs, television, for reception, plumbing maintenance, delivery beds and a drug cabinet.</p>	<p>PHC Average Monthly Patient Attendance: 232</p> <p>Impact: Since the implementation of SCEAP, the lack of water at the facility has been resolved . Hygiene status at the facility has improved remarkably. The hospital stairs renovation is ongoing. Also the facility acquired ceiling fans, delivery beds, and chairs to improve the health access at the facility.</p>	<p>PHC Average Monthly Patient Attendance: 867</p> <p>Impact; During SCEAP project, Tudun Wada MCH received a total of seven ceiling fans and this has improved the ventilation of the rooms for comfort of patients and staff at the PHC. The stakeholders drilled a water borehole to support provision of clean water supply at the facility</p>
		<p>Salem Bashiri Central PHC Kontagora</p> <p>Population: 15,744</p>	<p>The facility attends to an average of 500 patients monthly.</p> <p>Needs: The facility needs shelter (for arrivals/clients in-waiting and visitors), chairs, ceiling fans, shelves, tables, benches, television for reception, refrigerators, toilet seats/plumbing maintenance, drainage system/interlocking tiles, and repair of leaking roof and ceiling.</p>	<p>PHC Average Monthly Patient Attendance: 1,578</p> <p>Impact: Following the SCEAP intervention, the facility constructed a shelter for visitors and a waiting area for patients seeking care at the facility.</p> <p>The leaking roof has been repaired and additional ceiling fans installed. Pending issues; such as provision of drainage and interlocking of the facility, have been communicated to the LGA chairman and are closely monitored by the CBO.</p>	<p>PHC Average Monthly Patient Attendance: 1,292</p> <p>Impact; During the implementation of SCEAP, Central PHC Kontagora received a total of seven ceiling fans. This has improved the ventilation of rooms for the comfort of patients and staff of the PHC. The stakeholders also took an initiative to pull resources together and drilled a water borehole for supply of clean water to the PHC facility</p>

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Niger North		Maidubu PHC Kontagora Population: 12,960	The facility attends to an average of 672 patients monthly. Needs: The facility needs the provision of a labor room (because there was no labor room, one of the wards was used as a labor room, which is not too safe for deliveries), lab, human resources and drugs, tables, drug cabinets, delivery kit, window nets, mosquito nets, generator, television for the reception area, borehole and overhead tank, toilet for both staff and clients, beds, incinerator/waste disposal, interlocking tiles, drainage system, and an incubator.	PHC Average Monthly Patient Attendance: 321 Impact: As a result of the SCEAP intervention, water supply to the facility has been improved, including the provision of convenience systems at the facility for the patients and staff. Following townhall engagements issues surrounding the attitude of health workers at the facility was addressed and this has improved remarkably.	PHC Average Monthly Patient Attendance: 892 Impact; NIL
	Wushishi	Sabon Gari Maternal and Child Health Clinic (MCH) Population: 10,340	The facility attends to an average of 300-337 patients monthly. Needs: The facility needs rehabilitation of its toilet for clients, provision of ceiling fans, chairs, television, and cable television for the reception area, plumbing maintenance, delivery beds, drug cabinets and consumables, and other medical equipment security.	PHC Average Monthly Patient Attendance: 354 Impact: To ensure community ownership and active participation, the community members formed a committee to advocate and engage the various stakeholders in improving their PHC facility. The facility also acquired additional delivery beds for the Labor room. To ensure maintenance of the facility, the committee set by the community is working closely with the LGA to ensure sustainability and timely repair.	PHC Average Monthly Patient Attendance: 373 Impact; GPCI recorded success story in MCH Sabon Gari PHC, where the Honorable Counsellor representing Sabon gari/Tudun wada ward, donated the sum N5,000 This was used to open a savings account for WADATA COMMITTEE ASSOCIATION where solicited funds can be saved.

Senatorial District	Local Govt Areas	Community/PHC Facility/Population	Key Remarks on the PHC Facility at Baseline	Year One Intervention Results	Year Two intervention Results
Niger North		PHC – Kodo	<p>The facility attends to an average of 200-300 patients monthly.</p> <p>Needs: The facility needs renovation, provision of labor and an injection room, a laboratory, drugs, chairs and tables, drug cabinets, a delivery kit, window, and mosquito nets, a water source, a toilet for staff and clients, beds, and incinerator/waste disposal space.</p>	<p>PHC Average Monthly Patient Attendance: 178</p> <p>Impact: With the integration of the SCEAP project , PHC Kodo was able to renovate the PHC. Through engagement sessions with the Ministry of PHC additional health workers were posted to the facility, community members actively volunteer to provide support at the facility, The formation of a support group for inclusion at the facility following the town hall engagement has addressed some of the issues surrounding hygiene related challenges at the facility.</p>	<p>PHC Average Monthly Patient Attendance: 277</p> <p>Impact; In response to SCEAP engagements in Kodo community, the PHC Facility now have two benches in the facility which has made waiting room a little more comfortable for the health seekers in the facility.</p>

An aerial, high-angle photograph of a busy street in a densely populated area, likely a developing country. The street is filled with numerous small, yellow and black cars, and many people are walking along the sidewalks and crossing the street. The surrounding area is filled with small, simple houses with corrugated metal roofs. The overall scene suggests a bustling, everyday life in a community.

5.0



5.1 PHC Accountability Tracka (PAT) Reports Gender Analysis

Patient Feedback Received (July to December 2024)			
States	Female	Male	Grand Total
Gombe	3752	1317	5069
Kaduna	4692	1491	6183
Kano	10086	3238	13324
Niger	3891	1235	5126
Yobe	2721	1519	4240
Grand Total	25,142	8,800	33,942

When seeking healthcare services, gender disparities are a major consideration. Globally, gender norms, inequality, and roles are barriers that impact the health-seeking behaviors and well-being of members of the community. Of the 33,942 patients' feedback collected, 26% (8,800) are male and 74% (25,142) are female. This exposes the gap in gender access and service delivery

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



33,942
patient feedback
collected

=



8,800
Male reports



25,142
Female reports

5.2 Patient Feedback Received by Age and Gender of Patients

	Below 20 years		20yrs - 35yrs		36yrs - 50yrs		Above 50		Age Total
States	Female	Male	Female	Male	Female	Male	Female	Male	
Gombe	563	304	2397	561	714	336	78	116	5069
Kaduna	314	162	2226	482	2043	719	109	128	6183
Kano	936	504	7500	1823	1381	710	269	201	13324
Niger	819	160	2260	558	753	421	59	96	5126
Yobe	1035	686	1175	430	494	365	17	38	4240
Grand Total	3,667	1,816	15,558	3,854	5,385	2,551	532	579	33,942

The data reviewed by age reveals the highest feedback was from the age group 20-35 years (reproductive age group) which is about 46% of the total respondents. This may be because women around this age bracket are of childbearing age and likely need to access health-care for themselves or their dependents. On cross-tabulation by age, it's also clear that younger females within the same age bracket gave more feedback across the board with a decline in response as the age distribution increases. There is therefore a need for targeted health programs to meet the needs of these women ensuring that service delivery spans beyond medical care and advocating for policies and support groups that provide community members with an enabling environment to thrive mentally, emotionally, and physically. While the feedback data highlights success in engagement, it also signals an opportunity for improvement in involving males

more actively, especially in certain age brackets.

Kano State recorded the highest feedback across the board (1823 male responses and 7500 female responses) from persons within the 20-35 years age bracket, 2,091 feedback for persons within the 36–50 years age group, 470 feedback from citizens above 50, 1,440 feedback from persons under 20 with sum total of 13,324 feedback recorded for the state. Yobe state on the other hand recorded more feedback from persons under 20 years (1,035 female responses and 686 male responses). This validates that healthcare facility especially the PHC/PHCC plays a crucial role in providing healthcare services related to reproductive health, including antenatal care, family planning, and nutritional and maternal healthcare to members of the community.

5.2.1. Health Care Access level

29560 (87%) respondents describe access to their facility as easy, which can be translated to the location, walking distance, and availability of a signpost which aids visibility. On the other hand, 4382 (13%) persons who utilized services at the PHC described access to the facility as difficult.

Kano State with 1,630 responses recorded the highest feedback from community members who described access to their facility as difficult, accounting for 37% (1174 female) while Niger State recorded the lowest feedback accounting for 10% (457) feedback.

Total Patient Feedback Received on Health Care Access Level

States	Difficult		Easy		Total
	Female	Male	Female	Male	
Gombe	696	218	3056	1099	5069
Kaduna	318	104	4374	1387	6183
Kano	1174	456	8912	2782	13324
Niger	384	73	3507	1162	5126
Yobe	610	349	2111	1170	4240
Grand Total	3,182	1,200	21,960	7,600	33,942

5.2.2. Educational Status of Respondents

14806 (43.62%) respondents provided feedback on having secondary education which accounts for the highest feedback recorded during the survey; 5819 (17%) respondents had primary education;

6812 (20%) persons had no formal education; 3182 (9.37%) respondents had undergone non-formal/vocational training while 3323 (9.79%) persons had tertiary education.

Total Patient Feedback Received on Educational Status

States	No Formal Education		Non-formal Education/ Vocational Training		Primary Education		Secondary Education		University Education		Total
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Gombe	1093	377	481	122	796	199	1206	391	176	228	5069
Kaduna	391	84	169	77	713	172	3073	957	346	201	6183
Kano	1746	474	1402	194	1439	605	4836	1355	663	610	13324
Niger	560	247	279	98	982	159	1515	440	555	291	5126
Yobe	1151	689	269	91	507	247	702	331	92	161	4240
Grand Total	4941	1871	2600	582	4437	1382	11332	3474	1832	1491	33942

5.2.3 Facility Cleanliness

A higher number of the patients, 32,813 (97%) who had visited the facilities claimed the facilities are clean as compared to the average patient, 1129

(3.33%) who claimed the health facilities are unclean. The claims that PHCs are clean are high across the states, indicating that hygiene has generally improved.

Total Patient Feedback Received on Facility Cleanliness

	Not Clean		Clean		Total
States	Female	Male	Female	Male	
Gombe	23	16	3729	1301	5069
Kaduna	86	33	4606	1458	6183
Kano	264	121	9822	3117	13324
Niger	244	107	3647	1128	5126
Yobe	151	84	2570	1435	4240
Grand Total	768	361	24374	8439	33942

5.2.4. Waiting Room Condition

Of the total responses received from the PAT portal, 27329 (80.52%) said the PHC waiting room in their facility was in good

condition, 5819 (17%) stated that the waiting room was in a fair state and 794 (2.34%) said it was in a poor condition.

Total Patient Feedback Received on Waiting Room Condition

	Fair		Good		Poor		Total
States	Female	Male	Female	Male	Female	Male	
Gombe	673	193	3071	1118	8	6	5069
Kaduna	872	372	3773	1082	47	37	6183
Kano	574	364	9496	2866	16	8	13324
Niger	1197	480	2527	696	167	59	5126
Yobe	705	389	1764	936	252	194	4240
Grand Total	4021	1798	20631	6698	490	304	33942

5.2.5. Access to Water

From our observation of access to water at the PHCs across the five states, Kano State recorded a higher number of patients (12,804) 44% had access to clean water. In other states, there is a need for an improvement in the citizens

with access to clean water at PHC facilities which include Kaduna 16%, Yobe 14%, and Gombe 13.51%. Niger State showed the poorest performance with 11% (3161 respondents) access to clean water.

Total Patient Feedback Received on Water Access					
States	No Access To Water		Access to Water		Total
	Female	Male	Female	Male	
Gombe	831	304	2921	1013	5069
Kaduna	635	325	4057	1166	6183
Kano	387	133	9699	3105	13324
Niger	1444	521	2447	714	5126
Yobe	167	74	2554	1445	4240
Grand Total	3464	1357	21678	7443	33942

5.2.6. Waiting Time Before Consultation

The report showed only 4.48% of the patients took more than an hour to be attended to in all the primary health care facilities in the states while 15.38% waited for between 30 minutes to an

hour. Most of the patients (about 46.23%) had a waiting time of between 15-30 minutes. However, only 34% spent less time (15 minutes) to be attended to.

Total Patient Feedback Received on Service Wait Time					
States	15-30 minutes	30 minutes - 1 hour	Less than 15 minutes	More than 1 hour	More than 1 hour
Gombe	2361	1029	1457	222	5069
Kaduna	4557	963	543	120	6183
Kano	5854	1116	5980	374	13324
Niger	2008	1007	2004	107	5126
Yobe	913	1106	1524	697	4240
Grand Total	15693	5221	11508	1520	33942

5.2.7. Consulting Room Condition

About 84.31% of the respondents reported they were attended to in comfortable consulting rooms across the

states while 10.42% reported they were not comfortable and 5% reported they were indifferent.

Total Patient Feedback Received on Consulting Room Condition							
States	Comfortable		Indifferent		Not comfortable		Total
	Female	Male	Female	Male	Female	Male	
Gombe	3084	1130	129	56	539	131	5069
Kaduna	4034	1182	375	168	283	141	6183
Kano	9587	2911	271	77	228	250	13324
Niger	2856	995	268	84	767	156	5126
Yobe	1867	972	183	177	671	370	4240
Grand Total	21428	7190	1226	562	2488	1048	33942

5.2.8. Quality of Care

33,621 respondents (99%) of patients agreed the quality of care received at their facility was good. They were carefully attended to in their facilities. However,

only 321 (0.95%) reported displeasure with the quality of care they received across the states.

Total Patient Feedback Received on Carefully Attended To			
States	Not Carefully Attended	Carefully Attended	Total
Gombe	25	5044	5069
Kaduna	32	6151	6183
Kano	66	13258	13324
Niger	72	5054	5126
Yobe	126	4114	4240
Grand Total	321	33621	33942

5.2.9. Health Service Charge

Charge for service is a key determinant in seeking care at the community level. As opposed to the assumption that services provided at the PHC are free from any form of charge, 14,967 (44%) feedback obtained from the portal revealed that they were charged when accessing

healthcare at their facilities as opposed to 18,975 (56%) who reported that no charge was affixed to the care they received. The majority of persons accessing care at the primary health facility in Kano State, 49.54%, recorded that they were not charged for services.

Total Patient Feedback Received on Charged For Service

States	No Charge for Service		Charged for Service		Total
	Female	Male	Female	Male	
Gombe	2438	438	1314	879	5069
Kaduna	2529	632	2163	859	6183
Kano	7040	2360	3046	878	13324
Niger	659	217	3232	1018	5126
Yobe	1845	817	876	702	4240
Grand Total	14511	4464	10631	4336	33942

5.2.10. Prescription Satisfaction

33,668 (99.19%) patients were satisfied with the prescriptions received and the choice of medication they had gotten

from the facility. This was observed in all the states.

Total Patient Feedback Received on Health Personnel Prescription Satisfaction

States	Not Satisfied with Prescription		Satisfied with Prescription		Total
	Female	Male	Female	Male	
Gombe	23	22	3729	1295	5069
Kaduna	38	19	4654	1472	6183
Kano	27	16	10059	3222	13324
Niger	69	26	3822	1209	5126
Yobe	25	9	2696	1510	4240
Grand Total	182	92	24960	8708	33942

5.2.11. Availability of Drugs at the Facility

30,624 (90.22%) responses attested to the availability of drugs at the PHC facilities while 3,318 (9.78%) patients' feedback revealed the unavailability of

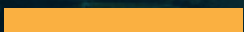
drugs at the PHCs. Hence there is a need to mobilize more advocacies for the supply of drugs to health facilities to ensure drugs are available.

Total Patient Feedback Received on Drug Availability

States	Drugs Not Available		Drugs Available		Total
	Female	Male	Female	Male	
Gombe	521	360	3231	957	5069
Kaduna	507	267	4185	1224	6183
Kano	276	109	9810	3129	13324
Niger	620	236	3271	999	5126
Yobe	273	149	2448	1370	4240
Grand Total	2197	1121	22945	7679	33942

An aerial, high-angle photograph of a busy street in a densely populated area, likely a developing country. The street is filled with numerous small, yellow and black cars, and many people are walking along the sidewalks and crossing the street. The surrounding area is filled with small, simple houses with corrugated metal roofs. The overall scene suggests a bustling, everyday life in a community.

6.0





6.0 What Has Changed?

1 Ward Development Committees (WDCs) Activated

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

2 Citizens Have a Platform for Service Experience

A novel initiative that this project launched, which was not common before it, is the deployment of technology to provide a platform (<https://www.phctracka.org/>) for citizens and patients to share PHC service experience. This is a huge step towards improving accountability and increasing the health outcomes of the communities. The feedback (over 45,000 reports) provided allows for documenting issues that need to be resolved in the facility and quality of service which has made it easy to address a good amount of the prevailing issues in a stipulated time.

3 Enabling Local Accountability Interfacing CBOs to Public Institutions

The project is successfully increasing the number of accountability actors by enabling the rights and capacity of community members. We have built a network of CBOs (mostly women-led) who are expanding active citizenship and community ownership through the 439 community meetings held so far.

4 Community Ownership on Projects

We started off the project by putting the ownership and sustainability process in place. By design, the project employs a community-driven change (CDC) approach. We also engaged 20 Community-Based Organizations assigned to the focus communities to support the community efforts and serve as a catalyst for advocacy actions. Communities have taken 204 actions across PHCs resulting in various changes that are contributing to improvement in the delivery of PHC services.

5 Improved Response to Institutions (2024 Budget Kicks Off)

This project has significantly closed the proximity gap between the community and the government. Communities have seen over 59 institutional responses and 204 government interventions in PHCs within communities than it was before the commencement of the project.

6 Increased Patient Visit to the Facility

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

7 Improved Healthcare Services

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

6.1 Next Steps

1 Impact Evaluation on Social Behaviour and Health Outcomes

We engaged a consultant to undertake an impact evaluation exercise to measure the level of change that occurred as a result of the project interventions. This evaluation measured the change in social behaviour of the community members, WDCs, health workers, as well as other stakeholders and measured what the health outcomes this has translated to.

2 PAT Platform Upgrade and Optimization

The PAT portal <https://www.phctracka.org> has undergone an upgrade and is now optimized to include a performance monitoring dashboard for the PHC facilities and general user experience improvement. The performance dashboard will enable easy tracking of improvements executed at the facilities. In addition, the portal has been expanded with additional facilities profiled onto portal

3 Expanding the Use of Data in PHC Evaluation

We plan to expand the use of the data collected on this project for other PHC evaluation purposes, including health finance accountability, BHCPF funding tracking, gender analysis (impact and role of gender plays in PHC utilization), institutional engagements and policy advocacy.

An aerial, high-angle photograph of a busy street in a densely populated area, likely a developing country. The street is filled with numerous small, closely packed houses with corrugated metal roofs. The street itself is crowded with many small cars, mostly yellow and black, and a large number of people walking. The overall scene suggests a bustling, possibly informal, urban environment. The image has a dark, muted color palette with a blue-green tint.

7.0



7.0 Learning

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

- 1 We learnt that the government has created community engagement systems but many of them were not knowledgeable about their deliverables, the SCEAP Project took this up and built the capacity of all WDCs across the project locations to help them rise to their responsibilities.
- 2 We learnt that a community members has the power to support and strengthen healthcare service in their community if they are properly guided to do so. We have seen communities directly providing support across all the 75 PHCs including the use of domestic resource to attend to their urgent needs.
- 3 A key concept of this project was centered on the community feedback mechanism. The use of technology has played a crucial role in ensuring citizens can document their feedback, concerns and proffer solutions to help strengthen the PHCs in their communities. We built Nigeria's first PHC online tracking system, which has been upgraded and scaled to a comprehensive data-driven level.
- 4 Regarding deploying digital platforms for citizens to share their PHC service experience, we learnt that a uniform/national patients card number will be crucial to ensuring the quality of data collected on digital feedback platforms. A uniform/national patients card number will significantly help data validation.
- 5 The knowledge of the SCEAP Project has improved the patients' experiences at their healthcare facilities. The collaborative partnership between the Community-Based Organizations, Stakeholders, Village Heads/Representatives, WDCs, Women Leaders, Facility In-charge and community members have proven instrumental in addressing healthcare challenges and enhancing service delivery. Community participation tailored toward sensitization and advocacy is the key to ownership at the grassroots.



An aerial, high-angle photograph of a busy street in a densely populated area, likely a developing country. The street is filled with numerous small, yellow and black cars, and many people are walking along the sidewalks and crossing the street. The surrounding area is filled with small, simple houses with corrugated metal roofs. The overall scene suggests a bustling, everyday life in a community.

8.0





8.0 Challenges

1 We experienced challenges during the development and deployment of the portal for tracking and collecting community members' feedback on PHC healthcare services as this was a novel approach

2 At the start of this project, Nigeria was going into general elections, which was a keenly contested one that created different forms of tension across the country, including the five states where this project is being implemented. Three out of the five focus states had new governors and new administrations. In the same manner, three SPHCDA had new Executive Secretaries. All of these changes dragged the project in the beginning—a nine-month lag that did not provide performance optimization.

3 Technology innovation is still a big challenge in many parts of the country, including the 75 communities where this project was implemented. Some community members are still finding it challenging to get around using a web portal to share their PHCs service experience, thereby relying on a third party to help them and fill out the online form. This invariably indicates there may be the possibility of falsified data.

4 The lack of a uniform national PHC patient registration number system is a challenge for data validation. As it stands, any citizen can go to the portal and fill the feedback form as a patient when they may not be, but no registration system allows the portal to verify and validate the person and the data supplied.

5 Health financing gap is a big challenge. All 75 PHC facilities have many needs way beyond the resources of their respective states, making it difficult for advocacy actions carried out in the period under review to show tangible results.



An aerial, high-angle photograph of a busy street in a densely populated area, likely a developing country. The street is filled with numerous small, closely packed houses with corrugated metal roofs. The street itself is crowded with many small cars, mostly yellow and black, and a large number of people walking. The overall scene suggests a bustling, possibly informal, urban environment. The image has a dark, muted color palette with a blue-green tint.

9.0





9.0 Conclusion

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

Awareness created during the SCEAP Project generated an increase in the awareness of the PHCs in the five focus states of implementation. The knowledge of the SCEAP Project has improved the patients' experiences at their healthcare facilities. The collaborative partnership between the Community-Based Organizations, Stakeholders, Village Heads/Representatives, WDCs, Women Leaders, Facility In-Charges, and Community Members have proven instrumental in addressing healthcare challenges and enhancing service delivery.

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



An aerial, high-angle photograph of a busy street in a densely populated area, likely a developing country. The street is filled with numerous small, yellow and black cars, and many people are walking along the sidewalks and crossing the street. The surrounding area is filled with small, simple houses with corrugated metal roofs. The overall scene suggests a bustling, everyday life in a community.

Appendix

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

	Baseline on PHC Attendance	SCEAP Project Data (Average PHC Attendance)	Baseline on Community Engagement	SCEAP Community Project	Baseline on Institutional Engagement	SCEAP Institutional Engagement
Niger	8,331	20,711	WDC Excocs, Community Leaders and Women Leaders	Community Stakeholders including Religious and Community Leaders, NSPHCB, LGAs, Community Leaders, WADATA Committee Women Support Group	Village Head, Facility In- Charges /Staff LGA Authorities and SPHCB	Nicare Clonehouse NSPHCB LGAs Community Leaders
Kaduna	9,596	16,715	WDC Excocs, Community Leaders and Women Leaders	WDC Excocs, Religious Leaders, Facility Managers, Village Head, Facility Staff, SPHCB	Village Head, Facility In- Charges /Staff LGA Authorities and SPHCB	KADCO: for Electricity issues etc KAPSCO: Kaduna State Health Suppliers Management Agency Kaduna State Government LGAs Clonehouse
Kano	29,004	54,975	WDC Excocs, Community Leaders and Women Leaders	SPHCMB, Kano State Min. of Health, LGAs and Clonehouse	Village Head, Facility In- Charges /Staff LGA Authorities and SPHCB	SPHCMB Kano State Min. of Health LGAs Clonehouse Kano State Committee on Health

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

	Baseline on PHC Attendance	SCEAP Project Data (Average PHC Attendance)	Baseline on Community Engagement	SCEAP Community Project	Baseline on Institutional Engagement	SCEAP Institutional Engagement
Yobe	8,970	25,996	WDC Excocs, Community Leaders and Women Leaders	Clonehouse, Yobe State Ministry of Health, YSPHCB, LGAs, Community Stakeholders	Village Head, Facility In- Charges /Staff LGA Authorities and SPHCB	Yobe State Ministry of Health YSPHCB LGAs Clonehouse Yobe Ambulance Management Agency (YOSAMA)
Gombe	8,331	12,813	WDC Excocs, Community Leaders and Women Leaders	Village Heads,Religi ous Leaders, Community Champions, Gombe State Min. of Health, SPHCMB, LGAs and Clonehouse	Village Head, Facility In- Charges /Staff LGA Authorities and SPHCB	Gombe State Ministry of Health SPHCB LGAs Clonehouse CIHP Gombe state Agency for Communities and Social Development Gohealth program

