SOCIAL VOICES

budgIT

STRENGTHENING COMMUNITY ENGAGEMENT AND ACCOUNTABILITY FOR PRIMARY HEALTHCARE

SCEAP Storytelling Initiative

Community Engagement Report

Date	January 9th, January 11th, and 1st February 2025
Note	SCEAP Storytelling Initiative Report Kano, and Kaduna State
Teams	Social Voices

Executive Summary

The Nigerian healthcare industry faces challenges associated with outbound medical tourism, deteriorating medical infrastructure, and low government budget allocation. According to the latest Joint Monitoring Programme report by the World Health Organisation (WHO) and the United Nations Children's Fund, 32 percent of healthcare facilities in Nigeria have no basic sanitation services and as of 2021. Nigeria has 34,076 primary health centres (PHCs), but only a quarter are functioning.

In light of this, the Strengthening Community Engagement and Accountability for PHC (SCEAP) project, implemented by the BudgIT Foundation, targeted improving primary healthcare delivery in Nigeria through community-led advocacy and service delivery, financing, and infrastructure deployment monitoring. So far, the SCEAP project has empowered community actors to promote transparency and improve healthcare facilities and services. Through equal participation and inclusive involvement, especially for vulnerable people and members of the target communities, the SCEAP project has made significant strides in enhancing primary healthcare delivery in approximately 75 communities across Kano, Kaduna, Gombe, Niger, and Yobe. The project has worked to strengthen government commitment while mobilising communities to improve PHC access and deliver quality service delivery.

To enhance the impact of the SCEAP project, Social Voices—a media and development organisation that uses storytelling to drive change and inspire community participation in democratic processes and to improve development outcomes—is implementing the SCEAP Storytelling Initiative. The SCEAP Storytelling Initiative aims to empower communities to drive meaningful improvements in primary healthcare service delivery. This initiative will achieve this by extracting valuable lessons from the implementation of the SCEAP project to strengthen and facilitate community mobilisation to tackle urgent primary healthcare challenges.

In light of the aforementioned, the Social Voices team mapped out and visited five communities across Kano, Kaduna, and Lagos, including Zugachi and Karmami in Kano, Ungwa Romi and Television in Kaduna, and Akoka in Lagos. The engagement sessions aimed to drive community action toward improving primary healthcare service delivery by first gathering insights from community members about their healthcare challenges. The sessions also offered learnings extracted from the SCEAP project's success stories and leveraged storytelling to drive advocacy, inspire community participation, and track the impact of solutions implemented by community members regarding healthcare in their communities.

After the engagement with the stakeholders from Zugachi Community Kano state, it was agreed that the community members would draft a letter to the appropriate authority, drawing their attention to the need to provide the following for the community:

Functional laboratory test kits, installation of solar panels for consistent electricity by the government
Construction of additional blocks for administrative and patient wards.
Procurement of wheelchairs and expansion of bed space.

In Karmami Community, Kano state it was agreed the community members would do the following:

Escalate their concerns about the lack of professional healthcare staff and inadequate infrastructure at the Primary Healthcare Centre (PHC) to the appropriate government authorities for immediate action.
A formal complaint will be submitted, detailing the need for staff recruitment, fencing of the PHC, and termite extermination to preserve the roofing structure.
The Ward Development Committee (WDC) will explore partnerships with non-governmental organisations (NGOs) and international bodies to address urgent healthcare needs, including facility upgrades and staff capacity building.

Following this, the visit to Ungwan Romi community, Kaduna state was not left out as the community members agreed to:

Mr. Benjamin and Social Voices to have another meeting to educate the community about the roles of Facility Health Committees (FHCs) and the need for synergy between the PHC and the community.
Collaborate with the community and PHC staff to establish a Facility Health Committee.

The community members of the Television community, Kaduna state present during the meeting formed a committee led by Habila Markus with the selected members to engage with existing representatives of the community health facility committee to ensure that they participate in decision-making processes within the committee. This is to be done on or before the 15th of February 2025, after which they would give feedback, and then a follow-up meeting will be held.

Members of the Committee

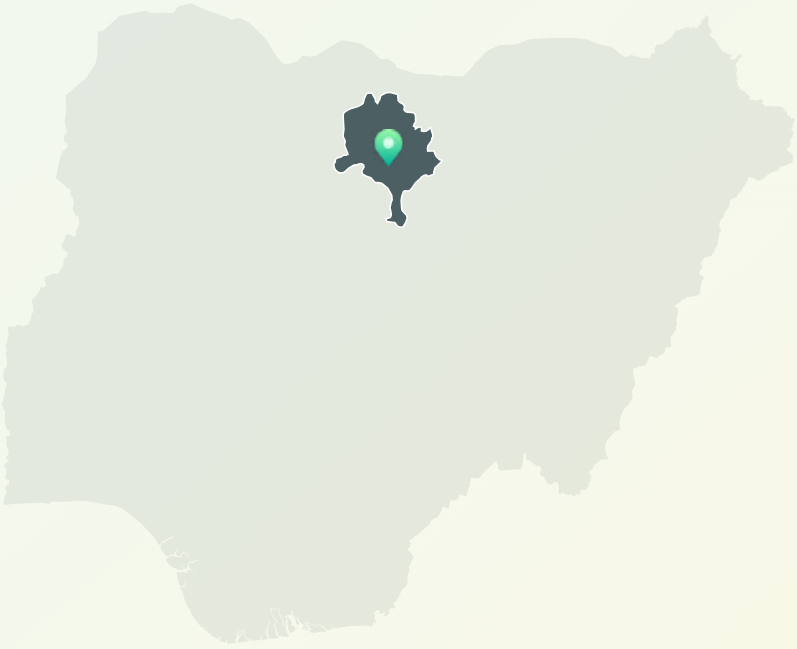
- Ruth Thomas
- Matthew Madaki
- Saviour
- Habila Markus
- Esther Madaki

Lastly, the engagement in Akoka Community, Lagos state changed the community's approach from planning a protest to adopting a more structured advocacy strategy. The community members agreed to formally communicate their grievances to the Lagos State Health Board. A dedicated committee, led by Mr. Ife and comprising key community representatives, was formed to oversee this process.

They agreed to draft a letter to the Lagos State Health Board by February 12, 2025, followed by continuous follow-ups throughout the month, If no response is received within two weeks, a courtesy visit request letter will be submitted by the first week of March to facilitate direct discussions with government officials.

Abbreviations

SV	Social Voices
SCEAP	Strengthening Community Engagement and Accountability for PHC
PHCs	Primary Healthcare Centre
EDD	Estimated Due Date
WDC	Ward Development Committee
WHO	World Health Organisation
MoH	Ministry of Health



KANO

Total Number of participants in Zugachi Community **- 60**
Male **30**
Female **30**

Total Number of participants in Karmami Community **- 33**
Male **21**
Female **12**

A BRIEF ABOUT ZUGACHI COMMUNITY

Zugachi community, located in Gabasawa, Kano State, is home to approximately 5,000 residents, with farming serving as their primary source of income. The community is led by key traditional leaders.

One of the major challenges faced by the community is inadequate healthcare services. The primary health care (PHC) facility, situated less than 1 km away, operates only between 8 a.m. and 4 p.m., leaving residents without access to healthcare services outside these hours. The facility lacks essential laboratory equipment, a reliable power supply, and specialised medical professionals. Additionally, there are insufficient beds, and healthcare workers are not available around the clock, further compounding the community's health challenges.

Highlight of Community Engagement Activities in Kano and Kaduna

ZUGACHI COMMUNITY

VISIT TO THE COMMUNITY HEAD OF ZUGACHI COMMUNITY

Promise Eze, Social Voices Journalist, with Anas and Khadijat, Social Voices Community Volunteer with Zugachi Community Village Head

On 9th January 2025, Social Voices team and two community volunteers arrived at Zugachi Community at 9:30 am, after which the team went to the village head to pay a homage as it is in their culture and inform him of our coming to his community for the engagement.

The Community Engagement Lead introduced the team and outlined Social Voices' mission as a media and development organisation dedicated to enhancing community health outcomes. She emphasised that the purpose of their visit was to engage with community members, gather feedback on access to health centres, and collaboratively develop actionable solutions to improve healthcare access for all residents.

Upon our arrival, Village Head Ibrahim Hassan welcomed us and expressed his commitment to supporting the success of our engagement. Following this, we captured photographs in the palace before he designated a team member to escort us to the engagement venue.

Community Engagement With The Zugachi Community Members

Group picture with the men and women after the session

The session started with an opening prayer by the community chief Imam Alh Ado Sidi, after that, the opening remark by the Village head Ibrahim Hassan, in his opening remark calling encouraged the community to cooperate and participate.

After welcoming community members, Social Voices volunteer Anas Muhd Abubakar provided an overview of the SCEAP project and its spin-off, the SCEAP Storytelling Initiative. He then invited participants to share their challenges. One of the community elders, Alhaji Aliyu Muhammad, expressed his gratitude for the Social Voices team's presence, noting that it would help them voice their concerns about the local healthcare facility.

He recounted that a few years ago, their healthcare centre was not what it is today. The community had struggled to transport patients to urban health centres, which contributed to a high mortality rate, particularly among women and children. He shared a personal story about his brother's wife, whose Estimated Due Date (EDD) had arrived. They took her to a rural healthcare centre in a neighbouring community for delivery at midnight, but no healthcare personnel were on duty. Despite their efforts to find assistance, they were unable to get help.

Due to her deteriorating health condition, they rushed her to an urban health centre, but tragically, she lost her life along with the baby before they could arrive. Since then, the community has taken steps to engage with government officials and other stakeholders to establish a functional healthcare centre within their community. Despite having a primary healthcare centre, they continue to face challenges such as a lack of healthcare workers and inadequate testing kits for basic laboratory tests

Alhaji Ado Sidi, another community elder, shared a poignant experience, stating that he lost his brother due to delays in the payment for a blood transfusion. He emphasised that if free healthcare were provided, such tragedies might be avoided.

Youth leader, Muhd Hamisu Zugachi highlighted the urgent need for more nurses and midwives to facilitate safe childbirth and reduce the maternal mortality rate in their community. In addition, Hamisu Tsoho Zugachi, the Chairman of the Ward Development Committee (WDC), outlined the major challenges facing their health facility. He identified a lack of health education and information, inadequate laboratory test kits, insufficient water, sanitation, and hygiene (WASH) facilities, and the absence of electricity or solar power. He also noted the lack of adequate bed space for patients, wheelchairs, and administrative blocks for both staff and patient wards. These challenges impede the community's capacity to address its health needs.

The woman Leader of Zugachi Community speaking on healthcare challenges in the community

Feedback from the Women

In response to the question about the challenges facing the community, Maimuna Adam, the community women leader, and Rabi Abubakar, a community member, expressed their concerns regarding the transfer of the only female and dedicated health worker from their primary healthcare centre to another facility. They noted that this transfer had significantly disrupted healthcare services in their community.

Prior to her transfer, she consistently exceeded expectations, often working extended hours and saving numerous lives during childbirth. The women leader appealed for the health worker's reinstatement in their community, emphasising her vital role in enhancing maternal health

Challenges Highlighted in Zugachi Community

- Lack of health education and information
- Inadequate laboratory test kits
- Inadequate WASH facilities
- No electricity or solar
- Lack/inadequate bed space for patients
- No wheelchairs
- Lack of blocks for administrative and patient ward.
- High cost of health care services

Next Steps for Zugachi Community

1. Draft a letter to the Honorable Commissioner, Ministry of Health, Hon. Nalaraba Chiroma, Member Representing Gezawa/Gabasawa, and Hon. Pharmacist Sagir Usman, Executive Chairman, Gabasawa LGA. drawing their attention to the need to provide the following for the community:
    - Provision of functional laboratory test kits, installation of solar panels for consistent electricity by the government
    - Construction of additional blocks for administrative and patient wards.
    - Procurement of wheelchairs and expansion of bed space

PICTURE OF ZUGACHI PRIMARY HEALTHCARE CENTRE

Find link to Zugachi community engagement pictures here
Find link to Zugachi community engagement attendance/community outreach report sheet here

KARMAMI COMMUNITY

VISIT TO THE COMMUNITY HEAD OF KARMAMI COMMUNITY

The Social Voices team visited the Karmami Community, arriving at approximately 11:00 AM. We proceeded directly to meet with the village head. After expressing our condolences for the loss of his brother, we formally introduced ourselves at his residence.

A picture of the Social Voices team with the Village Head of Karmami Community

Anas Muhd Abubakar, a volunteer with Social Voices, introduced the organisation and explained the purpose of our visit. Village Head Alhaji Jamilu Lawan Karmami warmly welcomed the team, assuring us of his full support throughout our engagement. He then approved the meeting and requested that everyone gather at the Islamia School for the arrival of additional community members

Community Engagement with the Karmami Community Members

The session commenced with an opening prayer led by the community chief Imam. Following this, Village Head Alhaji Jamilu Lawan Karmami officially welcomed all attendees, urging the women leaders, community members, and elders present to actively participate.

In his address, the Chairman of the Ward Development Committee (WDC), Alhaji Shuibu Karmimi, outlined the challenges the community faces regarding healthcare and the steps being taken to address these

issues. He acknowledged that while the community's primary healthcare centre has the necessary resources, it lacks experienced healthcare workers and adequate support staff to effectively utilise the available materials and equipment. He also emphasised the need for proper fencing around healthcare facilities to prevent sanitation issues.

However, the youth leader, woman leader, and representative from elders (Yahaya Jibrin Karmami, Salamatu Musa, and Garba Illu respectively), stressed the need for more professional healthcare workers, because they lost their family members as a result of the poor condition of their health care Centre.

A picture of the woman leader of Karmami Community during the meeting

The women leader highlighted that termites had infested the building, compromising the roofing to the point where most activities come to a halt during the rainy season. the youth leader urged the Social Voices organisation to leverage journalistic expertise to amplify their challenges.

After the meeting, we had the privilege of interviewing Alhaji Yahaya Musa, a polio survivor and head of the People with Disabilities group. He shared his inspiring journey of surviving polio and how it shaped his advocacy efforts.

Challenges Highlighted in Karmami Community

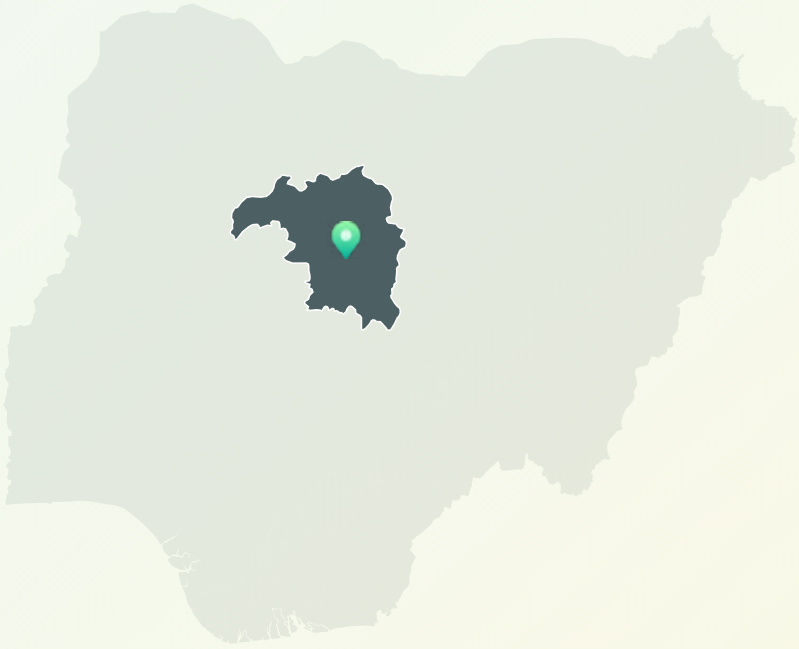
- The roofing of the healthcare centre has been compromised by termite infestation.
- There is an urgent need for additional healthcare workers and support staff.
- The primary healthcare centre requires proper fencing to prevent human defecation near the facilities.
- There is a lack of adequate bed space for patients in the healthcare centre.

Next Steps for Karmami Community

- The community will escalate their concerns regarding the shortage of professional healthcare staff and inadequate infrastructure at the Primary Healthcare Centre (PHC) to the Honorable Commissioner of the Ministry of Health for immediate action.
- A formal complaint will be submitted, outlining the need for staff recruitment, fencing of the PHC, and termite extermination to protect the roofing structure.
- Social Voices will leverage its journalistic expertise to highlight and amplify the community's resilience and efforts in overcoming challenges, using its platform to showcase success stories and initiatives
- The Ward Development Committee (WDC) will seek partnerships with non-governmental organizations (NGOs) and international bodies to address urgent healthcare needs, including facility upgrades and staff capacity building.
- The WDC will explore partnerships with non-governmental organisations (NGOs) and international bodies to address urgent healthcare needs, including facility upgrades and staff capacity building.

Annex

Find link to the attendance and community outreach information here
Find the link to the pictures in Karmami community here



KADUNA

Total Number of participants in Ungwa Romi Community - **40**
Male **20**
Female **20**

Total Number of Participants in Television Community - **34**
Male **13**
Female **21**

UNGWA ROMI COMMUNITY

A BRIEF ABOUT UNGWA ROMI COMMUNITY

Ungwa Romi is a community located in Kaduna State, with an estimated population of 200,000 residents. The primary economic activities of the community include trading and farming. However, the area currently lacks active Community-Based Organizations (CBOs) to support its development initiatives.

The community is served by a Primary Healthcare Centre (PHC) that operates around the clock and is staffed by specialised personnel. Despite its 24-hour operation, the PHC faces significant challenges, including Inadequate manpower, insufficient supply of medications, personnel carelessness, limited infrastructure, and, insufficient bed capacity.

Community Engagement With The Ungwa Romi Community Members

Cross-section of all the participants after the community engagement

The event commenced at approximately 8:20 am with an introduction of Social Voices. Then an elaboration on the Strengthening Community Engagement and Accountability for PHC (SCEAP) Storytelling Initiative. The Community Engagement Lead further informed the community members of the session's goal: to understand their healthcare challenges and collaboratively develop solutions and actionable plans to address these issues.

Social Voices Community Engagement Lead enlightening the community about the SCEAP Storytelling Initiative

Anthony Charity, a member of the Ungwa Romi community, emphasised the critical need for equitable access to Primary Health Care (PHC) for Persons with Disabilities (PWDs) and economically disadvantaged individuals. He noted that contrary to expectations, the PHC is failing to meet the needs of these vulnerable groups. The facility is plagued by a shortage of medications, and those available are often prohibitively expensive. Also, the PHC is intended to serve the elderly population, yet its facilities, including restrooms, are in disrepair, further compromising accessibility and dignity.

A community member speaking on the PHC challenges that they face

A community member expressed uncertainty about the availability of specific free services at the Primary Health Care (PHC) centre, stating, “I don’t know if the social workers can identify something specific that we can access for free at the health centre. If they can, it would help to know.”

In response, Mr. Benjamin of Family Health Advocates in Nigeria Initiative (FHANI), one of the Community-Based Organisations (CBOs) that participated in the SCEAP project, clarified that the government has designated one PHC per political ward. He mentioned the existence of Ward Development Committees (WDCs) that work alongside the PHC. However, he noted that some free medications are limited to pregnant women and children under five, leaving other community members without access to essential services.

Mr. Abednego responded, stating that not everyone is aware of the information Mr. Benjamin provided. He noted that it is beneficial for Social Voices to help the community understand these matters. One other challenge they face is a lack of confidence in visiting the PHC. There is a psychological toll associated with going to the PHC and not receiving the necessary treatment as the attitude of healthcare workers leaves much to be desired.

He recounted an experience: “Once, I took my child to the PHC at night. The doctor was understandably absent, but the nurses did not attend to us promptly.” Due to the ill-treatment by healthcare workers, there is a pervasive lack of confidence in visiting the PHC. Consequently, when community members opt for private health centres, they often face high costs, but they continue to seek care there due to the perceived quality of treatment received.

Another community member, Amos Daniel, explained that about six years ago, he visited the PHC after sustaining a leg injury. Unfortunately, there were no local anaesthetics available. The staff at the PHC

claimed that they had applied to obtain some of these basic drugs but received no response from the government. “The government keeps making promises they don’t fulfill. I eventually managed to get my leg treated at an orphanage because that was the only available option. The community needs to be aware of whom they should hold responsible for the failure of the PHC. People don’t go to the PHC anymore. We would rather go to a place where we will get maximum satisfaction,” Daniel said.

Another community member, Ms. Charity asked, “If a student at a government school is injured, is he supposed to pay for treatment at a PHC?”

Mr. Benjamin explained that his organisation has had meetings with the CSOs in Kaduna, the Ministry of Health, and the Ministry of Education concerning first aid in schools. The school is supposed to have a sick bay with a nurse to handle emergencies before the student is taken to the hospital. Therefore, treatment is supposed to occur in school and not at the PHC. Generally, there is a lack of healthcare personnel to cover the PHCs in Nigeria. However, if the child is covered by the parents' insurance scheme under the local PHC, they will not be charged for treatment.

A community member speaking on the PHC challenges in the community

Ms. Charity also highlighted that even individuals with healthcare coverage often find that it excludes many necessary treatments. Mr. Benjamin emphasised the importance of understanding the specifics of the health insurance scheme, noting that it does not cover all healthcare needs. Ms. Charity further stated that there is a general lack of awareness among the community about what the insurance scheme does not cover.

The Community Engagement Lead from Social Voices, Peace Ozegbe, pointed out that the current government is exploiting the community's lack of knowledge regarding healthcare services. She recounted a visit to a school in Garki, Abuja, where she met with the principal. The principal reported that the school was well-maintained and that his request for renovations had been granted. Ms. Ozegbe encouraged the principal to share his success story with other school leaders, stressing the need for continued advocacy. She concluded with a call to action, urging the community not to become complacent in holding the government accountable.

A community member speaking on some of the issues of the PHC in the community

Mr Ikechukwu Eze stated that we have taken our complaints to the government, but they have failed us. We've written letters, and we're tired. One day, I went with my wife to the PHC, but there was no electricity or fuel for the generator. Just forget about the government and do your own thing. Where is the government we are talking about?

Mr. Abednego emphasised the need for community members to be informed about the proper channels for submitting complaints to receive constructive feedback. He highlighted accessibility issues, noting that the hospital is far from the main road, complicating access for those in need of services. He advocated for utilising social media as a tool to amplify community challenges and increase awareness.

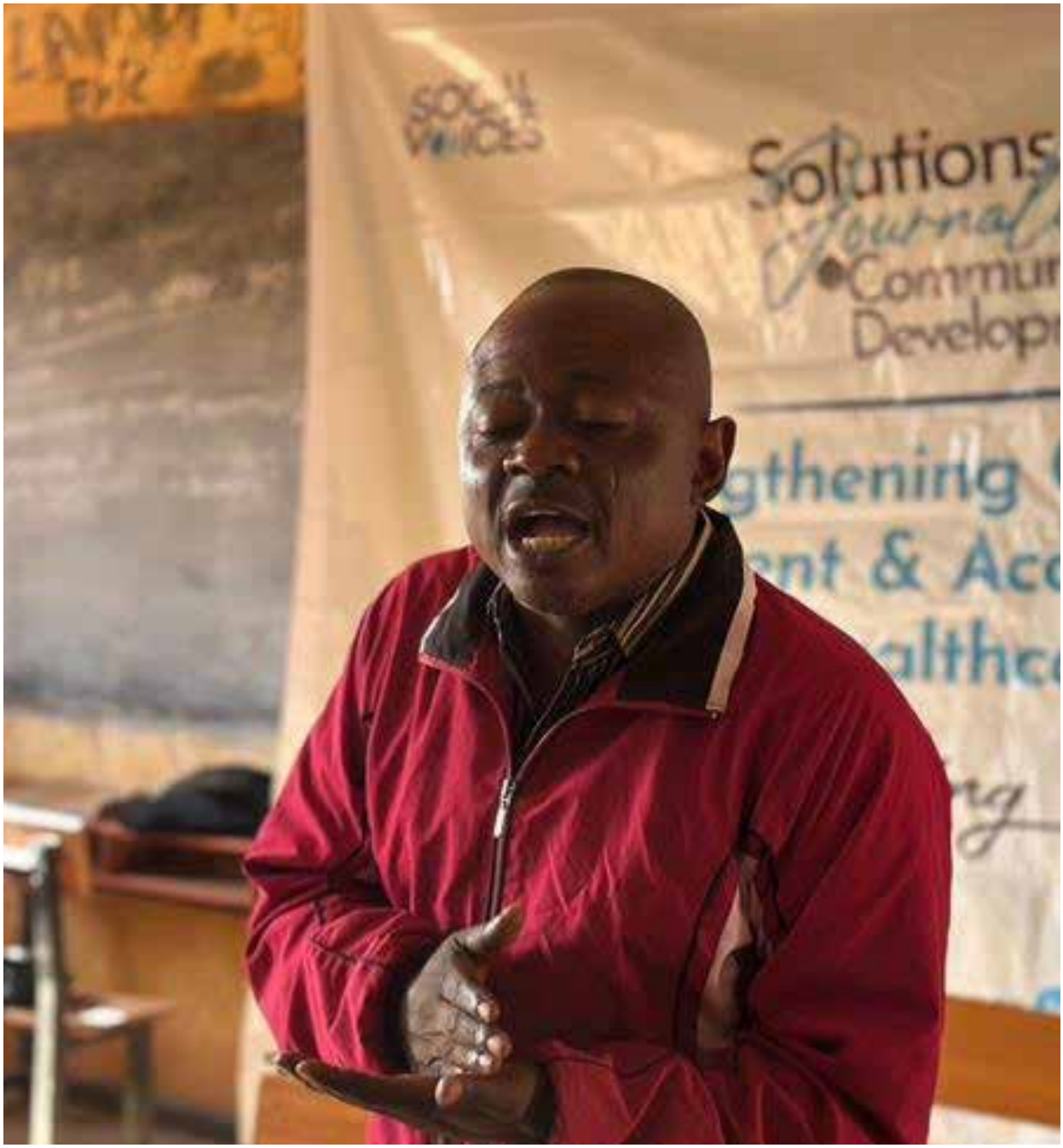
Mrs Hauwa shared her experience with the Primary Health Centre (PHC), highlighting discrepancies in the cost of treatment. She stated, "The treatment was not free as claimed. The cost of the family planning injection at the PHC is higher than at chemists." She elaborated that while the PHC advertises free services, the reality is different. For instance, she noted that the PHC charges 700 Naira for a family planning injection, whereas the same injection costs only 500 Naira at a nearby chemist. This disparity led her to question the rationale behind using the PHC when she could save both money and effort by opting for the chemist.

Mrs Amina Aaron shared her experience with the nursing staff at the PHC. She recounted, "When I gave birth to my second child in 2006, we used to get injections. My son was injected with the BCG vaccine twice." Despite informing the nurse that her son had already received the BCG vaccine, the nurse proceeded with the injection. As a result, Mrs. Amina stated, "Unfortunately, he's still having issues because of that. He's now 18 years old, and we're still battling with the challenge caused by that injection."

This experience has led her to question the competency of the nurses, stating, "This shows there was carelessness on the part of the nurses. Because of this experience, I find it hard to trust primary health centres. It will take a lot to convince me to step into one again."

In response to several issues raised, Mr Benjamin explained that the Kaduna State government has about 255 wards, meaning it has 255 councillors politically. The state is now using that political structure for the Primary Health Care (PHC) system. During the last administration, it was expected that one PHC in every ward would be upgraded, focusing on equipment, drugs, and human resources. As of December 2024, the state government decided to upgrade an additional 255 PHCs. However, this means that over 1,000 PHCs will not be upgraded.

At the PHC, there is supposed to be a Facility Health Committee, which consists of members from the community and the staff working at the facility. The chairman will be elected from the community, while the facility will select a secretary. Monthly meetings should be held with the facility in charge, during which community concerns can be raised, and the facility can share its challenges. Establishing this relationship will help address issues of ignorance and ensure that the community becomes accountable for its health services.



Mr Benjamin enlightening the community members about Primary healthcare service and delivery

“Secondly, we are in the area of politics, so we must leverage our strengths. We have a councillor and members of the House of Assembly, which are valuable avenues for advocacy. I work in Zaria, where the Speaker of the House of Representatives comes from. Recently, I visited a community called Angwan Jaba in Sabon Gari. I spoke with the community members and encouraged them to reach out to their representatives. We connected with someone who had access to the Speaker, and he later visited the community to address their concerns and influence to channel some facilities to his community. They may not give us money, but their office can create an impact in their community. We need to learn how to hold our representatives responsible.”

A community member emphasised the importance of government support, stating, "We need the government. Let’s not forget them. Let’s collect what belongs to us because we can do that." They highlighted that without synergy between the community and the Primary Health Centre (PHC), problems

will arise. The establishment of a Facility Health Committee is crucial, as the government wants communities to take ownership of the PHC.

In advocating for community needs, they noted, "In everything you present to the government, there must be justification for that." For instance, at Sabo Government Secondary School, the AGILE program fenced the school after concerns were raised about hoodlums and smokers gaining access to commit crimes. Within two weeks, the school was secured, demonstrating the importance of providing tangible reasons for government action.

Mr. Benjamin further explained that it is important to recognise that there are illnesses that PHCs cannot treat. For example, PHCs are not equipped to administer anaesthesia but can refer patients to a general hospital. If a case exceeds the capabilities of a PHC, patients will be referred accordingly.

He clarified that PHCs are designed to handle minor ailments rather than major illnesses. While there are no doctors at the PHC, community health officers are available to help. The primary role of the PHC is to reduce the burden on general hospitals. Communities need to build closer relationships with PHCs, fostering understanding between both sides. He concluded, "You don't fight the government; you must be strategic."

Next Steps

- Mr. Benjamin and Social Voices to have another meeting to educate the community about the roles of Facility Health Committees (FHCs) and the need for synergy between the PHC and the community.
- Collaborate with the community and PHC staff to establish a Facility Health Committee.
- Clear communication about service charges should be provided to the community to build trust and encourage teh utilisation of PHC services.

Annex

Find link to the pictures to the engagement here
Find link to the attendance sheet here

TELEVISION COMMUNITY

Community Engagement With Television Community Members

A group photograph of the participants after the engagement

A Brief About Television Community

Television Community, located in Kaduna State, has a population of approximately 23,000 people. The primary source of livelihood for the residents is business. Currently, they are not aware of any active Community-Based Organizations (CBOs) operating within their community. Leadership in the community is provided by religious leaders, women's leader, traditional leaders, a youth leader, and other key figures.

The main challenges faced by the community include a poor road network, lack of access to clean water, and inadequate healthcare facilities, including a shortage of essential drugs. Although the Primary Health Care (PHC) center is easily accessible and operates 24 hours a day, seven days a week, it is not well-equipped to meet the community's needs. The PHC is hampered by insufficient personnel, inadequate facilities, and a general lack of resources.

The community expressed a desire for improvements in several areas, including the provision of clean water, availability of essential drugs, establishment of a well-equipped laboratory, and recruitment of quality healthcare workers to address their pressing health concerns. Community members also highlighted specific challenges faced at the PHC.

A cross-section of the community members during the engagement

Challenges mentioned by community members

Mr. Emmanuel Joseph highlighted the critical lack of provisions at their Primary Health Care (PHC) center, such as mosquito nets. He pointed out that the surrounding gutters breed mosquitoes, leading to patients being reinfected with illnesses during their visits.

Mr. Saviour expressed his concerns about the absence of health personnel and the unavailability of essential drugs at the facility.

Mrs. Josephine Musa drew attention to the poorly maintained surroundings and the laboratory's inadequacy in conducting proper tests. She shared her personal experience of taking her daughter to the hospital, where treatment was administered without any tests, relying instead on previous patient trials.

Mr. Dinah Daniel observed that patients frequently leave before receiving treatment due to the poor state of the facility. She cited an example of her husband, who left during an admission because the toilet had no water.

Mr. Musa Nok emphasised the absence of a water supply in both the hospital and the community, lamenting the lack of respect for human dignity and the inadequate treatment of patients.

A community elder highlighting some of the healthcare challenges

Mr. Matthew Madaki outlined the facility's challenges, including poor infrastructure, an unfavourable environment, and its inability to meet community health needs. He expressed hope that the visit would lead to meaningful action and stressed the importance of delivering messages through appropriate channels, questioning whether their concerns would lead to more than just formalities.

Mrs. Sarah Madaki stated that lab personnel and health workers are frequently unavailable, and drugs are scarce. Even when drugs are available, they are often expensive and out of reach for many.

Habila Markus attributed the issues to bad governance.

Mr. Benjamin mentioned that in some wards, one hospital is selected for better equipment. He cited the PHC TV Garage as an example, which is better equipped compared to the one in U/Maichibi. He raised the question of whether there are hospital community representatives. A community member confirmed their existence but noted that representatives were chosen based on sentiments, favoring those living near the facilities to benefit directly.

Mr. Benjamin enlightening the community members

Mr. Benjamin suggested that someone from the community should represent their interests. He asked what steps the community could take to ensure representation. The community agreed to select a representative, with Habila Markus heading the process. The selected members would engage with existing representatives of the committee to ensure inclusivity and equitable access to the facility's benefits on or before 15th of February 2025, after which they would give feedback, then a follow up meeting will be held.

Members of the Committee

- Ruth Thomas
- Matthew Madaki
- Saviour
- Habila Markus
- Esther Madaki

Mr. Benjamin emphasised that the community was informed they must take ownership of the hospital, as it belongs to them. He reiterated that community representatives have the responsibility to oversee and address issues affecting the community.

Angelina Zachariah and Jummai Yakubu were identified as beneficiaries of the Basic Healthcare Fund. However, Angelina raised a concern that although the fund is meant to be available yearly, she was informed her benefits had been exhausted after only two visits to the healthcare facility, leaving her without access on her third visit.

Community Representative Recommendations

- Advocate for more elderly members to become beneficiaries of the Basic Healthcare Fund.

- Community representatives known as the committee formed, were given a deadline from January 11th to February 15th to meet with the existing members and report back to Social Voices.

Closing Remarks

The Community Engagement Lead thanked all participants for their attendance and active participation. She encouraged the community to continue voicing their challenges through the appropriate channels. She emphasised the importance of persistence, stating, "Until our voices are heard, we should not give up."

Immediate Outcome

1. The committee was formed led by Habila Markus with the selected members to engage with existing representatives of the community health facility committee to ensure that one of them is included in the committee. This is to be done on or before 15th of February 2025, after which they would give feedback, then a follow up meeting will be held.

Members of the Committee

- Ruth Thomas
- Matthew Madaki
- Saviour
- Habila Markus
- Esther Madaki

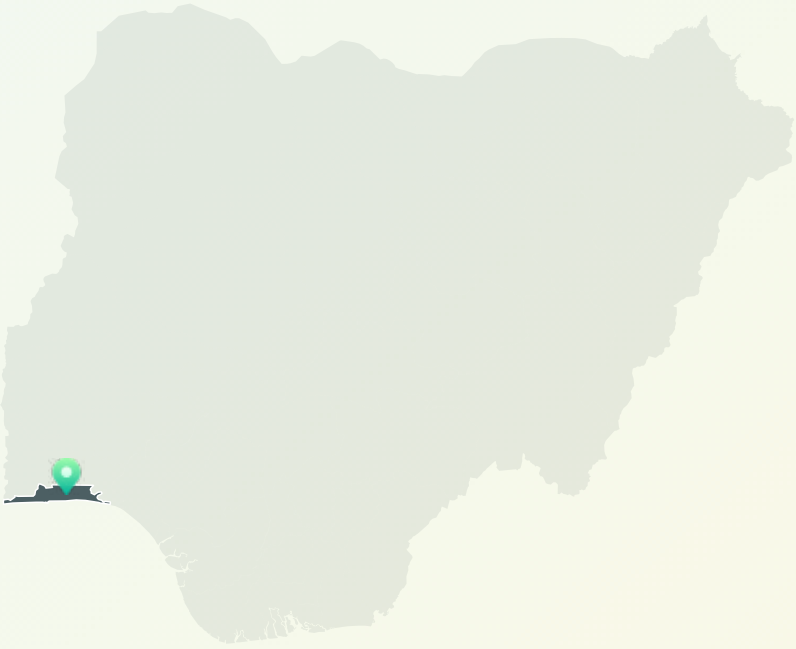
Next Steps

1. The committee formed as stated above are to give feedback after the meeting with the community health facility committee

2. A meeting before the end of the second quarter of the year with the participants to properly educate them on their rights and entitlements concerning healthcare in their community, as well as to guide them on the appropriate authorities to approach if or when an issue arises

Annex

Find link to the pictures here
Find link to the attendance and community outreach report here



LAGOS

Total Number of participants in Akoka Community - **37**
Male **15**
Female **22**

AKOKA COMMUNITY

A Brief About Akoka Community

Akoka Community, located in Shomolu, Akoka Igbari, Lagos State, has a population of approximately 200,000 people, with residents primarily engaged in trading, business, and civil service. The community is home to several active citizen groups, including the Stand Out Group, Decisive Forum, and Akoka Akos2.

Despite having a designated Primary Health Centre (PHC) named Igbari Akoka PHC, the facility has remained incomplete, with construction halted for over four years. As a result, residents face significant healthcare challenges, including a lack of accessible health services and inadequate maternal and child healthcare.

The nearest official PHC is the incomplete Igbari Akoka PHC. Consequently, residents are forced to seek healthcare at Ibijoke PHC, but they often find it inaccessible due to locked gates and a lack of available personnel to attend to their health needs.

Community Engagement With Community Members

The event began with the community members in attendance introducing themselves. Following this, an overview of the organisation and the SCEAP Storytelling Initiative was shared, highlighting its significance in fostering community dialogue.

Community members speaking on healthcare challenges in Shomolu

Next, Macaulay Ihene, a Community Volunteer with Social Voices, shared insights from his 2024 assessment of five Primary Health Centres (PHCs) in the Shomolu Local Government Area of Lagos State. The objective of this assessment was to enhance primary healthcare delivery by evaluating the current state of these facilities, gathering feedback from patients and staff, and identifying key areas for intervention.

Following this, community members shared challenges regarding healthcare in their community.

Mr Ife, a community leader, took the floor, explaining that they do not have a working health centre in their community. They use the health care centre in the community close to them, and the health centre is ranked as the 14th in Nigeria in terms of control and management, established between 1982 and 1983, however when emergencies arise, accessing the centre can be challenging due to multiple gates obstructing entry. He said that the locking of the PHC gate has discouraged people from visiting the centre for basic needs.

A community member speaking on the challenges of the PHC of Akoka community

Mr Ife went further to cite an example of a night when he had to call the police to ensure that the gates were opened for an emergency case, stating that a mere five-minute delay can make a difference between life and death. Lastly, he mentioned the Social Voices needs to bring the attention of the government to this issue, as they feel neglected in this community and many people avoid going to the health care centre.

Mrs Hajiya Hafsat Kazim went further to buttress the point Mr. Ife made citing a situation where a pregnant woman in the community was in labour and still could not access the health care centre as it was locked. Stating that it is important for the Lagos State Health Care Board to do something about it as this challenge has really affected the community members of Akoka. Lastly she mentioned that they would appreciate it if Social Voices can plan a medical outreach in their community where the community members can have access to carry out medical tests and screening.

Following this, Mr Korede, a community leader explained that their PHC needs to be furnished back as their Council Chairman promised to do it, but he was not allowed to, the Health board said they would do it, and up till now nothing has been done. The PHC has just been abandoned, and has been commissioned, but is not in use

A cross-section of all the participants during the meeting

The Community Engagement lead, after listening to the challenges, asked the community members what they think they can come together to do to ensure they have a working PHC.

Mr Ife stated that before our coming for this meeting, they were already planning to organise a protest and go to the Lagos Health Board office as they were fed up. The team advised that before going to protest, they can come together as a community and write a letter to the Lagos State Health Board stating their challenges and asking that the PHC be fixed, and also maybe request for an advocacy visit so they can properly have a sit down with government and know what truly is the challenge in ensuring that their PHC is functioning.

The community members agreed to do this and they also agreed on a timeline which is ensuring the letter goes out to the Lagos State Health Board before the 15th of February and after one week of submission they would start follow-up for the letter submitted, and if after a two weeks no feedback, they would request sed a courtesy visit letter to the board so they can have a sit down with the government to understand the challenges.

Following this, the community members picked a team to spearhead this movement and always give feedback on what is happening. The community members picked the following team members. Find the names below:

- Mr Ife
- Comrade Oluwarotimi (Advocacy and community concerns)
- Iyami Adewale (CDA Secretary)
- Hajiya Hafsat Kazim
- Olumide Shittu

Immediate Outcome

- The community members understood the need to highlight their challenges regarding health care to the Lagos State Health Board instead of the initial agreement of going to protest
- A committee was formed led by Mr Ife to draft a letter to send to the Lagos State Health Board

Next Steps

- The committee are to draft a letter to the Lagos State Health Board outlining challenges is to be sent to the Social Voices community Engagement Lead before 12th February 2025
- Follow- up on the letter before the end of February 2025
- Courtesy visit letter to be sent by the first week of March 2025

PICTURE OF AKOKA PHC

Annex

Find link to the pictures here
Find the link to the attendance sheet here
Find link to the community report here

SOCIAL VOICES

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SCEAP Storytelling Initiative

Community Engagement Report