SOCIAL VOICES

budgIT

STRENGTHENING COMMUNITY ENGAGEMENT AND ACCOUNTABILITY FOR PRIMARY HEALTHCARE

SCEAP REPORT

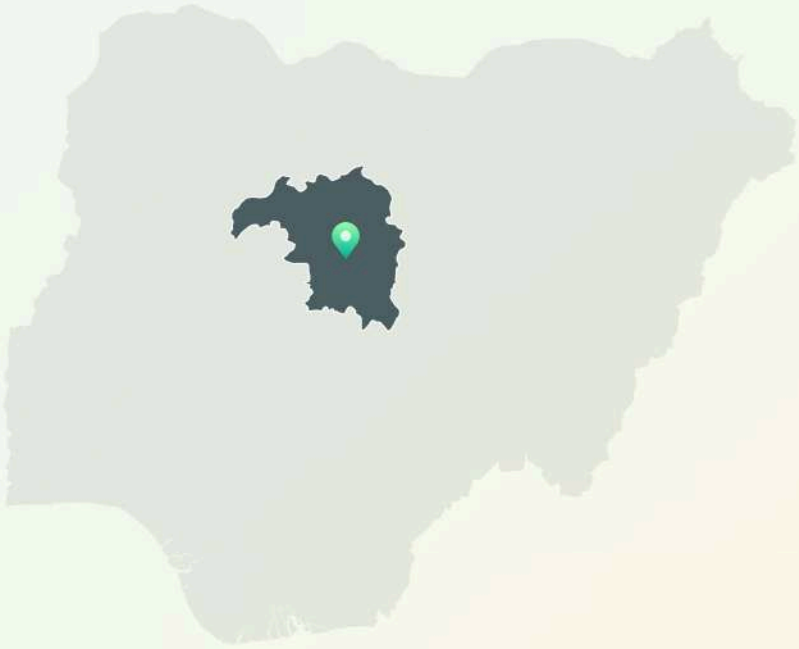
ABRIDGED VERSION

Executive Summary

The SCEAP Storytelling Initiative, implemented by Social Voices aims to amplify and enhance primary healthcare delivery in Nigeria by documenting the experiences and impacts of the Strengthening Community Engagement and Accountability for Primary Healthcare (SCEAP) project. Launched by BudgIT Foundation, the SCEAP project addressed the pressing barriers faced by communities in accessing quality healthcare services across five states: Kano, Kaduna, Gombe, Niger, and Yobe. The overarching goal was to empower local communities through advocacy and monitoring, fostering a more accountable and effective healthcare system.

The initiative recognised that significant challenges mar Nigeria's primary healthcare system, including limited financial access, inadequate infrastructure, and insufficient healthcare personnel. These barriers hinder effective service delivery and negatively impact community health outcomes. In response to these issues, the SCEAP project aimed to improve healthcare delivery through community-driven advocacy, service monitoring, and the introduction of technological solutions. The SCEAP Storytelling Initiative complements this mission by qualitatively assessing the project's impact on community health outcomes and documenting both successes and challenges faced by local populations.

To achieve its objectives, the initiative employs a multifaceted methodology that includes a comprehensive review of existing project documentation, context mapping of participating communities, qualitative interviews with key stakeholders, and storytelling documentation highlighting community-led initiatives. This approach aims to provide a nuanced understanding of how these initiatives have contributed to improvements in healthcare service delivery. By capturing authentic narratives from community members and leaders, the initiative seeks to showcase successful interventions while candidly addressing limitations encountered during implementation.



KADUNA

IMPACT STORY

KADUNA
IMPACT STORY

Tech-Enabled Community Ownership and Accountability in Kaduna Healthcare

Problem

High out-of-pocket expenses and widespread poverty prevent many residents of Kaduna State, in northwest Nigeria, from seeking medical care. Cultural norms further worsen this, with a lack of awareness about the importance of healthcare, and infrastructural decay—dilapidated buildings and inadequate medical supplies. These challenges are compounded by a severe shortage of skilled healthcare workers, leaving many facilities understaffed. As a result, patients endure longer wait times, and service quality is often compromised.

Compounding these systemic deficiencies is a disconnect between communities and their health facilities. Many residents see these centres as government-owned entities rather than shared community assets. This lack of ownership weakens accountability among healthcare providers, erodes public trust, and discourages service utilisation, ultimately undermining the impact of primary healthcare initiatives.

Kaduna State's primary healthcare system faces a cascading crisis, where financial, structural, and social barriers converge to hinder equitable and effective service delivery.

The Intervention

BudgIT's Strengthening Community Engagement and Accountability for Primary Healthcare (SCEAP) Project established strategic partnerships and implemented targeted interventions, specifically in the Kaduna North Senatorial Zone. This included the launch of the Primary Healthcare Tracka (PHC Tracka), an innovative tool designed to empower community members to monitor healthcare services and advocate for improvements. This initiative was reinforced by over 60 town hall meetings, 52 advocacy campaigns targeting community leaders, and direct engagement with healthcare facility staff.

To strengthen local capacity, SCEAP trained Ward Development Committees (WDCs), equipping them to take proactive roles in healthcare advocacy and facility improvement. Through communication channels such as client exit interviews and focus group discussions, the project fostered a culture of collaboration and transparency. These efforts were anchored in a commitment to grassroots-driven solutions, ensuring that interventions were responsive to the unique challenges faced by each community.

60
Town hall meetings

52
Advocacy campaigns

Outcome

The SCEAP project in Kaduna delivered transformative outcomes, driving substantial improvements in community engagement, healthcare infrastructure, and service delivery. The introduction of PHC Tracka enabled residents to report issues and mobilise to take action. For Instance, WDCs in Basawa, a local community in the zone, successfully advocated for enhanced facilities, leading to the construction of a power generator room and laboratory. Meanwhile, the collective action of communities in Lazuru resulted in the rehabilitation of a dilapidated hospital building and the donation of hospital beds.

Overall, the project sparked a surge in healthcare utilisation, as improved facilities and services restored community trust. Town hall meetings served as a platform for residents to voice concerns and collaborate on solutions, fostering a renewed sense of ownership. The synergy between WDCs and health facilities demonstrated the project's ability to bridge gaps between communities and service providers, ensuring healthcare delivery was not only accessible but also tailored to local needs.

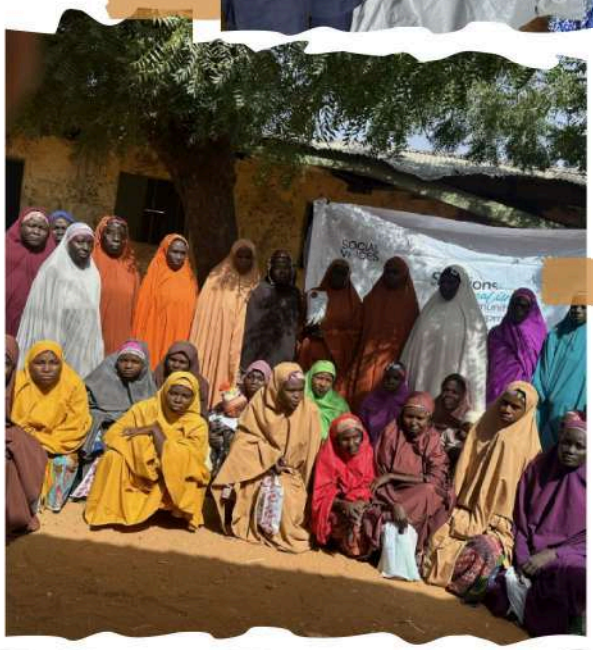
Limitation

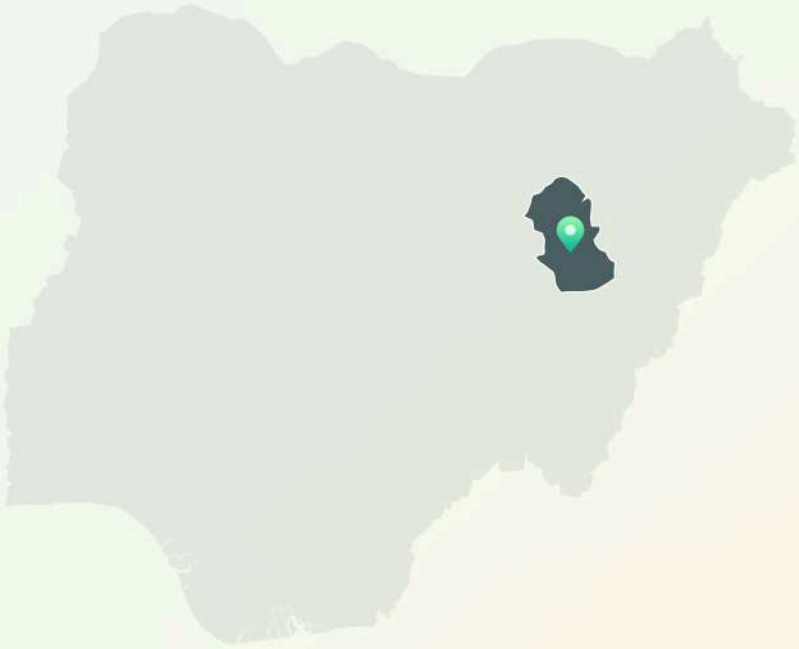
Despite its achievements, the SCEAP project faced several challenges that highlighted the complexities of driving sustainable change. Budgetary constraints, worsened by the rising costs following the fuel subsidy removal, limited the project's adaptability. The PHC Tracka encountered significant adoption barriers, as many community members lacked the necessary digital tools or proficiency in English to fully utilise the tool. Moreover, logistical issues such as transportation difficulties and poor network connectivity impeded effective implementation. Engaging stakeholders with demanding schedules also proved challenging, often delaying critical advocacy efforts. These limitations highlight the need for designing flexible, context-sensitive interventions that address both systemic barriers and the unique realities of local communities.

Conclusion

To build on these successes, future interventions should prioritise sustained funding through multi-sectoral partnerships, leveraging both government and private sector support. Expanding digital literacy initiatives and providing alternative reporting mechanisms—such as offline or mobile-friendly tools—will help bridge the accessibility gap. Furthermore, improving transportation infrastructure and streamlining stakeholder engagement strategies will enhance the effectiveness of advocacy efforts. By addressing these limitations with adaptive, community-driven solutions, Kaduna State can move closer to achieving a resilient and inclusive primary healthcare system.

KADUNA STATE





GOMBE

IMPACT STORY

GOMBE
IMPACT STORY

From Despair to Action: The Community-Led Healthcare Revolution in Gombe

Problem

Crumbling walls, rusting beds, and outdated equipment; this is the state of healthcare facilities in Gombe State, northeastern Nigeria, particularly in rural areas. These centres are manned by overworked and underqualified personnel, struggling amidst an acute shortage of professionals.

The promise of equitable healthcare for all in the state has long been overshadowed by deep-seated challenges, which have not only diminished the trust of residents in government-run healthcare centres but have also pushed vulnerable populations—the elderly, women, and individuals with chronic illnesses—towards informal and often unsafe alternatives.

Financial hardship suffocates what remains. Volunteers, who should be the backbone of community healthcare, remain unpaid. Entire communities, already struggling to survive, lack the means to maintain even the most basic standards of care.

2000

Building blocks were donated by Bambam residents

The Intervention

When the Strengthening Community Engagement and Accountability Project (SCEAP) arrived in Gombe state and found the healthcare system on the brink, the initiative began with a baseline assessment, identifying not just the gaps but also the latent potential within the community. With this foundation, SCEAP rolled out a multi-pronged intervention strategy.

At its core was the establishment of Community Health Committees, which became the lifeblood of local healthcare governance.

These committees did more than exist on paper; they empowered community members, turning them from passive recipients of a failing system into active architects of their healthcare future. Through decision-making and advocacy, they reclaimed a voice that had long been ignored.

Capacity-building efforts were equally transformative. Local leaders and healthcare workers received training on resource mobilisation, advocacy, and the use of digital tools like the PHC Tracka for real-time feedback and accountability. The project also emphasised creating robust community-health worker relationships. Through regular outreach, advocacy events, and health awareness campaigns, the initiative strengthened the trust and collaboration essential for sustained improvements.

Outcome

Several communities in Gombe once resigned to the status quo, took ownership of their healthcare future. In Bangunji, residents rallied to build six single-room accommodations for healthcare workers, a move that not only improved staff retention but also symbolised a renewed commitment to public health. Similarly, in Bambam, over 2,000 building blocks were donated by residents for the expansion of the PHC, though political disagreements temporarily stalled the project.

The Gombe Abba PHC also saw notable transformation, with renovations and the construction of staff quarters through combined community and donor efforts. Such initiatives led to a significant increase in the flow of clients to these facilities, rekindling trust in public healthcare systems.

These grassroots efforts extended beyond infrastructure. At Lapan PHC, community members repaired broken chairs and a water borehole, restoring dignity to a neglected facility.

Moreover, the projects spurred a cultural shift. WDC members, previously unaware of their roles, now actively participate in monthly meetings to address community healthcare needs. The "Award Events" organised by BudgiT in 2024 further incentivised community health workers, creating a model of recognition that drives sustained excellence.

Limitation

Despite these successes, the journey has not been without setbacks. Political interference stalled key initiatives, including the fencing and expansion of Bambam PHC. Government bureaucracy and slow responses to vital proposals, such as expanding Gelengu PHC and upgrading Cham PHC to a cottage hospital, delayed progress. Meanwhile, the removal of fuel subsidies drove up transportation costs, placing an unexpected burden on both healthcare workers and patients, further straining an already fragile system.

Conclusion

The SCEAP project in Gombe state demonstrates the transformative power of community-driven healthcare initiatives. By instilling a sense of ownership, empowering local leaders, and dismantling systemic barriers through collaboration and innovation, it has laid the groundwork for sustainable healthcare delivery. To build on this momentum, future initiatives must deepen community engagement, embrace data-driven decision-making, and forge strategic partnerships with NGOs and private organisations to maximise resources and expertise. With these efforts, Gombe State's journey from healthcare scarcity to resilience can serve as a blueprint for other communities across Nigeria.

GOMBE STATE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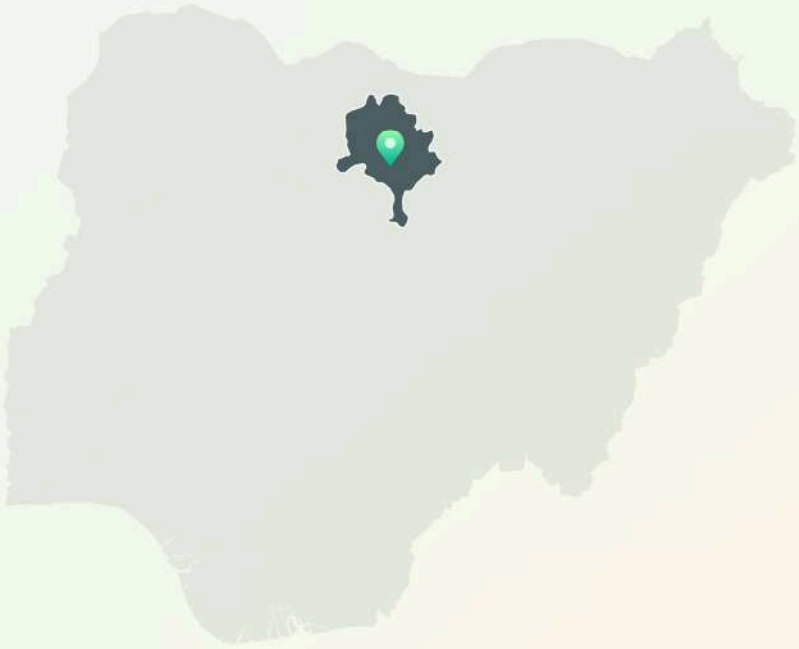
Solutions Journalism in Community Development



KANO

IMPACT STORY

KANO
IMPACT STORY

Revitalising Kano's Primary Healthcare System by Tackling Service Gaps

Problem

Kano's primary healthcare system is grappling with significant challenges that undermine its accessibility and effectiveness. Inadequate staffing and resources stretch the capacity of healthcare facilities, making it difficult to provide timely, high-quality care. Limited community awareness and low utilisation of primary healthcare (PHC) services intensify these issues, leaving many residents without the essential medical attention they need. Poor infrastructure, coupled with the lack of regular maintenance in PHC facilities, further worsens the problem, creating an environment where healthcare delivery struggles to meet demand.

The consequences are severe. Patients endure prolonged wait times and delayed services, which often discourage them from seeking medical help. Many fear that the poor state of facilities and disrupted services could lead to complications or substandard care, deterring them from relying on PHCs. The result is a cycle of low patient turnout, limited access to essential services, and compromised healthcare outcomes.

The root causes of these challenges are complex and interwoven. Infrastructure deficits, such as the absence of basic utilities and the poor upkeep of facilities, create significant logistical hurdles. Financial constraints, including inadequate funding and high out-of-pocket costs, limit the scope of services available to the community. The shortage of skilled healthcare personnel, combined with insufficient capacity-building initiatives and low motivation, undermines workforce performance. Socio-cultural factors, such as misconceptions about formal healthcare and entrenched gender inequalities, also play a role in hindering effective service delivery.

The Intervention

Recognising these critical challenges, Kano state's involvement in the SCEAP project was a strategic response aimed at addressing the gaps in service delivery and accountability within PHC facilities. This collaboration was facilitated by the Executive Secretary of the Kano State Primary Healthcare Management Board, who recognised the project's potential to tackle pressing issues such as poor infrastructure, eroded community trust, and a weakened healthcare system.

To revitalise healthcare delivery in Kano, the SCEAP project introduced targeted interventions. Patient satisfaction surveys were used for feedback and pinpointing service gaps. Community engagement initiatives, including town hall meetings and focus group discussions, helped foster dialogue, build trust, and enhance accountability.

Additionally, citizen feedback mechanisms were established to provide a structured platform for reporting issues and addressing concerns swiftly. Capacity-building sessions for PHC staff focused on developing skills for patient-centred care and effective communication, while advocacy efforts highlighted the need for improved infrastructure and increased funding from local authorities.

Outcome

The interventions brought about tangible improvements in Kano's healthcare system. Maternal healthcare services experienced significant advancements, while community trust in PHC centres grew as residents witnessed improved service delivery. Enhanced engagement between communities and healthcare providers led to the establishment of functional WDCs and other citizen groups taking active roles in healthcare advocacy. The swift resolution of service complaints, alongside infrastructure upgrades, created a more responsive healthcare system. Ultimately, these changes resulted in better healthcare delivery and higher patient satisfaction.

Maternal healthcare services experienced significant advancements

Community trust in PHC centres grew

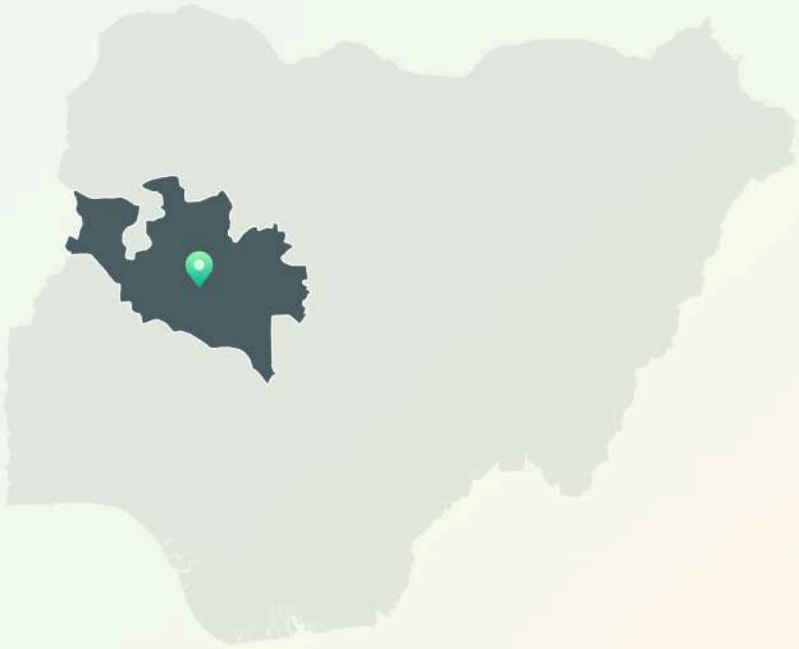
Limitation

Resistance to change, along with cultural barriers, hindered the acceptance of new practices during the SCEAP project's implementation. In addition to this, infrastructural deficiencies, political instability, and occasional protests and curfews disrupted activities. Advocacy efforts encountered bureaucratic bottlenecks, while resource constraints hampered the project's scalability. Addressing these challenges will require sustained efforts and adaptive strategies to ensure long-term impact.

Conclusion

The SCEAP project has improved Kano's primary healthcare system by enhancing service delivery, accountability, and community trust. To sustain progress, stakeholders must streamline administrative processes, tackle bureaucratic bottlenecks, and adopt conflict-sensitive strategies. Expanding capacity-building for healthcare workers, integrating digital health solutions, and increasing funding through public-private partnerships are essential. Addressing infrastructural gaps and ensuring equitable healthcare access, especially for marginalised groups, will strengthen Kano's PHC system, creating a resilient model for sustainable healthcare reforms and improved patient outcomes.

KANO STATE



NIGER

IMPACT STORY

NIGER
IMPACT STORY

Niger's PHCs Are Overcoming Neglect Through Community Action

Problem

Communities in Niger State, north-central Nigeria, struggle to access quality primary healthcare services. A survey by SCEAP of 15 primary healthcare centres (PHCs) across the state found that they operate in dilapidated buildings, lacking essential amenities such as a stable power supply, functional water systems, and proper sanitation. Some centres have no toilets, clean water, or electricity, while critical medical resources—including beds, essential drugs, and labour rooms—are also absent.

Healthcare staff shortages exacerbate the problem, many of whom show a lack of commitment to their roles. Some healthcare workers close their doors before 1:00 PM or fail to engage with patients, leaving people without the attention they need. Consequently, communities have turned their backs on the PHCs, seeking help instead from unregulated providers, such as quacks and herbalists, who often lack the training to offer proper care. This has left many residents in desperate need of reliable and compassionate healthcare.

The Intervention

The Strengthening Community Engagement and Accountability Project (SCEAP) implemented a range of multi-faceted interventions to address the critical healthcare challenges in Niger State:

1. **Capacity Building and Community Champions:** SCEAP identified and trained community members, including youth and women, as health champions, empowering them to mobilise their communities to engage more actively with PHCs.
2. **Reactivation of Accountability Structures:** WDCs were reinvigorated to strengthen collaboration between PHC staff and community stakeholders, ensuring a more responsive healthcare system.
3. **Advocacy and Collaboration:** A series of town hall meetings, advocacy visits to local government officials, and focus group discussions were organised to garner support and rally for the improvement of PHCs.
4. **Use of Technology:** Health champions utilised mobile technology through the PHC Tracka Dashboard to monitor and report on PHC operations, enhancing data collection and ensuring greater accountability.
5. **Community-Led Infrastructure Improvements:** The project fostered a sense of ownership by encouraging communities to take the lead in improving PHC facilities, resulting in initiatives like repainting buildings, repairing boreholes, installing solar-powered lighting, and enhancing fencing.

Improved Service Delivery

Increased Community Engagement

Outcome

The interventions brought about tangible improvements in healthcare delivery in Niger State:

1. **Increased Community Engagement:** Communities have become more involved in the maintenance and management of PHCs, with women's groups taking responsibility for cleaning schedules and mobilising health campaigns.
2. **Infrastructure Rehabilitation:** Significant upgrades were made, including the reconstruction of the Maikunkele PHC, which benefited from new fencing and borehole repairs, alongside renovations to PHCs in Bosso, Wushishi, and Chanchaga local government areas (LGAs)
3. **Improved Service Delivery:** Healthcare staff have become more punctual and dedicated, resulting in a noticeable increase in patient patronage. At Maikunkele PHC, the number of patients increased from 245 in October 2023 to 360 in November 2023. Similarly, Kawo PHC in Lapai LGA saw an increase from 78 to 211 within the same period. This trend was observed across all the surveyed facilities.
4. **Advocacy Wins:** Motivated by community efforts, local leaders and elected officials contributed resources, such as deploying additional health workers and funding renovations to healthcare facilities.
5. **Accountability Platforms:** Regular meetings of WDCs and village health committees now serve as platforms for addressing grievances and fostering collaboration between communities and PHC staff.

Limitation

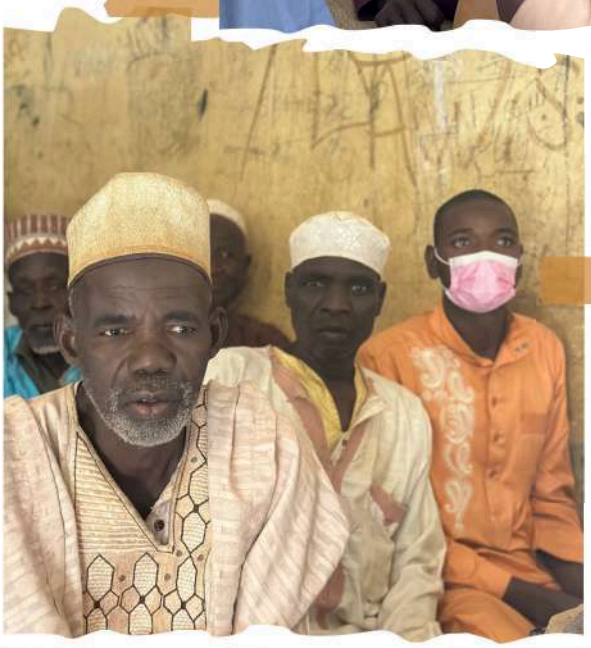
Despite its success, the SCEAP project faced several limitations:

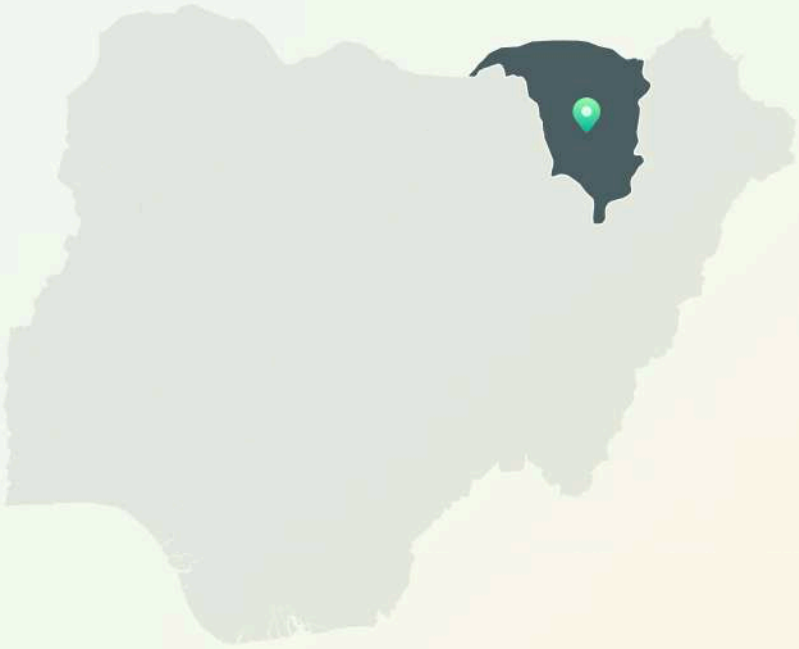
1. **Insufficient Resources:** The project's financial constraints hindered its ability to implement physical upgrades, limiting its impact on advocacy and capacity-building efforts.
2. **Staffing and Retention Challenges:** Economic pressures led some trained health champions to relocate, while the high cost of transportation impeded monitoring and follow-up activities.
3. **Motivational Gaps:** WDCs struggled to maintain momentum without financial incentives, highlighting the need for additional support mechanisms to sustain their efforts.

Conclusion

Niger State's PHCs have seen improvements through community-driven efforts, stronger accountability, and better service delivery. However, challenges such as resource constraints, staffing shortages, and low motivation persist. The SCEAP project played a vital role in addressing these gaps, but sustaining progress requires increased funding, incentives for health champions, and better staff retention strategies. Expanding digital monitoring tools and strengthening government collaboration will reinforce these gains. Prioritising advocacy and infrastructure investment will help build a resilient, community-led healthcare system for long-term impact.

NIGER STATE





YOBE

IMPACT STORY

YOBE
IMPACT STORY

Rebuilding Trust in Yobe's Healthcare Through Infrastructure Overhaul and Community Engagement

Problem

Yobe State's primary healthcare system faces significant challenges that hinder the delivery of quality services to its population. A critical issue is the lack of infrastructure, including clean water and sanitation facilities, which compromises hygiene in healthcare centres. The shortage of healthcare workers exacerbates the situation, with existing staff overburdened by high patient loads, inadequate resources, and unfavourable working conditions.

Compounding these challenges is a troubling lack of community engagement in healthcare decision-making, creating a deep disconnect between the people who rely on these services and those who provide them. These barriers disproportionately affect the most vulnerable, particularly those in remote, underserved communities, leaving many without access to essential healthcare services desperately needed.

The Intervention

To tackle these pressing challenges, the Strengthening Community Engagement and Accountability in Primary Healthcare (SCEAP) project rolled out focused solutions aimed at revitalising the healthcare system. One of the cornerstone initiatives was the construction of a borehole and water reservoir at the Ngelzarma Primary Healthcare Centre (PHC), ensuring a reliable supply of clean water that significantly improved both hygiene and the quality of healthcare services.

Furthering its collaborative approach, the project saw the Local Government Chairman facilitate the allocation of land in Mamudo for the development of a new PHC, underscoring the importance of partnership and local ownership.
Central to the success of these interventions was a participatory model that actively engaged community members, healthcare providers, and local government officials, ensuring that the solutions were not only tailored to the community's needs but also fostered a sense of shared responsibility in sustaining the improvements.

Transformative improvements in Yobe's healthcare system

Improved trust and cooperation

Outcome

The interventions led to transformative improvements in Yobe's healthcare system. The introduction of clean water at the Ngelzarma PHC not only improved hygiene but also significantly reduced infection risks, creating a safer environment for both patients and healthcare workers. The allocation of land in Mamudo paved the way for the construction of a new healthcare facility, addressing the region's longstanding infrastructural gaps and improving access to services for underserved communities.

More than these physical changes, the SCEAP project nurtured trust and cooperation between healthcare providers and community members, fostering a sense of ownership and empowering local stakeholders to actively engage in healthcare planning and decision-making.

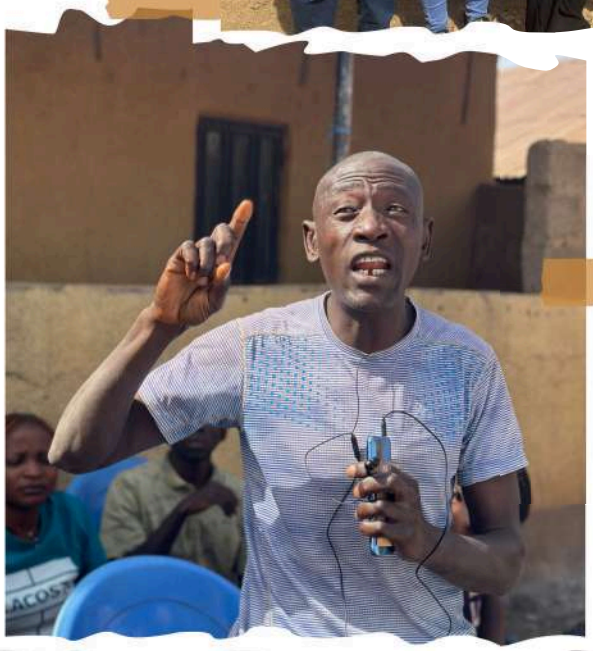
Limitation

Power dynamics among stakeholders frequently disrupted decision-making processes during the project's implementation, with conflicting interests occasionally overshadowing collective goals. Insufficient participation from certain community members also exposed gaps in engagement strategies, limiting the project's reach. Moreover, systemic issues, including limited funding and workforce shortages, underscored the urgent need for broader structural reforms to ensure that the progress made can be sustained in the long term.

Conclusion

Yobe's experience with the SCEAP project underscores the transformative potential of community-driven healthcare initiatives. By addressing critical infrastructure gaps and promoting collaboration among stakeholders, the project showed that well-targeted interventions can lead to meaningful improvements in healthcare delivery. However, sustaining and scaling these achievements will require ongoing efforts to address systemic barriers, enhance community engagement, and build lasting partnerships. Yobe's example offers a valuable blueprint for other regions aiming to strengthen their healthcare systems through inclusive, innovative approaches.

YOBE STATE



SCEAP REPORT

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