

# Strengthening Community-Led Accountability and Sustainability of Primary Healthcare Centres (PHCs) in Nigeria

(A Collaborative Framework between  
**BudgIT Foundation** and **PSHAN** under **ADHFP**)



## About BudgIT

BudgIT Foundation is a civic tech organisation raising the standards of transparency, accountability, and service delivery in the Nigerian government and governance. Since its establishment in Nigeria in 2011, BudgIT has utilised innovative technology and data-driven tools to simplify complex public finance information, making it accessible and understandable to citizens. By enabling citizens to track budgets, advocate for policies, and engage in public awareness campaigns, BudgIT empowers communities to hold governments accountable for resource allocation and spending. The organisation's work spans key sectors such as health, education, infrastructure, and natural resource governance, ensuring that public funds are effectively utilised for societal development. Over time, BudgIT has evolved its focus to include quality research, advisory support, and innovative approaches to service-delivery tracking and health-sector reforms.

## About PSHAN

The Private Sector Health Alliance of Nigeria (PSHAN) is driving the transformation of Nigeria's healthcare system by fostering collaboration between the private and public sectors, leveraging collective capabilities, resources, and expertise through a coordinated platform that complements government and partner efforts. Through strategic partnerships, innovative programs and community-driven initiatives, PSHAN advances sustainable improvements in access, quality, and equity in health outcomes nationwide, anchored in a strong philosophy of collective responsibility and synergistic impact.

PSHAN's mission is 'to be the go-to business-led platform that mobilises resources and capabilities and leverages the same to improve Nigeria's healthcare system' and a vision where everyone enjoys equitable access to quality, affordable healthcare and wellness.

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# Definition of **Terms**

**Accountability:** The fact or condition of being accountable; responsibility.

**Community:** A group of people living in the same place or having a particular characteristic in common.

**Data:** Collection of facts, numbers, words, observations or other useful information

**Digital Monitoring Systems:** Technologies utilising sensors, software, and network connectivity to collect, analyse, and visualise data in real-time to track performance, security, or environmental conditions.

**Equitable Representation:** The fair, intentional, and proportional inclusion of all demographic groups, particularly marginalised communities, in decision-making bodies, media, and leadership.

**Governance:** The system of rules, processes, and structures used to direct, control, and hold accountable an organisation, government, or society.

**Health Outcomes:** Measurable changes in the health status of an individual, group, or population attributable to a specific medical intervention, treatment, or healthcare policy.

**Human Resources:** The collective workforce of an organisation is viewed as an asset with knowledge, skills, and experience.

**Integration:** The process of combining different systems, applications, or technologies into a cohesive whole that works together seamlessly.

**Institutions:** An organisation founded for a religious, educational, professional, or social purpose.

The formal and informal rules that organise social, political and economic relations.

**Ownership:** The act, state, or right of possessing something.

**Primary Health Centres:** The foundational, first-contact units of public healthcare, providing accessible, affordable, and essential services to communities, particularly in rural or underserved areas.

**Private Sector:** Organisations and entities that are not part of any governmental structure.

**Policy:** A course or principle of action adopted or proposed by an organisation or individual.

**Policy integration:** The management of cross-cutting issues by coordinating actors, instruments, and objectives across traditionally fragmented, sector-specific policy domains.

**Resources:** A stock or supply of money, materials, staff, and other assets that a person or organisation can draw on to function effectively.

**Ward Development Committees:** Grassroots, community-based, and often elected bodies responsible for planning, implementing, and monitoring local development projects within a specific ward.

# Abbreviations

**ADHFP:** Adopt-A-Healthcare Facility Programme

**PAT:** Primary Healthcare Accountability Tracka.

**PHC:** Primary Healthcare Centre

**PSHAN:** Private Sector Health Alliance of Nigeria (PSHAN)

**WDC:** Ward Development Committee

# Background & Objectives of the Research



# Background

Primary Healthcare Centres (PHCs) remain the cornerstone of Nigeria's healthcare delivery system, particularly for underserved and rural populations. Over the years, both government and private sector stakeholders have made concerted efforts to revitalise PHCs through infrastructure upgrades, staffing, and policy reforms. Despite these efforts, the sustainability and effectiveness of PHCs continue to face significant challenges.

Key challenges include insufficient and inconsistent funding, weak transparency and accountability in resource allocation, limited community ownership, and inadequate citizen participation in governance processes. Ward Development Committees (WDCs), established to serve as the interface between communities and PHCs, often lack the capacity, resources, and institutional backing required to perform their oversight and mobilisation roles effectively.

In response to these gaps, BudGIT Foundation and the Private Sector Health Alliance of Nigeria (PSHAN), under the Adopt-A-Healthcare Facility Programme (ADHFP), initiated a partnership to strengthen community-led governance, improve accountability mechanisms, and foster sustainable PHC management models. This collaboration leverages digital tools, community engagement strategies, and multi-sector partnerships to improve PHC service delivery and outcomes.

# Objectives of the Research

Objectives of the Collaboration and Implementation Strategies:

## 1 Strengthening Ward Development Committees (WDCs)

- ☛ **Capacity Strengthening:** Conduct trainings for WDCs in governance, advocacy, financial management, and resource mobilisation to enhance their role in PHC oversight, establish peer-learning networks among WDCs across states, and provide mentorship and support to ensure WDCs are actively engaged in governance processes.
- ☛ **Improving Ownership:** Empower WDCs, key community stakeholders and community members to take an active role in PHC management by equipping them with the skills and tools needed for effective engagement.
- ☛ **Policy Integration:** Advocate for the institutionalisation of WDC participation in state and national health governance frameworks to ensure their roles are recognised and sustained.

## 2 Implementing Digital Monitoring Systems

- ☛ **Data-Driven Monitoring:** Collaborate with BudgIT to deploy its PHC Tracka, a user-friendly digital platform for real-time tracking of PHC performance, resource utilisation, and service delivery, especially to all ADHFP-supported sites.
- ☛ **Increasing Accountability:** Establish digital feedback mechanisms that enable community-led oversight, enhancing transparency in governance and resource allocation.
- ☛ **Informing Policy:** Use insights from digital monitoring systems to influence healthcare policies and improve service delivery.

## 3 Fostering Community-Led Governance

- ☛ **Improving Ownership:** Promote community participation by establishing participatory frameworks and ensuring regular town hall meetings to integrate local voices into PHC decision-making.
- ☛ **Increasing Accountability:** Create mechanisms for community-led oversight to monitor service delivery and ensure transparency.
- ☛ **Equitable Representation:** Ensure that marginalised groups are represented in PHC governance processes to build inclusive, community-driven systems.

## 4 Engaging the Private Sector

- ☛ **Sustainability Support:** Mobilise private-sector investment to provide funding, technical expertise, and innovative solutions for PHC challenges; secure buy-in; and align project objectives with existing state health policies.
- ☛ **Pilot States:** Bauchi (One facility) and Edo (Four facilities).
- ☛ **Enhancing Sustainability:** Collaborate with private stakeholders to develop long-term financing models that support community-driven healthcare initiatives beyond external funding cycles.
- ☛ **Corporate Social Responsibility:** Encourage private sector participation in CSR initiatives aimed at strengthening PHCs and improve community health outcomes

# Research Methodology

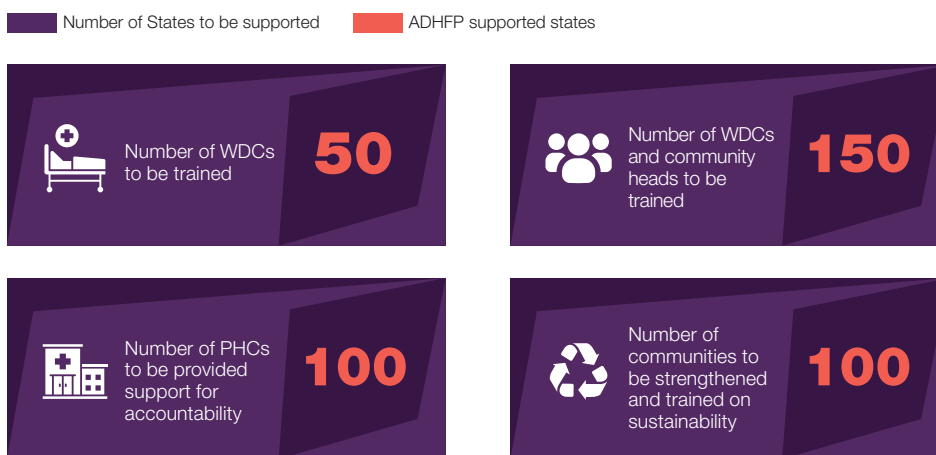


# Methodology

## Research Design

This survey employed a qualitative research design using a structured data collection set. The aim was to enable data collectors to assess the state of the PHC and the quality of service delivery (care) at Primary Healthcare Centres, fostering a sense of ownership and responsibility. The facilities assessed were selected from two geopolitical zones, the northeast (Bauchi) and the south-south (Edo). A total of five facilities were identified and surveyed. Data were collected through structured interviews using KoboCollect, and feedback was profiled in PHC tracka.

## Expected Outcomes



## Activity Outcomes and Measurement Indicators

Activity	Outcome	Measurement Indicator
Improved community ownership of PHCs, leading to better healthcare outcomes.	80% of WDCs are actively engaged in PHC oversight	Number of WDCs conducting regular governance meetings
Enhanced accountability in PHC governance	60% increase in transparency reports published on PHC resource allocation	Number of publicly available budget and service delivery reports
Expanded collaboration between the private sector, government, and communities in PHC revitalisation	20 new public-private partnerships established for PHC support	Number of corporate entities funding PHC initiatives
Sustainable community-driven monitoring mechanisms to ensure continued PHC improvements	Authorities resolved 75% of community-reported service issues	Percentage of reported issues addressed within set timelines
Improved Reach	50 additional PHCs integrated into the WDC governance model	Number of PHCs adopting community-driven governance structures

## Project Components

S/N	Component	Description
1	Capacity Building	Facilitate trainings, programs, mentorship, peer-learning networks, and key stakeholder engagements
2	Workshops & Advocacy	Conduct town halls, advocacy meetings, and governance integration workshops
3	Digital Infrastructure and Data Management	The deployment and maintenance of PHC Tracka digital monitoring tools, Digital data collection tools, cloud storage, and real-time analytics systems
4	Community Engagement	The organization of stakeholder meetings, sensitisation campaigns, and citizen participation forums
5	Sustainability Initiatives	Development of institutional frameworks, long-term PHC support mechanisms
6	Monitoring & Evaluation	Conducting assessments, impact documentation, knowledge sharing, and reporting
7	Communications & Publicity	Media engagement, advocacy materials, and branding for for public education and awareness

## Implementation Process and Milestones

Following several strategic discussions, PSHAN proposed a phased engagement framework (immediate, mid-term, and long-term), prioritising activities that could commence immediately.

An activity plan and an initial list of 12 facilities for Phase One were shared in April. To maximise resources, BudgIT deployed four trained technical field staff to support implementation at selected facilities, with logistics and data-collection tools provided by BudgIT.

To streamline implementation, the number of pilot states was reduced to two, across two regions, to ensure regional representation.

# Training and Community Engagement

Training sessions were conducted for State Liaison Officers and Field Officers on

- ✓ Community engagement approaches.
- ✓ Minimum standards for PHCs.
- ✓ Use of PHC Accountability Tracka and daily feedback submission.

HFMC/WDC meetings were leveraged to introduce the tool and conduct community entry engagements across Edo and Bauchi States. Below are the shared dates:

Uteh PHC 21st October   10am	Iduwungha PHC 21st October   1pm	Atoruru PHC 22nd October   11am
Jumberi PHC 24th October   12pm	Evubodia PHC 5th December   12pm	

## Data review/ analysis:

Data collected via the Kobo tool were analysed using six thematic areas:

- 1 State of the infrastructure.
- 2 Availability of a Laboratory
- 3 Availability of Drug Dispensary
- 4 Connectivity to the National Grid
- 5 Access to water at the facility
- 6 Availability of ambulance services

Is the PHC building in Good Condition (Roof, Ceilings, Windows, Floors, Walls, Doors)? - 5 out of 5 respondents answered this question with a yes.

LGA/State	Name of PHC Facility	Is the PHC building in good condition (Roof, Ceilings, Windows, Floors, Walls, Doors)?
Ikpoba okha/Edo	Uteh Primary Health Centre	Yes
Katagum/Bauchi	Jumberi PHC	Yes
Oredo/Edo	Evbuodia Primary Health Centre	Yes
Owan west/Edo	Atoruru Primary Health Centre	Yes
Uhuwonde/Edo	Idunmwugha Primary Health Centre	Yes
<b>Grand Total</b>		<b>5</b>

Does the PHC have a laboratory? 4 out of 5 respondents answered No, while 1 answered Yes.

LGA/State	Name of PHC Facility	Does the PHC have a Laboratory?	
		No	Yes
Ikpoba okha/Edo	Uteh Primary Health Centre	1	
Katagum/Bauchi	Jumberi PHC	1	
Oredo/Edo	Evbuodia Primary Health Centre	1	
Owan west/Edo	Atoruru Primary Health Centre	1	
Uhuwonde/Edo	Idunmwugha Primary Health Centre		1
<b>Grand Total</b>		<b>4</b>	<b>1</b>

Does the PHC have a Drug Dispensary Unit? 4 out of 5 respondents answered No, while 1 answered Yes.

LGA/State	Name of PHC Facility	Does the PHC have a Drug Dispensary Unit?	
		No	Yes
Ikpoba okha/Edo	Uteh Primary Health Centre	1	
Katagum/Bauchi	Jumberi PHC		1
Oredo/Edo	Evbuodia Primary Health Centre	1	
Owan west/Edo	Atoruru Primary Health Centre	1	
Uhuwonde/Edo	Idunmwugha Primary Health Centre	1	
<b>Grand Total</b>		<b>4</b>	<b>1</b>

Is the PHC connected to the National Power Grid? 3 out of 5 respondents answered No, while 2 answered Yes.

LGA/State	Name of PHC Facility	Is the PHC connected to the National Power Grid?	
		No	Yes
Ikpoba okha/Edo	Uteh Primary Health Centre		1
Katagum/Bauchi	Jumberi PHC	1	
Oredo/Edo	Evbuodia Primary Health Centre	1	
Owan west/Edo	Atoruru Primary Health Centre		1
Uhuwonde/Edo	Idunmwugha Primary Health Centre		1
<b>Grand Total</b>		<b>2</b>	<b>3</b>

Does the PHC have access to Water (well, tap, borehole, hand pump)?  
5 out of 5 respondents answered yes.

LGA/State	Name of PHC Facility	Does the PHC have access to water (well, tap, borehole, handpump)
Ikpoba okha/Edo	Uteh Primary Health Centre	Yes
Katagum/Bauchi	Jumberi PHC	Yes
Oredo/Edo	Evbuodia Primary Health Centre	Yes
Owan west/Edo	Atoruru Primary Health Centre	Yes
Uhuwonde/Edo	Idunmwugha Primary Health Centre	Yes
<b>Grand Total</b>		<b>5</b>

Is there an ambulance service available? 5 out of 5 respondents answered yes.

LGA/State	Name of PHC Facility	Is there an ambulance service available?
Ikpoba okha/Edo	Uteh Primary Health Centre	Yes
Katagum/Bauchi	Jumberi PHC	Yes
Oredo/Edo	Evbuodia Primary Health Centre	Yes
Owan west/Edo	Atoruru Primary Health Centre	Yes
Uhuwonde/Edo	Idunmwugha Primary Health Centre	Yes
<b>Grand Total</b>		<b>5</b>

## Digital Profiling and Data Collection

- ✓ BudgIT also conducted a second-tier validation during the 5K PHC Challenge profiling in Bauchi and Edo.
- ✓ KoboToolbox was adopted for structured data collection, and liaison officers were trained to use it and the PHC Accountability Tracka Portal.
- ✓ All validated facilities were profiled on the PHC Accountability Tracka Portal ([www.phctracka.org](http://www.phctracka.org))

## Progress Achieved

- ✓ Five PHCs successfully uploaded and validated during early implementation.
- ✓ Baseline surveys, introductory community meetings, and feedback tracking mechanisms were initiated.
- ✓ Continuous coordination through review meetings, shared trackers, and live planning documents.



# Findings & Recommendations



# Findings from the Baseline survey and the Feedback collection:

A joint **BudGIT–PSHAN validation and alignment meeting** on the 11th November 2025, focused on validating the BudGIT x PSHAN report. Discussions covered various aspects of primary healthcare feedback mechanisms, and outcomes from a recent training session for WDC members were presented, highlighting successes and challenges.

Insights from patient feedback at Iduwunga PHC revealed a concerning low submission rate, prompting discussions about potential barriers, such as limited smartphone access and data plans, that hinder effective data collection.

Further discussions emphasised the need to integrate community feedback into reports, with suggestions for alternative methods of collecting this information.

The importance of accurate project reporting was underscored, as misrepresentations could affect the understanding of primary healthcare conditions. It highlighted the need for real-time data submission and the role of community champions in improving feedback collection in hard-to-reach areas.



# Next Steps

1

Regular review and validation meetings between BudgIT and PSHAN to ensure alignment with the activity plan and adaptive learning.

2

Refresher training courses to reach more community members.

3

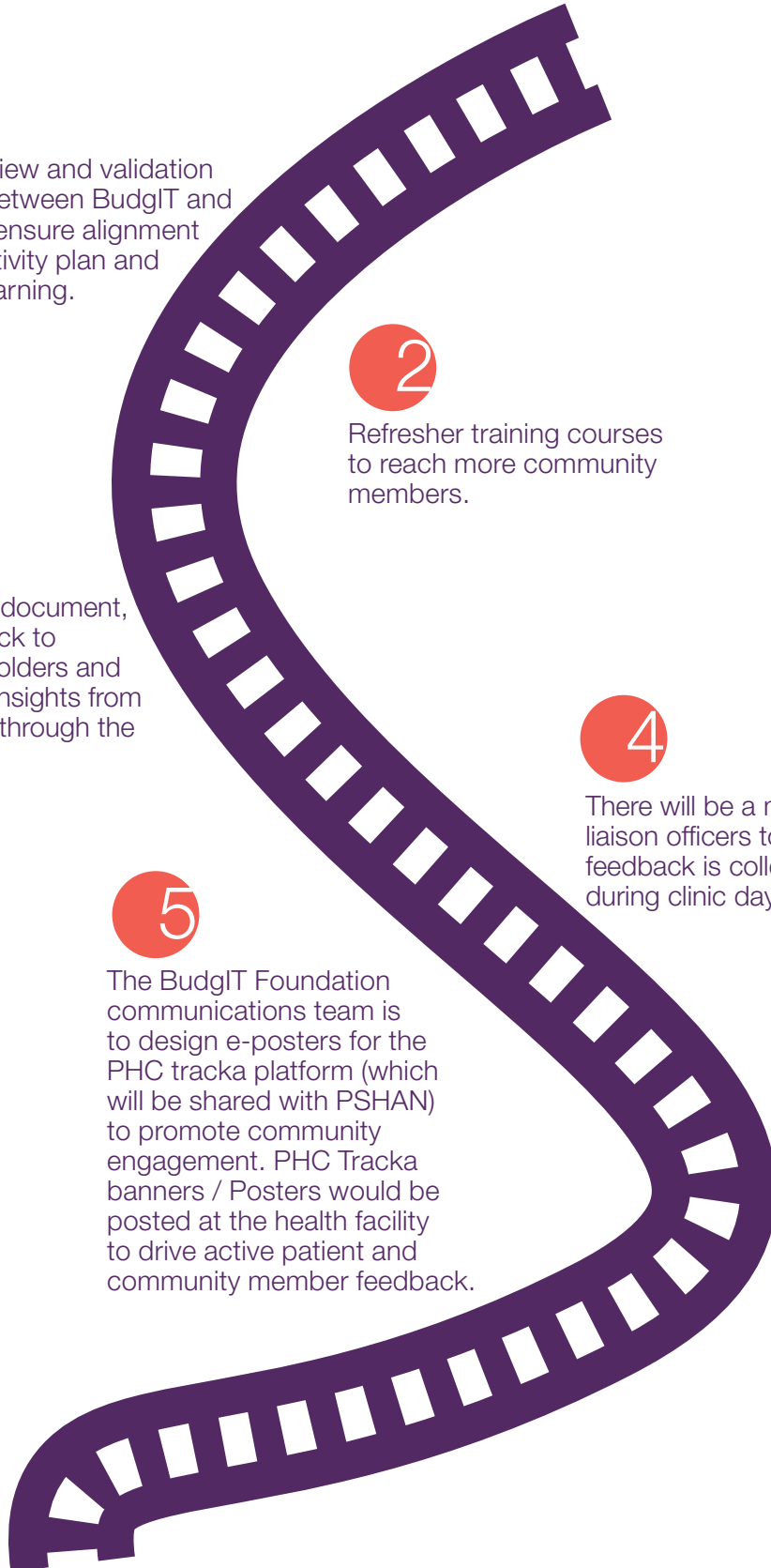
PSHAN to monitor, document, and provide feedback to government stakeholders and the community via insights from the data submitted through the PHC tracka.

4

There will be a meeting with liaison officers to ensure that feedback is collected effectively during clinic days.

5

The BudgIT Foundation communications team is to design e-posters for the PHC tracka platform (which will be shared with PSHAN) to promote community engagement. PHC Tracka banners / Posters would be posted at the health facility to drive active patient and community member feedback.



# Conclusion

The BudgIT-PSHAN collaboration under the ADHFP initiative demonstrates a scalable and sustainable model for strengthening PHC governance in Nigeria. By combining community empowerment, digital accountability tools, and multi-sector partnerships, the initiative addresses systemic gaps in PHC management while laying the foundation for long-term, community-driven healthcare improvements.



