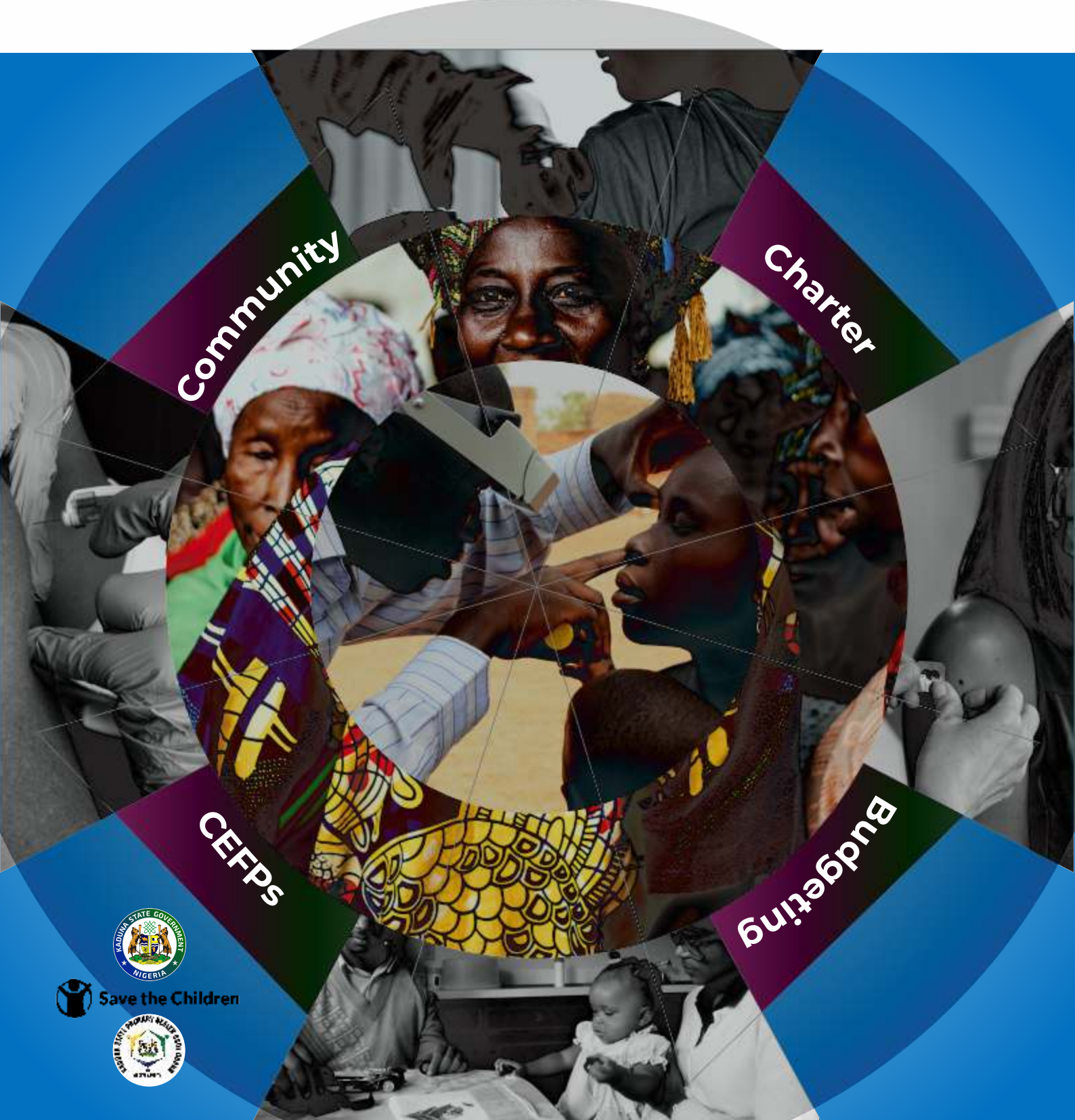


How to Develop Community Health Needs (Charter)



Community

Charter

CEFPs

Budgeting



 Save the Children



A guide for Community Engagement
Focal Persons

Kaduna State Primary Health Care
Board
May 2022



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Acronyms

AOP	Annual Operational Plan
CEFP	Community Engagement Focal Person
CHN	Community Health Needs
CSO	Civil Society Organizations
LGA	Local Government Area
NGO	Non-Governmental Organization
PHC	Primary Health Care
WDC	Ward Development Committee

Forward

The commitment of the Kaduna state government to ensuring citizens participation in government plans and budgets paved way for the State to join the Open Government Partnership (OGP) in 2017, which translated to the development of an OGP State Action Plan (SAP). The Kaduna SAP seeks to improve citizen participation in the entire budget cycle, from conceptualisation to implementation all the way to budget evaluation. To advance this commitment, the government adopted the Community Development Charter (CDC), which serves as a strategy for providing an enabling environment for citizens to directly participate in the entire process of the budget cycle to inform the multi-sectoral annual budget at all levels. This approach ensures the strategic engagement of community stakeholders in a bottom-top approach.

This guide was developed to serve as reference material for the development of the Community Development Charter (CDC). The guide has been simplified to ensure that it is user-friendly to all stakeholders involved in the process of developing CDCs. Therefore, I wish to strongly recommend it to CDC Champions, Civil Society Organizations (CSOs), Ward Development Committees (WDCs), Community Engagement Focal Persons at the ward, LGA and community levels, as well as State and LGA Monitoring and Evaluation, and Planning Officers. I am confident that it will serve as an excellent guide in the process of developing the health sector Annual Operational Plans (AOP) and Budgets.

It is my sincere hope that this guide will improve community understanding and participation across all our planning and implementation processes, as well as promote inclusiveness in addressing the health needs of the people of Kaduna State.



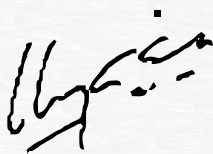
Dr Hamza Abubakar
Executive Secretary
Kaduna State Primary Health Care Board

Acknowledgment

I wish to recognize and appreciate the Commissioner of Health, Dr Amina Mohammed Baloni, and the Executive Secretary of Kaduna State Primary Health Care Board (SPHCB), Dr Hamza Abubakar for providing strategic direction and enabling environment in the development of the Community Development Charter Guide. I also wish to acknowledge the efforts of the State Advocacy and Social Mobilization Technical Working Group (TWG) and the staff of the Department of Planning, Monitoring and Evaluation of the SPHCB for leading the process of developing this guide.

I am particularly grateful to the Bill and Melinda Gates Foundation and Save the Children International (SCI) through the Gates Anchor IV Grant for their financial support. I wish to equally acknowledge the technical support provided by Development Outcomes and Support Center (DOS Center) through Malam Lawal Abubakar, as well as Mr. Yusuf Goje of Coalition of Association for Leadership Peace, Empowerment and Development (CALPED), Farouk Abdulkadir of Save the Children International (SCI) and Alhaji Mustapha Jumare from Kaduna Accountability Mechanism (KADMAM). I wish to especially acknowledge the Community Development (CDC) Champions from Lere, Kaduna North and Jema'a LGAs, for their technical contribution in the development of the guidelines.

Finally, my appreciation also goes to the staff of the Department of Family and Community Health Services of the SPHCB for providing the necessary technical support, not forgetting the Advocacy, Social Mobilization and Community Engagement Unit for the technical information that helped in the development of this guide.

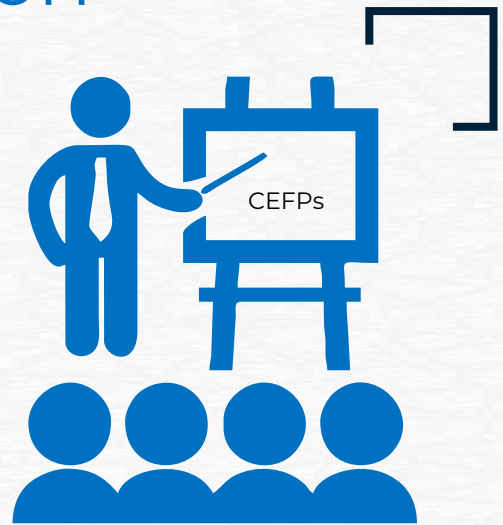


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Introduction

1.1 Purpose of the Document

The purpose of this document is to provide Community Engagement in the budget process at the Ward, Local Government Areas (LGAs), and the State levels with basic information on the principles of community development and the capacity building to support the planning, budgeting and implementation of activities and projects initiated by the communities.



1.2: What is budgeting?

Budgeting is the process of coming up with a plan to spend money. This spending plan is called a budget. Coming up with the spending plan will help to determine in advance whether there is enough

money to do all the things that are Needed not. If the money is not enough to do everything, then the planning process can be used to prioritize and focus on the things that are most important.



1.3: What is Participatory Budgeting?

It is the process through which citizens deliberate and negotiate over the distribution of public funds. The process enables ordinary citizens to make decisions about budget allocations.

Participatory budgeting involves government, citizens, Non-Governmental Organizations (NGOs),

and Civil Society Organizations (CSOs) in deciding how and where resources should be spent.

The process creates opportunities for engaging, educating, and empowering citizens, which foster a more vibrant civil society, promote transparency, which has the potential to reduce government inefficiencies.

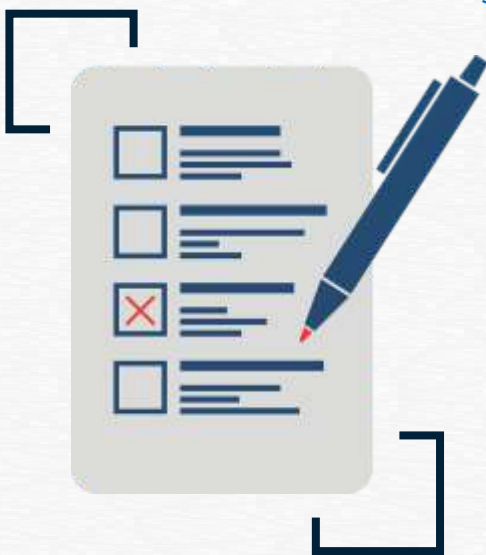
What is a Community?

A Community refers to a group of people that live together in the same area or neighborhood, town, or village, and have shared interests.

However, in the context of developing a charter in Kaduna State, a community is a geographical area that is under a 'Maiungwa' – a recognized traditional structure at the lowest level of administration.



1.5: What is a Community Development Charter?

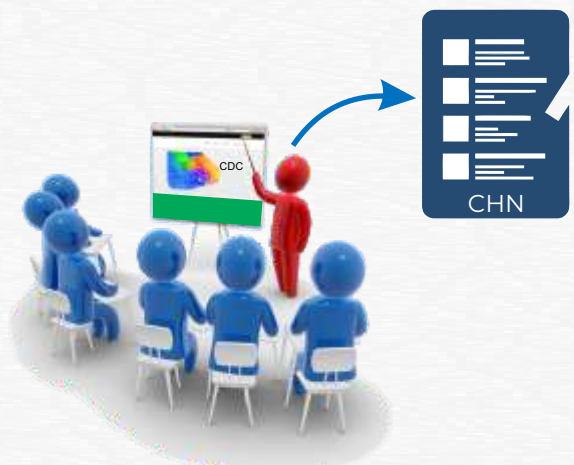


In the context of Kaduna State, the term '**Community Development Charter**' (CDC) means a written document containing development Needs of a community listed in order of priority – as agreed by all groups within the community.

It is a tool for citizens-state engagement and participation as it contains the representative Needs of a community; gathered and compiled in an **inclusive** and **participatory** way.

1.6: What is Community Health Needs?

The Community Health Needs is a bottom-top participatory approach used to pull-out health Needs during the process of developing Community Development Charter (CDC), and keyed into the LGA and State Primary Health Care (PHC) Annual Operational Plan (AOP) in Kaduna State.



1.7 What is the Importance of Community Health Needs?

- It ensures that the LGA and State PHC Annual Operational Plan (AOP) is informed by the Needs of various communities and
- The process is participatory, which empowers communities, gets more people involved in taking decisions that affect their communities
- It involves wider stakeholders' participation in the budget development, which strengthens accountability in the annual health sector budget



2.0: Process of Developing the Charter

2.1: Reflections and Planning Meeting

A dedicated group of people should be formed at the Local Government Area (LGA) level, who are to follow the process of developing Charter and Community Health Needs, as shown in figure 1 below.



The CDC Team should be led by the representative of the community (CDC Champion), and consists of the following:

- LGA Community Development Charter (CDC) Champions (team leader)
- LGA Community Engagement Focal Person (CEFP), (member) and
- LGA Community Development Officer (CDO) as member



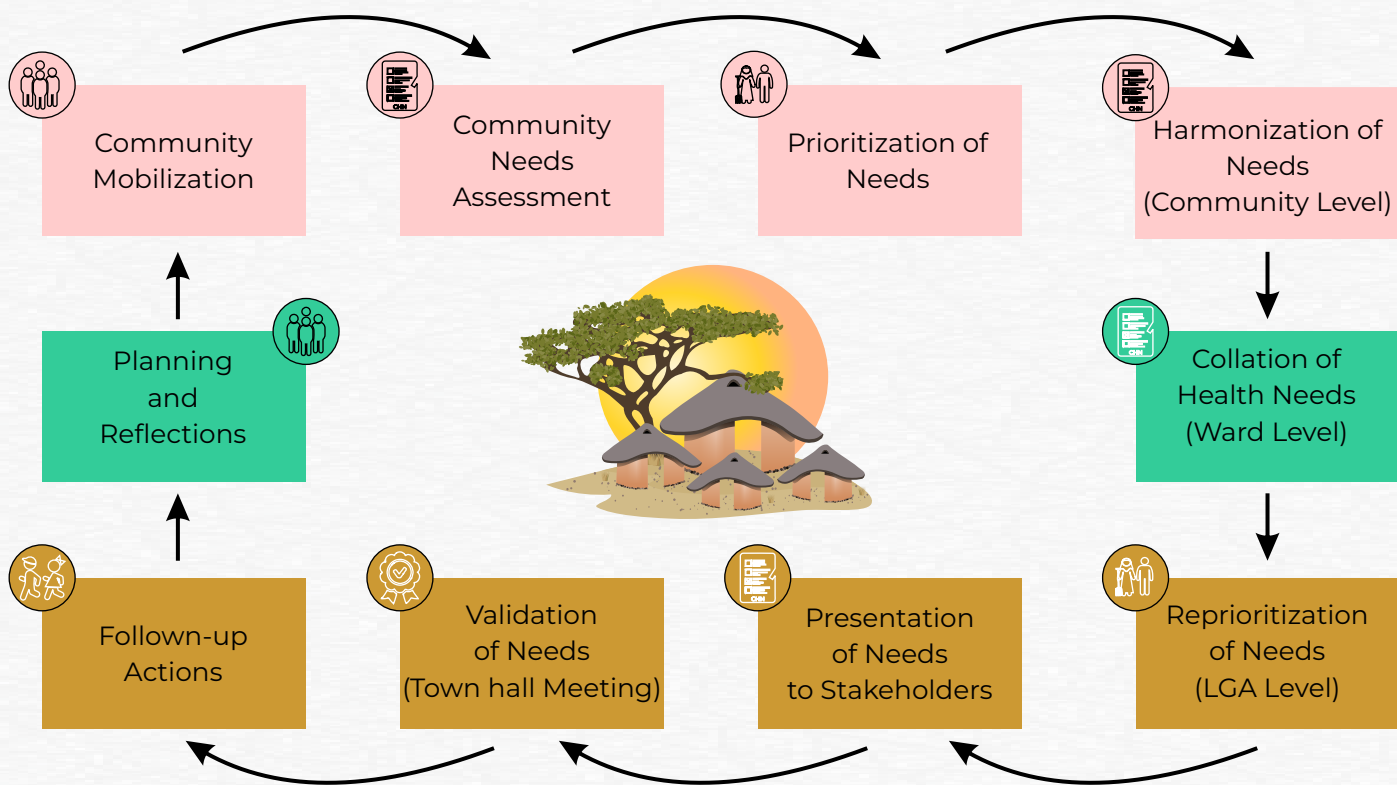


Figure 1: Process of developing charters and community health Needs

The LGA CDC Team should carry out the following responsibilities:

- Review and reflection of previous year’s community activities that were included into the budget and budget performance of community activities
- Identify communities that will develop the Charter
- Identify relevant community stakeholders for entry
- Agree on strategies to adapt for community entry
- Advocacy meeting / visit to key stakeholders in the LGA, as shown in table 1 below, to enlist for their support and commitment, and help in identifying key stakeholders that will participate in the process of developing the CDC.

Public/Civil Service Officials	Community Representatives	Influential Leaders
<ul style="list-style-type: none"> ▪ LGA Council Chairman ▪ LGA Council Legislators ▪ LGA Head of Departments ▪ LGA Health Secretary ▪ Education Secretary 	<ul style="list-style-type: none"> ▪ Chairman of Traditional Leaders ▪ Emirs/Chiefs ▪ District Heads ▪ Village Heads ▪ Mai’anguwa’s 	<ul style="list-style-type: none"> ▪ Religious Leaders ▪ Youth leaders ▪ Women leaders ▪ Leaders of Associations (Market, Farmers Associations, etc.)

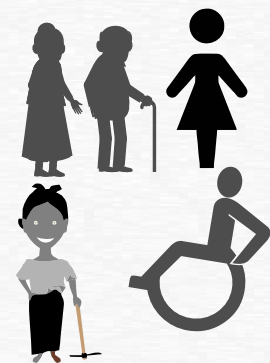
Table 1: Key stakeholders in the Local Government Area

2.2: Process of Developing the Charter

Things to put into consideration before starting the process of a Community Development Charter:

- What capacity does the community already have? (within groups like development associations, farmers, artisans, traders)
- In areas of poor capacity, how will communities get support?
- What MDA is engaging with the community?
- What other support will the communities require?

The following steps should be followed in developing the Charter and Community Health Needs:

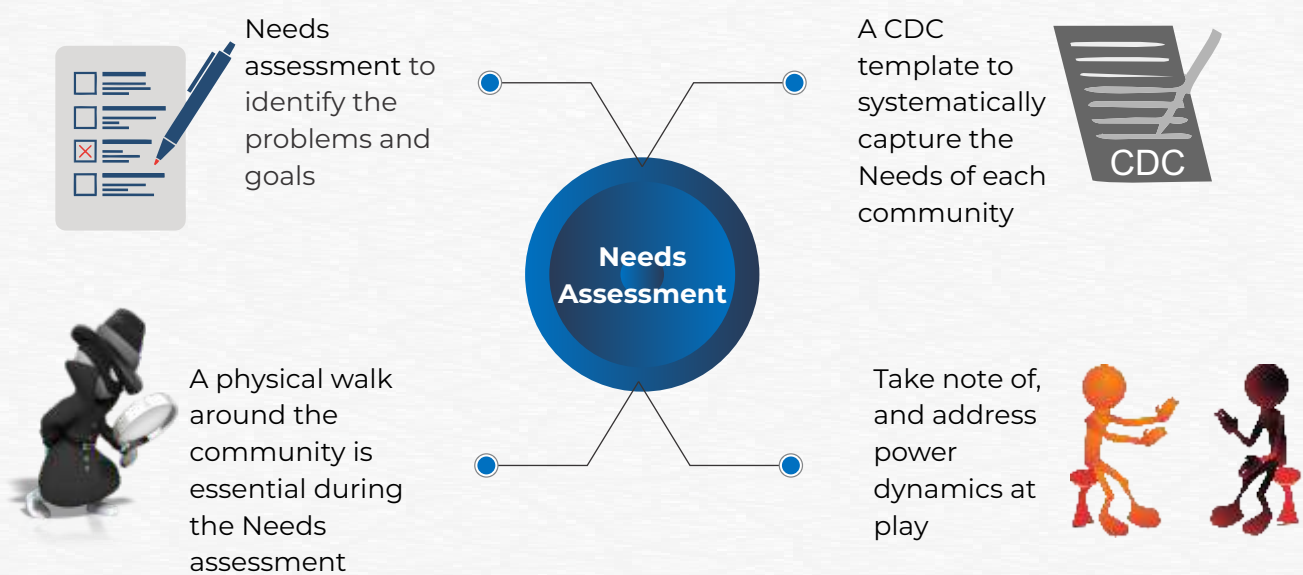


Step 1: Community Mobilization

- Mobilize the communities that will participate in the CDC process to identify their development Needs
- The mobilization is done through existing community structures like traditional, religious, women and youth leaders, community associations and town criers
- It is essential to ensure the representation of men, women, boys and girls, persons with disability, minority tribes, minority religions meet separately at first in the community.
- Ministries, departments, Agencies, and Civil Society Organizations are expected to interface with communities at this stage to inform them of certain priorities and focus of government according to Development and Sector implementation plans.

Step 2: Community Needs Assessment

- A physical walk around the community is essential during the Needs assessment in a community to have good knowledge of where public resources (Schools, Clinics, Roads, etc.) are located within the community.
- The Needs assessment seeks to identify the problems and goals of residents of a given community and ensure that an intervention will respond to the needs of the population living within that community.
- Needs assessment is carried out in separate community groups of men, women, young men, young women, and persons with disabilities in order to create an enabling environment that is safe for all groups to identify the development Needs peculiar to them.
- A community development charter template is to be used to systematically capture the Needs of each community (Annex-I). The template has five columns: Priority Needs; the tiers of government (Federal, State, Local Government). Description of what the current challenge is; Description of what the community wants; and Community/location.
- It is important to take note of, and address power dynamics that may be at play even within those community groups.



Step 3: Prioritization of Needs at Community and Ward Levels

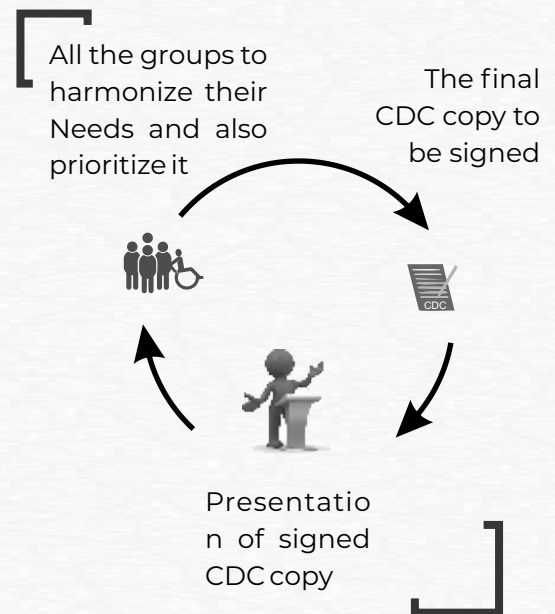
- The prioritization of the identified Needs is carried out within separate groups. Communities should use two main principles to prioritize their Needs.
 1. Equity: Services should be provided wherever possible, and where this is not possible, arrangements should be made to ensure that poor and vulnerable people are not excluded.
 2. Intervention that will benefit the most people within the community
- Each group has to agree on the most significant Needs that if addressed will benefit the community.
- It is recognized that despite similarities and shared interests, communities and sub-groups are not homogeneous; therefore, priorities will differ as development issues affect them differently.
- Hence, the process can be strenuous, making it important to ensure that it is facilitated in the most participatory and inclusive way possible for the context.
- It is beneficial that this process is carried out strategically using negotiation, and that communities are encouraged to visualize their scenarios from different perspectives.



Step 4: Harmonization and Documentation of Needs

At Community Level

- At this stage, all the groups (men, women, boys, girls, persons with disabilities, minority tribes, minority religions etc.) will come together and harmonize their Needs and also prioritize it using the same principle to come up with a final CDC at community level.
- The final copy of the CDC will be signed by four representatives of the community
- The signed copy of CDC for each community will be presented at ward level by the four community members that signed it and the CDC Champion, for harmonization and re-prioritization at the ward level

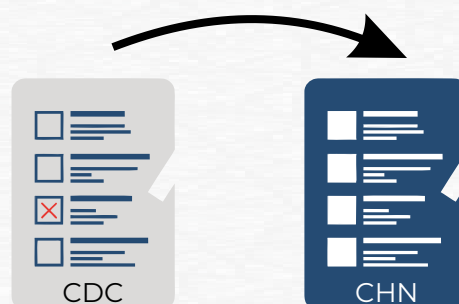


At Ward Level

- Representative of the different communities will come together at the ward level to present, negotiate and re-prioritize the Needs generated from the community level.
- The Ward CDC Champion, Ward CEFP, Chairman and Secretary of Ward Development Committee (WDC) are to facilitate this process at the ward level
- The re-prioritized Needs of the various communities within the ward are to be harmonized into a single CDC template and signed by representatives of each community in the ward

Step 5: Extraction of Community Health Needs:

The health Needs of the community will be filtered out from the harmonized ward level CDC template and copied into the Community Health Needs (CHN) Template (see Annex II), which is to be filled by the Ward Engagement Focal Person (WEFP). The features and guidelines on filling the community health template is enumerated in table 2 below.



Features	Guidelines (What to do)
Community, LGA, State (Background Information)	<p>The background information has three data elements that should be filled (Community, LGA, and Ward):</p> <ul style="list-style-type: none"> ▪ “Community”: Enter the name of the communities that developed the CDC within the ward ▪ “Ward”: Write the name of the Ward ▪ “LGA”: Write the name of the LGA
S/N (Serial Number)	<ul style="list-style-type: none"> ▪ The health Needs of the community should be numbered serially in the S/N column, i.e., 1, 2, 3, etc.
Priority Needs	<ul style="list-style-type: none"> ▪ The prioritized health Needs of the community should be copied from the harmonized Ward CDC template and pasted into the “Priority Needs” column
LGA, State, Federal (Tiers of Government)	<ul style="list-style-type: none"> ▪ There are three tiers of government in Nigeria: LGA, State and Federal. Determine which tier of government is responsible for each health Needs, and tick any one of the following columns: <ul style="list-style-type: none"> ○ LGA: Tick this column if the health Needs is related to construction/maintenance or staffing of Health Clinic or PHC Centre, or any Needs related to the components of PHC ○ State: Tick this column if the health Needs is related to construction/maintenance, staffing of Rural or General Hospital

- Federal: Tick this column if the health Needs is related construction/maintenance or staffing of a tertiary or teaching hospital

Current Challenge

- In this column, copy the “current challenge” from the Ward CDC for each Priority Needs, and paste (write) it in this column. The challenge is usually the problem the community is facing that led them to propose the health Needs

What the Community wants

- Describe in detail what the community wants in this column. The information in this column should be the details of what is in the column of “Priority Needs”

Community / Location

- The specific location of the “Priority Needs” or “What the Community Wants” should be stated in this column. Describe the location by writing the name of the Anguwa, name of the village where the Anguwa is located, the name of the Ward and landmark near the project. Example, Anguwan Madaki, Kachia Town, Kachia Ward, close to ECWA Church.

Health Priority Areas

- The health sector of Kaduna State has health priority areas. For each health Needs, write the name of the Health Priority Areas that the health Needs belong to. Below is the list of the health sector priority areas (blue font) and their explanation (black font):

Health Priority Areas

- **Reproductive, Maternal, Newborn, Child Health & Nutrition:**
This includes Family Planning, Antenatal Care (ANC), Child Birth and Nutrition, Immunization, childhood illnesses, etc.
- **Communicable Diseases:**
These are Typhoid fever, Meningitis, Malaria, HIV/AIDS, Tuberculosis, etc.
- **Non- Communicable Diseases:**
These includes diseases like High blood pressure, diabetes, drug abuse, Cigarette smoking, Cancer, etc.
- **General Hospital Services:**
These are outpatient or inpatient care, emergency referral services, Laboratory services, etc.
- **Health Promotion:**
This includes safe Water supply, Environmental sanitation, Food safety and hygiene, etc.
- **Human Resources for Health:**
This is related to availability of health workers, recruitment, or transfer of health workers
- **Health Infrastructure:**
This includes construction or maintenance of Clinics or Hospitals

- Medicines, Vaccines, and other Technologies & Supplies:
These are issues related to medicines, vaccines, medical equipment, and consumables
- Public Health Emergency Preparedness and Response:
This includes control of outbreak of epidemics like Cholera, Meningitis, Covid-19, Measles, etc.

Signatories

- The Ward CDC Champion, Ward CEFP, WDC Chairman and Secretary are to sign the completed community health Needs template for onward transmission to the LGA

Step 6: Re-Prioritization at Needs Local Government Level

- Representatives from different wards (Ward CDC Champion, WDC Chairmen and Secretary, Ward CEFP) will come together at the local government level to negotiate and re-prioritize the health Needs generated from the ward level.
- It is expected that the LGA CDC Champion and LGA CEFP will facilitate the process at the LGA level
- The harmonized LGA community health Needs should be signed off by the representatives of different wards.

Representative of the different wards come together to negotiate and re-prioritize health Needs



LGA CDC Champion and LGA CEFP will facilitate the process



The harmonized LGA community health Needs signed off by the representatives of different wards



3.0: Follow-up Process

3.1: Presentation of Needs to Relevant Authorities / Elected Representatives:

- The LGA CDC and LGA CEFPP are to submit the signed copy of the LGA community health Needs to the LGAPHC M&E Officer
- The PHC LGA M&E Officer is to copy the projects/activities in the signed LGA community health Needs template into the LGA AOP template and align them to their health sector priority areas
- The representatives at community, and ward level should make formal presentation of their charters (CDC and Health Needs) to Community Development Officers (CDO) at the local government level.
- The LGA CDOs should meet with the State level CDOs to extract and separate interventions that are responsibilities of the local, state, or federal government. i.e., while the LGACDOs present LG issues to the LG Planning committee the state CDOs shall present State and Federal issues to the planning and budget commission.
- Representative of communities are to present signed charters to their elected representatives as it concerns their respective constituencies.

3.2: Validation and Feedback at Town Hall Meetings

- The Planning and Budget Commission will conduct a town hall meeting for the state budget. The Local Government Council will conduct a budget town hall meeting in each of the local governments of the state.
- At this meeting, the Local, State and Federal Needs as contained in the CDC will be validated both by the communities and government.
- Communities who perceive their Needs were changed can speak up during the town hall or put it in writing to the LGA Chairman or Commissioner Planning and Budget Commission within one week from the date of the Town Hall Meeting.
- The Local and State Governments will conduct subsequent quarterly town hall meetings to serve as platforms for providing feedback to citizens.

3.3: Follow-Up Actions

Community representatives are to do follow-up visits to government officials and their legislators at LGA, State and Federal levels to ensure that the prioritized projects and activities captured in their charters are included in the budget.

The community representatives should also ensure that the budget is implemented and that the desired and requisite community development is achieved.



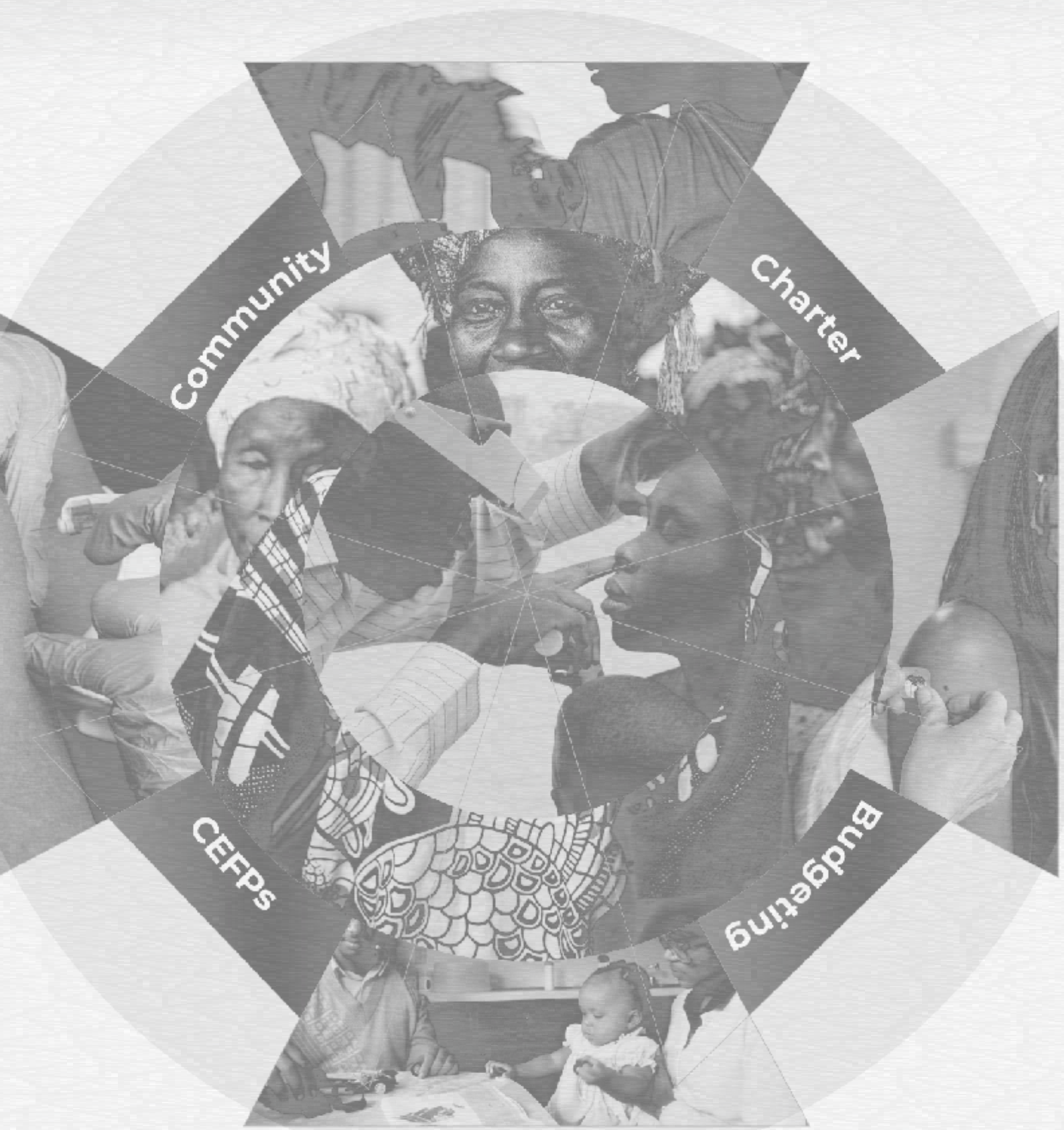
3.4: Conclusion

Community participation in development is a strategic process that involves lengthy dialogues and a recognition of the Needs of the different groups within the community.

The development of the charter through community engagement with authorities help to feed community articulated Needs into the government Annual Operational Plan (AOP) and the Budget.

Vulnerable groups are not excluded from this process, therefore giving them a sense of empowerment that their voices can be heard.

This sense of empowerment also occurs among the more powerful groups within the community as they find that through the process of engaging with the government, their voices are heard, and they are able to take part in governance.



Community

Charter

Budgeting

CEFPS

