CKCYSDA

Coalition of Kiru Community, Youth and Students Development Association

Uniting 20+ Associations | 2,000+ Members | 15 Wards

HEALTH COMMUNITY UNIT

Operational Framework & Standard Operating Procedures

Document Code: CKCYSDA-HCU-001 | Version: 1.0

1. UNIT OVERVIEW

1.1. Unit Identity

Unit Code:	CKCYSDA-HCU-001
Effective Date:	March 26, 2026
Unit Type:	Specialized Community Development Unit
Total Membership Capacity:	225-450 members across 15 wards (15-30 per ward)
Coverage:	All 15 electoral wards of Kiru LGA

1.2. Unit Mandate

The Health Community Unit (HCU) is established to function as a community health advocacy and support group, working in synergy with the Local Government Health Department, Primary Healthcare Centers (PHCs), hospitals, and other healthcare providers to improve access to and quality of health services for all residents of Kiru Local Government Area.

1.3. Vision Statement

A healthy Kiru LGA where every community member has access to quality healthcare services, health information, and preventive care.

1.4. Mission Statement

To mobilize community resources, advocate for improved healthcare infrastructure, promote preventive health practices, and facilitate access to quality medical services for all residents of Kiru LGA.

2. MEMBERSHIP STRUCTURE

2.1. Unit Membership Overview

The Health Community Unit draws its membership from the broader CKCYSDA coalition of **20+ associations** with a total membership of over **2,000 individuals**. The unit aims to recruit **15-30 members per ward**, totaling **225-450 members across Kiru LGA's 15 wards**. This ensures adequate coverage and effective community engagement at the grassroots level.

2.2. Ward-Level Distribution

S/N	Ward Name	Target Members	Ward Focal Person	Sub-Groups
1	Ba'awa	15-30	To be appointed	2-3 sub-groups
2	Badafi	15-30	To be appointed	2-3 sub-groups
3	Bargoni	15-30	To be appointed	2-3 sub-groups
4	Bauda	15-30	To be appointed	2-3 sub-groups
5	Dangora	15-30	To be appointed	2-3 sub-groups
6	Dansoshiya	15-30	To be appointed	2-3 sub-groups
7	Dashi	15-30	To be appointed	2-3 sub-groups
8	Galadimawa	15-30	To be appointed	2-3 sub-groups
9	Kiru	20-30	To be appointed	3-4 sub-groups
10	Kogo	15-30	To be appointed	2-3 sub-groups
11	Maraku	15-30	To be appointed	2-3 sub-groups
12	Tsaudawa	15-30	To be appointed	2-3 sub-groups
13	Yako	15-30	To be appointed	2-3 sub-groups
14	Yalwa	15-30	To be appointed	2-3 sub-groups
15	Zuwo	15-30	To be appointed	2-3 sub-groups

Total Estimated Membership: 225-450 members across all 15 wards

Note: Kiru ward (headquarters) may have slightly higher membership due to central coordination functions.

3. GOVERNANCE STRUCTURE

3.1. Unit Leadership (Per CKCYSDA Governance Framework)

In accordance with CKCYSDA's non-traditional leadership model, the Health Community Unit is led by a **Unit Coordinator** appointed by the Coordinators Council. The Unit Coordinator does not hold executive authority over others but serves as a facilitator and representative.

3.1.1. Unit Coordinator

- **Appointment:** Selected by Coordinators Council from among member associations or community health professionals.
- **Tenure:** Minimum 1 year, maximum 3 consecutive years.
- **Responsibilities:** Facilitate unit activities, serve as liaison to Coordinators Council, ensure compliance with CKCYSDA policies, coordinate with health stakeholders across all 15 wards.

3.1.2. Unit Steering Committee

- **Composition:** 9-11 members with expertise in healthcare, public health, nursing, pharmacy, or community health.
- **Appointment:** Selected by the Unit Coordinator with Coordinators Council approval.
- **Function:** Provide technical guidance, review health initiatives, ensure evidence-based practices, oversee ward-level implementation.
- **Zonal Representation:** Committee includes representatives from the 3 geopolitical zones of Kiru LGA to ensure balanced perspectives.

3.1.3. Ward Focal Persons

- **Coverage:** One focal person per electoral ward (15 total).
- **Role:** Coordinate unit activities at ward level, conduct community mobilization, report local health needs, manage ward-level volunteers (15-30 per ward).
- **Selection:** Appointed by Unit Coordinator with input from local community leaders.
- **Reporting:** Ward Focal Persons report directly to the Unit Coordinator and participate in monthly coordination meetings.

3.1.4. Ward Sub-Groups

- Each ward team is organized into 2-4 functional sub-groups based on local health priorities.
- **Sub-Group Focus Areas (examples):** Maternal & Child Health, Immunization Outreach, Hygiene & Sanitation, Nutrition, Health Education, Elderly Care, etc.
- Each sub-group has a designated leader (Sub-Group Coordinator) who reports to

the Ward Focal Person.
- Sub-group sizes typically range from 5-10 members.

3.1.5. General Members

- Community volunteers who participate in unit activities at the ward level.
- Recruited through member associations and community outreach.
- No formal leadership authority but active participants in health initiatives.
- Expected to contribute at least 4 hours per month to unit activities.

4. DECISION-MAKING PROTOCOLS

Decision Type	Decision Body	Approval Required
Unit-Level Operations	Unit Coordinator + Steering Committee	Simple majority
Major Initiatives/Programs	Coordinators Council	Simple majority
Budget & Financial Decisions	Coordinators Council	2/3 majority
Policy Changes	Coordinators Council	Consensus or 2/3 majority
Ward-Level Activities	Ward Focal Person + Ward Team	Consultation with Unit Coordinator

5. WARD-LEVEL OPERATIONS

5.1. Ward Team Responsibilities

- **Community Health Mapping:** Identify health needs, vulnerable populations, and existing health facilities within the ward.
- **Household Outreach:** Conduct regular health awareness visits to households (target: 50 households per month per ward).
- **Health Education Sessions:** Organize weekly health talks at community gathering points (markets, mosques, schools).
- **Referral Support:** Assist community members in accessing health services and follow up on referrals.
- **Data Collection:** Gather health-related data for monitoring and reporting to Unit Coordinator.
- **PHC Support:** Maintain relationship with local Primary Healthcare Center and

report facility needs.

5.2. Monthly Ward Activity Targets

Activity	Target per Ward	Reporting Format
Household health visits	50 households	Visit log
Community health talks	4 sessions	Attendance sheet + photos
PHC facility visits	2 visits	Facility report
Referral cases supported	As needed	Case tracking form
Ward coordination meeting	1 meeting	Minutes

6. CORE ACTIVITIES & OPERATIONS

6.1. Community Health Needs Assessment

- **Frequency:** Quarterly (every 3 months)
- Conduct household surveys across all 15 wards to identify prevalent diseases and health challenges.
- Document health infrastructure gaps (PHC conditions, drug availability, personnel shortages).
- Identify vulnerable populations requiring targeted interventions (pregnant women, children under 5, elderly, disabled).
- Compile and submit assessment reports to Coordinators Council and relevant health authorities.

6.2. Medical Outreach Programs

- **Quarterly Free Medical Screenings:** Rotating across wards to ensure equitable coverage.
- **Immunization Campaigns:** Partner with PHCs to support routine immunization and catch-up campaigns for children.
- **Maternal & Child Health:** Facilitate antenatal care access, safe delivery support, and postnatal follow-up.
- **Specialized Camps:** Organize periodic eye care, dental care, and deworming camps.

6.3. Health Education & Awareness

- **Community Sensitization:** Leverage mosques, markets, schools, and community gatherings.

- **Key Topics:** Hygiene and sanitation, malaria prevention, family planning, nutrition, breastfeeding, vaccination importance.
- **Language:** All materials and sessions conducted in Hausa for maximum accessibility.

6.4. Health Facility Support & Advocacy

- **PHC Support:** Advocate for provision of essential drugs, medical supplies, and equipment to PHCs across all 15 wards.
- **Infrastructure Advocacy:** Work with government to improve PHC facilities, water supply, electricity, and staffing.
- **Community-Health Facility Linkage:** Facilitate communication between communities and healthcare providers.

6.5. First Responder Network

- **Training:** Train community volunteers (minimum 5 per ward) as first responders in basic life support, first aid, and emergency transportation.
- **Emergency Referral:** Establish clear protocols for emergency referral to health facilities.
- **Collaboration:** Work with Security & Safety Unit on coordinated emergency response.

6.6. Health Financing Support

- **Emergency Health Fund:** Establish a community-managed fund to assist indigent patients with emergency medical expenses.
- **Health Insurance Awareness:** Educate community on NHIA and state health insurance schemes, facilitate enrollment.

7. STAKEHOLDER ENGAGEMENT

7.1. Primary Stakeholders

- **Kiru Local Government Health Department:** Monthly coordination meetings.
- **Primary Healthcare Centers:** All 15 PHCs across the wards.
- **Kano State Primary Health Care Development Agency:** Technical support and advocacy.
- **Hospitals & Clinics:** Partnership for outreach support.
- **Traditional Leaders (District Heads, Village Heads):** Community mobilization and awareness.
- **Religious Leaders (Imams):** Health messaging through mosques.

7.2. Internal CKCYSDA Collaboration

- **Environment & Sanitation Unit:** Joint hygiene promotion campaigns.
- **Youth Empowerment Unit:** Health education for youth groups.
- **Media & ICT Unit:** Health awareness campaigns via digital platforms.
- **Education Unit:** School health programs.
- **Security & Safety Unit:** Emergency response coordination.

8. REPORTING & MONITORING

8.1. Reporting Structure

- **Ward-Level Reports:** Submitted by Ward Focal Persons to Unit Coordinator by 5th of each month.
- **Unit-Level Reports:** Compiled by Unit Coordinator and submitted to Coordinators Council by 10th of each month.
- **Quarterly Reviews:** Comprehensive review of all 15 wards presented to Coordinators Council.
- **Annual Impact Report:** Detailed assessment of unit achievements and challenges.

8.2. Key Performance Indicators (KPIs)

Indicator	Target	Measurement Frequency
Health outreaches conducted (across all wards)	4 per quarter minimum	Quarterly
Community members reached	10,000 annually	Annual
PHCs supported	All 15 PHCs	Annual
First responders trained	75 per year (5 per ward)	Annual
Health awareness sessions	60 per quarter (4 per ward)	Quarterly
Ward activity reports submitted	15 per month	Monthly

9. COMPLIANCE REQUIREMENTS

9.1. CKCYSDA Governance Compliance

- Strict adherence to CKCYSDA Terms & Conditions (CKCYSDA-TC-2026-01)
- **ZERO TOLERANCE political policy** - no engagement in political activities or propaganda
- Privacy Policy compliance (Version 2.0) regarding handling of personal health information
- Non-traditional leadership model - no executive positions, collective decision-making

9.2. Ethical Standards

- Confidentiality of patient and community health information
- Informed consent for all health interventions
- Non-discrimination in service provision across all 15 wards
- Transparency in resource utilization

10. RESOURCE REQUIREMENTS

10.1. Human Resources (Across 15 Wards)

- 1 Unit Coordinator (volunteer)
- 9-11 Steering Committee members (volunteer)
- 15 Ward Focal Persons (volunteer) - one per ward
- 30-60 Sub-Group Coordinators (volunteer) - 2-4 per ward
- 225-450 General Members (volunteer) - 15-30 per ward

10.2. Material Resources

- Health screening equipment (BP monitors, glucometers, weighing scales) - per ward kit
- Health education materials (posters, flyers in Hausa)
- First aid kits for community responders - one per ward
- Mobile phones for coordination
- Transportation for outreach activities

11. RISK MANAGEMENT

Risk	Mitigation Strategy

Risk	Mitigation Strategy
Medical emergencies during outreach	Always have qualified health personnel present; maintain emergency protocols
Community misinformation	Use credible health sources; engage traditional and religious leaders
Political exploitation	Strict enforcement of ZERO TOLERANCE political policy
Resource constraints	Partnership diversification; volunteer-based model
Confidentiality breaches	Regular training on privacy protocols; signed confidentiality agreements
Inconsistent ward coverage	Monthly reporting; quarterly reviews; support to underperforming wards

12. ACKNOWLEDGMENT

This Health Community Unit Operational Framework has been reviewed and acknowledged by:

_____
Unit Coordinator
Health Community Unit
Date: _____

_____
Coordinators Council Representative
CKCYSDA
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