



REVIEW ARTICLE

ENHANCING COMMUNITY DEVELOPMENT IN NIGERIA: THE ROLE OF WARD DEVELOPMENT COMMITTEES IN DRIVING SUSTAINABLE CHANGE -A MIXED-METHODS STUDY

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ABSTRACT

Effective community development requires active participation and ownership from local stakeholders. In Nigeria, Ward Development Committees (WDCs) have the potential to drive sustainable community development and social impact. However, these committees often face various challenges in terms of capacity, resources, and effectiveness. This study aims to empower WDCs in Nigeria, enhancing their ability to promote sustainable community development and social impact. By strengthening community governance and promoting participatory development, this initiative seeks to improve the lives of citizens and contribute to Nigeria's sustainable development goals. Ward Development Committees are critical to improving health outcomes and fostering sustainable community development in Nigeria. This study evaluates an intervention aimed at strengthening WDCs to enhance maternal, newborn, and child health (MNCH) outcomes and fortify community health systems. Using a mixed-methods approach, the study was conducted across five states: Bauchi, Ebonyi, Sokoto, Kebbi, and the Federal Capital Territory (FCT). The interventions comprised capacity-building, resource mobilization, community engagement, and implementation of optimized MNCH Week activities. Key achievements included the training of 510 WDC members, transportation of 33,508 pregnant women for antenatal care, and mobilization of over 44 million NGN for health initiatives. Additionally, 606 sensitization activities that reached 24,860 individuals, significantly increasing community participation. However, challenges such as disparities in WDC performance, resource constraints, and weak coordination mechanisms were identified, alongside limitations in state-level support and follow-up mechanisms. To address these issues, the study recommends tailored capacity-strengthening programs, enhanced collaboration with local governments, and increased funding for WDC activities. The findings underscore the transformative potentialities of empowering WDCs to strengthen health systems, reduce maternal and child mortality, and achieve sustainable, community-driven development in Nigeria.

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INTRODUCTION

Ward Development Committees (WDCs) in Nigeria play a pivotal role in fostering local development and addressing socioeconomic challenges, particularly in underserved communities. As integral components of the Ward Health System (WHS), WDCs work closely with agencies like the National Primary Health Care Development Agency (NPHCDA) to identify health needs, mobilize resources, and strengthen primary healthcare (PHC) services. However, their effectiveness is constrained by inadequate infrastructure, limited funding, and weak coordination with government bodies (Njelita et al., 2023). Empowering Ward Development

Committees (WDCs) is critical for overcoming these barriers and enhancing community health governance. This approach holds promise for reducing Nigeria's high maternal mortality rate, estimated at 512 per 100,000 live births (World Bank, 2021), and infant mortality rate of 69.5 per 1,000 live births (UNICEF, 2022). By strengthening WDCs, communities can improve access to maternal, newborn, and child health (MNCH) services through better coordination, resource mobilization, and stakeholder engagement. For instance, during Liberia's Ebola epidemic, meaningful community engagement, such as forming community-based surveillance teams, led to improved communication and increased trust in

health authorities, facilitating effective health system responses

Background and Significance: Community-driven interventions are central to health system strengthening in low- and middle-income countries (LMICs). Evidence underscores the transformative potential of grassroots initiatives, such as Ward Development Committees (WDCs), in enhancing community participation, resource mobilization, and governance, which are critical for improving health outcomes (Rifkin, 2014; WHO, 2016; Perry & Hodgins, 2021). Studies show that these interventions foster people-centered health systems by enabling communities to take ownership of health decisions, leading to sustainable improvements in primary health care (Abimbola *et al.*, 2014). Additionally, grassroots participation has been pivotal in addressing health crises, as evidenced by its role during pandemics (Marston *et al.*, 2018). In Nigeria, WDCs act as operational arms for local health initiatives, particularly in mobilizing communities and health promotion for MNCH services.

Despite their potential, Ward Development Committees (WDCs) face significant challenges, including limited capacity, inadequate resources, and weak institutional support. These barriers impede their ability to execute mandates effectively, exacerbating health disparities in rural and underserved areas. Strengthening the capacity of WDCs is essential to addressing these gaps and fostering community-led health governance, a proven strategy in similar low- and middle-income country (LMIC) contexts. Recent studies highlight the importance of community participation in primary health care through health committees in sub-Saharan Africa, emphasizing the need for effective community partnerships and governance processes to enhance local resilience (Siachisa *et al.*, 2023; Abimbola *et al.*, 2022). Recent studies emphasize the significant role of community engagement in health governance, particularly in resource-constrained settings. Integrated health programs involving communities have been shown to address health disparities and improve outcomes for marginalized populations. For example, community health programs (CHPs) are key in meeting the needs of disadvantaged groups, enhancing access to healthcare services, and improving overall health outcomes (Siachisa *et al.*, 2023). Addressing these systemic barriers is crucial not only for achieving immediate health improvements but also for building resilient and sustainable health systems. These efforts contribute to global priorities, aligning with the SDGs to ensure health equity and empower communities. By bridging capacity gaps, WDCs can drive sustainable improvements in maternal and child health outcomes in Nigeria and serve as a model for other LMICs.

OBJECTIVES

This study seeks to empower WDCs as agents of change in Nigeria's health governance landscape. The primary objectives are:

- To strengthen WDCs' capacity to mobilize resources, organize community-based health initiatives, and oversee the delivery of PHC services.
- To address key barriers to effective WDC operation, including infrastructure deficits, funding limitations, and weak coordination mechanisms.

- To enhance access to and utilization of MNCH services, thereby reducing maternal and infant mortality rates.

Study Design and Approaches: A mixed-methods study design was employed, integrating quantitative surveys and qualitative interviews to evaluate the impact of the intervention on Ward Development Committees (WDCs) and community development outcomes. The intervention was implemented during Maternal, Newborn, and Child Health (MNCH) Week and included service delivery, knowledge enhancement, supervision, and advocacy.

Study Setting: The study was conducted in five diverse Nigerian states: Bauchi, Ebonyi, Sokoto, Kebbi, and the Federal Capital Territory (FCT) to capture geographical and socioeconomic variations. WDCs from both urban and rural areas were engaged to ensure a comprehensive understanding of the intervention's outcomes across different settings.

Participants: The study focused on WDC members, healthcare providers, and community leaders actively involved in MNCH Week activities. Inclusion criteria encompassed WDCs with established governance structures and active involvement in community health initiatives. Exclusion criteria included WDCs with insufficient capacity or inactive governance frameworks.

Intervention: The intervention comprised five key components aimed at strengthening maternal, newborn, and child health (MNCH) outcomes. Capacity building and training equipped Ward Development Committee (WDC) members with skills in health promotion, community mobilization, communication, and data collection through interactive workshops and role-playing activities. Resource mobilization engaged stakeholders to secure funding, materials, and logistical support, including medical supplies, educational materials, and transportation for outreach during MNCH Week. Implementation of MNCH Week activities focused on health education, immunization drives, antenatal care outreach, and community health screenings to address critical health needs while fostering community participation. Community engagement and partnerships with local governments, NGOs, and community organizations ensured culturally appropriate and locally relevant initiatives. Finally, monitoring and evaluation utilized structured indicators, such as service utilization rates and participant feedback, to assess the intervention's impact and effectiveness.

Integrated Approaches from NPHCDA's Optimized MNCH Week (oMNCHW). To enhance the effectiveness of the WDC intervention, this study integrated supportive supervision strategies from the National Primary Health Care Development Agency's (NPHCDA) Optimized Maternal, Newborn, and Child Health Week (oMNCHW). These strategies ensured the efficient delivery of maternal and child health services through the categorization of clients based on proximity to health facilities and likelihood of service utilization:

Category A: Clients living within 2 km of health facilities, easily accessible and likely to utilize services. Strategies focused on enhancing awareness and encouraging uptake.

Category B: Clients within 2 km but facing barriers such as socioeconomic factors or inefficiencies. Outreach and community education addressed these challenges through "push and pull" approaches.

Category C: Clients residing 5-10 km from health facilities, are often under-served due to distance. Mobile health clinics and targeted campaigns reached this group effectively. This structured approach allowed for tailored interventions addressing the unique challenges of each client category, enhancing MNCH Week outcomes.

Governance Structure: WDCs function as conduits between communities and political structures, articulating health priorities and fostering shared accountability. Strategic linkages with political wards enabled resource mobilization, community engagement, and policy influence, ensuring health programs addressed specific community needs.

Theoretical and Conceptual Frameworks for WDC Empowerment in Maternal and Child Health

Two key frameworks guided the intervention include:

Empowerment Theory: This theory underscores the importance of enhancing the capacity of individuals and groups to make choices and transform those choices into desired actions and outcomes. In the context of WDCs, empowerment involves building their confidence, knowledge, and skills to advocate for maternal and child health, mobilize resources, and foster community ownership of health initiatives.

Social Determinants of Health Framework: This framework highlights the influence of social, economic, and environmental factors on health outcomes. By addressing systemic barriers, such as limited access to healthcare services and inadequate community engagement, the intervention aimed to create an enabling environment for improved maternal and child health through empowered WDCs.

These frameworks informed the intervention's design, focusing on participatory approaches, capacity building, and sustainability to achieve long-term community health improvements. The Conceptual Framework provides an overview of the interconnections among key components like governance, capacity building, and community engagement, highlighting their collective impact on health outcomes.

Data Collection and Analysis

Data Collection Process: Data for this study were collected through a multifaceted approach combining structured surveys, in-depth interviews, administrative records, field observations, and secondary data sources. Quantitative surveys captured key metrics such as immunization rates, antenatal care attendance, and levels of community participation in health initiatives. Qualitative interviews provided nuanced insights into the experiences and perceptions of Ward Development Committee (WDC) members, healthcare providers, and community participants, highlighting the impact of WDC activities. Administrative records offered detailed data on the reactivation of WDCs, delivery of health services, resource mobilization efforts, and community engagement initiatives. Field observations, conducted during

site visits, validated the implementation of community projects, assessed practical challenges, and captured on-ground realities of WDC operations. Additionally, secondary data from reports and publications, including those by Breakthrough ACTION Nigeria, provided broader contextual information and benchmarks against established health indicators.

Data Analysis: The data analysis combined quantitative and qualitative methods to derive actionable insights. Statistical techniques evaluated metrics such as reactivated Ward Development Committees (WDCs), transported beneficiaries, and mobilized resources, revealing trends and impacts through descriptive statistics. Thematic analysis of interviews and field observations highlighted key themes like capacity building, community participation, and sustainability, providing a contextual understanding of WDC operations. Comparative analysis across priority states identified best practices and areas for improvement, guiding strategy refinement and enhancing community health initiatives.

Ethical Considerations: Ethical approval was obtained from the National Health Research Ethics Committee (NHREC). Written informed consent was secured from all participants, ensuring confidentiality and voluntary participation. Data were anonymized to protect participants' identities.

RESULTS AND FINDINGS

The intervention implemented through the reactivation of Ward Development Committees (WDCs) yielded several significant outcomes, reflecting improvements in capacity, community engagement, health services, and resource mobilization.

Capacity Enhancement: WDC members reported a substantial increase in their capacity to lead community development projects. A total of 510 WDC members received training through the UNICEF grant, focusing on leadership, management, and coordination with local stakeholders. This training program successfully enhanced their skills, enabling WDC members to facilitate community initiatives better.

Increased Community Participation: The intervention marked improvements in community engagement, with active participation rates rising in health and development initiatives. WDCs effectively mobilized local communities, fostering a greater sense of ownership over projects and ensuring alignment with community needs.

Improved Health Outcomes: WDC-led projects significantly enhanced maternal and child health services. The reactivation of WDCs directly contributed to an increase in the number of pregnant women transported for antenatal care (ANC) and delivery services, as well as children under five transported for routine immunizations across the five states. Notably, 33,508 pregnant women were transported for ANC, and 17,081 for delivery services, demonstrating the critical role of WDCs in improving maternal health.

Resource Mobilization: WDCs successfully mobilized substantial financial resources to support their activities, with states like Ebonyi and Kebbi showing exceptional fundraising capabilities. WDCs raised 44,523,897 NGN (approximately

28,050.1 USD), underscoring their effectiveness in securing funds for long-term development projects.

Sustainable Practices: The intervention emphasized environmentally sustainable development practices, encouraging resource conservation and community-led monitoring of projects. This approach uniquely ensured that initiatives addressed immediate needs and promoted sustainable community development.

Reactivation of WDCs

Table 1 presents a quantitative assessment of the reactivation efforts of Ward Development Committees (WDCs) across five priority states in Nigeria. A total of 1,015 WDCs were targeted for reactivation, with 411 successfully revitalized, indicating a reactivation rate of approximately 40.5%. In Bauchi State 137 out of the targeted 323 WDCs were reactivated, representing a reactivation rate of 42.4%.

Kebbi's efforts resulted in the reactivation of 77 WDCs out of an expected 225, equating to a reactivation rate of 34.2%. Sokoto achieved a reactivation of 105 WDCs from a target of 234, reflecting a rate of 44.9%. Ebonyi faced notable challenges, managing to reactivate only 56 WDCs out of 171, yielding a rate of 32.7%. In contrast, the Federal Capital Territory (FCT) exhibited the highest success, reactivating 36 WDCs from an anticipated 62, amounting to a rate of 58.1%. Overall, while the reactivation efforts across the states demonstrate significant progress, the disparities in achievement underscore the need for tailored strategies to enhance the effectiveness of WDC mobilization in specific contexts.

Table 1: Number of Ward Development Committees (WDCs) Reactivated by State

States	Expected No. of WDCs	No. of WDCs	Achieved targets per state (%)
Bauchi	323	137	42.4
Kebbi	225	77	34.2
Sokoto	234	105	44.9
Ebonyi	171	56	32.7
FCT	62	36	58.1
Total	1015	411	

Maternal Health Services: Table 2 delineates the impact of reactivated WDCs on maternal health services, specifically the transportation of pregnant women for antenatal care (ANC) and delivery services. Across the five states, a total of 33,508 pregnant women were transported for ANC and 17,081 for delivery services. In Bauchi, 5,852 women were transported for ANC, alongside 7,165 for delivery, indicative of robust engagement in maternal health initiatives.

Kebbi reported 3,764 women transported for ANC and 2,717 for delivery, reflecting moderate participation. Sokoto demonstrated the highest activity levels with 10,041 women transported for ANC and 5,000 for delivery, highlighting effective community mobilization. Conversely, Ebonyi reported lower engagement with 2,451 women transported for ANC and 1,356 for delivery. The FCT transported 11,400

women for ANC but fewer for delivery (843). The findings underscore the critical role of WDCs in facilitating access to essential maternal health services, thereby contributing to improved maternal health outcomes in the respective states.

Table 2. Transportation of Pregnant Women for Antenatal Care (ANC) and Delivery Services

States	Pregnant women transported for ANC	Pregnant women transported for delivery
Bauchi	5852	7165
Kebbi	3764	2717
Sokoto	10041	5000
Ebonyi	2451	1356
FCT	11400	843
Total	33508	17081

Child Health Services:

Table 3 illustrates the contributions of WDCs to child health services, focusing on the transportation of children under five years of age, the number line-listed for routine immunizations (RI), and those receiving their first dose of RI. A total of 17,827 children were transported for health services, 63,889 were line-listed for RI, and 53,617 received their first dose. In Bauchi, 6,093 children were transported, with 15,655 line-listed and 13,590 receiving their first dose, indicative of effective outreach strategies. Kebbi reported 1,481 children transported, 16,704 line-listed, and 13,842 receiving their first dose, demonstrating strong immunization uptake. Sokoto similarly exhibited robust engagement with 6,756 children transported, 18,784 line-listed, and 16,103 receiving their first dose. Ebonyi's figures included 2,801 transported, 8,774 line-listed, and 5,979 receiving their first dose, indicating moderate success in child health initiatives. The FCT, while showing lower figures with 696 children transported, had 3,972 line-listed and 4,103 receiving their first dose. These findings highlight the substantial role of WDCs in enhancing child health services and ensuring access to routine immunizations, thereby positively influencing child health outcomes. The promising impact of the line-listing strategy highlights the potential for further expansion of such community-driven initiatives to enhance child health outcomes in the region.

Table 3. Child Health Services: Transportation and Immunization

States	children under 5 years of age transported	No. of children line listed for RI	No. of children who received 1st dose of RI
Bauchi	6093	15655	13590
Kebbi	1481	16704	13842
Sokoto	6756	18784	16103
Ebonyi	2801	8774	5979
FCT	696	3972	4103
Total	17827	63889	53617

Resource Mobilization: Table 4 provides an overview of the financial resources mobilized by WDCs to support their activities, detailing amounts raised in Nigerian Naira (NGN) and their equivalents in US Dollars (USD). The total amount raised across all states was 44,523,897 NGN (approximately 28,050.1 USD), illustrating the effectiveness of WDCs in financial mobilization efforts. In Bauchi, 4,929,640 NGN

(about 3,105.7 USD) was raised, reflecting moderate mobilization success. Kebbi demonstrated robust fundraising capabilities with 10,301,745 NGN (approximately 6,490.1 USD). Sokoto raised 9,940,635 NGN (around 6,262.6 USD), indicating strong financial resource mobilization. Ebonyi led the states with an exceptional amount of 16,632,777 NGN (approximately 10,478.6 USD), showcasing effective fundraising strategies. The FCT raised 2,719,100 NGN (about 1,713.0 USD), representing a comparatively lower mobilization effort. These findings underscore the crucial role of WDCs in resource mobilization, which is vital for sustaining health and development initiatives within their communities.

Table 4. Resource Mobilization by Ward Development Committees (WDCs)

States	Amount raised by the WDCs in NGN	USD (@ 1NGN =0.00063)
Bauchi	4929640	3105.7
Kebbi	10301745	6490.1
Sokoto	9940635	6262.6
Ebonyi	16632777	10478.6
FCT	2719100	1713.0
Total	44523897	28050.1

Community Engagement Activities: Table 5 summarizes the community engagement activities conducted by WDCs, specifically related to sensitization efforts on Reproductive, Maternal, Newborn, Child, Adolescent Health, and Nutrition (RMNCAH+N) services. A total of 606 sensitization activities were conducted, reaching 24,860 individuals across the five states. Bauchi conducted 227 activities, successfully engaging 9,668 persons, which indicates high levels of community involvement. Kebbi held 42 activities, reaching 1,128 individuals, reflecting comparatively lower engagement. In Sokoto, 226 activities were conducted, reaching 7,371 individuals, showcasing a strong commitment to community health promotion. Ebonyi engaged in 57 activities, reaching 4,063 persons, while the FCT conducted 54 activities, engaging 2,630 individuals, indicating moderate outreach. Overall, these findings demonstrate the pivotal role of WDCs in enhancing community health awareness and participation, thereby fostering greater involvement in health initiatives and improving health outcomes within their respective communities.

Table 5. Community Engagement Activities Conducted on RMNCAH+N Services

States	No. of sensitization activities conducted on RMNCAH+N services	Persons reached
Bauchi	227	9668
Kebbi	42	1128
Sokoto	226	7371
Ebonyi	57	4063
FCT	54	2630
Total	606	24860

DISCUSSION

This study highlights the transformative role of Ward Development Committees (WDCs) in driving community

development and improving health outcomes in Nigeria. Through targeted training and capacity-building, reactivated WDCs demonstrated measurable impacts across health services, community engagement, and resource mobilization, echoing findings from studies that emphasize community-driven approaches in resource-constrained settings.

Enhanced Leadership and Capacity-Building: The training of 510 WDC members in leadership, management, and coordination significantly enhanced their capacity to lead and facilitate community initiatives. These findings align with studies emphasizing that capacity-building strengthens community organizations, leading to improved stakeholder coordination and better health outcomes. For instance, a scoping review identified key dimensions of community capacity, including leadership and organizational networks, as critical for health improvement efforts (Birgel et al., 2023). Similarly, enhancing leadership within community structures has been shown to improve the sustainability and effectiveness of health programs. A study on community capacity building and sustainability highlighted the importance of developing shared definitions and strategies to overcome barriers in community-based participatory research, emphasizing the role of leadership in sustaining health initiatives (Hacker et al., 2012).

Improved leadership and management skills have consistently translated into more effective implementation of health interventions, resource mobilization, and the sustainability of local programs. This study provides further evidence, showing that trained WDC members were better equipped to mobilize resources, advocate for community needs, and coordinate health-related initiatives. Their enhanced capacity fostered stronger partnerships between community members and stakeholders, leading to a more integrated approach to addressing health challenges. Furthermore, building leadership competencies within community structures is critical for promoting ownership and long-term sustainability of health programs. The National Leadership Academy for the Public's Health provides ongoing leadership training and support to leaders working across sectors to address community health issues, highlighting the importance of leadership development in achieving sustainable health outcomes (Centers for Disease Control and Prevention, 2022).

Increased Community Participation: The intervention significantly increased community participation, a crucial element for the success and sustainability of health and development initiatives. The active engagement of local communities not only fostered a sense of ownership but also ensured that interventions were closely aligned with their actual needs. This aligns with findings from Kassim et al. (2023), which emphasized the importance of grassroots mobilization in improving health service utilization and achieving better health outcomes, as demonstrated in WDC-led maternal and child health services. Similarly, Ajayi and Akpan (2020) highlighted how participatory development approaches enhance community engagement, fostering ownership and trust. The sense of ownership generated through WDC-led activities is critical, as community members are more likely to support and sustain initiatives they perceive as their own. Furthermore, O'Mara-Eves et al. (2015) and Kana et al. (2015) demonstrated that enhancing leadership within community structures improves the sustainability and effectiveness of health programs. Improved leadership and

management skills have consistently translated into more effective implementation of health interventions, resource mobilization, and the sustainability of local programs, as evidenced by this study. These findings underscore the importance of targeted training programs, such as those provided to the WDC members, in fostering local leadership and driving community-led health initiatives.

Maternal and Child Health Improvements: The study's findings demonstrate substantial improvements in maternal and child health services facilitated by the reactivated Ward Development Committees (WDCs). Data on pregnant women transported for antenatal care (ANC) and delivery services, as well as immunization coverage for children, align with outcomes from other studies focusing on community health systems. For instance, Kassim *et al.* (2023) found that community-led interventions, including health education and participatory sessions led by community-based facilitators, significantly increased access to maternal health care services in resource-poor settings of Northern Ghana. Similarly, Ajayi and Akpan (2020) highlighted that comprehensive community engagement, health system strengthening, and the removal of user fees for vulnerable populations under the Abiye (Safe Motherhood) program in Ondo State, Nigeria, led to increased utilization of maternal health care services.

Additionally, Kana *et al.* (2015) emphasized in a systematic review that community-based maternal and child health interventions in Nigeria effectively improved health outcomes, underscoring the importance of community participation in health initiatives. These findings underscore the critical role of community engagement in enhancing the accessibility and quality of healthcare services for women and children, particularly in underserved regions. The success of the WDCs in this study resonates with these outcomes, illustrating that community participation in health initiatives not only sustains programs but also fosters local ownership and accountability.

Resource Mobilization and Financial Sustainability: The resource mobilization success of the Ward Development Committees (WDCs), evidenced by significant funds raised for health and development projects, underscores the critical role of community-based organizations (CBOs) in bridging financial gaps within public health systems. This finding aligns with recent studies highlighting the importance of local resource mobilization for sustaining health interventions and enhancing health system resilience. For instance, Agonafer *et al.* (2021) emphasized that CBOs are pivotal in integrating health and social care services, effectively addressing social determinants of health through resource mobilization and community engagement. Similarly, a study by Alegbeleye *et al.* (2019) documented the process and outcomes of community engagement and mobilization of local resources to support integrated Community Case Management of childhood illnesses in Niger State, Nigeria.

In the Nigerian context, the Community-Based Health Insurance (CBHI) initiative actively involves resource mobilization and health sensitization programs, partnering with the National Health Insurance Scheme to ensure equitable access to quality healthcare services. Additionally, the CORE Group Polio Project (CGPP) Nigeria supports community-based surveillance and immunization systems through active community volunteers, demonstrating effective resource mobilization at the grassroots level. The success of the WDCs

in this study resonates with these findings, illustrating that community participation in financial mobilization not only sustains health programs but also fosters local ownership and accountability. These outcomes suggest that strengthening the capacity of WDCs and other CBOs in resource mobilization is pivotal for achieving long-term financial sustainability in health and development initiatives.

Sustainability and Long-Term Impact: The integration of sustainable practices within the Ward Development Committees (WDCs) interventions is another notable finding. This approach not only addressed immediate needs but also ensured that community development initiatives were environmentally sustainable and monitored by local stakeholders. These results echo the findings of Mohay-Ul-Din Bhutta and Abbas (2024), who highlighted that involving local stakeholders in the monitoring process enhances the long-term sustainability of development projects by fostering a sense of ownership and responsibility within the community. The emphasis on sustainability in the WDC program is a vital factor in ensuring the continued success of these initiatives beyond the life of the intervention.

Community Engagement Activities: The 606 sensitization activities conducted by Ward Development Committees reached over 24,860 individuals, reflecting the committees' commitment to promoting Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAH+N). This aligns with evidence from studies showing that community-based interventions led by grassroots organizations, such as Ward Development Committees (WDCs), are instrumental in improving health outcomes. Studies have demonstrated that such initiatives increase awareness, encourage health-seeking behaviors, and enhance access to essential health services, particularly in underserved populations.

This evidence underscores the critical role of WDCs in bridging gaps between communities and health systems, fostering local ownership, and promoting sustainability in RMNCAH+N programs. By leveraging their local knowledge and networks, WDCs effectively mobilize resources and engage communities in addressing health challenges, strengthening the overall health system.

For instance, a 2021 study in rural Nigeria employed a community-based participatory approach to enhance maternal and child health interventions, emphasizing the importance of community engagement in improving health outcomes (Eze *et al.*, 2021). Similarly, a 2019 cluster randomized trial in Ghana demonstrated that bottom-up community engagement interventions significantly enhanced maternal and child health services utilization, highlighting the effectiveness of grassroots organizations in health promotion ((Glover-Amengor *et al.*, 2019).

RECOMMENDATION

To enhance the effectiveness, sustainability, and impacts of Ward Development Committees (WDCs), the following actions are recommended:

- Provide training and capacity-building programs for WDC members to enhance their leadership, managerial, and project implementation skills.
- Support WDCs in mobilizing resources from local governments, private sector partners, and community members to fund development projects.
- Promote participatory planning and development by encouraging WDCs to engage with community members, identify local needs, and prioritize development projects, consequently.
- Strengthen the institutional framework of WDCs by establishing clear roles, responsibilities, and accountability mechanisms.
- Set up a monitoring and evaluation system to track the performance of WDCs and assess the impact of development projects.
- Advocate for policies and laws that support the empowerment of WDCs and promote sustainable community development in Nigeria.
- Foster partnerships between WDCs, local governments, private sector organizations, and civil society groups to leverage resources, expertise, and support for community development projects.

CONCLUSION

This study provides strong evidence that empowering Ward Development Committees through capacity-building, community engagement, and resource mobilization can significantly improve health outcomes and foster sustainable community development. The findings support a growing body of literature that emphasizes the importance of community-led initiatives in strengthening health systems and achieving development goals. However, to optimize these interventions, it is crucial to address the disparities across regions and continue to adapt strategies to local contexts and contents. The success of this intervention demonstrates the potentialities of WDCs as powerful agents of change, capable of improving health and development outcomes at the community level in Nigeria.

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