ZAYT FOUNDATION FOR WOMEN AND CHILDREN

ALMAJIRICARE ANNUAL IMPACT REPORT · FIRST EDITION 2025–2026

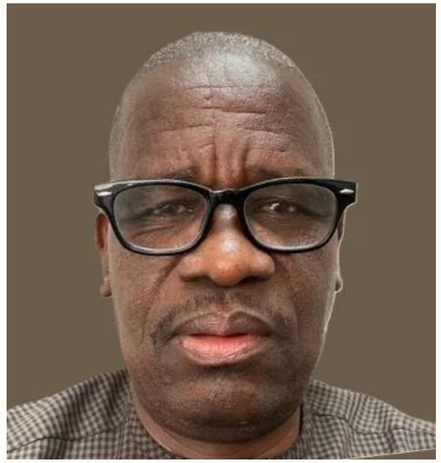
Changing Healthcare Access for Almajiri Children

Building Pathways to Health, Identity and Dignity

In partnership with Kano State Contributory Healthcare Management Agency (KSCHMA)

> *“Every child deserves healthcare regardless of where he sleeps or studies.”*

CONTENTS



Dr. Haladu Mohammed

Chairman, Governing Board

MESSAGE FROM THE BOARD CHAIR

Governance in service of the children we exist to protect.

On behalf of the Governing Board, I am proud to endorse ZAYT Foundation's first AlmajiriCare Annual Impact Report. The Board ensures every enrolment, referral, and naira invested serves the children this programme was created for.

This report's candor, naming both what worked and what did not, reflects the standard of accountability the Board holds management to. We thank our donors, KSCHMA, and community leaders for trusting us with this work.

We invite donors, government partners, and community leaders to join us in extending this proven model to every vulnerable Almajiri child who still waits for care.

Dr. Haladu Mohammed, Chairman, ZAYT Foundation

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Board Member

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Board Member

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Board Member

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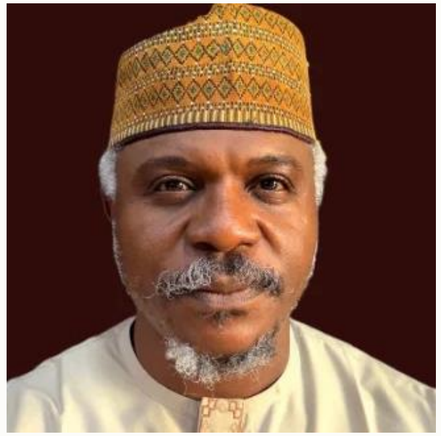


Abdulraheem Yakubu

Founder

MESSAGE FROM THE FOUNDER

A first, honest account of what it takes to open the door to healthcare.

Almajiri boys in Kano State are among the most vulnerable children in our communities. Our baseline assessment of 101 boys made that vulnerability impossible to ignore: universal thinness, severe stunting in four of every ten boys, malaria in more than half, and not a single documented vaccination, Vitamin A dose, or deworming round. In the course of enrolment, we encountered a second, quieter exclusion: almost none of these children held a birth certificate or any form of legal identity, leaving them invisible to the very systems meant to protect them.

This report presents the first implementation year of AlmajiriCare, delivered with KSCHMA across three Tsangaya schools in Tarauni and Kumbotso. We enrolled 124 children in the programme, 70 of whom are now actively covered under KSCHMA health insurance; registered 98 birth certificates and 38 National Identification Numbers (NINs); and documented 15 enrolled children receiving treatment at a health facility.

We are equally honest about what remains undone. Demand exceeded the coverage we could sponsor, and mobility made our beneficiary lists go stale within months, evidence that tells us exactly what to build next.

We call on donors, government, and partners to help us close that gap, every child enrolled today is a child who no longer has to face illness alone.

Abdulraheem Yakubu, Founder, ZAYT Foundation

WHO WE ARE

About ZAYT Foundation

- **Mission**

  Creating Stronger Communities Through Transformative Empowerment and Inclusive Care

- **Vision**

  Empowering Women, Nurturing the Future

- **Core Values**

  G.R.I.T — Growth, Responsibility, Inclusion & Equity, Togetherness

- **Focus Areas**

  Community Development and Empowerment, Health, Education

Where We Are Located

THE PROGRAMME

About AlmajiriCare

The Almajiri system is one of the largest informal educational institutions in West Africa, accommodating boys aged 5–19 who leave their households to attend Quranic schools known as Tsangaya, shaped by poverty, migration, and chronic underfunding.

Living apart from their families under non-family caregivers and moving frequently between schools and home states, these boys carry a distinct child protection risk profile: undocumented identity, unverifiable age, and no reliable means of tracing a child who moves. They depend on Mallams and community goodwill for food, shelter, and healthcare, with weak linkage to formal primary healthcare (PHC) and near-total exclusion from health financing such as KSCHMA.

AlmajiriCare was designed to bridge that gap, sponsoring vulnerable boys into the Kano State contributory healthcare arrangement, and strengthening referral coordination between schools, caregivers, and facilities.

Implementing Partner

Kano State Contributory Healthcare Management Agency (KSCHMA), through which enrolled children access sponsored coverage.

OVERALL GOAL

Improve timely, affordable, safe, and documented healthcare access for vulnerable Almajiri children, and secure their legal identity and protection through Birth Certificate and NIN registration.

1. Enrol children into a health insurance arrangement.
2. Strengthen school-to-facility referral linkages.
3. Support facility access and treatment for beneficiaries.

THE EVIDENCE

Baseline Findings

Baseline health assessment of 101 Almajiri boys — September 2025

100% Thinness (BMI-for-age)	**41.7%** Severely stunted	**54.4%** Malaria RDT positive
0% Documented vaccination	**0%** Vitamin A supplementation	**0%** Deworming coverage
19.8% Dermatological conditions	**16.8%** Untreated dental caries	**This evidence justified integrating Almajiri boys into the health insurance scheme.**

HOW CHANGE HAPPENS

Theory of Change

Vulnerable Almajiri children face financial and practical barriers to healthcare. AlmajiriCare links them to a functioning health insurance scheme while strengthening the systems around them, so sick children are identified early, referred appropriately, and treated without major financial barriers.

Unmet Need

Baseline vulnerability

Community Entry

Mallam & school engagement

Insurance & Identity

Enrolment, birth cert., NIN

Referral

School to facility linkage

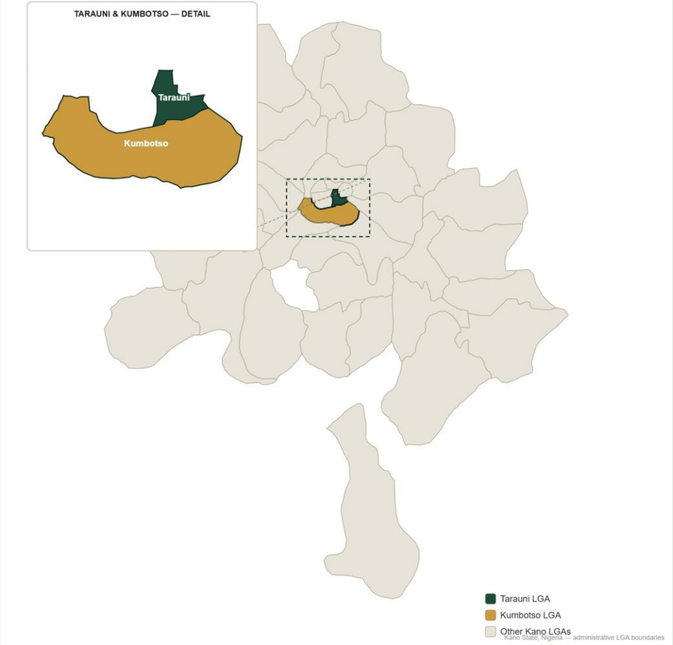
Treatment

Facility care received

A healthier, protected Almajiri child — identified, insured, and treated.

REACH

Where We Worked



Kano State LGAs — Tarauni & Kumbotso highlighted

TARAUNI LGA

Makaranta Malam Babba

276 students · 85 enrolled (55 active · 30 standby)

TARAUNI LGA

Makaranta Malam Bala

15 students · 15 enrolled (15 active · 0 standby)

KUMBOTSO LGA

Makaranta Jiddo

25 students · 25 enrolled (0 active · 25 standby)

DELIVERY MODEL

Our Approach

Delivered August 2025–July 2026 through ZAYT Foundation, KSCHMA, school leaders, and health facility staff.

1

Community Entry

Mallam engagement to build trust and secure community buy-in.

2

Enrolment

Register every child into the ZAYT Foundation beneficiary database.

3

Identity

Birth Certificate and NIN registration for every enrolled child.

4

Health Assessment

Baseline health assessment to establish each child's health status.

5

Engage & Refer

Link active KSCHMA enrollees to facilities; sensitize schools on referral.

6

Monitor & Improve

Monitoring visits and bi-annual review drive corrective action.

A sequential, community-rooted pathway: trust first, then coverage, identity, and care.

ONE YEAR IN

Key Achievements

REACH 3 Tsangaya schools · 316 students

COVERAGE FUNNEL

Share of the 316-student population at each stage of coverage

IMPACT THIS YEAR

15
Children treated at a health facility

98
Birth certificates registered

38
NIN registrations completed

For the first time, enrolment translated into documented treatment: 15 children who fell sick were seen at a health facility and received care.

Note: Enrolled = registered into the ZAYT AlmajiriCare project · Active = currently covered under KSCHMA enrolment, can access care · Standby = eligible, awaiting a coverage slot.

BENEFICIARY STATUS

Coverage by School

Makaranta Malam Babba · Tarauni — **276 students**

84 enrolled (55 active · 29 standby), high mobility site

Makaranta Malam Bala · Tarauni — **15 students**

All 15 listed students enrolled and active

Makaranta Jiddo · Kumbotso — **25 students**

All listed beneficiaries on standby this period

316	124	70	39.2%
Total students	Enrolled	Active	Coverage

FROM ENROLMENT TO CARE

Facility Utilisation & Treatment Access

A key achievement: 15 enrolled children, 21.4% of active beneficiaries, visited a health facility when sick and received treatment, showing the model can translate enrolment into real service use.

15
Treated at facility

21.4%
Utilisation, active KSCHMA list

12.1%
Utilisation, full enrollment list

THE UNMET DEMAND

12
Sick, not enrolled

3
Treated via order card

9
Outcome undocumented

Service demand exceeded the number of children covered, a signal that sponsored coverage must expand alongside enrolment.

IN THEIR OWN WORDS

Beneficiary Voices on Health Facility Access

"I was sick for many days. Because I was enrolled, I went to the health facility and they treated me. Now I am not afraid to say when I am not feeling well."

Yasir 15 Years Old

"When I fell ill, I was taken to the hospital and given medicine. I did not have to worry about how it would be paid for."

Muhammad 16 Years Old

"Before, when I was sick, I just had to endure it. Now I know there is a place I can go and be seen by a doctor."

Umar 15 Years Old

Photographs and testimonies published with signed caregiver consent via ZAYT enrolment forms.

PROTECTION

Identity, Child Protection & Community

Birth Certificate and NIN registration establish legal identity, verify age to prevent child labour, enable family tracing when a child relocates, and guard against statelessness, thereby realising the child's right to registration and identity under CRC Articles 7–8 and SDG target 16.9.

98
Birth certificates

38
NIN registrations

CHILD SAFEGUARDING MEASURES

- ❑ Complaints and feedback log at school and programme levels
- ❑ Documented accompaniment for sick children to facilities
- ❑ Focal-person orientation on child protection

COMMUNITY ENGAGEMENT

Regular sensitization with Tsangaya leadership, Mallams, and caregivers, with collaborative problem-solving on mobility and referral.

SYSTEMS & ACCOUNTABILITY

Child Safeguarding & Protection Systems

Safeguarding practices established during the pilot, and the formal systems being put in place before scale-up.

IN PLACE THIS PERIOD

- ❑ Signed consent section completed by Tsangaya leadership, as the children's caregivers, on every child's ZAYT enrolment form, covering programme participation and the use of images and testimonies
- ❑ Referral cards issued to enrolled children, with accompaniment to the health facility by a guardian from the Tsangaya school
- ❑ Beneficiary health information held confidentially as patient records at the health facility
- ❑ Sensitisation of Tsangaya leadership and school focal persons on child protection
- ❑ Birth Certificate and NIN registration establishing verifiable legal identity
- ❑ Complaints and feedback log maintained at school and programme level

BEING FORMALISED FOR SCALE-UP

- ❑ Written Child Safeguarding and PSEA policy, with a named responsible officer
- ❑ Documented protection referral pathway to state social welfare services
- ❑ Formal engagement with the Kano State Ministry of Women Affairs and Social Development
- ❑ Age-disaggregated protection risk profiling at enrolment (5–9, 10–14, 15–19)

AlmajiriCare reaches children living apart from their families under non-family caregivers. This section reports both what is established and what is not yet in place.

IN THE FIELD

Photo Gallery

Health Insurance Enrolment

Birth Certificate Registration

Community Engagement & Sensitisation

Health Facility Visit

Photographs are published under the signed consent section of each child's ZAYT enrolment form, completed by Tsangaya leadership as the children's caregivers.

ACCOUNTABILITY

Cost of Delivery & Value for Money

The reported unit cost of covering one Almajiri child, and the outcomes it produces.

UNIT COST OF COVERAGE — 70 ACTIVE CHILDREN

Cost Component	Total Cost (₦)
Health insurance premium — KSCHMA (₦12,000 × 70, receipt-verified)	840,000
Volunteers, coordination, referral & monitoring support	225,000
Logistics — transport, data collection tools, advocacy	140,000
ESTIMATED COST OF COVERAGE	**₦1,205,000**

Insurance is receipt-verified against KSCHMA records. Volunteer, coordination, and logistics costs, including NIN/Birth Certificate transport, are prorated across the 70-child cohort.

Estimated Unit Cost per Child, per Year **₦17,215**

Cost per treatment episode enabled **₦80,334**

Reflects fixed costs spread across 15 treatment episodes in Year 1; falls as enrollment and utilisation scale.

WHAT ₦17,215 DELIVERS

- One full year of KSCHMA-backed health insurance, covering facility treatment when the child falls ill.
- Active monitoring and referral support that converts coverage into treatment actually received.
- Legal protection through Birth Certificate and NIN registration, alongside health coverage.

Global comparator: premium-only schemes cost US$2–16/person/year (Rwanda, Tanzania); full delivery models with case management run US$2–13/treatment episode (Ghana, Malawi). AlmajiriCare's ₦17,215 (≈US$12.6, CBN rate) is fully-loaded, not a premium alone.

₦17,215 (≈US$12.6, CBN official rate) funded one child, fully covered, for one full year — insurance, case management, and legal identity combined.

WHAT WE'RE LEARNING

Honest Reflections

HIGH	**Demand exceeded sponsored coverage**	12 sick children were not enrolled or on any standby list.
HIGH	**High student mobility**	150 of 276 students at one school returned home; lists went stale quickly.
MED–HIGH	**Standby list not enough**	Eligibility needs to be more dynamic than a fixed standby list.
MED–HIGH	**Limited active enrolment in one site**	Makaranta Jiddo had zero active enrolled beneficiaries this period.
MED–HIGH	**Slow identity documentation swells standby numbers**	NIN and birth certificate processing lags enrolment, delaying children's move from standby to active coverage.
HIGH	**Unmet preventive and nutrition needs**	Baseline documented 0% preventive coverage; insurance alone won't close this gap.

WHAT WE NOW KNOW

Lessons Learned

1. Baseline data confirms AlmajiriCare responds to real, severe health vulnerabilities.
2. Insurance enrolment is necessary but not sufficient without facility engagement and PHC outreach.
3. Monthly verification is essential; beneficiary lists go stale quickly.
4. Standby lists must be actively managed and linked to replacement decisions.
5. Sick, non-enrolled children need a clear safety-net mechanism.
6. PHC outreach integration is critical, needs span nutrition, malaria, skin and oral health.

ACTING ON THE EVIDENCE

Management Response

Bi-annual reviews identified four immediate actions now central to how AlmajiriCare will be managed.

Monthly Verification

WHY

Mobility changes the active list quickly.

EXPECTATION

Each month, schools classify students as active, absent, or replacement-ready.

Replace Absent Students

WHY

Slots should benefit present children.

EXPECTATION

A replacement protocol agreed with KSCHMA and school leaders.

Beneficiary Tracking

WHY

Essential given mobility and treatment needs.

EXPECTATION

A database recording status, illness, referral, and treatment.

Accelerate Identity Registration

WHY

Slow NIN and birth certificate processing delays activation and swells standby lists.

EXPECTATION

ZAYT is engaging NIMC on becoming an accredited registration vendor, and evaluating licensed private vendors, to speed up processing.

2026–2027 PRIORITIES

The Next Chapter

- **Coverage Expansion**
  Increase sponsored slots for active, present, vulnerable children.
- **PHC Outreach**
  Periodic outreach for prevention, malaria, and nutrition.
- **Social & Behaviour Change Communication** *(new)*
  Community-level messaging to encourage health-seeking behaviour where coverage exists but uptake is low.
- **Beneficiary Tracking**
  Monthly verification and database updates at every school.
- **Facility Linkage**
  Continued orientation and an attendance log for claims.
- **Replacement Protocol**
  Replace absent children with present, eligible ones.
- **Safeguarding**
  Sustained referral safety and feedback procedures.

- **Donor Dashboard**
  Quarterly dashboards on coverage, referrals, treatment, and spending.

THE ASK

Where Your Investment Will Go

Unmet demand exceeds current coverage. ZAYT Foundation requests support across seven priority areas:

1. Expand sponsored slots for eligible children.
2. Support monthly verification and database management.
3. Fund PHC outreach: deworming, vaccination, malaria, nutrition.
4. Provide malaria prevention commodities, including LLINs.
5. Enable nutrition support for thinness and stunting risk.
6. Train focal persons and staff on referral and safeguarding.
7. Support monitoring visits and quarterly donor reporting dashboards.

WITH GRATITUDE

Acknowledgements

AlmajiriCare exists because of institutional partners and community leaders who opened doors and stood beside these children. ZAYT Foundation thanks, in particular:

Alh. Abubakar
Former Kano State Coordinator, NIMC

Dr. Aminu I. Tsanyawa
Federal Commissioner, NPC

Dr. Rahila A. Mukhtar
Exec. Secretary, KSCHMA

Mallam Babba & Deputy
Leader, Malam Babba

ZAYT Foundation Volunteers and Board Members

Health Facility Staff

IN SUMMARY

Conclusion

During the reporting period, AlmajiriCare moved from evidence generation toward documented treatment access for enrolled children. The baseline confirmed severe unmet health needs, undernutrition, malaria, absent preventive services, strengthening the case for donor and government support.

Implementation across three Tsangaya schools reached 124 enrolled beneficiaries, with 70 active and 54 standby. Fifteen children accessed facility care and received treatment. However, 12 sick children were not enrolled, demand exceeded coverage, and mobility affected continuity, signals of what must be strengthened next.

The next period will focus on coverage expansion, active beneficiary tracking, monthly verification, PHC outreach, facility documentation, and safeguarding.

We invite donors, government, and community partners to invest now, so every Almajiri child receives coverage and care in the years ahead.

> *AlmajiriCare is relevant, evidence-based, and already producing documented healthcare access, but it now requires stronger systems and expanded support.*

ZAYT FOUNDATION FOR WOMEN AND CHILDREN

“Together, we can ensure no child is denied healthcare or legal protection because of poverty.”

THANK YOU