



# Stakeholder Mapping for Community Participation in Primary Health Care, Lagos State

## Section 1: Mapping Protocol

## Section 2: Ward reports for:

Awoyaya

Bogije

Igbo Efon

Ikoshi Isheri

Ikota

Ogudu



June 2011

Part 1: Mapping Protocol.....	3
Introduction.....	4
How Social Accountability may improve services.....	4
The mapping study .....	5
The context of Lagos.....	5
How does this mapping fit into the process of constituting Ward Health Committees? .....	7
The Mapping Approach .....	10
Developing a mapping approach .....	11
Risk Assessment.....	16
Mapping logistics .....	17
Example Fieldwork Schedule .....	21
References .....	22
Part 2: Mapping Report Findings.....	23
Report 1: Awoyaya Ward.....	23
Report 2: Bogije Ward .....	40
Report 3: Igbo Efon Ward .....	60
Report 4: Ikoshi-Isheri Ward.....	75
Report 5: Ikota Ward .....	94
Report 6: Ogudu Ward .....	114
Annex 1: Field Test Report.....	128
Annex 2: ToRs for Lagos Mapping .....	130

## Acronyms

CBHI	Community Based Health Insurance
CC	Community Coalitions
CDA	Community Development Associations
CPH	Community Participation in Health
CSO	Civil Society Organisation
HEFAMAA	Health Facility Monitoring and Accreditation Agency.
HMT	Health Management Team
LASC SOP	Lagos State Civil Society Organisations Partnership
LCDA	Local Council Development Area
LGA	Local Government Area
LGHA	Local Government Health Authorities
LSPHCB	Lagos State Primary Health Board
MMRS	Maternal Mortality Reduction Centres
MoLG&CA	Ministry of Local Government and Chieftaincy Affairs
MTSS	Medium Term Sector Strategy
OIC	Officer – In - Charge
PATHS2	Partnership for Transforming Health Systems (Phase 2)
PHC	Primary health Care Centre
PHC-B	Alternative acronym for Lagos State Primary Health Care Board
SAVI	State Voice and Accountability Initiative
SHOPS	Strengthening Health Outcomes through the Private Sector
SMoH	State Ministry of Health
SPARC	State Partnership for Accountability, Responsiveness and Capability
STL	State Team Leader
WHC	Ward Health Committees
WSCH	Ward Stakeholder Committee on Health

## Part 1: Mapping Protocol

### Introduction

In January 2011 the DFID supported Partnership to Transforming Health Systems (PATHS2) provided support to the Lagos State Primary Health Care Board (LSPHCB) to develop a strategy for enhancing community participation in Primary Health Care (CPH)<sup>1</sup>. Both PATHS2 and LSPHCB have a deep commitment to involving communities in primary care and whilst there are numerous benefits of such involvement, one is paramount; the need to strengthen the delivery of services by supporting social accountability as a ‘contract’ between service providers and the people whom they have a duty to serve. This stems from recognition that communities have an important part to play in providing oversight and support to their local facility. Crucially, CPH is seen as a strategy to overcome the limitations of traditional ‘hierarchical control’ health systems management; where government systems often with limited capacity attempt to ‘enforce’ and regulate standards of care. Where government systems are not strong enough to ensure responsive services, social accountability approaches can be used to fill this gap, promoting community management of facilities<sup>2</sup>.

### How Social Accountability may improve services

Social accountability is “an approach towards building accountability that relies on civic engagement, i.e. in which it is ordinary citizens and/or civil society organizations who participate directly or indirectly in exacting accountability”<sup>3</sup>. Using ‘citizen power’ to strengthen PHC in a context where more ‘powerful’ members of the community overwhelmingly use the private sector is challenging. Whilst ‘powerful’ and influential citizens may have little interest in supporting PHCs, poor and marginalised communities have interest, but often limited influence. Local communities therefore need to be supported to advocate for political support.

Where less wealthy and influential people are the primary users of services, the theory of change that community participation will lead to improved services is not necessarily incorrect, but rather

---

<sup>1</sup> See: Strategy: Strengthening Health Services by supporting Community Participation in Lagos. LSPHCB/PATHS2 2011.

<sup>2</sup> See for example McGee R and Gaventa J (2010) Review of Impact and Effectiveness of Transparency and Accountability Initiatives Sussex: Institute of Development Studies.

<sup>3</sup> World Development Report, 2004. World Bank

an assumption that requires careful thought. It requires sound evidence to justify investment, guarantee value for money and avoid political controversy. As a minimum, any work to support CPH requires some kind of stakeholder analysis. In Lagos, the large populations surrounding each facility together with a complex political environment indicated the use of a political economy analysis approach. This is a technique that uses available evidence to better understand the influence and interest of different individuals or organizations in improving health services.

### **The mapping study**

This report presents the findings of six such 'Political Economic Mapping' exercises, conducted in six Wards across Lagos. These wards had been identified as priority areas for strengthening service delivery, locations where PATHS2 had pledged support to upgrade one PHC as a Maternal Mortality Reduction centre. Given the need to promote CPH in tandem with facility strengthening, it was decided to pilot the mapping approach in these areas.

The pilot indicated that the approach appears to offer a scalable approach, within limits. The team concluded that it is likely that given the existing capacity of the PHC board, particularly in terms of available time, external technical support would be required for the on-going use of the tool. Given the risks associated with *not* using an evidence based approach to WHC constitution; this pilot has demonstrated that a PE mapping approach offers value for money and should be pursued as a central feature of support to CPH in Lagos State. We consider this approach essential to ensure the Ward Health System benefits from the considerable community resources available, whilst not becoming hindered by capture from political interests.

### **The context of Lagos**

The political and policy context for community participation in health in Lagos State is encouraging, yet other aspects of the environment pose significant challenges. Lagos State is densely populated, with an estimated population of 19.9 million people<sup>4</sup> as at 2010 and an average of 50,000 people per ward. Putting in place mechanisms, which facilitate Community Participation and Social Accountability for health is exceptionally difficult with such large numbers of people. Furthermore, private health providers are reported to provide between 60-70% of all health services in the State,

---

<sup>4</sup> This is Lagos State Government's official figure. The federal census conducted in 2006 indicates a lower population of approximately 9 million people.

most of which are unregulated. Opportunities for community participation and feedback with private providers are likely to be quite different to those with the public sector. At present there are limited opportunities for encouraging CPH in this sector<sup>5</sup>.

Approval of the Lagos Health Sector Reform Law (2006) and National Health Act (2011) has injected considerable energy into the development of public health services in Lagos State. The administrative structures are being reorganized, most importantly, through the creation of a State Primary Health Care Board<sup>6</sup>, whose role is to co-ordinate all primary health care services in the State. Service delivery is being expanded and improved, primarily through the creation of one primary health centre capable of providing Basic Emergency Obstetric Care, in each of the State's 376 wards.

The Health Sector Reform Law also provides for the establishment of structures to promote community participation in health at the local level. Whilst still at a formative stage, the intended structures include:

- Local Government Health Authorities in each Local Government Authority and Local Council Development Areas, which will comprise of a Chair, the LGA medical officer, 2 community members (appointed by LGA), and a private practitioner.
- Ward health committees in each ward, with a membership of 5 people, including a chairman, 3 community members and the Officer in Charge.

The Primary Health Care Board, tasked with implementing these new structures, see the role of community participation in health as promoting service improvements and increased utilization, providing feedback to service providers and acting as a check and balance on health facilities and staff, delivering improved service responsiveness and accountability.

In November 2010 the Board agreed to a new strategy for promoting community participation in health, focused around a rolling programme of capacity building for the newly formed Ward Health

---

<sup>5</sup> For further discussion of this issue, see the 2011 CPH Strategy

<sup>6</sup> Once fully established, it has been reported that the State Primary Health Care Board will have a Health Education and Community Development Unit, responsible for promoting community participation in health.

Committees (WHCs), together with the establishment of Ward Stakeholder Committees on Health (WSCH)<sup>7</sup>. This wider stakeholder group, made up of civil society representatives, is essential since the 5 member WHCs cannot be expected to represent 50,000 citizens. Fortunately, Lagos has an exceptionally active civil society whose power and influence will be a vital resource to improve service delivery and access in Lagos. This civil society is however complex and often highly politicized. On the one hand there are numerous 'suitcase NGOs', organisations established with a profit motive and no genuine constituency in the community. On the other, there are highly politicised bodies such as the road transport unions, who may prove to be difficult partners to work with for such an exercise. For these reasons, selecting the membership of the WSCH should follow an evidence based strategy.

### **How does this mapping fit into the process of constituting Ward Health Committees?**

The process will take the following steps in each Ward:

1. Identify PHC to support (operating to a basic standard)
2. Map civil society in vicinity of PHC
3. Form wider stakeholder group of those deemed most appropriate
4. Conduct training on site using participatory training approach
5. Constitute Ward Health Committee, members elected from Wider Committee
6. Begin operations with active mentoring, reducing in frequency over 2 years

---

<sup>7</sup> See Strategy: Strengthening Health Services by supporting Community Participation in Lagos. PATHS 2 2011

### **Box 1: Strategy for promoting community participation in health service delivery in Lagos State.**

The health system in Lagos represents fertile ground for high impact voice and accountability initiatives. The energy and dynamism of the State Ministry of Health, Primary Health Care Board, civil society actors and the PATHS2 team is matched by a progressive and conducive policy environment.

PATHS2 will support institutional measures from within Government to strengthen accountability relationships between the state and providers, between frontline providers and managers, and between providers and citizens. Given the small scale of the programme in comparison to Lagos State, support must be targeted for maximum effectiveness. In this context, providing significant PATHS2 support to immediate state-wide roll out would not be constant with best practice.

#### **A phased approach**

Work on CPH must be done at a manageable scale which allows work to a high standard. This requires that a role out of the strategy must be linked to the available human and financial resources, and synchronised to be synergistic with other systems strengthening and service delivery work. Communities cannot be mobilised around facilities which are not functioning to an acceptable level. Indeed, support must be provided as an integrated part of systems strengthening, it is vital to underline that without the production of comprehensive guidelines for the operation of the Ward Health System, and without a selection of PHCs operating to an acceptable minimum standard, work to support CPH would also be premature.

#### **Institutional framework**

The 2006 Health Sector Reform Law provides a new structure for the stewardship of primary and secondary care in the State, with provision for rationalised management and governance structures, complaints systems and community participation. The LSPHCB will provide oversight of 57 new Local Government Health Authorities (LGHA). Each of these authorities will take responsibility for managing the PHCs within the LGA, supported by Ward Health Committees (WHC) in each Ward. **The WHC will form the focal body for community participation in Health within Lagos State.**

#### **Broadening representation**

With large populations containing varied constituencies at Ward level, the LGHAs and WHC will operate as link points to a broader coalition of civil society actors, rather than being the sole providers of scrutiny themselves. **This will take the form of a fifteen member Ward Stakeholder Committee on Health (WSCH)** that will represent a range of individuals and organisations with strong links into the community.

#### **Rollout**

PATHS2 support to WHCs will adopt a 'best practice' process. This includes only constituting WHCs around fully operational facilities, and carefully identifying the membership through a process of stakeholder mapping. PATHS2 will support the Board in conducting high quality on-site training one WHC at a time; from experience, an essential approach in order to give members the requisite skills to discharge their duties properly. In the initial phase, 6 WHCs will be mapped, constituted and trained, with a period of on-going mentoring provided by an external support organisation. Through this process, a sense of community ownership will be fostered, providing the necessary oversight to ensure drugs are used properly, staff work effectively and quality is improved.

#### **Operations**

The WHC and WSCH will meet and take decisions together. It will be the responsibility of the WHC officers to ensure that they faithfully represent the views of the community and maintain effective two way communication between the relevant parties, including the facility staff, LGHA and WHC members. The WHC will support service delivery in a number of ways, outlines in Table 1.

**Table 1: Key objectives and activities of Ward Health Committees**

<p>Improve the health facility and facility performance;</p>	<p>Work with the WSCH to develop and implement an action plan for facility improvements          Support the WSCH to mobilise financial and other resources for facility improvements          Monitor facility performance and progress in making service improvements          Where established, oversee the Sustainable Drug Supply System          Oversee staff presence and attitudes to patients          Advocate with the LGHA, Board and other government officials to address some of the bottlenecks in health service delivery, mobilising wider stakeholders where necessary.          Develop relationships with other partners to contribute to health facility improvements</p>
<p>Involve the community in decision-making about health services</p>	<p>Work with the wider stakeholders to consult with different groups in the community about their health service concerns and priorities for improvements.          Actively promote women’s involvement in community consultation exercises          Ensure full participation of women and representatives of other marginalised groups in WSCH meetings and activities          Provide regular feedback to communities on the service improvements going on at the facility and on the findings of the WSCH facility monitoring          Represent the community’s views at Local Health Committee meetings, in systems strengthening initiatives going on the facility in advocacy and in other discussions about local health services          Act as a client complaint system, receiving complaints from community members, raising them at WSCH meetings and agreeing how they should be addressed          Organise facility open days for dialogue with community members on health services</p>
<p>Increase access to services and reaching the poorest</p>	<p>Ensure improved provision of information on opening times, services and charges.          Investigate household and community barriers which prevent people from using health services and identify local solutions          Use the media and various networks, including the stakeholders group to inform communities about health, how they should get their entitlements and what they should do when they do not get their entitlements          Work with Community Health Volunteers to inform people about health issues and to encourage utilisation          Advocate with government for more attention to the needs of the very poorest</p>

## The Mapping Approach

The approach is informed by Political Economy Analyses, a process which explores the distribution of power and influence in a given social setting, and the processes which transform this. In the complex environment of Lagos, understanding political economy is central to improving accountability and responsiveness. Only through an appreciation of how different stakeholders are able to effect change, through what mechanisms, and in whose interests, can we work to influence the health system and the role of community participation within it.

In health terms, the political economy of Lagos State has a key bearing on the operation of the new Primary Health Care Board, Ward Health Committees, and Ward Stakeholder Committee on Health. PATHS2 aims to place the voice of the citizen at the heart of healthcare planning, creating new opportunities for communities to actively support stronger service delivery. In particular, the WHCs offer a mechanism for stakeholders to raise the voice of their constituencies and hold primary healthcare facilities to account. WHCs need to be inclusive of poor and marginalised groups, but also to represent those who have the power and influence to advocate for change at the Local Government Area level.

Thus, an understanding of political economy will be essential for the formation of effective WHCs, including issues such as:

- Which stakeholders have access to decision-makers, such as the Local Government Chairman or other LGA representatives?
- Who might be excluded from decision-making processes, such as women, the poor, or those who live in informal settlements and cannot meet at the PHC?
- What paths of influence will reach important decision-makers? For example, it might be the case that professional organisations or trade associations have more influence than NGOs;
- What processes will be most effective in securing resources for the health facilities concerned.

Lagos State has a vibrant and powerful civil society, constituted by organisations with greater or lesser degrees of legitimacy and representativeness. The landscape is diverse with a range of stakeholders including trade associations, women’s groups, faith-based organisations, and traditional leaders, as well as professional NGOs. PATHS2 needs to use these existing resources and build upon their skills in constituting the WHCs.

The five members of the WHC defined in the legislation cannot be expected to represent the views of 50,000 people (the average population of a Ward in Lagos). Therefore, the WHC has been bordered with an expanded membership in order to have links into the community and also to make active efforts to reach out to those groups not represented. The WHCs need a range of skills – financial management, logistics, consultation, and advocacy – in order to fulfil its functions effectively. The mapping process was designed to assess stakeholders in these terms, in order to create a broad coalition of participants in the WHC.

### **Developing a mapping approach**

The first step in the design process was a review of existing literature on political economy and stakeholder analysis. This was to ensure that our approach built upon best practice in this area took account of the most recent thinking. Sources consulted included DFID reports and technical notes, reports produced by other public bodies, as well as websites including ODI and the National Health Service Institute for Innovation and Improvement. A full list of sources can be found in the bibliography.

The process for carrying stakeholder mapping is well documented in the literature, and there is a broad consensus on best practice. The PATHS2 approach uses key informants to identify suitable networks, informal interviews then gather information and these stakeholders are rates according to their influence, interest. Issues of risk are accounted for and a shortlist of potential candidates is developed.

When broken down in the key steps, the approach uses the following process:

### **Groundwork – team orientation**

1. With each team of two conducting the mapping, a brainstorming session is conducted to identify potential stakeholders in a chosen Ward. This will include groups such as:
  - NGOs, Community organisations and statutory bodies
    - Community Development Associations
    - Community Coalitions
    - LGA and Ward government bodies
    - NGOs, networks, LASCOP members, partnerships
  - Traditional leaders
    - Religious leaders
    - Traditional leaders
    - Ethnic based groups/ hometown unions
  - Marginalised groups
    - Women’s groups and social clubs
    - Groups representing the poor
    - Youth groups
  - Business/ trade associations
    - Trade associations, eg, Market Women’s Association
    - Philanthropic organisations, eg, Rotary/ Lions Clubs;
    - Business Associations, eg. Chambers of Commerce;
    - Agricultural groups
  - Health related bodies
    - Professional organisations of doctors/ midwives/ pharmacists
    - Health related Community Based Organisations
    - Traditional Birth Attendants
  - Local government organisations
    - School management committees
    - Ward development committees
    - Village development committees
2. The team receive a short training session on KI interview techniques. This covers issues such as community entry strategies, ensuring representativeness and diversity, snowball sampling, avoiding leading questions, recording and reporting both specific and general observations (see annex for details).

### **Fieldwork**

3. Initial top level contacts are contacted to ‘start the snowball’, telephone numbers of individuals who are active in the community collected and appointments made for interviews on day 1. In addition, key informant Interviews are conducted with PHC staff

and Community Coalition representatives where active, in order to gather data and identify further local stakeholders.

4. Information is gathered on each stakeholder, either through direct interviews with representatives of each group, or through key informants; we will also ask interviewees to recommend other stakeholders, thus developing the snowball sample;

### **Analysis**

5. Each stakeholder is rated according to their level of influence or power; if possible, the source of this influence may be identified (wealth, political role, religious status, etc.)
6. Each stakeholder is rated according to their interest in the issue;
7. Other variables, such as their level of support for issues of social inclusion, maternal and child health and government service delivery are considered.
8. A four quadrant matrix (see below) is created from the influence-interest analysis; stakeholder names are inserted into a large flip chart diagram.
9. The potential role of each stakeholder is assessed from their matrix and the wider analysis. To avoid unnecessary political controversy, stakeholders who appear to offer little potential as partners are removed from the Ward level matrix; these are principally constituencies who represent a political risk (eg certain transport worker organisations).

### **Selection**

10. Stakeholders who demonstrate a high degree of influence and interest are invited to training as part of the constitution of a Wider Committee; from this group the core WHC group of 5 members is elected.
11. Stakeholders who were identified as influential but less interested are suggested to the WHC membership as targets for further advocacy.
12. Stakeholders who were interested but not influential are suggested to WHC members as targets for outreach, canvassing and inclusion work.

## Analysis

The analytical process has three stages:

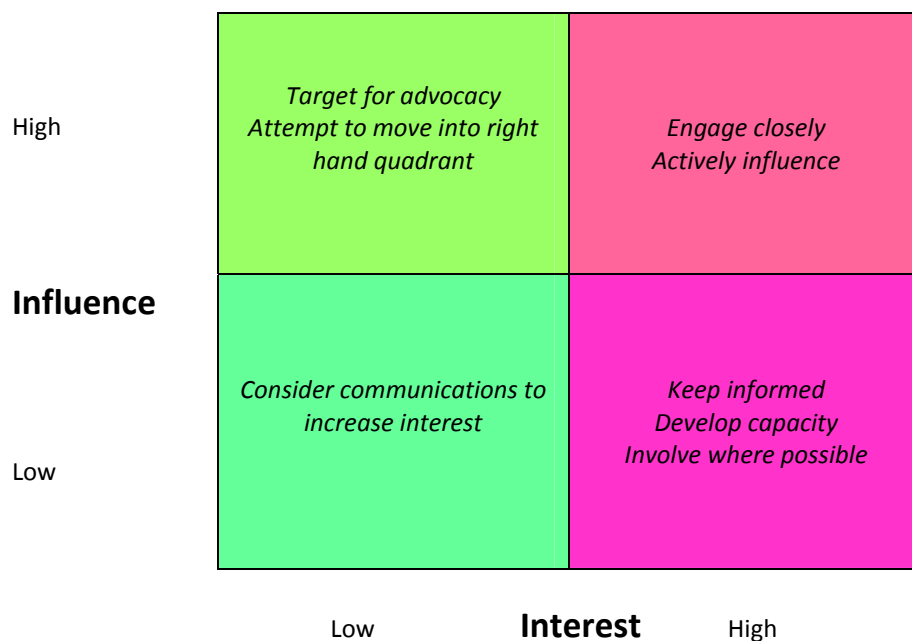
- 1) Firstly, a content analysis of the data is conducted, notes are taken from each interview, these can be presented in a table and should cover the following:
  - a) Type and level of influence: to what extent do they have the power to effect change? What type of change can they bring about? What resources can they mobilise – financial, political, administrative, managerial, media? This will be assessed through questioning the group about their activities, their achievements, and their success in advocating for their members;
  - b) Political affiliation: Are they affiliated to any formal or informal political body? Do they represent a particular political party, or does their organisation have regional, state and federal level structures? Does this present opportunities or risks? Do these risks merit their exclusion from the committee?
  - c) Level of interest/ support for the project: to what extent is the organisation committed to the WHC objectives? Do they have a track record of participation in this area? Do we consider the issue to be important to them, even if it may not a priority for the stakeholder? What level of commitment can be expected? Is sustained participation likely? What is their motivation for taking part? What do they stand to gain?
  - d) Legitimacy and representativeness: who do they claim to represent, in ethnic, socio-economic, gender, age? How strong is the evidence for this claim? Are they capable of reaching specific marginalised groups, eg, youth, women, the very poor, or those in informal settlements? How democratic, transparent and accountable are they?
  - e) Capacity: What skills and resources they can contribute? Which areas of WHC operation can they support? For example, are they best placed using higher level influence at the LGA or state level, or do they have grassroots community contacts to reach out to the very poor and marginalised groups
  - f) Role in committee: Are they best placed within the committee; outside as a potential partner in specific committee activities; or as a target for advocacy outside the committee?
  - g) Summary recommendation: Should they be invited to join the committee? Where does the group best fit into the Voice and Accountability framework, service delivery and the WHC intervention? For example, would they be most effective using fundraising skills, political connections, community connections, etc.
- 2) After this detailed analysis, the stakeholders will be ranked according to their levels of influence and interest. This will be represented as a visual map (see figure below) using the

system described above, to provide a quick graphic representation of the outcome of the mapping.

- 3) Thirdly, the content analysis and matrix will be explored to identify gaps in skills, target groups, range of individuals represented. Specific actions can then be recommended to the committee, and training provided, to ensure they reach out to these excluded groups.

From this analysis, a list of recommended stakeholders for the WHC in each area will be provided and ranked in order of relevance, both as potential members of the WHC, or as targets for WHC advocacy.

### Stakeholder analysis matrix<sup>8</sup>



Stakeholders with 'high' power and interest in the project are important to fully engage and gain support. These might be groups such as medical associations, church-based health care providers, and Community Development Associations. Those with high interest and low power (often members of the public) need to be kept informed and need capacity development and canvassing in order to make their views known. These might be the very poor, slum dwellers, or young mothers; further research may be required to identify informal groups or unions that involve these important

<sup>8</sup> Source: Adapted from Overseas Development Institute  
<http://www.odi.org.uk/resources/details.asp?id=5257&title=stakeholder-analysis> 2/3/2011

constituencies. Those with high power and low interest need to be targeted for advocacy and brought into the project as supporters. Here we may find government stakeholders, such as the Local Government Area Chairman, state level Senators, and secondary or tertiary hospital superintendants. Those with low interest and low power need to be monitored, since healthcare is a universal concern, communications strategies may be considered to raise awareness and interest.

### **Risk Assessment**

The risk assessment is an essential part of the stakeholder analysis process. Clearly, for the Stakeholder Committee to be effective it will need some members who have links with the political system and can effectively advocate on behalf the Health Facility. This means those with political links and affiliations will be involved in the Committee, as well as those who can leverage financial resources. However, involving stakeholders with political affiliations carries certain risk. These stakeholders may risk implicating PATHS2 in processes which are incompatible with the programme's values and objectives. Thus, the risk assessment will involve exploring the following factors, with those likely to face exclusion deliberately omitted from the report.

- Is the stakeholder accountable to its members through a democratic process?
- Do stakeholders genuinely and legitimately represent a specific constituency?
- Is the stakeholder affiliated with a specific political party? Does this exclude those who support other political parties?
- Is there any evidence of the stakeholder having been involved in activities that are contrary to the values of PATHS2?
- Will involving the stakeholder associate the project irrevocably with any one ethnic, political or religious group?
- Will involving the stakeholder appear to exclude any other specific groups from participating?

The final decision will be a balance between risk and benefit; it will also consider the alternatives. In Wards with an active civil society and many stakeholders to choose from may allow a more cautious

approach. It is important to remember however, that whilst more 'professional' NGOs make easy partners and speak the 'same language' as PATHS2, they may be primarily focused on attracting funding, with little legitimate constituency in terms of membership.

### **Mapping logistics**

Informing the Health Officials of Proposed Visit:

Prior to the team's visit, there is the need to dedicate enough time towards contacting the Local Government officials and health personnel in the wards to be visited. This will enable the team to gain free access into the PHC and to start work with dispatch at the beginning of the visit

Exchange of Telephone Numbers:

Before leaving for the field, members of the team should exchange their telephone numbers, including the driver of the day. This will help in monitoring the work progress, to plan movements from one point to the other while on field and to take off at the conclusion of the day's work without the difficulty of locating one another.

Briefing Meeting with Medical Officer:

Visits should start with a team visit to the PHC where meeting will be held with the Health Facility (Medical Officer) who, having been contacted in advance by the PHCB, will be briefed concerning the purpose and expectations of the team's visit. This is in order that members of staff of the PHC may also be available for any enquiries that the members of the visiting team may need to make.

In initial meeting with the PHC the team covers the following issues:

- Explanation of the process and the rationale for the stakeholder mapping;
- The staffing and resources available to the PHC;
- Facilities and services provided at the PHC;
- Whether the PHC operates a Drugs Revolving Fund and how well this works;
- Types of patient who visit and most common reasons for attending the PHC;
- Any particular challenges or problems which face the PHC;

- Any existing arrangements/ stakeholders who are involved in the work of the PHC

#### List of Stakeholders:

The team requires a list of stakeholders and arrangements will be made with the PHC facility to meet with and interview them. These stakeholders are in turn expected to link the team members to other influential members or Gatekeepers in the community. Members of the team are expected to hand over the letter of introduction to each stakeholder being interviewed and leave same with them as this will attest to the authenticity of the interview exercise.

#### Dressing Appropriately:

It is important that the members of the team should dress in ways that will not be totally out of place among the community being visited as this might have adverse effects on the responses given by those that would be interviewed. For example, research team members should dress modestly when visiting a mosque or church; and robust clothing and footwear are necessary for accessing some informal settlements.

#### Setting up the Interviews:

Interviews should be arranged by telephone as soon as the team have the contacts of stakeholders from the PHC staff. This is likely to be around midday on the first day's fieldwork. At this point, the research team should decide who will be responsible for interviewing the different stakeholders, depending on issues such as locations, timings, etc. Interviews may be conducted in the participants home or office, as appropriate. The research team should ensure that each knows where the other team member is going for interviews, as a matter of basic personal safety.

#### Introducing the Subject of Interview:

Every interview session should be introduced with appropriate greetings, for example, traditional leaders have to be duly recognized and each person being interviewed should be appreciated for their cooperation in honoring the invitation to be interviewed. The purpose of the interview should be well spelt out, with emphasis on the fact that the team member conducting the interview is representing the Lagos State Ministry of Health in identifying important groups and individuals in

the community who will join hands with the ministry to improve the services of the PHC in their ward. It is also important to acquaint the interviewee with the fact that the interview is being conducted to see if the group should be considered as a member of a committee that will be set up to realize this objective, and improve primary health care.

Prepared Areas of Questions to be Utilized:

Interviews are to be guided by a set of question areas that would have been prepared by the members of the team towards being used as a general format in the interview sessions. The questions are to be moderated to ensure that respondents keep within the relevant areas of discussion. Leading questions that suggest an answer, eg. 'HOW could you help?' should be replaced with open questions, eg. 'do you think there is any role for x organization? If so, can you describe what it might be?'. The interview should last between 30 to 45 minutes on average.

Question Areas for Stakeholders

- What does your organization do? Give examples.
- What sort of people are in your organization (Men and women, ages, profession, tribe, geographical area, poor people)?
- How members obtain different positions in the organization?
- Are your members interested in health matters? Do they get involved in social issues? Give examples. How about the organisation?
- Has this organisation been involved in any recent activity related to health or social services? Give examples
- Do you or your members use the local PHC?
- What are your opinions of the services?
- Would your organization be interested in helping to improve the services?
- Do you feel your organization could help?
- Would someone from your organization be willing to attend monthly meetings with other local people to work on the improvement?

- Would you recommend any other organization or individual we should contact regarding this issue?
- What kind of relationship does the organisation have with local political affairs and issues? Give examples?
- Is your organization affiliated to any political party?
- How would you describe the political situation in this area? When we talk of government services, how do people around here raise issues, make changes, or get improvements made? Can you give examples? Does your organisation have any examples to share?

#### Note Taking:

It is very important that notes should be taken as much as possible during the course of interviews as this assists a great deal in capturing the information being given by the stakeholder. Additional notes that may have escaped being jotted down could be added immediately after the interview.

#### Closing the Interview:

Interviews should end by thanking the stakeholders and providing the letter of authority from the State Ministry of Health as well as the PATHS2 office phone number should they require further information. Explain that they may be contacted by the PHC regarding setting up the committee we have discussed.

## Example Fieldwork Schedule

Monday 7 <sup>th</sup> March	Travel to Ibeju Lekki
Tuesday 8 <sup>th</sup> March	Bogije
Wednesday 9 <sup>th</sup> March	Bogije
Thursday 10 <sup>th</sup> March	Awoyaya
Friday 11 <sup>th</sup> March	Awoyaya
Saturday 12 <sup>th</sup> March	Travel home
Sunday 13 <sup>th</sup> March	
Monday 14 <sup>th</sup> March	Reporting writing from Bogije and Awoyaya
Tuesday 15 <sup>th</sup> March	Ikoshi-Isheri
Wednesday 16 <sup>th</sup> March	Ikoshi Isheri
Thursday 17 <sup>th</sup> March	Travel
Friday 18 <sup>th</sup>	Amend reports
Monday 21 <sup>st</sup> March	Travel to Eti-Osa
Tuesday 22 <sup>nd</sup> March	Igbo Efon
Wednesday 23 <sup>rd</sup> March	Igbo Efon
Thursday 24 <sup>th</sup> March	Ikota
Friday 25 <sup>th</sup> March	Ikota
Saturday 26 <sup>th</sup> March	Travel
Monday 28 <sup>th</sup> March	Report writing
Tuesday 29 <sup>th</sup> March	Report writing
Wednesday 30 <sup>th</sup> March	Report finalisation
Thursday 31 <sup>st</sup> March	Report finalisation
Friday 1 <sup>st</sup> April	Report finalisation

## Report structure for each ward

The reporting structure for each ward will be as follows:

1. Description of the ward in demographic terms;
2. Description of the health care facility and other health services;
3. Influence-interest matrix representation of the stakeholders;
4. Commentary on matrix/ political economy of local area;
5. List of recommended stakeholders to invite to the WHSC and rationale for choice.
6. Summary analysis tables for all stakeholders and list of contacts

## References

Hobley, M. 2003 'Bangladesh Political Systems: Power, Voice and Creating Space: Analysis of Local Level Power Relations'. Dhaka: DFID-Bangladesh

Institute of Development Studies (2010). *An Upside-Down View of Development*. Brighton: University of Sussex

*A Guide to Political Economy Analysis at Sector Level*. Danida (2009).

*Helpdesk Research Report: Political Economy Methodologies*. Governance and Social Development Resource Centre (2008).

*Good Governance in Nigeria: A Study in Political Economy and Donor Support*. Oslo: Norwegian Agency for Development Co-operation. *Norad* (2010).

*The Eight Modes of Local Government in Africa*. London: Overseas Development Institute. Sardan, Jean-Pierre Oliver de (2009).

A Guidance Note on How to do Stakeholder Analysis on Aid Projects and Programmes. London: DFID. Department for International Development (1995).

A Technical Note on Enhancing Stakeholder Participation in Aid Activities.. Department for International Development (1995). London

Overseas Development Institute <http://www.odi.org.uk/resources/details.asp?id=5257&title=stakeholder-analysis>

NHS Institute for Improvement and Improvement

[http://www.institute.nhs.uk/quality\\_and\\_service\\_improvement\\_tools/quality\\_and\\_service\\_improvement\\_tools/stakeholder\\_analysis.html](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/stakeholder_analysis.html)

## **Part 2: Mapping Report Findings**

### **Report 1: Awoyaya Ward**

#### **Community Profile**

Awoyaya is a mixed settlement area in the Ibeju -Lekki LGA of Lagos State and a riverine community. It is a semi-urban town and presently has a population of 11,320 (Information Chart, PHC, Awoyaya). The occupational structure in the area positions the men as being mostly artisans. Some engage in farming, trading and in the fishing trade that characterized early occupation in the area. A noticeable proportion of women are also engaged in fishing. More commonly, women are engaged in trading in house wares, farm produce like vegetables, pepper, palm and vegetable oil, and garri (a staple food made from cassava). Men and women are also employed in the Civil Service. Within Awoyaya town, there is a major vegetable oil industry and three 'Pure Water' Industries.

Awoyaya town hosts one state Primary school and is currently in the process of building a Secondary school. Apart from these, there exist in Awoyaya a number of private schools at the primary and nursery level. Traditionally, the community is headed by two Baales who belong to a larger council of traditional chiefs in the locality. There is presently no King in Awoyaya but two kings are in close proximity to the town, these are the Onibeju of Ibeju and Onitedo of Iwerekun land.

#### **The PHC**

The PHC in Awoyaya runs on a 24 hour basis and is therefore a MMR (Maternal Mortality Reduction Centre), one of the in operation, or planned, for all 57 LGA/LCDA in the State. Apart from the support from the Local Government, the clinic receives infrastructural and material support from some other sources within the community. For example, an NGO, known as Zak Okunore Healthcare Foundation which is headed by a nurse who lives abroad but a member of the community has given the PHC a face lift. Apart from decorating the labour ward, and donating a number of hospital equipment, a new building is currently being put in place with the help of the Foundation. This is for accommodating the Midwife Service Scheme (MSS)

officials who usually stay around during the week in order to surmount the problems of traffic hold up that can interfere with their work if they had to come from their homes. The Local Government Authority is aware of the philanthropic activities of the Foundation.

A pastor in the community has been mentioned to have donated a DSTV cable network for the PHC. Promissory assistance has also been given concerning the revitalization of the PHC by the Redeemed Christian Church of Christ that is located in the area. The Officer-in-charge mentioned that PATHS2 had done needs assessment and promised to support in carrying out some renovation work in the facility. The PHC in Awoyaya is believed to be the biggest PHC after the General Hospital in Akodo Town within the same LGA. The Local Government Authority has already supplied a generator, a television and DVD player to the PHC. The staff make-up in the clinic reflects the following:

1. 4 MSS (Midwife Service Scheme) officers
2. 7 Midwives
3. 1 CNO (Chief Nursing Officer)
4. 1 CHEW (Community Health Extension Worker)
5. 1 Medical Record Officer
6. 1 Registered Nurse
7. 1 Security Guard
8. 2 Neighbourhood Watch

Part of the challenges that were mentioned by the officials at the PHC has to do with the fact that the building is too small, particularly the registration and consultation table which is located very close to the front entrance door.

Services rendered cover Antenatal, Immunization and general healthcare services. Since the beginning of the year 2011, the clinic recorded for the month of January, 200 (two hundred)

patients while in the month of February it recorded 324 (three hundred and twenty four) patients.

Patients whose cases are deemed to be beyond the treatment capacity of the PHC are usually referred to General Hospital Akodo or Island General Hospital & Maternity where the referral case is from the ANC (Ante Natal Clinic) within the PHC.

The drug supply at the PHC is procured through the Drug Revolving Fund scheme from the LGA Central Store. The Scheme was claimed to be running successfully at the PHC for the moment. Drugs were claimed to be highly subsidized and some patients that came in at the time of interview were observed to be promptly attended to, with drug being administered. The PHC was claimed by the officials to have wide patronage, catering for adult males, females, children and infants. Women, children and infants were seen consulting at the PHC. However, male absence was obviously noticed at the PHC during the time of the team's visit.

Concerning those considered by the PHC officials to stand in the position to assist the PHC, the likes of the NGO as the one whose assistance is already being enjoyed as well as individuals like the one who may donate some things from time to time to improve the condition of the PHC were mentioned. Also mentioned was the CDA whose closeness to the Local Government can help to make a case for the PHC from time to time. Again for those who could help with immediate assistance in the day to day running of the PHC, individuals who have been trained in health related aspects of community development were mentioned as having the potentials of assisting in the 'official work' aspect of the clinic.

# Stakeholder analysis: Influence-interest matrix

High

Influence

<p><b>Baale</b></p> <p>CDA 2 CDA 1</p> <p>Women Political Leader</p>	<p><b>CC</b></p> <p>Market Association</p>
<p><b>Alfa Association</b></p>	<p>Youth Forum</p> <p>Isoko Community Association Hausa Community Association Ibo Community Association Egun Community Association</p>

Low

Low

Interest

High

## **Stakeholder Analysis - commentary**

For each PHC in the programme we have produced a stakeholder analysis classifying participants according to their level of influence – the vertical axis – and the level of interest – the horizontal axis. Influence is defined as the ability to bring about change and to exercise power. Interest is defined as the extent to which the WHSC’s objectives are relevant to this group, and the extent to which they perceive the WHSC as such.

The Local Government Area Chairman was often mentioned as the most important and powerful player in the local political economy. He is mentioned as the one who had the influence to bring about changes when contacted for support. The Community Development Associations, the Women Political Leader and the Baale (the traditional ruler of the Ward) are considered as powerful and influential at the community and LGA or State level. The Baale is influential in terms of political connections and ability to influence changes. He is also the political head of the community and represents the interest of the entire community. The community refers to the geographical area and this includes all ethnic groups in the area. In this ward, Awoyaya, it was discovered that two Baales rule the town (the town is quite big so this is for administrative convenience, they are both ‘indigenes’ of the town) but the second one could not be reached at the time of the visit and efforts made to get a phone call through to him was not very successful. The Baale expressed his delight at the interest of the government in the community; he referred to the recent introduction of the Community Based Insurance Scheme supported by PATHS2 to the other PHC in Awoyaya.

There were two Community Development Associations identified. The one marked as CDA1 represents a group of landowners mostly ‘indigenes’ of the local community residing on their family’s ancestral land with powers to sell the land with consent from other family members. They wield considerable influence at the Local Government Area by virtue of the fact that the Baales are members of the group and have personal political influence at the Local Government level. This group could wield a lot of influence with the Local Government Chairman through the relationship with the Baales. (The Baale is recommended in his capacity as the ruler of the community while the CDA represent a wider constituency of landowners that are ‘indigenes’ and non ‘indigenes’) They

appear a powerful group in their own right and seemed willing to help with work at the PHC if required. The other CDA on the other hand has as members very wealthy and powerful people who wield a lot of influence beyond the community or LGA level to the State. This second Community Development Association represents the interest of other land owners who are mostly non 'indigenes' of the local area. The group has had to carry out community development activities by levying their members without involving the community members or the other CDA. (The second CDA has more wealthy members and more enlightened too. The community and the other CDA are always aware of community development needs but when it comes to contributing to fix the problem they are usually not forthcoming so the CDA2 carries on without them.)

The Community Coalition in the ward was identified and the Chair of the Coalition for the LGA was interviewed. She is the wife of the late Baale of the community and is a very influential and powerful person. In addition to her role as the Chair of CC for the LGA is also a member of a 15 member committee set up by the National Primary Health Care Development Agency (NPHCDA). The PHC staff and CC Chair were not able to explain the criteria for selection of the committee only that it was set up to support work at the PHC. As a Women Political Leader, the CC Chair is quite powerful and was able to get the LGA Chairman to do a construction work at the PHC on the day it was brought to her attention. In this capacity she is the head of the Action Congress of Nigeria chapter in Awoyaya community. She helps to mobilise women for campaigns and rallies particularly at this time of electioneering. She also serves as the leader of the Market traders association. The Market association meets regularly and pay levies and dues for the welfare of their members and the market. As a leader, she is appointed by the community and is expected to help settle disputes between members and ensure that the market environment is kept clean at all times. The Market Association reports to the LGA structure which has links to the State level that is very powerful as it is part of the national chapter of the body.

The Hausa, Ibo, Egun and Isoko community associations were all interviewed and appear to represent their different ethnic groups. They all recognise the Baale as the authority figure in the community and to whom they resort when they have any problems. One of these groups, the Egun association is made up of persons from Benin Republic and so are non Nigerians. They go to their Embassy when they have some problems that they feel the Baale may not resolve. The Egun and

Hausa groups did not have a firm association structure, did not keep proper books though knew all their members and could pass information across when necessary. The Egun and Hausa community are predominantly made of a section of the population that can be classified as representing the poor. The members of this group are mostly bike riders, petty traders, hawkers, water vendors etc. The other two groups, the Ibos and Isokos have members who are more wealthy; among them are professionals from different fields and careers and better paying jobs.

### **Recommended stakeholders in approximate priority order**

We outline below the stakeholders who we recommend inviting to take part in the WHSC, with a brief description of the organisation and the rationale behind our recommendations. Detailed analysis of each stakeholder can be found in Appendix One.

- 1. Baale**—The Baale is one of the two Baales ruling the community. He is the traditional head of the community and is appointed by the Local Government on the recommendation of the members of the community usually chosen from a chieftaincy family. The Baale represents the ward at the weekly meetings with other Baales in the Local Government Area and through this avenue they wield political influence at the Local Government and State. The Baale is recognised by the community and is consulted on issues affecting the community; he resolves issues and disputes between individuals or groups that are brought to his attention. The Baale is an important stakeholder to have on the Committee; he is responsible for the well being of the community and should represent their interest. His presence on the committee will also attend to the needs of the marginalised and poorer sections of the ward that might not belong to any of the identified groups. Although he does not particularly represent the poor but as the community leader, he knows who the poor people in the community are and how to reach them.
- 2. Community Coalition (CC).** – This is a group of persons representing different bodies and associations in the community working to address health and education needs of their locality. The Chair of this group is a very active woman who plays a number of roles in the local community and should certainly be invited to be on the WHSC. However, as

an organisation the CC did not seem as active as in other areas, and its relevance to the WHSC is not certain. This group operates as an LGA level appears to be based mainly in Awoyaya ward even though it ought to oversee a number of other wards. The CC in Ibeju Lekki is divided into four areas with a chairman and secretary for each division. The Chairman for this ward who was interviewed appears to wield a lot of influence both in her personal capacity and as the wife of the late Baale, the Women Political Leader for the ruling party in the ward and head of the Market Association. She is also a member of a 15 member group that was set up by the National Primary Health Care Development Agency (NPHCDA). She will be useful as a member of the stakeholder group and she will use her political connections and personal influence to move the work of the committee and improve services at the PHC.

- 3. Community Development Association (CDA)** – This is a group of land owners who form an association to address the needs of their members and carry out community development activities. In this ward, two parallel groups of this description were identified. The first group are referred as ‘Omo onile<sup>9</sup>’ and are sons of the soil and ‘indigenes’ of the local community. Their power is derived from the fact of their being the owners of the land; their ancestors settled on the land a long time ago. The Baales as the rulers of the community chosen by the community and recognised as the head are members of the first group of CDA. This first CDA generate revenues from commercial bike riders, sand carriers, and people constructing building<sup>10</sup> etc. The second CDA are also land-owners but mostly non ‘indigenes’ that buy land from the first group. The members of this CDA appear to have more influential members who have both financial and political power and able to influence changes locally, at the LGA and State when necessary. The two groups meet together as CDA for the Awoyaya community and together with CDAs from other communities in the LGA form the CDC. The two CDAs should be represented in the stakeholders committee on health, or at

---

<sup>9</sup> ‘Omo onile’ literally means the son of the owner of the land

<sup>10</sup> Across Lagos, the CDAs are known for collecting informal taxes for any construction work. They are influential, but there are also certain risks due to their highly politicised nature and in some cases, questionable financial affairs.

least a single representative who can be agreed to represent both groups. If only one is chosen, there is a risk the other would feel marginalised..

**4. Isoko Tribal Association** – The Isoko Tribe is from Delta State of Nigeria. The association in Awoyaya have over 40 members in the group. They meet every Sunday for meeting and discuss the welfare of their members and resolve issues amongst them. They hold elections to elect the leadership of the association. When there are matters that cannot be resolved within the group, the matter is taken to the Baale. They also have a State Chapter of the Association. The members of this group use the services of the PHC and are willing to be part of the stakeholder community. The group is not large, although might be useful as a route to inform their members, either within or outside the WHSC.

**5. Ibo Tribal Association** - This consists of people from the Ibo speaking part of the South Eastern part of the country, across the River Niger. There are about 150 members in the Awoyaya community. The group meets once a month and has a constitution that guides the conduct of affairs; election is done every four years to change the executive. The group is not affiliated to any political party and members are free to join any party of their choice. The members belong to different professions and careers such as traders, civil servants, teachers, bankers etc. This is an important group to have on the stakeholder committee as they are large and use the PHC a great deal.

**6. Youth Association:**

**Chief Imam Adeniyi Mustapha** is the leader of Awoyaya Central Mosque. He has spiritual authority among the Muslim community and is in a position to influence and provide information to his community. He claimed to be interested in joining the WHSC, and he could play an important role in information provision and community mobilization.

### **Other stakeholders**

**John Adantheno, vice chair of the Egun Community Association:** Mr Adantheno is the vice chair of this organization which represents the interests of the Egun community in

Awoyaya. The Egun community are more likely to use home remedies than to attend the PHC and therefore their commitment to the WHSC is likely to be limited. We therefore recommend they are not invited to join the committee, but rather are a target for information and awareness raising about the PHC and its services.

### **Gaps identified and recommended follow up**

The second Baale could not be reached and he is considered a key stakeholder to involve since the other Baale is included. His details will be obtained and before the Committee is constituted, he should be contacted and informed. The TBA and group representing faith based organisations were not interviewed and this was because contacts were only got for the Muslim group but he could not be reached. When the Baale was asked to recommend a Christian group he stated that it was difficult to find a Christian group representing the interest of all Christians except a denomination which may not be truly representative. The TBA will be included as the law stipulates their inclusion. For this reason efforts should be made to include the faith based groups at some level with the work of the Committee either as a target for advocacy or as members depending on their level of influence or interest in the matter.

## Appendix 1 – detailed analysis tables for stakeholders interviewed

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
<b>CDA</b>	There are two Associations of this description. They are Land owners who are 'indigenes' and non-'indigenes' of the area. Carry out community development activities like road construction, power and water supply, drainage etc. Help members resolve complaints brought to it. The Baales supervise the operation.	Through its links with the CDC, it has some influence at the LGA level. It has power at the community level and can mobilise resources through levies they collect from members and from the community. Members are equally influential in their individual capacities.	Affiliated to the CDC at the LGA. Members belong to different political parties.	Interested in the improvement of the PHC as was demonstrated in the past when it supported the roofing of the PHC.	Recognised as the CDA representing the landowners in the community. Conducts election every four years to elect leaders.	Members have different skills as they have different trades and professions	High – influence Medium - interest	The CDA should be in the Stakeholder Committee on Health. They have a range of skills and influence which could assist the work of the WHSC.
<b>Community Coalition</b>	The Community Coalition is a group that was set up USAID under COMPASS. They are a community based structure working on health and education. It operates at the LGA level and in Awoyaya ward,	The CC is influential in the ward and recognised by the PHC as a useful group to health care service delivery.	The group is affiliated to the State Chapter of the organisation	This group is committed to the objectives of the WHC. The Chair in her personal capacity has helped the PHC in mobilising support in the past.	The State Chapter has a Chairman and each LGA has a number of Chairmen and Secretaries who supervise a number of communities placed under them.	The members have been trained and have the necessary skills to perform as part of the stakeholders committee.	High-influence High - interest	This group should certainly be in the committee

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
	there is a Chairman and Secretary supervising a number of wards in the LGA.							
<b>Baales</b>	The Baales are the traditional ruler of the community. They are appointed to the post on recommendation of the community by the Local Government. The recommendation is usually because of hereditary	They wield a lot of influence at the community and Local Government level. They attend meetings with other Baales once a week at the LGA level and here matters affecting their communities are discussed. They exercise religious influence among the Muslim community in the area as most of these communities are predominantly Islamic. Both Baales are Muslims and the Christians	The Baales are affiliated to the Council of Baales with whom they meet every week at the LGA.	The Baales as the community leaders have a stake in the welfare of the members of the community and where the members use the services of the PHC they have a duty to represent their interest	Appointed by the LGA on recommendation of the community. Recognised by the community as the authority figure who is consulted in times of disputes or conflicts or any other matters	The Baales can appoint persons who have the skills and capacity to represent them on the committee as they may not have the time to attend meetings personally	Medium - interest High-influence	The Baales should be represented on the community as custodians of the community interests and representing the views of the marginalised and hard to reach groups

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
		also recognise their authority as traditional rulers of the community						
<b>Isoko Tribal Association</b>	An association of people from the Isoko tribe of Delta State. Have about 40 members in the group	The group representing the Isoko community has influence over its members(They have a right to take disciplinary actions against their members and consider the association as their links to their hometown if they have problems that would require going back home	The group is affiliated to the State chapter of the association	Members use the PHC but have no history of doing any activity to show more commitment to the objectives of the WHC	The leadership come to positions through elections	Their members are in varied trades and professions	High – interest Low - influence	The members of this group are not a large portion of the population and may not need to be part of the committee on health but should be kept informed
<b>Ibo Tribal Association</b>	Made up of people from the Ibo speaking States across River Niger. They have about 150 members registered in the association.	The group has influence over their members in the community and can mobilise its members when necessary. The State chapter of the association is very	Usually has a State chapter of the Association to which it is affiliated	The members utilise the services of the PHC and would be committed to its well beingThey should be interested in its wellbeing. There is no evidence of their previous	Election conducted every 4 years to elect executives of the association	The members are involved in different trades and professions and can use such skills and knowledge for the work of the committee	High – interest Low – influence	The group should be on the committee as they represent a large constituency and the members would have skills they can use as members of the committee

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
		influential and is often consulted by the government authorities on issues		involvement.				
<b>Chief Saliu Ogunlana</b>	The Baale( one of the two Baales of the community. He is the traditional ruler.	The Baale is very influential and acts as general overseer of Awoyaya. Certainly, this traditional ruler can influence the attitude of community members towards the PHC in the community.	He is not affiliated to any political group.  Opportunities are obviously presented through this type of traditional ruler-ship pattern since information and other plans from the state government would get to members of the community more easily through the office of the Baale.	He expressed awareness for some health programmes that are already on ground in Awoyaya and identified his interest with WHC when it will be set up. Through the office of the Baale of Awoyaya, it is considered that participation in the WHC will be sustained.	The Baale represents the people of Awoyaya and the traditional set up in the area offers very strong backing for this office.	A major area in which the Baale or his representative can apply to issues within the WHC is information dissemination and advocacy.	High influence Medium interest	The Baale and his team will fit into the information dissemination , and mobilization and advocacy areas of the committee’s activities.  The Baale used the expression ‘whole heartedly’ to describe their interest in being a part of WHC in Awoyaya.
<b>Mr. John Adantheno</b>	Vice Chairman of Egun community, one of the settler ethnic tribes in Awoyaya. They are from the Republic of Benin, the original home of the Egun of Badagry in Lagos state.		Egun community in Awoyaya does not lay claim to any political party affiliation.	Members of this group are more likely to use traditional home remedies than to attend the PHC, therefore their commitment may be limited.	The Egun Community in Awoyaya claims to represent the interest of that ethnic group in the Awoyaya community.	No skill that is relevant to the purpose of WHC was identified with group.	It is recommended that hat Egun community should be a target for information about the PHC and it’s services	Not recommended as WHSC Members.
<b>Mrs.</b>	Market Leader	The leader of the women in the	The market as a group is linked to	The market women’s group is usually	The entire market women	The market leader is good	High	Invite to the WSCH

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
<b>Folashade Balogun</b>	The market is known as <b>Asogun</b> market as named after its founder. The market is popularly referred to as Awoyaya market.	Awoyaya market and this position is duly recognized by the office of the overall head of market women in Lagos state,  The market leader is quite an influential personality and is well connected within and outside the Awoyaya community.	the overall market cabinet in Lagos, which is headed by the ultimate market leader in Lagos state. This overall market leader is affiliated to the ruling political party in the state. This may present some political risks if there is a change of government, or if other political parties feel left out of the WHSC.	committed to health and environmental issues. The group could be involved in mobilization to support the objectives of WHC.	in Awoyaya are being represented by the leader. She claimed that she was nominated before the people whose affairs she was going to direct.	at negotiations, contribution as well as mobilization 'particularly in the area of maternal and child care/	influence High interest	
<b>Mrs. Folashade Balogun</b>	Women leader of ACN Political Party and the same individual as the one mentioned above as market leader. She is also a member of Coalition and Her voluntary activities was mentioned at the level of PHC.	This stakeholder is an influential woman. Her advice and help are often sought by other women and her opinions and guidance would be taken seriously.	The group is very much affiliated to the ruling party in Lagos state. The group was actually formed to mobilize women towards the success of the ruling party. This may present some political risks, but not such as to justify exclusion.	The group represents women within the ACN in Awoyaya.	Members of this group are representatives of the party ANC, the ruling party in Lagos ..	As women leader, the individual will be familiar and knowledgeable about a lot of the plans at the Government level.	High influence Medium interest	Invite to WSCH
<b>Chief Imam Adeniyi</b>	Chief Imam of Awoyaya Central	The mosque is very powerful in	The mosque is not affiliated to any	The mosque is used from time to time to	The position of the Imam is	The mosque has the ability to	Medium Influence	The Imam plays an important mentorship

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
<b>Mustapha</b>	Mosque	the running of Awoyaya Muslim community.  Muslims have great respect for the Imam and will listen to him because he has spiritual authority.	political party.	pass on the message from the PHC on health related matters.	usually attained through nomination and not through election. The choice of an individual for that position is usually based on the religious role they play.	spread any information that needs to reach the people.	Medium interest	and leadership role in the Muslim community and is therefore being recommended to be a member of WSCH.

#### Other stakeholders mentioned during fieldwork

- Efforts were made to meet or speak with the Leader of the Youth group but this was not successful, his contact was obtained and is provided.
- The Ijaw community Association was mentioned but due to time constraints an appointment could not be made to see a representative and the Baale could not provide the contact of the leader We do not recommend making further attempts to contact this group as members of the WHSC, although when constituted the WHSC might consider how to engage with them.

## **Appendix 2 – Contact details for stakeholders**

- **Baale, Chief Saliu Ogunlana – 08023514993, 07033479610**
- **Women Political Leader, Mrs. Folashade Balogun – 08083185176**
- **Baale 2, Chief Isiaka Babatunde Eletu – 08029180872(not interviewed)**
- **Ibo Community Association, Mr. Jude – 07042677041**
- **Hausa Community Leader, Mall. Danjuma Idris – 08034152991**
- **Isoko Community Association, Mr. Sunday Mode – 08131155110**
- **Market Association, Mrs. Folashade Balogun - 08083185176**
- **CDA 1, Chief Salia Imam– 08027737078**
- **CDA 2, Capt. Fola Ojutalayo – 08023121275**
- **Community Coalition, Mrs. Folashade Balogun - 08083185176**
- **Youth Forum, Chief Mr. Abdulateef Anisere - 08028291326**
- **Chief Imam of Central Mosque, Chief Adeniyi Mustapha - 08028605810**

## Report 2: Bogije Ward

### Community Profile

Bogije is one of the pockets of communities that presently make up the Lekki area of Lagos Island. Situated under the Ibeju Lekki Local Government which has its headquarters at Igando, Bogije has a population of 18,398 according to information supplied by the PHC.). The community in Bogije reflects a people of mixed settlement, with the Ijaw, Igbo, Egun and others living together in a relatively peaceful environment.

Formerly, the 'indigenes' of Bogije were known to be farmers, traders and fisher people. Presently however, there is an increasing and widespread involvement of the 'indigenes' of Bogije in issues relating to land dealing in the area. This has greatly affected the occupational structure of the people as well as that of their neighbours in present Lagos Island and its environs. It had brought with it diverse occupations relating to selling of lands, ranging from informants on availability of lands, middle men between sellers and buyers, land surveyors, masons, block molders and dealers in diverse building materials. The modern mode of transportation around the larger area of Lagos state by motor bicycle popularly known as '*Okada*' is very noticeable in Bogije. The addition of motor bicycles to the available range of transportation in Lagos state evolved in the mid 1990s and today, many young male individuals in Bogije are operators in this business. Women in Bogije are mostly traders and their areas of trade spread across the sale of 'provisions' (beverages, cooking products etc) and fresh farm produce like pepper, tomatoes, eggs, vegetables etc. These are sold either in shops or stalls erected outside of their homes, in nearby locations or in the market.

There is only one public primary school in Bogije at present, and this is situated right opposite the PHC. A number of private nursery, primary and secondary schools are presently located in the area. Some children attend secondary schools in the nearby community of Imalefalafia as there is presently no public secondary school in Bogije. Presently, there are no major industries in Bogije except for stalls that are built for shopping purposes in the area. Traders usually bring in their wares into these stalls for onward sales to the members of the community. However, Bogije is surrounded

by various industries that are situated around the Ibeju Lekki and Epe highway axis. These provide job opportunities for the people within Bogije itself.

Presently, the 'indigenes' live mostly in the area called 'Oke ilu or Oke Oyinbo' which implies 'The hilly part of the town' or 'European Hills'. The non 'indigenes' presently live in the area called 'Ebute' which literally means 'Shore line'. Beyond 'Ebute', some members of the community have settled in other pockets of settlement areas.

### **The PHC**

The PHC in Bogije is presently serviced by four health officials and one support staff member.

These are:

1. 1 Medical officer (A National Youth Service Corps official)
2. 1 Assistant CHEW Nursing officer
3. 1 Staff Nurse
4. 1 Junior Community Health Extension Worker
5. 1 Gardener/Security Officer

Presently, the clinic lacks regular supply of electricity and water but the officials appear to be satisfied with the present situation of drug supply which, apart from Coartem, the ante-malarial drug for adults and children that runs out far more frequently, is being managed through the Drug Revolving Fund pattern. There is limited Family Planning services (Oral and inject-able only). We observed the case of a teenage girl being treated for malaria during the visit to the clinic.

The services offered by the PHC in Bogije are specifically in the following areas:

- Ante Natal
- Basic primary health care, malaria, cough/cold etc)
- Immunization
- Health Talks

An ante natal service attracts a stipend of N200, 00 (two hundred Naira) for routine drugs. Hospital card for adults costs N50.00 (fifty Naira) while the same is free for children. Some services are rendered free at the PHC. For example, Coartem, the standard anti-malarial drug is free for adults and children. However, the clinic had run out of their Coartem supply for a certain age bracket at the time of our visit to the clinic. Immunization for babies and children is also free. The PHC receives a token of N5, 000 (five thousand Naira) running cost support from the Local Government every month. Provision for temporary accommodation with basic amenities is also in place at the PHC for health officials who live far from the PHC and may need to stay the week at the PHC and then go home at weekends.

### **Communal Perception of the PHC**

Men were less frequent users of the PHC than women and children, and informal conversations with staff at the PHC suggested that men did not view the clinic as primarily targeting their health needs. This is similar to the situation encountered in other PHCs, and may point to a specific need to publicise the services offered by the PHC which would be relevant to men.

Also, the representative of the Ijaw community in the area (also known as 'the father of fathers') complained that there is an undermining of their group's clientele at the clinic. A separate account from the reports given by the administrative arm of the PHC hinted at the inability of the Ijaw women who attend the clinic to express themselves adequately, a situation that causes their husbands to accompany them to the clinic. The Igbo, according to this administrative source, are well able to express themselves when they come to the clinic. This is perhaps the reason why the leader of the Ijaw suggested that members of his group are not presently enjoying warm relationship with the members of staff at the clinic.

## Stakeholder analysis: Influence-interest matrix

High	<p><b>Oba Elemoro</b></p>	<p><b>CDA 2</b></p> <p><b>CDA 1</b></p> <p><b>Prince Oniwaya</b></p> <p><b>Baale</b></p>	
Influence	<p><b>Youth Forum</b></p>	<p><b>Mosque Committee</b> <b>Medicine Dealers Association</b></p> <p><b>Pastor(Word of Life Ministry)</b></p> <p><b>Ijaw Community Association</b> <b>Ibo Community Association</b> <b>TBA</b></p>	
Low	Low	<b>Interest</b>	High

## **Stakeholder Analysis - commentary**

For each PHC in the programme we have produced a stakeholder analysis classifying participants according to their level of influence – the vertical axis – and the level of interest – the horizontal axis. Influence is defined as the ability to bring about change and to exercise power. Interest is defined as the extent to which the WHSC’s objectives are relevant to this group, and the extent to which they perceive the WHSC as such.

The Local Government Area Chairman as well as the State Governor were often mentioned as the most important and powerful players in the local political economy. The two personalities were mentioned as those who had the influence to bring about changes when contacted. The Governor is not particularly interested in ward level PHCs but could be contacted by the LGA if the community considers his assistance necessary. The main groups interviewed with influence at the LGA were the two Community Development Associations and the Baale who is the traditional Chief in the Ward. The Baale position is usually by appointment by the Local Government Chairman or inherited through family tradition and later ratified by the Local Government. The Baales and Obas come from royal families, so when a Baale or Oba dies, the community goes to Local Government and in the case of an Oba to the State Government (Ministry of Chieftaincy Affairs). The community makes recommendations on several eligible candidates for the post from the chieftaincy family and gives the names of the nominees to the government who then do consultations with the chiefs and community members before a selection is made. The Baale is therefore influential in terms of political connections and ability to influence changes. He is also the political head of the community and should represent the interest of the entire community. The community here refers to the geographical area and this includes all ethnic groups in the area.

There were two Community Development Associations identified. The one marked as CDA1 represents a group of landowners mostly ‘indigenes’ of the local community residing on their family’s ancestral land with powers to sell the land with consent from other family members. They wield considerable influence at the Local Government Area by virtue of the fact that the Baale is usually a member of the group and has personal political influence at the Local Government level.

This group does not have a reputation for providing financial resources for development work but usually rely on the government' support, through the Local Government Chairman. During the interview with the other CDA, it was pointed out that for most projects that were embarked on jointly by the 'two CDAs', the second had to make the most contribution.

The second Community Development Association represents the interest of other land owners who are mostly non 'indigenes' of the local area. This group has political influence through the calibre of members that make up the group. As the Chairman of the group stated, he personally has an interest in the PHC. He is interested in offering free consultation services to the PHC after he sets up his private clinic in the community. He and his wife are medical doctors by profession so according to him he is interested in the welfare of the PHC and thinks his members would also be interested as they utilise the services. The group wields influence and power at both the Local Government and the State and can mobilise resources through the political connections and capacity of its members. The two Community Development Associations hold joint meetings and jointly report to the Community Development Committee at the Local Government level.

The Oba Elemoro is a traditional leader in a nearby community which is considered as part of Bogije community. The Elemoro Community is not very big and has less than 1000 persons in population. The Elemoro community is a geographical area and adjoins Bogije. Some consider it as part of Bogije community and that was why the Baale recommended that the Oba be included as one of the stakeholders and being that he is an influential personality in the State. The Oba was appointed by the State Governor and therefore has a lot of power and influence at the local government and the State level. Information about him was obtained during the interview with the Baale of Bogije who considered the Oba as a key stakeholder in the community that should be involved. The Oba was not interviewed personally, his Personal Assistant was interviewed in his place and he was very interested and was willing to have the Palace involved. He promised to brief the Oba and was certain that a representative would be appointed by the Oba to be on the Committee.

The Mosque Committee, Ijaw Community Association, the Word of Life Ministry and the Ibo Tribal Association could provide links to the marginalised and poor members of the community. Having representatives from these groups on the committee could help provide a way of reaching such

groups with important information and getting their views on health services as it concerns them. Some of the groups, particularly the Ijaw and Ibo Association, may not have adequate capacity to participate fully in the committee activities due to their low literacy levels and , lack of experience of committee work. These two ethnic associations groups were those recommended by the Baale and some of the stakeholders we interviewed. The other ethnic groups mentioned did not seem to have an association representing them. During the interviews both associations seemed keen to be involved but appeared unconvinced they would be included eventually. This could be because they did not perceive themselves as a high-status group compared with other possible stakeholders, eg, the CDA Chairman. Most of the Ijaw community use the services of the TBAs for deliveries due to preconceived notions of government and western style health care system. The Ibo community was considered by the PHC staff as constituting the highest number of patients that use the facility. The Ibo community should be involved because they use the PHC so much while the Ijaw community could be a target for capacity development.

The Youth Forum is closely linked to the first Community Development Association as it is mostly made of 'indigenes' of the area though open to other non 'indigenes'. Through their links with the Baale they could wield some influence at the Local Government Area. Membership is open to men and women who may or may not be 'indigenes' though the majority are natives of the community. The Youth Forum as the group is called organises cultural carnivals known as Fanti Carnival and this holds during the Christmas season. The group is responsible for constructing the "Base" which is a hall used for town hall meetings. They were also able to mobilise support for the community by getting some multinational companies like MTN, Airtel to carry out some development work in the area and one of this was the sand filling of the road by Airtel and power supply assistance by MTN.

The Medicine Dealers Association and the Traditional Birth Attendant interviewed represent the stakeholders working on health in the community. The two groups operate at the Local Government level and the members in Bogije ward are required to attend meetings and other activities at the Local Government level. The member of the Medicine Dealers Association reported that she runs a delivery/ maternity clinic as well as a medicine store and has 20 registered patients who attend ante natal services and have their babies at her clinic. She said she was closely linked to the PHC as she

always insists that her patients go to the PHC for Tetanus toxoid injection and advise them to take their babies to the PHC for immunisation after delivery. The Traditional Birth Attendant said she did not have much dealing with the PHC but attended meetings at the Local Government Area. The meetings are for all TBAs in the LGA and they meet at the Local Health Authority office. She said she was trained as a birth attendant to perform deliveries and said she could administer intravenous drips to her patients when necessary.

## **Recommended stakeholders**

We outline below the stakeholders who we recommend inviting to take part in the WHSC, with a brief description of the organisation and the rationale behind our recommendations. Detailed analysis of each stakeholder can be found in Appendix One.

**Community Development Association (CDA)** – This is a group of land owners who form an association to address the needs of their members and carry out community development activities. In Bogije ward, it was observed that there were two of such groups representing similar interests but different people. The first group represents the ‘indigenes’ of the local community. The Baale is a key member of the group and this is useful as the Baale is influential through his political links at the Local Government level and can take matters through this link to the State. The second group is made up of persons who are land-owners but are not necessarily ‘indigenes’ of the community. The members of this group are made up of persons in different professions and careers and have power and political links from the Local Government to the State level. The members are also more financially powerful than the first group and can be used to mobilise resources for the use of the PHC. The two groups have a committee comprising of members of both associations and they in turn are supervised by the Community Development Committee at the Local Government Area. The Community Development Association are useful to have on the Stakeholder Committee. The two CDAs should be involved to avoid causing offence, for while the first CDA stated that the CDA was one the other CDA claimed they were separate.

**Baale**–The Baale is the traditional head of the community and is appointed by the Local Government after the members of the community have selected a candidate, sometimes based on hereditary. The Baale attends weekly meetings with other Baales in the Local Government Area and through this avenue they wield political influence at the Local Government and State. The Baale is recognised by the whole community of Bogije as their head and he resolves issues and disputes between individuals or groups that are brought to his attention. It is important to have the Baale’s office represented on the Committee; he may be too busy to be involved

personally but can appoint someone to be there on his behalf. He is usually consulted when there is a health campaign so he can inform the people to participate and cooperate with health officials. The community through the Baale had been involved in a USAID project called “Ki’omo maku” which literally means “Let the child not die” and used to help to mobilise the community for immunisation .

**Oba Elemoro** – The Oba Elemoro is a traditional ruler that is recognised beyond the Local Government level as he was appointed by the State on the recommendation of the community. He wields a lot of power and influence and would be useful to have a representative of the Palace on the Committee. The Elemoro community is considered as part of Bogije even though they deny this claim because they feel they are more powerful as they have an Oba instead of Baale. The Oba Elemoro is a first class Oba recognised by the State and holds meetings at the State with other Obas. The Elemoro community is seen by people in Bogije as part of Bogije but because there is an Oba there, the Elemoro community considers itself as separate and superior to Bogije. He said the community could be involved because the members use the PHC. We do not foresee any conflict in involving both the Oba of Elemoro and the Baale of Bogije, although this would need to be confirmed at the time of setting up the WHSC. The Personal Assistant to the Oba who was interviewed was enthusiastic about the idea and expressed the view that the Oba would be willing to be involved by having a representative. He went on to say that with their influence and political connections they could bring about changes in the PHC if involved.

**Prince Oniwaya:** The PHC based report on the activities of the clinic has also highlighted the remarkable interest that an indigene and close neighbor of the PHC, , has taken concerning the welfare of the PHC.

The man, who was claimed to have a good relationship with the Local Government pharmaceutical department in Iberekodo, ibeju Lekki, was said to play a vital role in the everyday running of the affairs of the PHC. His contribution to the smooth running of the PHC was claimed to include:

1. The fixing of water related problems

2. Assisting with the problem of electricity (including the fixing of rundown cables with his own money)
3. Where the clinic attendant is not available, by helping the PHC staff to procure the drugs for the clinic by taking the list of required drugs to the Local Government pharmacy at Iberekodo in Ibeju Lekki.

It was on this note that the Prince was interviewed as stakeholder, albeit on an individual basis. The responses that were elicited from the individual during the interview session that was carried out with him confirmed the claims made by the officials at the PHC.

**Central Mosque Committee**—The Central Mosque Committee is made of members consisting of religious leaders and other respectable and committed members of the Muslim Community. The Central Mosque is an individual Mosque coordinating other smaller Mosques in the area. The Central Mosque is usually headed by an Imam whilst the smaller mosques are headed by other religious leaders, who may not have the full status of imam. The members of this group are not only Alfas but other respectable members of the Muslim community. They are about 23 in number and meet twice in a month. They are mainly concerned with propagation of Islam within the community as well as the building of a new Mosque which is currently ongoing and help to maintain the community borehole and tap which is situated close to the Mosque and very useful to the members for performing ablutions. The executive of the Committee is elected after four years, own a bank account and are non partisan. This group will be good as members of the Stakeholder Committee as they have links into the community through their members that are heads of other mosques as well as regular members of the community. They usually give information to members of the community during Juma'at services and other programmes. They have a bigger umbrella organisation that meet at the Local Government and the Baale as a member of the group has religious as well as political influence at the Local Government level.

**Traditional Birth Attendant** – This group will be included in the WHSCs as this is specified within the legislation which frames their terms of reference. The TBA that was interviewed claimed she was a trained birth attendant as she was trained by the State Government and attended

meetings at the Local Government area. At the time of the interview she was taking a delivery of a first time mother and gave assurance that it was a very simple process. She expressed her willingness to be part of any efforts to improve the services at the PHC though she had not been involved in the activities in the past.

**Medicine Dealers Association** - This a group made of owners of medicine stores who also carry out health care delivery services. The organisation is present at the Local Government area and the members attend meetings. This respondent in addition to her medicine store operates a maternity clinic for pregnant women and she takes delivery. She said she usually advised her patients to take their babies after delivery to the PHC for immunisation. She claimed that as a group, the association were empowered to discipline and report offending members of the police, particularly those who sell fake or substandard drugs, and she is a member of the task force that does this. This woman is very involved with the work of the PHC and frequently refers her clients to the PHC for ante-natal care. Thus, she could be a useful member of the committee, or could be helpful as an external friend of the committee.

**Mr. John Baba Adaobi:** (Whom the Igbo community in Bogije is represented by). The leader is quite influential among the Igbo community in Bogije based on his status and also as a dealer in medicine within the community. The Igbo community association was founded by him in 2008. The leader became the head of the Igbo on the basis of his being the founder of the group since the inception of the group and no election of a new leader or other executives have been carried out. As far as the Igbo utilization of the PHC is concerned, the leader expressed the opinion that the women in Bogije make regular use of the clinic, an aspect that was corroborated by the PHC member of staff that was interviewed. The latter confirmed that Igbo women use the PHC very regularly and do not need interpreters being able to engage themselves in conversation with the PHC health officials. This is unlike their Ijaw counterparts require interpreters in order for them to understand the discussions, explanations and instructions from the health officials at the PHC.

**Pastor Timothy Adio:** Also within the Bogije community, a **pastor who heads the Word of Life Ministry** has been identified as having been involved in assisting the Bogije community in the

recent past. This involvement had been in the area of educational promotion which involved the face-lifting of the primary school in the community. Apart from being the Senior pastor of the Word of life Bible Church, he is also the Vice Chairman of the Ibeju Lekki Pentecostal Fellowship of Nigeria (PFN). He is the only representative of the Ibeju Lekki PFN in Bogije. The pastor, who is quite influential among the congregation of the church, claimed his interest in the PHC in Bogije, mentioning that he has always been an advocate of clinic/hospital treatment of ailments while prayers are used as hospital support from the church end. The pastor claimed that he had categorically encouraged the members of his church to use the PHC when they are sick and also for immunization of their children. He responded positively when asked if he was interested in being a member of the WHC in Bogije.

**Ijaw Community Leader** in Bogije is also known among the members of the Ijaw community as the 'Father of fathers', a title that accords him much respect among the people. The leader complained that his people are marginalized in the offering of services This suggestion is based on the information given by the PHC official concerning the point that the Ijaw female patients are part of the non 'indigenes' in Bogije who often require the assistance of their husbands to be able to explain their health situations at the PHC. According to the Health official "The Igbo can explain themselves but the Ijaw usually come with their husbands".

**The Youth Forum** in Bogije was recommended for interview by the Chairman of the CDA that is headed by Alhaji Abiodun Imam. His recommendation was based on the fact he (Alhaji Abiodun Imam) was the immediate past chairman of the Youth Forum and sees the group as an important one in the community that may be talked to regarding health issues. According to the Youth Leader, the membership constitution of the group cuts across the various ethnic groups in Bogije.

#### **Gaps identified and recommended follow up**

There were no groups identified who specifically represent the interest of the poor or marginalised groups. The faith based groups and tribal organisations could fulfil this role. During some of the interviews with some of these groups mentioned, this question was put to

them and they agreed that their members consisted of people from all social classes including the very poor. For this reason efforts should be made to include these groups at some level with the work of the Committee either as a target for advocacy or as members.

The women groups could not be interviewed because the response received from stakeholders questioned was that there were many women groups in the community and mainly interested in having parties and attending social functions. They could also be mobilised for political rallies by politicians if they are given monetary incentives for participation. Respondents were of the view that the women groups would not be interested in supporting the WHSC. We asked about other women's groups in the community but our informants were not able to identify any.

The Community Coalition does not exist in Bogije Ward level, but at the Local Government level for Ibeju-Lekki. The representative for the LGA was contacted and she appears very influential in her own community. (She was interviewed during the field visit to Awoyaya where she represents the CC, Women Political Leader and Market Leader.)

## Appendix 1 – detailed analysis tables for stakeholders interviewed

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
<b>CDA 1</b>	Association of Land owners who are 'indigenes' of the area. About 14 members. Engage in community development activities like water, poweretc. Receive complaints from members to which they respond. Operate under supervision of the Baale.	Reports to the Community Development Committee which has links at the LGA level. Through relationship with Baale and CDC have influence at the Local Government area. Appear quite a powerful group. Have financial power as the community land belongs to them and they have power to sell such land.	Affiliated to the CDC that is the Committee comprising of other CDAs. Members belong to different political parties. Has links with the other CDA in the community and have as members people from adjoining communities. Though members belong to different political parties but group can beinfluenced by the political party in power. politicised.	Interested in the improvement of services at the PHC.  Sustained participation can be expected.	Has a constitution and election conducted after two years to elect leaders.	Members have different trades which can contribute to the success of the committee	High – influence High - interest	The CDA should be in the Stakeholder Committee on Health. They have a range of skills and influence which could assist the work of the WHSC.
<b>CDA 2</b>	This is also an association of land owners who are non 'indigenes' of the community. They	The group is influential at both the Local Government and State. The members are	The group is not affiliated to any political groups and members are free to join any political party of	Could be committed to WHC as members use the services. The Chairman is personally	Conducts elections to elect its executive	Members are from different professions and could use their skills to improve the services of	High-influence High-interest	This group should be on the committee as they have members whose skills will greatly contribute

<b>Name</b>	<b>Description</b>	<b>Type and level of influence</b>	<b>Affiliation with other groups</b>	<b>Commitment to WHC Objectives</b>	<b>Legitimacy</b>	<b>Capacity &amp; skills</b>	<b>Place in matrix</b>	<b>Recommendation</b>
	have about 200 members.	financially powerful with political connections.	their choice. Jointly with the other CDA they are affiliated to the CDC.	committed to the objectives of the WHC and is willing to have his group involved. Sustained participation can be expected.		the PHC through involvement in the committee		to the success of the committee. They can also mobilise resources for the work
<b>Baale</b>	The Baale is the traditional ruler of Bogije community. He is appointed to the post on recommendation of the community by the Local Government.	He has influence at the community level and Local Government level. He attends meetings with other Baales once a week at the LGA level and here matters affecting their communities are discussed. He also has religious influence among the Muslim community in the area.	The Baale as a political appointee of the LG can be biased politically to the party in power. Since the Committee is strictly concerned with health issues this might not pose a risk.	The Baale as the community leader is committed to the welfare of the PHC and has been involved in the past in mobilising the community to use the services.	Appointed by the LGA on recommendation of the community. Recognised by the community as an authority to consult when there is dispute or issues that require resolution.	The Baale by virtue of his position had always helped in mobilising members of the community and this will be useful in the work of the committee	High-interest High-influence	The Baale could appoint a member of the community to represent him on the community to ensure he is kept informed.
<b>Oba Elemoro</b>	The Oba Elemoro is the traditional head of the Elemoro	The Oba wields a lot of influence on the community,	Usually affiliated to the political party in power but not	Members of the community use the services of the PHC and therefore are	Oba appointed by the State Government	The Oba can appoint someone with requisite skills	Medium-interest High-influence	The representative of the Oba should be in the Committee. The

<b>Name</b>	<b>Description</b>	<b>Type and level of influence</b>	<b>Affiliation with other groups</b>	<b>Commitment to WHC Objectives</b>	<b>Legitimacy</b>	<b>Capacity &amp; skills</b>	<b>Place in matrix</b>	<b>Recommendation</b>
	community. As an Oba, he rules over several communities under his 'kingdom'.	Local Government and State power. He reports directly to the State government and meets with other Obas at that level.	necessarily though this has implications. If they do not support the party in power they are denied of certain community development benefits.	interested in the improvement in services.	and answerable to the Governor.	to represent him on the committee		Oba could use his political influence to help the work of the committee. He also has the means to mobilise funds for the use of the PHC.
<b>Central Mosque Committee</b>	A committee of about 23 members drawn from regular members of the Muslim community and heads of mosques in the community.	Have religious influence in the community and recognised by Muslims in the area.	The group is not affiliated to any organisation but has close links with the Baale who is also a member but the group is non partisan	The members of the group and their families use the PHC and therefore would be committed to its improvement. The Chairman of the Committee expressed great willingness to be involved. He said they have been involved in mobilising their members for health campaigns in the past.	Well recognised by Muslims in the area. Leaders are selected by popular choice. The group has a bank account.	The members are involved in different trades and professions and can use such skills and knowledge for the work of the committee	High – interest Medium – influence	It would be good to have a member of this group in the committee. They represent the views of the Muslims in the whole area and can help mobilise their members
<b>TBA</b>	The TBA is a trained practitioner and operates in a wooden structure which is accessible to the	The practice is used mainly by the poorer members of the community so she would have influence with	She attends meetings with other TBAs at the LGA level every week. Information received from	Most of her clients use the services of the PHC for immunisations and so would be able to represent the views of poorer women	The TBAs are recognised by the law in Lagos State and are only given guidelines on	Could be useful in giving information to the women who use the services and getting feedback from	High-interest Medium influence	They are required to be on the community

<b>Name</b>	<b>Description</b>	<b>Type and level of influence</b>	<b>Affiliation with other groups</b>	<b>Commitment to WHC Objectives</b>	<b>Legitimacy</b>	<b>Capacity &amp; skills</b>	<b>Place in matrix</b>	<b>Recommendation</b>
	very poor in the community.	such groups.	another respondent shows that she refers difficult cases to other TBAs in the community		how to operate for instance they are not allowed to take deliveries of first time mothers, information on danger signs when to refer etc.	them		
<b>Medicine Dealers' Association</b>	This is an association of medicine stores who also in some cases run health services. They are pharmacies/chemists that offer health services and like in the case of the stakeholder interviewed, run a maternity clinic.	This could be an influential group as it links directly with a wide section of the community. People who use the services of the PHC also patronise them.	This group operates at the LGA level and has a body at the State level	The group is committed to the objectives of the PHC by virtue of the services it offers. In some instances they fill the prescription that people get from the PHC and encourage community members to go to the PHC for immunisation	Recognised at the LGA and State level where it operates	The members can contribute to the committee's work by giving information to their clients and receiving feedback from them	Medium influence High interest	This group could be invited on the committee since their services are closely linked to the activities of the PHC. However, they are likely to be involved in any case and therefore might be better placed as an external friend of the committee.
<b>Prince Oniwaya</b>	Influential local community leaders who has actively supported the PCT	Good contacts with Local Government and ability to mobilise financial resources	None mentioned	High level of commitment demonstrated through his current activities.	Does not have an official or accountable position, but appears well known and respected locally	Influencing local government. Providing or sourcing finances. Practical assistance with drugs supply	High influence high interest	Invite onto WHSC.

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
<b>John Baba Adaobi</b>	Leader of the Igbo community Association	Influence among his own community	None mentioned	Their community are heavy users of the centre so they do have an interest in its success	No elections have been carried out so he is the de facto leader	Can inform and influence his community, including women who are heavy users of the centre	High interest – low influence	Maybe invited to join the committee, but not essential.
<b>Pastor Timothy Adio, Word of Life Ministry,</b>	Pastor and representative of the Pentacostal Fellowship of Nigeria	Strong influence among the Christian community	Linked to the PFN	Claims commitment to cause of PHC and advises church members to have children immunised.	Unknown	Inform and influence Christian community. Educational initiatives.	Medium interest-medium influence	Invite onto committee.
<b>Ijaw Community Association Chief Brasana</b>	Leader of the Ijaw Community Association	Strong influence among his own community	None mentioned	Unclear owing to their dissatisfaction with PHC services to the Ijaw.	Unknown	Influencing their own community.	Medium interest-low influence	Target for information about PHC services and consultation regarding their needs.
<b>Youth forum, Prince Ade Elemoro</b>	A group for all youths in the community, male and female. Not sure of the number	Have influence amongst members and in the community through links with CDA and Baale	Close links with the indigene CDA and Baale	Do not have a lot of interest in the PHC as they rarely use it because of the wrong perception that the PHC is for women and children, the wives and children of the married ones use the PHC.	unknown	Appear to have skills that could be useful in mobilising financial support to the PHC and they can help pass information to their members and the community	Medium influence Low interest	Should be part of WSCH to represent the interest of the youth and they have a measure of influence and can mobilise funds for the PHC

**Other stakeholders mentioned during fieldwork:** The Community Coalition were contacted, they do not operate at the community but at the LGA level. They appear to cover Awoyaya rather than Bogije and so will be included in the report on Awoyaya,

## **Appendix 2 – Contact details for stakeholders**

- **Baale, Chief Musediq Sharafa – 08035607293**
- **Central Mosque Committee, Chief Murtala Morufu – 08133054722**
- **Medicine Dealers Association, Mrs. Ibemere – 08061100480, 07043618173**
- **TBA, Mrs. Hope Agidi – 08050583159**
- **Oba Elemoro’s PA, Chief Abdulateet Ishola Alade – 08038247416**
- **Pastor, Word of Life Ministry, Pastor Timothy Adio – 07026310761, 08022353318**
- **Prince Oloye Oniwaya, Community leader – 08033766836**
- **CDA 1, Alhaji Abiodun Imam – 08033530942**
- **CDA 2, Colonel Dawodu – 08034011797**
- **Youth Forum, Prince Ade Elemoro – 07042251463**
- **Ibo Community Association, Mr. John – 07026290978**
- **Ijaw Community Association, Chief Brasana - 07043171868**

## **Report 3: Igbo Efon Ward**

### **Community Profile**

Igbo Efon is one of the communities in the Eti Osa Local Government area in Lagos State. It is a peri urban, mixed settlement community that is quite dense and congested in its outlook. The original settlers in Igbo Efon were the Yoruba but now, the community hosts residents from various ethnic groups like the Hausa, Igbo, Aqua Ibom, Igala and others. Igbo Efon is made up largely of simple, sometimes dilapidated residential structures and occasional high status residences that are mostly tucked in quiet turnings off the main roads. Although there is electricity running through the community, the supply is not regular. There is presently no pipe-born water supply in the area and the people rely on well water as well as the buying of packaged water that is commonly referred to as 'pure water, for those who can afford it.

The people of Igbo Efon are mainly traders, with other trade activities like the Okada trade being also common. It is a poor low income area. The streets of Igbo Efon are quite narrow, with cars coming from opposite directions having to take turns to get through when driving on the streets. There are three private hospitals and a few primary schools in Igbo Efon. No major industries presently exist within the community although diverse industries, companies and eateries are located along the Lekki expressway in close proximity to the community.

Igbo Efon is under the rulership authority of a Baale , a Local Government endorsed traditional ruler who is linked to all the ethnic settlements in the community through their various associations. There is presently no Oba in Igbo Efon and the activities relating to community management is overseen by the Baale. Within the extended family network of the Baale is a most influential member of the community, named Chief Atiku, who is claimed to be the son of the previous Baale and nephew to the present one. This member of the community was mentioned in virtually every quarter visited as continuously offering great assistance to the members of the community and the PHC in particular. This individual was one of the stakeholders that were identified and eventually interviewed.

It is important to mention that Igbo Efon was one ward that was visited during the entire mapping exercise which appeared largely uncooperative regarding the cause of the team's visit. Apart from the fact that there was an important burial ceremony being planned by the members of the community for the next day following our first visit, there was great reluctance on the part of the people contacted for interview to cooperate with the team. Even when a re-visit was made after the burial ceremony, greater reluctance was met with. We were however able to meet with some members for interviews after considerable trials.

### **The PHC**

The PHC presently has a record of attendance numbering up to about a total of 300 patients every month from all its sections as reflected in ante natal, immunization and general out patients. The clinic does not run 24 hours. The PHC official told the researchers that child delivery is taken at the clinic before 4pm, after this time deliveries are referred to the General hospitals in Ajah or Iru. Other cases that cannot be handled by the PHC are also usually referred to the same hospitals. Referrals are usually backed by the provision of the Lagos State stand by Ambulance that is referred to as 'LASAMBUS' which stands for 'Lagos State Ambulance Service'. The Ambulance which is provided and funded by the Local Government is not directly stationed at the PHC but it is usually accessible to the PHC officials who call the driver whenever there is the need for its use. Drugs are procured for the PHC through the DRF scheme which is usually followed up by the Pharmacist who collects the drugs through the Local Government in Igbo Efon. The DRF scheme appears to be working at the Igbo Efon clinic except for ante-malarial drugs like Coartem which usually run out quickly. The Health Officials and support staff that are presently working at the PHC in Igbo Efon are as shown below:

1. 5 Nurses
2. 1 Community Health Officer
3. 1 Medical Doctor supported by NYSC part time Doctors (Graduate Medical Doctors on National Youth Service) who are sent in from time to time.
4. 3 cleaners
5. 2 Security Officers (Day and Night)

The PHC in Igbo Efon shows a variation from a majority of the PHCs that were visited by the team in terms of male presence at the clinic. Men are freely utilizing the services of the PHC, a point which was confirmed by the team as three men came into the PHC while we were at the clinic. The first was treated for Malaria with blood pressure check while the others came in to check their blood pressure. The treatment of malaria is free in the PHC, so also are ante natal and immunization. Registration cards are usually free for children while adults usually pay a token. From time to time, the PHC receives assistance from organizations like UNICEF, Chevron and a philanthropist within the community, Chief Atiku, an influential indigene and kin to the incumbent Baale. Two major challenges considered to face the PHC according to the official that was interviewed are what were described as 'underfunding' and understaffing'.

**Stakeholder analysis: Influence-interest matrix.**

<b>Influence</b>	<b>High</b>	<b>Baale (not interviewed)</b> <b>CDA (not interviewed)</b> <b>Central Mosque Committee</b>	<b>Chief Atiku</b> <b>Community Coalition (if working)</b>
	<b>Low</b>		<b>Akwa-Ibom Association</b> <b>Ibo Association</b> <b>Youth Club</b> <b>Hausa Association</b>
		<b>Low</b>	<b>High</b>

**Interest**

## **Stakeholder Analysis - commentary**

For each PHC in the programme we have produced a stakeholder analysis classifying participants according to their level of influence – the vertical axis – and the level of interest – the horizontal axis. Influence is defined as the ability to bring about change and to exercise power. Interest is defined as the extent to which the WHSC's objectives are relevant to this group, and the extent to which they perceive the WHSC as such.

Igbo-Efon community is one of the several wards in Eti-Osa LGA and has a population of around 10,000 according to the Census. It is mostly inhabited by the 'indigenes' of the community as well as settlers from other tribes in the country and neighbouring countries. There is a Baale who is the traditional ruler of the area and other structures like the Community Development Association. The language spoken in the community is Yoruba. With the proximity of the Secretariat to the town of Igbo-Efon, there is a lot of political activity in the community and more so in this era of elections and politics.

The Local Government Chairman was often mentioned as the most important and influential political figure in the community.

During the field visit some important stakeholders could not be reached but were mentioned in the course of interviewing other respondents. The CDA Chairman and the Baale are two such stakeholder that are considered important to be included in the Committee and as such should be contacted before the constitution of the Committee.

The Baale was also mentioned by some of the respondents as an influential stakeholder who could bring about changes both in the community and at the LGA level through his position as the traditional ruler and the meetings at the LGA with other Baales. He could not be interviewed on the first day of field visit because of preparation for the burial ceremony of the wife of the late Baale and when the team met with him two days later as agreed through an appointment made with his brother, he was not willing to grant an interview.

Other stakeholders identified in the community include the Central Mosque Committee, the Community Coalition, the Community Development Association and the Youth Association.

Chief Atiku, an important individual stakeholder, was frequently mentioned and is considered very influential and powerful. He has a lot of financial and political influence as he is the son of the late Baale of the community. Finally, different tribal associations were also mentioned (Ibo, Hausa, Akwa-Ibom).

The Christian Association of Nigeria (CAN) exists at the LGA level and since a representative of the CAN was interviewed at the other ward (Ikota) it was not considered necessary to also interview a member of the association in Igbo-Efon which is in the same LGA.

The Community Coalition in Igbo-Efon is no more operational and the reason given by the member interviewed is that most of the members did not want to be part of it anymore because there were no rewards or compensation for their efforts. The Chairman of the Community Development Association is also the Chairman of the CC in the ward and he could not be reached despite all efforts made to call him ahead of the time to inform him of the exercise and further efforts in this regard during the mapping did not yield any positive results. The membership seemed to be tribal rather than representatives of different other groups.

### **Recommended stakeholders in approximate priority order**

We outline below the stakeholders who we recommend inviting to take part in the WHSC, with a brief description of the organisation and the rationale behind our recommendations. Detailed analysis of each stakeholder can be found in Appendix One.

#### **Imam Alhaji Abdulrasheed Olayimika**

The Igbo Efon Central Mosque is overseen by three Imams. Two of these are 'indigenes' while a third one is from the Igala tribe. Among those who were interviewed was the second Imam in the hierarchy, an indigene of Igbo Efon. He is Alhaji Abdulrasheed Olayimika. The Imam is presently the secretary to the Building Committee of the Central Mosque where he leads. He is quite young, dynamic and appeared to be knowledgeable about those who hold key positions in the community as related in particular to the PHC. One of the functions of the Central mosques according to the Imam is to assist the members of the Faith in knowing their duty to the community. The Imams are powerful personalities and usually work hand in hand with the

community members. Leaders in the Central mosque are picked from the 'indigenes' after the pattern described by the Imam as the one which obtains in the North in which "outsiders" are not allowed to lead prayers or the affairs of the mosque. The first leader in the mosque is therefore an Indigene, the third also an indigene while the third, an outsider from among the Igala settlers is placed in-between the two indigene leaders.

According to the Imam, the mosque has shown interest in health matters in Igbo Efon. He gave the example of the mosquito nets which they helped the clinic to distribute, advising the recipients to make use of this measure against the attack of malaria. Immunization matters are also usually announced through the mosques. He expressed interest in helping to improve the PHC in Igbo Efon and in being a member of the WHSC if invited. It is recommended that Imam Abdurashed Olayinka be invited to represent this religious group on the WHSC in Igbo Efon. This recommendation is based on the fact that the Imam is quite knowledgeable about health matters and has been involved in assisting in distributing mosquito nets to the members of the community.

### **Chief Atiku**

Another stakeholder that was interviewed was Chief **Atiku**, a well-known and dynamic community leader. Chief Atiku was mentioned by 'indigenes' and non 'indigenes' as what may be described as the 'Director of affairs' in the community. Apart from his diverse contributions to the general community, the traditional chief who was claimed to be a nephew to the incumbent Baale was mentioned to have assisted the PHC by providing a Generator for the centre and a pay -as - you - go meter. Chief Atiku was also claimed to have assisted in running the cost of the meter.

When he was interviewed, he mentioned that there are challenges that are facing the PHC at the moment and that the Local Government would need to be more forthcoming concerning the face lift of the centre. He mentioned the issue of the ambulance which he feels should be on physical standby for the purpose of conveying the patients that are referred to the General Hospital to that destination with dispatch. Chief Atiku is affiliated to ACN, the ruling party in Lagos state. Such affiliation should not affect his positive contribution to the WHSC if he is

invited to be a representative of the committee, since he is quite affluent and influential beyond the scope of politics. Based on the acknowledged and continued interest of Chief Atiku in the general progress of the PHC, he is considered to be a potential beneficiary to the WHSC. Although he made known his interest in the continual support of the PHC, he said he might not be available to attend regular meetings. However, he agreed that he could send a representative on the occasions when he may not be able to attend. We therefore recommend the chief or his representative should be invited to join the WHSC.

### **The Akwa Ibom Community Association**

This group is considered by members of other community associations within Igbo Efon as representing a foremost group within Igbo Efon community tribal associations. At the helm of affairs in the association is the leader of the group, a woman, Mrs. Buraino who claimed that the association exists to ensure the well being of the people of Aqua Ibom who are settlers in Igbo Efon. The Association is an essentially female dominated one. There are 69 members in the Association and 51 of these are women. She explained that regular meetings are held by the group once every month during which late coming attracts fines as well as anyone who may flaunt the instruction for members to appear at the meeting in a particular dress style. The issue of uniform dressing among associations of this type is quite common among groups that reside outside of their own cultural setting. It usually lends a sense of togetherness to the people who usually dress as near the way they do at 'home' as possible during meetings and other ceremonies. These, among others are constitutionally backed devices for generating money for the upkeep of the association which in turn enables the group to meet the needs of members who may require one form of assistance or the other. When a member of the group needs to leave the Igbo Efon community for example, a send forth gathering is called in which the individual will be given a certain sum of money from the Association.

Like other ethnic communities in Igbo Efon, the Aqua Ibom Community is connected to the Baale, who has a network of intricately woven relationship with the settler tribes in Igbo Efon. The group is very popular among other settler tribes and appears to be more popular than the Hausa because of the disciplined nature of their ethnic community. According to the leader of

the group, the Baale is informed through the leader of all important events that take place among the Aqua Ibom community. Dues are paid by the various associations where necessary, for the continued upgrading of Igbo Efon. The settler tribes in the community therefore participate indirectly in the rulership structure in Igbo Efon. The leader's capability to successfully follow up on the disciplinary sanctions that are meted out on the members of the Aqua Ibom Community and also to represent her members before the traditional ruler make her well respected and influential in the community and beyond.

The female leader expressed interest in serving as a member of WHSC if invited. The leader is being recommended to serve as a member of the proposed committee in Igbo Efon. This recommendation is mainly based on the fact that she plays such an important role in the community especially through her own ethnic Association. Following this, the leader she is of the female gender and her nomination would thus fulfil one of the requirements for the choosing those who will constitute the member of the WHSC. The leader has also exhibited commendable leadership traits as shown in her ability to represent her group before the Baale in Igbo Efon. It is believed she will be in position to represent her group effectively on the WHSC.

### **Youth Association**

The Igbo-Efon Youth Club is also a powerful group in the community and made of 39 male 'indigenes' of the community above the age of 25 (although this may appear rather old for a youth group, this is their definition of their membership). The group does not currently have any female members, although there are no rules against their joining. We asked why this was, but the interviewee could not explain this. Their activities include ensuring the development of the community like provision of power, water and intervening to get government support for community development. One instance was the construction of the town hall with the assistance of the late Baale. The group used to be part of the Youth Association at the LGA level but had to break away due to internal politics and conflicts of interests. The group is non partisan and members are free to belong to belong to any political party of their choice. The

Chairman of the group is not resident in the ward and so has delegated someone to act in his stead.

### **Ibo Tribal Association**

The Ibo Tribal Association is one of the main tribal associations in the ward. They have over 20 members and meet once a month. The group is made up of all Ibo speaking tribes in Nigeria. There is a constitution that guides the operation of the association and the leadership are elected and have tenure of 3 years before they are changed. They make reports to the Baale and the titled members of the group meet with the LGA Chapter headed by an Eze Ndigbo (Chief of the Ibos) of Eti-Osa LGA. The group is interested in the welfare of its members and all its activities are geared towards this end. They offer assistance to their members who are facing any challenges, like payment of rent, hospital bills or in some police cases and lawsuits.

### **Hausa Association**

The Hausa Community Association is made up of people who hail from all Northern States of Nigeria. The group has over 200 members and the members are mostly petty traders, bike riders, security guards, manual labourers etc. The members could represent the poor as most of the jobs done by the members are low income jobs. The women of this group could be classified as part of the marginalised as they are non literate and have to be accompanied by their husbands to the PHC; they usually lack the ability to express their opinions or views due to cultural restrictions or language barriers. Some are accompanied by their husbands because they are in purdah or may not be able to explain to the medical staff what their issues are. The leadership of the group is by appointment and they meet once a month. There used to be a levy but this was stopped and contributions are made when there is a need for it. The group used to be part of the now non-functional CC. They often call upon either the Baale or Chief Atiku for assistance.

## **Gaps identified and recommended follow up**

At the time of the field visit the whole town was getting ready for the burial ceremony of the wife of the late Baale so a lot of the stakeholders that should have been seen were not available or willing to meet with the team. Nurses were on strike during the exercise and the team only met a Community Health Officer at the PHC and so some important information could not be obtained.

After the first day's visit with little progress, the Baale was not willing to meet the team or to be interviewed. The Chairman of the CDA who is also the Chairman of the CC was not available despite all efforts to reach him; he recommended that the team meet with another member of the CC. When efforts were made to make an appointment with him for the CDA, he was unwilling to co-operate.

Before the constitution of the Stakeholder Committee more efforts should be made to speak to the Baale as the political head of the ward as his support is critical to the success of the group. Another important group is the Community Development Association and they are considered important and influential by some of the respondents. They ought to be included on the Committee and though their Chairman seems less than interested, another member of the group might be invited to participate. It is unclear to us exactly why the CC and CDA were not willing to co-operate in the exercise, and we suggest this should be explored further by the PHC before finalising the make-up of the WHSC.

## 1. Appendix 1 – detailed analysis tables for stakeholders interviewed

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
<b>Ibo Association</b>	Members of this group are from all Ibo speaking parts of the country. There are over 20 members.	The group has influence over its members and can discipline them for wrong doing through fines or expulsion from group.	The group is affiliated to the LGA Chapter and State Chapter.	The members use the services of the PHC but the group has not been involved in any activities of the PHC.	There is a Constitution and leaders are elected after 3 years tenure.	The members are skilled in different areas and have a well defined organisation structure and they could contribute positively to the work of the Committee through mobilisation of members.	High – Interest Medium - influence	This group could be part of the WSCH as they can help mobilise their members and use their links at the LGA and State to bring about certain changes.
<b>Hausa Association</b>	Members are from all the Northern States of Nigeria. Over 200 members.	The group has a loose structure as some of the members of the group could not be definite of whom the leader of the group is. Does not seem to have any type of influence among its members.	Appear not to be affiliated to any groups.	The group was a part of the CC and the members use the services of the PHC.	The leadership are appointed and there is no constitution	The members are mostly lowly paid workers with little or no managerial or administrative skills that could support the work of the WSCH.	High – interest Low - influence	This group does not have to be in the Committee but can be a target for external advocacy particularly their women.  If they are to represent the interest of the marginalised groups they will need capacity building if they are to be members of the committee
<b>Youth Association</b>	Made of about 39 males above 25	Has influence in the community	Not affiliated to other groups	Members and their families use the	The leadership is	It is doubtful the kinds of	Low-interest	It is not necessary that the Youth club be part

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
	years of age who are 'indigenes' of the ward.	as it is recognised and through links with the Baale who usually supervises its activities.	apart from the Baale.	PHC s especially the wives and children, most felt the PHC was set up to cater to the needs of women and children.	through appointment and election for different positions.	skills the members of this group have. They may be able to mobilise their members for activities.	Medium-influence	of the stakeholder committee as they do not appear to have anything to add to the group.
<b>Community Coalition</b>	There used to be 10 members of the CC made up of representatives of from 4 tribal groups. Hausa, Ibo, Yoruba and Calabar. However, the CC is no longer a functioning group.	The group through its link to the State chapter should be influential at the LGA and State level if they were still functioning.	Affiliated to the State chapter.	The group was involved in health matters and engaged in health related activities like mobilising community members for immunisations.	The State chapter is registered with the State government and recognised widely as a group working at the community level on health and education matters.	The group is no longer functional and only one member was identified and the Hausa Leader interviewed mentioned that he was part of a group that was set up to support the PHC but was no longer working. No noticeable skills or capacity.	Medium-interest Medium-influence (potential)	In the present state of the CC, they should not be part of the Committee.
Alhaji Abdulrasheed Olayimika	Second of the three Imams in command of Igbo Efon Central Mosque.	Quite influential as an indigene Imam who is close to members of the Muslim community.	The Imam is not affiliated with any other group.	He expressed interest in joining the WHC, having been involved anti-malarial net use campaigns and the announcement of PHC based immunizations.	He was selected for the post of an indigene Imam by the elders of the Muslim community.	The Imam is capable of being a member of an improvement group in the community. Presently he is a member of the building	High influence and high interest.	The Imam is recommended to be invited on board the WHSC given his track record in the area of health service and expression of interest in the committee.

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
						committee of the Central mosque.		
<b>Chief Atiku</b>	An indigene philanthropist who is nephew to the present Baale and supporter of the PHC.	He is an extremely influential personality who intervenes in diverse matters relating to the welfare of the people in the community. He also has a direct link to the Baale.	Chief Atiku is affiliated to the ACN, the ruling party in Lagos state. However, we do not see any risk associated with this as his support for the PHC is not party political in nature.	The Chief is clearly committed to WHC objectives. He has provided a generator and electric pay-as-you-go meter.	Beyond being rated as a benefactor of the community, Chief Atiku is accepted as member of the ruling clan in the area.	Chief Atiku is identified with the position of an arbiter of peace in Igbo Efon with many people going to him to seek advice. He would have influencing skills and could lobby for resources for the PHC.	High influence - high interest.	Chief Atiku or his chosen representative is recommended to be a member of the WHSC.
<b>Mrs Buraino</b>	The leader of the Akwa Ibom tribal Group	She is a very influential personality who leads an important tribal group that is identified with discipline and solidarity.	The group is not affiliated with any other group or political party.	No specific involvement of the Association with the PHC was claimed beyond the usage of the facility.	Her appointment was through election according to the constitution of the Association.	She is highly skilled in motivating people and negotiating in the interests of the community.	High influence high interest	Mrs Buraino is recommended to serve on the board because of her dynamic and outspoken nature. She will also bring a female perspective to the WHSC.

## **2. Appendix 2 – Contact details for stakeholders**

- **Ibo Tribal Association, Mr. Joseph Ohalekwu - 08033287369**
- **Individual Stakeholder, Chief Rasheed Atiku Abogun – (to be provided by Alaba)**
- **Community Coalition, Mr. Jinaudu - 07038882034**
- **Muslim Leader, Alh. Abdullateef O. Abdulrasheed – 08085806368, 08168952416**
- **Hausa Association Leader, Mal. Abubakar Chare – 08127802446**
- **Community Development Association, Mr. Mushafa Jinaudu – 08035899538 (was not interviewed)**
- **Igbo-Efon Youth Club, Hon. T.I. Olukolu – 08033378453, 0812505690**
- **Akwa-Ibom Tribal Association, Mrs. Julie Peter - 08060470135**

## **Report 4: Ikoshi-Isheri Ward**

### **Community Profile**

Ikosi Isheri is a densely populated peri-urban community in the mainland area of Lagos state (Ikosi-Isheri LCDA). The community hosts a population of 600,000 inhabitants. The original settlers in Ikosi Isheri were the Awori Yoruba 'indigenes'. To date, other Yoruba speaking people from across the south western part of Nigeria as well as some ethnic groups like the Hausa, Igbo, Ilaje among others make up the inhabitants of the area. There are two ruling houses in the town; these are the Taiwo and Kehinde ruling houses respectively. Presently, the people of Ikosi Isheri are under the traditional rulership of the Onikosi of Ikosi, Oba Alamu Oloyede Kehide Onikosi, He holds the title of the Edun Arobadi 1 of Ikosi.

The general community in Ikosi Isheri reflects a vibrant picture of commercial activities, with modern day amenities like water, light, educational institutions (primary, secondary schools) a few of which are of middle class standard. Industries (including second generation banks) modern type buildings and simple rural types that are sometimes built side by side, shops and boutiques with mannequins dressed in fashionable attires, local food sellers and hawkers of various goods as well as modern type cars and commercial buses, commercial motorcycles popularly known as 'Okada' - all combine to give this geographical area an atmosphere of a modern outlook in the midst of a traditional setting. For example, the traditional practice relating to the propitiation of the ancient Yoruba worship of the god of twins (one of the most revered gods in Yoruba land) is still very much a part of the everyday life in Ikosi Isheri. A shrine is dedicated to this purpose, being situated in an open place along the major street that is within close proximity to the palace of the king (Oba) who is the paramount ruler in Ikosi Isheri and also the chairman of the Council of Obas and Baale. Other festivals like Obaoluwaye (cleansing rites), Ogun (god of iron) festival, Egungun are still observed in Ikosi Isheri. The Oba's palace is located quite close (about three minutes' drive) to the seat of the Local Government which also houses the PHC in Ikosi Isheri. There is a very close link between the Oba and the people being ruled, a practice that is sustained by the royal council of the Oba which consists of

the High Chief and the Baales. The king connects to the community through his High Chief and the various Baale (head of the community) who oversee the eight recognized communities in Ikosi Isheri. The Baales are thus the intermediary between the community and the Oba. In particular, the Baales are charged with keeping peace among the communities and keeping the Oba informed of community activities. There are eight of such Baale in Ikosi Isheri and one of these, the Baale of Papa Ikosi Oke was interviewed as one of the stakeholders in the community, being very popular and residing in very close proximity to the Oba's palace. The content of his response will be related at the appropriate section of this draft report. The Baales are linked to the Local Government through the Lagos State Ministry of Local Government and Chieftaincy Affairs.

The political set up in Ikosi Isheri records a link between the traditional rulers in the area and the Lagos State Ministry of Chieftaincy Affairs. The Community Development Association (CDA) also plays a linkage role between the Local Government and the members of the community. For example where the community experienced problems with the transformer in some areas at various times, the representative of the area at the Lagos State House of Assembly was consulted and the fault rectified. The case was also mentioned concerning a flood incident that affected Ikosi Isheri. The affected area was made to be more habitable for the people through the building of foot path in form of make shift foot bridge. The area was said to have benefited from Local Government intervention in the development of the area through the construction of roads, provision of transformer and the mounting of bore hole water some streets within Ikosi Isheri.

### **The PHC**

The PHC in Ikosi Isheri is very much a flourishing health centre in terms of patient utilization of the services provided by the centre. In the General out Patient (GOP) section, the centre services about 800 patients every month. Attendance at this section cuts across age and gender. The PHC was equated to a general hospital by the member of the medical staff that was interviewed. The services run at the health centre are mainly Ante Natal, immunization, health talks and General out patient. The centre runs a 24 hour ante-natal service. No registration fee

is paid for clinic card but a token sum of N20.00 (twenty Naira) is paid by the ante natal patients for a personal exercise book which is used for registration and in monitoring the attendance records of the patients. The State Ministry of health supplies free bed nets to pregnant women through the maternity section of the PHC. SP, the ante malarial drug is given free in the treatment of malaria. Delivery packs are presently supplied by the Local Government. However, the patients have the option of buying the disposable underlay for child delivery and this costs N700.00 ( seven hundred Naira). Routine drugs for ante natal patients (Folic acid, blood tablets, Vitamin B Complex etc) are free. The PHC was, however, pressed for space as a result of the large numbers of patients. This issue of space formed a major area of complaint across the board during the period of our visit to the centre. For example, it has made it difficult to have a store that will service the section. The staff strength at the PHC is 38, and is made up of members of staff as reflected below:

- 13 Nurses and Midwives
- 5 CHOs
- 18 CHEWS
- 1 Pharmacist
- 1 Technician

The centre operates a drug revolving system of procuring drug for the centre. The money made from the sale of drug is paid into the Local Government account although a part of the challenges claimed by the members of the medical team at the PHC is that the process of getting money from the account is quite slow. A situation in which a separate account can be run by the PHC is presently being suggested by the medical team in the PHC. It is believed that since procurement of drugs is once every month, and there is usually about a week during which the PHC runs out of stock of some drugs, a separate account will fill in this gap in drug supply since arrangements will be made from the PHC to get these drugs. There were no major complaints about light and water situation at the clinic. It was also claimed that there is an ultimate problem of staff shortage, an issue that greatly affects the pace of attending to the large population of patients at the clinic. Material and human resources, coupled with the slowness of the process involved in the drug procurement therefore combine to reflect the

major areas of challenges that presently beset the PHC in Ikosi Isheri. The antenatal section of the PHC presently records 50 deliveries every month. This again attests to the teeming population at the centre. Patients do not pay for delivery but are advised to start their personal preparations early by getting their babies things and packing same in a bag which should be properly locked and tagged for easy identification and brought to the clinic. By so doing, antenatal patients can just walk into the PHC whenever they fall into labour without trying to rush home first. Usually, referrals are made in cases where patients require medical attention beyond the capabilities of the PHC. Such cases are referred to Gbagada General Hospital or Ikeja General Hospital. There is a 24 hour stand by A 5 minutes of Ambulance route which is about 5 kilometres from the Ikosi Isheri PHC to the hospital to which the patient may be referred.

### Stakeholder analysis: Influence-interest matrix.

High	<p><b>Community Development Association</b></p> <p><b>Christian Association of Nigeria</b></p> <p><b>Political Leader(PDP)</b></p> <p><b>Baale</b></p>	<p><b>Community Coalition</b></p> <p><b>Woman Political Leader(ACN)</b></p> <p><b>Market Association Leader</b></p>
Influence	<p><b>Council of Chief Imams &amp; Alfas</b></p> <p><b>Youth Group</b></p>	<p><b>TBA</b></p>
Low		
	Low	High

**Interest**

## **Stakeholder Analysis - commentary**

For each PHC in the programme we have produced a stakeholder analysis classifying participants according to their level of influence – the vertical axis – and the level of interest – the horizontal axis. Influence is defined as the ability to bring about change and to exercise power. Interest is defined as the extent to which the WHSC's objectives are relevant to this group, and the extent to which they perceive the WHSC as such.

Ikosi-Isheri is the Local Council Development Area created from Kosofe LGA and is among the 37 LCDAs created by the Lagos State Government and as yet unrecognised by the Federal Government. Ikosi-Isheri is the only LCDA from Kosofe LGA and in terms of funding from the Federal Government has to share with Kosofe LGA as is done in other LGAs in the State. The State government created the LCDAs and recognises them. The LCDA is known as Ikosi-Isheri while the ward is known as Ikosi ward where the PHC is located.

In this community, there is a close relationship with the Chairman of the LCDA and he was often mentioned as the most important and powerful player in the local political economy. Most of the persons interviewed had experienced personal dealings with him in one way or another. He is mentioned as the one who had the influence to bring about changes when contacted for support. In some matters, particularly funding issues, Kosofe LGA Council Secretariat was still the Official authority.

The Community Development Associations and the CDC, the Community Coalition, the Political Leaders and the Baale and Oba (the traditional rulers of the Ward) are considered as powerful and influential at the community and LGA or State level. The Baale and Oba are influential in terms of political connections and ability to influence changes. They are also the political heads of the community and represent the interest of the entire community. In this community, the Oba is more powerful than the Baale. The Community Development Committee operates at the LCDA level and is powerful in terms of political influence and financial power. The Community Coalition operates at the LCDA and consists of leaders and representatives of different groups like market associations, political groups, tribal and other trade associations.

The Oba is influential politically as he has links with the government at the LGA and State level and the Baale reports to the Oba.

There were over 30 Community Development Associations in Ikosi-Isheri LCDA and not all were functional, only about 23 were operational; for this reason it was better to speak with the CDC which was the umbrella body coordinating the activities of the entire CDAs at the LCDA. The CDA representing Ikosi Ward where the PHC is located oversees 6 other wards and so it was best to interview the CDC as there was no one CDC overseeing just the 6 wards under which the ward where the PHC is located. The CDC is made of 3 members from each CDA, the Chairman, Secretary and Treasurer. The CDC sits in the LCDA Secretariat and has direct links to the LCDA Chairman and is considered very powerful. The CDC Vice Chairman was included in the mapping exercise in this capacity, and also as Political Leader for the Action Congress of Nigeria, political party.

The Community Coalition was also considered very powerful as its members are representatives of almost every group in the area. The Chairman of the CC is widely recognised and wields a lot of influence at the LCDA and at the LGA level at Kosofe. The CC has been responsible for carrying out a number of development activities in the community for instance they did a campaign that led to the stopping of child exploitation. Children were being used for child labour rather than sending them to school. Most of the contacts for stakeholders interviewed were provided by the CC Chairman and a number of them are CC members like the Market Association, Woman Leader and Political Leader.

The market association is also quite influential as it belongs to the State branch which is closely linked to the National body in Lagos State.

There is a strong presence of political groups in the area especially at this time of elections and politics and more so as the area is close to the LCDA Secretariat.

This Ward is different from the others mapped as this is the headquarters of the Local Council Development Authority and so most structures were representing the LCDA rather than a single ward.

The TBA that was interviewed is a member of the LGHA for Ikosi-Isheri LCDA and had attended the 3 day orientation for all Local Government Health Authorities (LGHA) members. The LGHA is the supervising body over the Ward Health Committee which the wider Stakeholder Committee is to be a part of when constituted. The members of the LGHA were given orientation for 3 days to help them understand their roles and responsibilities and part of their first duties is setting up of the Ward Health Committees. PATHS2 and the Primary Health Care Board supported this training.

### **Recommended stakeholders**

We outline below the stakeholders who we recommend inviting to take part in the WHSC, with a brief description of the organisation and the rationale behind our recommendations. Detailed analysis of each stakeholder can be found in Appendix One.

- 1. Community Coalition (CC)** – The CC in Ikosi-Isheri LCDA is made of two groups working on Education and Health. They have 45 members representing community based structures like market association, caretaker association, community leaders, trade associations etc. They carry out advocacy visits to political leaders and other authorities. They effectively campaigned against child exploitation in the area and do monitoring and evaluation to assess impact of their activities. They are always involved in immunisation campaigns. They are registered at the LGA and at the State level and are run by elected officials whose tenure change every 3 years according to the group's constitution. The members are usually invited to attend health training programmes. The group frequently had to request for funds from the LCDA Chairman and community members if they wanted to carry out any development projects. Lately, however, they feel their influence has waned as the LCDA Chairman is thought to have different priorities from the CC. Meetings are held fortnightly to discuss the progress of the group and pass information to members and receive reports and at these meetings members pay N50 levy. The levies are for running the affairs of the group.
- 2. Community Development Committee (CDC)** – The CDC is the coordinating body of all CDAs in the Ikosi-Isheri LCDA comprising over 23 active CDAs. CDC members are

inhabitants of the area including landlords and tenants. They generate money through levies of members and they use the funds to carry out community development activities. The leadership are changed after 2 years through election and this is all provided for in the constitution. The group has a State Advisory Committee that it reports to. The members belong to different political parties and the group does not support any specific party. The group is very influential and has a record of being able to mobilise funds and do advocacy at the LGA, State House of Assembly and the State Government. They have an office in the LCDA Secretariat.

- 3. Market Association:** – The leader of the Market Association that was interviewed is a member of the CC and on the health committee of the CC. She represents one of the market associations in the market in the Ikosi-Isheri Council. There are several other market associations in the same market and the group chosen is representative of a large proportion of traders in the market. The group has over 500 registered members and meet every Monday by 4.00pm. The group wields considerable influence through its links with the State chapter and the Chairperson who is powerful and recognised at the national level. The group executive is chosen by election following the national constitution of the association. The Market Leader is chosen through appointment by the outgoing leader and the position is usually for life. The group's executive meet with the State Market Leader once every week where they give reports and receive information to be passed to their local chapters. The group is non- partisan and members are free to belong to any political party of their choice.
- 4. Women Political Leader:** - The person interviewed is a member of the CC representing the Action Congress of Nigeria, Women's wing. She is very influential in the community and has some political connections at the State level. She is also the Assistant Secretary of one of the CDAs in the Ikosi-Isheri LCDA, the Secretary Parents' Forum of Isheri Senior Grammar School and member of the Patriotic Christian Leaders Forum, an association that caters to the welfare of Christians in politics. There are about 50 members of the Women's group and they mobilise women for campaigns and rallies. The group evolved

from a strictly women's group that was established to address the needs of women. The group holds elections to get its leaders but there is no constitution guiding its operations. The lady that was interviewed is a playwright and musician and has written and released songs promoting the immediate past governor of Lagos State and is working on one for the current governor. We thought we should include this individual as representing a different political party from the other stakeholder interviewed representing the other dominant political party, and we do not see any particular risks associated with inviting this individual.

5. **CAN (Christian Association of Nigeria)** to the Local Government stood out as a potential person to be invited to join the WHSC. Coming from a background where executives within the organization he represents are chosen by election every four years the CAN representative is already a link between the Local Government and the people in Ikosi Isheri. According to the representative, there are 40 functional churches in Ikosi Isheri, an indication that the Christian group has a wide links into the Christian community. The CAN representative is being recommended to be involved in the WHSC because his group has a wide reach.
  
6. **Chief Lateef Babatubde Taiwo**, the Baale of Papa Ikosi Oke, Ikosi Isheri. He is quite influential among his people and his role as Baale is to ensure that the community is taken care of, on behalf of the king. According to him, the PHC in Ikosi Isheri is generally perceived as being very good, serving the people as best as it can. He lamented however that there is staff shortage to cater for the teeming crowd at the clinic. He expressed willingness to be a member of the WHSC, adding that a representative should also be drawn from the Power Holding Corporation of Nigeria within Ikosi Isheri. The Baale is very well connected to the various groups in the community. His participation as member of the WHSC is therefore strongly recommended particularly as he will represent the traditional aspect of the community and link the PHC to the Oba Onikosi of Ikosi

7. The Chairman Council of Chief Imams and Alfas in Ikosi Isheri, **Alhaji Abdulkareem Balogun** described the purpose of the group he chairs as being to oversee the affairs of the Muslim community in Ikosi Isheri. However, this supervisory role sometimes cuts across the interest of the entire community. The Council of Chief Imams and Alfas have intervened in the case in which an overhead bridge in the community was being mal-used by some people. The case was taken up by the representatives of the Council of Chief Imams who went straight to report the matter to the appropriate quarters at the Lagos State House of Assembly, since there was an unresolved issue with the Chairman of the Local Government at the time. The Chairman considered that he or any member of the Council of Imams and Alfas in Ikosi Isheri that may be asked to join the WHSC would be willing to support the objectives of the WHSC. The group's representative is recommended for participation in the committee.
  
8. **Alhaji R.O Shodeinde, the Traditional Birth Attendant** that was interviewed in Ikosi Isheri was a male professional in this traditional medical field. With about fifty years of experience on the job, the TBA is well known in Ikosi Isheri. As an individual, he claimed the use of the PHC alongside members of his family. He also claimed that he advises his neighbours to utilize the facility, having been invited by the PHC at Ikosi Isheri for health talks. Since it is mandatory for a TBA to be represented on the committee, his experience from the training which he claimed he received from the Lagos State Ministry of Health will further enhance the cause of the WHSC.

*Other stakeholders*

9. A **member of ACN**, the ruling party in Lagos, **Honourable A.A. Omowanle** was interviewed as the secretary for the Elder/Leader's Forum of Ikosi Isheri. Activities of this group are guided by the constitution of the party. There are about 57 members and 8 Executives in the group and executives are chosen by election, using the constitution

of the party. The group is answerable to the State chapter. Although the democratic pattern of running the group suggests a positive platform from which this member of the executive could support the WHSC if invited to join the committee, the mission of the group is essentially to settle disputes that may arise among members of the party in Ikosi Isheri. Also, the group has no track record of health related activities. A cautionary note may need to be observed here as the involvement of a political party may raise controversial issues among the members of the committee, especially in the light of the recent political situation in Nigeria. The respondent is therefore at least in initial stages, not recommended for invitation into the WHSC

**10.** Another political party member of the most popular party in Nigeria, PDP was interviewed. The group represented by him is known as the **Lagos Solidarity Forum (LSF)**. It is a political association under PDP and a community group that represents the interests of the people to get them through to operating at the various arms of government. It raises counsellor, chairmen and governors and was indeed the group that formed the PDP party itself. The group consists of men and women, old and young. Officers within the group are elected through the process of candidates being drawn from the two constituencies within the Local government. As with the case of ACN, caution has to be taken regarding the involvement of the representatives of this political group in the WHSC in order that politics does not cause a side issue among the members of the committee who may be affiliated with other political parties in the country. The respondent or any representative from his group is not recommended for invitation into the WHSC, at least in the initial stages.

### **Gaps identified and recommended follow up**

Ikosi ward is where the Ikosi-Isheri LCDA headquarters is located and as such there are few Ward level community based groups as found in some other communities. Most of the structures operate at the LCDA level. Some of the groups are not based in the ward where the PHC is located. During the selection process for the stakeholders to be interviewed, we had to

ensure that only those who at least represent the LCDA as a whole rather than a just a ward outside of where the PHC is located.

We did not really see any groups representing just Ikosi ward where the PHC is located, though we found others based in other wards. We suggest that since Ikosi is the location where the LCDA Secretariat is located, most of the structures there are LCDA level rather than ward level.

## Appendix 1 – detailed analysis tables for stakeholders interviewed

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
<b>CDC</b>	Made up of 3 representatives each of the over 30 CDAs in the LCDA. Comprises of all inhabitants, landlords and tenants.	Have a lot of influence at the LCDA, LGA and State level. Members have personal political connections at all these levels.	Affiliated to the CDC Advisory Committee at the Governor's office.	The individual CDAs have been involved in health related projects and the individual stakeholder interviewed is the Chairman of the PHC Committee in his ward, Maidan.	The CDC has a constitution and elects leaders after 2 years tenure in office.	Most of the members are experienced in Committee work.	High – influence	This group should be on the Stakeholder committee. They have the skills to support the committee and they can be useful in mobilising and carrying out advocacy to relevant authorities.
<b>Community Coalition</b>	The Community Coalition is a group that was set up USAID under COMPASS. They are a community based structure working on health and education. In Ikosi-Isheri LDCA the group was found to be very active. Have representatives of about 45 community based groups.	The CC is very influential at the LCDA and at the LGA as the Chairman for the area controls the Kosofe LGA.	The group is affiliated to the State Chapter of the organisation	This group is committed to the objectives of the WHC. There is an arm of the group is dedicated to health matters and they hold meetings with the PHC staff and help to do mobilisation of the community for health activities and campaigns..	The State Chapter has a Chairman and each LGA has a number of Chairmen and Secretaries who supervise a number of communities consisting of several wards. The CC is registered and recognised at both the LGA and State.	The members have been trained and have the necessary skills to perform as part of the stakeholders committee.	High-influence High - interest	This group should certainly be in the committee, they will contribute to the work with their experience and skills
<b>Market Association</b>	Members are traders in the market. There are	The group has a lot of influence through its links	Affiliated to the State chapter	The Market leader is on the health committee of the	The group has a national constitution	The leader appears to have the skills to be	Medium - interest High-	The leader should be in the stakeholder

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
	over 500 members.	with the State chapter of the association		CC and has been personally involved in promoting the delivery of health care in the community. By virtue of her position she has mobilised and kept her members informed on health matters	which they abide by and all leadership positions are by elections except for the Chairman which is by appointment and is a position for life.	effective in the stakeholders committee. She is also a member of the CC and is part of the Health group in the CC and is involved in mobilisation activities for her association and the CC	influence	committee
<b>Women Political Leader</b>	Women political group supporting the ACN, a political party with about 50 members.	A powerful and influential group in the LCDA, LGA and the State.	Affiliated to the LGA and State chapters	The leader as a member of the health group in the CC has been involved in health campaigns	The group is widely recognised and coordinates the affairs of women of the party.	Members of group have mobilisation and organisation skills	High – influence Medium - interest	This group should be represented in the committee
<b>Youth Association</b>	About 100 youths, ‘indigenes’ of the community and under 40 years of age.	Could be a powerful group through links with the Oba.	Affiliated to the Action Congress of Nigeria, a political party	No history of or apparent interest in the objectives of the PHC	Has no constitution guiding its operation. Has no identifiable structure	Do not have the skills to contribute to the committee	Low – interest Medium - influence	We do not recommend the inclusion of the Youth Association. The leader interviewed appeared not interested in being a part of any group. He gave the impression that his group had no structure or organised in any way and members

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
								could only be reached through him and he alone had their details.
<b>Pastor Aiyedogbon</b>	He is the representative of the Christian Association of Nigeria (CAN) to the Local Government in Ikosi Isheri	He is influential among the Christian community in Ikosi Isheri as he represents about 40 functional churches where he regularly meets with executives in those churches.	As its name suggests, the Christian Association of Nigeria is an essentially Christian Forum that oversees the affairs of Christian churches. There is no affiliation beyond this to any other groups.	There is presently no track record of commitment to WHC objectives by this group. However, it holds the potential of playing well on the platform of linking the Christian community in Ikosi Isheri with the interests of the WHC.	Executives within this association are elected every four years from the overall representation of the churches consisted within it.	CAN has the capacity to negotiate the cases relating to any of its member churches within the Ikosi Isheri Local Government at the Local Government level	High influence high interest	The representative of CAN is recommended for invitation to the WHSC because of the association's Capacity to link the churches within its reach with the objectives of the WHC ,
Chief Lateef Babatubde Taiwo	He is a Baale in Ikosi Isheri	Very well connected and influential in the community.	The Baale is not affiliated to any group or political party	The Baale said he was committed to the PHC and confident in the quality of its services. He also expressed concern that the facility is rather small for the size of patients it services	The Baale's position is endorsed by the Local Government through the Lagos State Ministry of Local Government and Chieftaincy Affairs.	The Baale has counselling skills and is an acknowledged mediator among his people.	High influence high interest	The Baale is recommended to join the WHSC in Ikosi Isheri since he is closely linked to the Oba.
Alhaji	Chairman Council	Leader of the	The group headed	The group is	The group is	The leader has	High	The Leader is

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
Abdulkareem Balogun	of Chief Imams and Alfas	highest ranking Islamic group in the community.	by the Muslim leader is not affiliated to any group or political party.	committed to the general well being of the members among which health is considered a priority.	the highest form of authority for any Islamic association and so it has wide acceptance among the people.	counselling skills that can be brought on board the WHSC if invited to join.	influence, high interest	recommended for invitation into the WHSC because of the important position the group has in reaching out to the Muslim community and their link to the government authority.
Alhaji R.O Shodeinde,	Traditional Birth Attendant	Quite influential around Ikosi Isheri.	He is not affiliated to any political group	The TBA has been invited by the PHC at Ikosi Isheri for health talks.on a number of times.	The TBA has the confidence of a lot of people in Ikosi Isheri.	Alhaji Shodeinde claimed he had received some training from the Lagos state Ministry of Health.	High influence high interest	Apart from the point that it is mandatory to include a TBA on the WHSC, Alhaji Shodeinde has experience from the training he received from the Lagos state Ministry of Health.
Hon. Taiwo Balogun	Leader, Lagos Solidarity Forum (LSF), a representative forum of the People's Democratic Party (PDP) in Nigeria	At the leadership level, the head of this group is influential among his political party members in Ikosi Isheri	The group is affiliated to the People's Democratic Party (PDP) party in Nigeria.	Beyond its claim to have a health professional from the Nigerian Red Cross as a member of the Forum, the group does not have any track records that suggest their commitment to WHC objectives.	The Solidarity Forum is sanctioned among the PDP membership terrain as the 'king makers' of the party in Lagos state.	The group is capable of influencing the party members within the PDP political party setting.	Medium influence high interest	The group is not recommended to be invited on the WHSC mainly because of the risk that its representation may pose to the intention of the WHSC, since there are various other political parties in Lagos state that are not likely to be

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
								invited.
Hon. A.A. Omowanle	Secretary, Elders'/Leaders' Forum of the Action Congress of Nigeria (ACN) in Ikosi Isheri.	The leader is quite influential among the members of the ACN political party (ACN) in Ikosi Isheri.	The group is solely affiliated to the Action Congress of Nigeria, both at the state and National level. ACN party in Nigeria.	The group did not claim any related record of health commitment that may bear any relevance to the objectives of the WHC.	The group is accepted as an offshoot of the ruling party in Ikosi Isheri.	Being a representative of the ruling party in Lagos state, the group may have relatively easy access to those who occupy positions both at the Local Government and state levels.	Medium influence high interest.	Not recommended because of the risk that their presence on the committee may pose to the people from within the other parties in Ikosi Isheri.

### Other stakeholders mentioned during fieldwork

Some ethnic associations were mentioned as important stakeholders but due to time constraints necessary contacts could not be obtained though it was gathered that these groups are mostly at the LCDA level rather than at the ward. One of the very prominent ones mentioned is the Ilaje Community which is one of the indigenous tribes in Lagos and other neighbouring States.

The National Road Transport Workers Union was also mentioned as a possible group to include in the stakeholder committee. The name and phone number of the Chairman of the Union was obtained; he was out of the country at the time. Efforts were made to get in touch with him but this was unsuccessful. A careful assessment will be made during the inception visit.

### **3. Appendix 2 – Contact details for stakeholders**

- **Baale, Chief Lateef Babatunde Taiwo - 08068272895**
- **Women Political Leader, Princess Salaudeen – 07072030289, 08032288388**
- **Community Coalition, Otunba Bayo Adeyemi – 07042677041**
- **Muslim Leader, Alh. Abdulkareem Usman Balogun – 08033672559**
- **Market Association Leader, Mrs. M.O.A Atoyebi-Adesanya – 08023842107**
- **Community Development Committee, Hon. A.A. Omowanle – 08034749381**
- **Christian Association of Nigeria, Mr. Aiyedogbon– 08033798630**
- **Political Leader (ACN)Hon. A.A. Omowanle, – 08034749381**
- **Youth Group, Prince Jamiu Taiwo - 08033026146**
- **Political Leader (PDP) – Hon Taiwo Balogun - 08020309858**
- **Traditional Birth Attendant, Chief Onitiri Shodeinde – 08023785186, 07063100057**
- **National Union of Road Transport Workers, Chief Sunday Ogundipe - 08038467662**

## **Report 5: Ikota Ward**

### **Community Profile**

Located within the geographical enclave of Eti Osa Local Government in Victoria Island, the inhabitants of Ikota are characterized by a remarkable mix of socio-economic classification which ranges from the very rich to the very poor. It is mainly a residential area with an estimated population of 150, 000 (Information given by the Baale of Ikota). The area is largely under the traditional jurisdiction of the Baale of Ikota town who is the traditional ruler over the three locations that make up this geographical area – Ikota village, Ikota Estate and Ikota Villa. However, the mapping exercise that was carried out in Ikota covered only two of the three locations namely Ikota Estate and Ikota village, the latter being increasingly called Ikota town, notably by the ‘indigenes’ within the area. Ikota Estate is also known as ‘Government Estate’ since the initial settlers in the area were the erstwhile inhabitants of Maroko in Victoria Island who were relocated by the government to this new place of settlement - as a result of reconstruction and re-allocation.

Ikota Estate is densely populated and presently has no pipe born water but has to rely on wells or rain water. Electricity supply in the estate is not regular and there are no industries. No public schools exist in the estate although there are private nursery and private schools around it. Indeed, Ikota Estate presents a typical example of a rural setting that is placed within a thriving urban environment since it is closely located to the Victoria Garden City (VGC), a high status residential estate which is situated between the Ikota Estate and Ikota Village. Ikota shopping centre, which is more like a commercial extension of VGC is also quite close to the estate. Ikota Estate lacks to a great extent, the basic outlook and infrastructure that typifies the Victoria Island environment which houses the Eti Osa Local Government within which the estate is located. The roads are rough and garbage disposal is not adequately attended to, with the streets being littered with refuse amidst pools of water during rainy periods. Sellers of plantain and other edible and non-edible stuff are seen hawking their good especially in the

evenings. Open mechanic shops are seen around the estate with cars undergoing or awaiting repairs covering the open spaces within the estate. There are churches and mosques as well as diverse shops and small business outlets including local food sellers all around the area. Ikota Estate is the seat of the PHC which is accessible to both the residents in the estate as well as those in Ikota Village.

The general structure of Ikota Village presents a more modern rural settlement area which contains both 'indigenes' and non 'indigenes', including expatriates, a far cry from the neighbouring Ikota Estate. The roads in Ikota Village are relatively clean, well graded and demarcated. The village is the seat of the Baale who oversees the affairs of the village and Ikota Estate. The two areas were explained as having cordial relationship and the Baale is called upon from time to time to intervene in matters that may be a source of disturbance to the people in Ikota Estate. There is pipe born water in Ikota Village which was originally donated to the village as far back as 1992 by Chevron. This has been networked around the village although most of the 'indigenes' have wells and boreholes to back up the water supply.

Members of the community are involved in fishing and this could be seen in a close by lagoon with the fisher people either landing or going across the lagoon on their fishing business. The Lagoon also provides the community with alternative transport routes apart from the Okada (motor cycle) transportation in the area. Trading is also rife among the people with shops and small businesses being obvious around the village. Some of the inhabitants are employed with the Local Government and other industries around Ikota. There is only one public primary school in Ikota Village although there are other private nursery, secondary schools as well as an Islamic school in the place.

It is interesting to note that, in addition to visiting the PHC at Ikota Estate, we were taken to a clinic that serves the Ikota Village community in what may be described as an improved format both in structure and services to the PHCs that have been visited during the entire mapping exercise. The clinic, known as the Family Care Medical Centre, Ikota was built by Family care, an NGO in the year 2006. The clinic is categorized into a three-user segment in terms of service. The poor, old and those in need make up the first category, the not- so- poor in the community

who are 'indigenes' make up the second category while the better off like those outsiders who can afford to ride private cars make up the third category. Those in the first category do not pay at all while those in the other two categories pay a token relative to their socio-economic status. The clinic carries out virtually all the functions of a hospital, with delivery and surgery being a regular part of their services. The dressing rooms, observation rooms and admission rooms are quite neat and comfortable looking. The drugs in the medical centre are bought from Drug Reps and other Medical Reps. Presently, the centre is working closely with Exxon Mobil on a Malaria project. The presence of the medical centre in Ikota Village meant that residents were less likely to use the PHC at Ikota Estate.

### **The PHC**

The PHC in Ikota is located in the Ikota Estate and it is accessible to the residents in this Estate as well as those in the Ikota Village. However, the presence of a medical centre in Ikota Village has greatly reduced the utilization of the PHC services by the inhabitants of Ikota Village. This leaves the PHC to be largely patronized by the residents of Ikota Estate. Presently, there are two buildings in the PHC compound. There is a main building and a smaller back building. The main building was claimed to have been allocated for the PHC but is presently not available for this purpose. This is because it is stocked with a large consignment of Mosquito nets which the officials explained was being kept there for security, claiming that they do not know when these will be removed and the place made fully available for PHC purposes. The back building being presently used is quite tight with little space to attend to patients. The front space of the main building has benches that serve as a waiting venue for those who require attention at the clinic. Some other Parastatal in Lagos State also have a room allocated to them at the already small building being used by the PHC at the back building, making the space even more inadequate for use by the PHC officials. Drugs are procured through the Drug Revolving Fund scheme. The PHC officials also mentioned that Rotary International donate drugs to the PHC from time to time. Based on this information, we tried to interview a member of the Rotary International group but all efforts proved abortive. For the moment, delivery is not taken at the Health Centre but delivery cases are referred to Ajah. This is done through the Ambulance connection

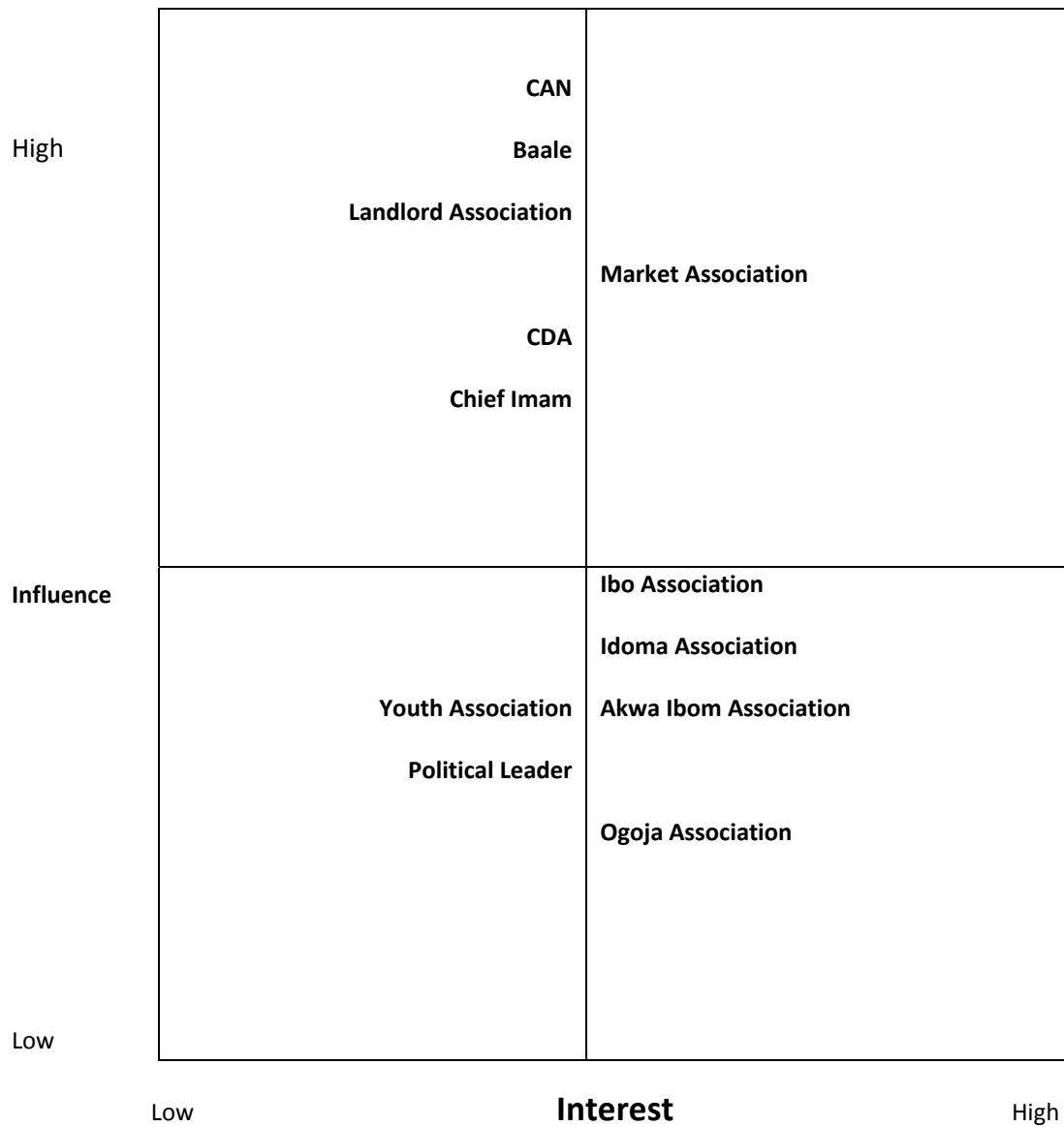
service that is specifically assigned for that purpose. There is no pipe born water in the clinic and so water supply at the PHC is through a well that is built for that purpose.

The staff structure at the PHC is as follows:

1. 5 Nurses
2. 1 Community Health Officer (CHO)
3. 1 Community Health Extension Officer (CHEW)
4. 1 Pharmacist
5. 1 Medical Officer (on part time but supported by NYSC Doctor)
6. 3 Cleaners
7. 2 Security officers (Day and Night)

A major challenge that was claimed by the officials of the clinic as facing the PHC is the irregular supply of electricity. A generator was donated to the centre by one of the patients at the centre and this is what has been helping with generating electricity at the PHC. Patients who consult the Health centre are largely drawn from the Ikota estate settlers like the Yoruba, Aqua Ibom, Igbo, Hausa and Ogoja and others.

### Stakeholder analysis: Influence-interest matrix.



## **Stakeholder Analysis – commentary**

For each PHC in the programme we have produced a stakeholder analysis classifying participants according to their level of influence – the vertical axis – and the level of interest – the horizontal axis. Influence is defined as the ability to bring about change and to exercise power. Interest is defined as the extent to which the WHSC's objectives are relevant to this group, and the extent to which they perceive the WHSC as such.

Interestingly, in Ikota Ward only the tribal associations and the mosque mentioned that their members use the services of the PHC. We got the impression that many local residents had a poor image of the PHC as a result of the poor quality premises in which it was housed, and therefore preferred to use alternative health services. Also, many of the residents were not local people and believed they might be moved on the Government at any time. Therefore there was little feeling of commitment to the local area, and a consequent low sense of commitment to local facilities such as the PHC. This accounts for the generally low level of involvement and interest in the affairs of the PHC.

The Landlords association and the CDA of the Estate were the two groups mentioned as influential in the community. Most of the respondents hardly mentioned the LGA Chairman as a symbol of power and influence. The issues that most of the inhabitants have are to do with power supply, drainage, roads and other community development issues. The landlords association referred to the LGA Chairman as an influential authority to which it reports to when necessary but generally considered by most as not supportive enough. The Landlords and CDA associations are mostly concerned with community development in terms of drainage, power supply, water, building etc. Due to the nature of the area, there have been rumours for years that the government may come any day and send them away from the land or relocate the residents to a different place. Most of the houses in the estate are not well constructed, there is little or no drainage system and some houses are ramshackle (made of bamboo or raffia). The two associations have been trying to work with the government to get them to develop the area with little success.

The Christian Association of Nigeria (CAN) is based at the LGA level and not a community structure. During the interviews with some of the stakeholders, the CAN was mentioned as a group representing Christians. The group appears influential in the LGA as the government recognises and consults it. With their links with the State chapter of the Association they can support the work of the committee at the PHC. They have influence over their member churches; they can discipline churches or make them stop operations if they contravene some rule of the group. They are able to help their members get necessary support from the government.

The Market Association is also one of the important groups in the community. The group is made up of traders who own stalls/shops at the local market within the estate. The group has a State chapter to which it reports. The members of the group were the only groups apart from the tribal association who reported that they use the services of the PHC. The group attend to the needs of their members that are brought to the notice, in some cases financial problems.

The Moslem community has an Imam who belongs to the Council of Alfas and Imams at the LGA level. He is the Imam in charge of the Central Mosque within the estate. He wields considerable influence among the Moslem community in the estate. The group does not have much dealing with the PHC except that its services are used by their families for antenatal care and immunisations.

The tribal associations are considered very powerful by their members and the groups wield influence over their members. The associations are usually formed to cater to the welfare needs of their members. They are usually a source of support for members facing challenges and the groups offer financial and other aid to their members.

It is important to note that in this community, the PHC is not well utilised, consequently interest is generally low. Some organisations, such as the CC will likely significantly increase interest with some limited investment in service delivery.

## Recommended stakeholders

We outline below the stakeholders who we recommend inviting to take part in the WHSC, with a brief description of the organisation and the rationale behind our recommendations. Detailed analysis of each stakeholder can be found in Appendix One.

- 1. Christian Association of Nigeria (CAN):** - The Christian Association of Nigeria, Eti-Osa LGA Chapter is a branch of the State Chapter and also exists at the national level. There are over 200 churches which form the association in the local government area. It consists of 5 groups made up of the Roman Catholic Church, Christian Council of Nigeria (Anglican), Organisation of African Instituted Churches (white garment churches), TEKAN/ ECWA Churches (churches from northern Nigeria and PFN/CPFN (Prophetic churches-tongue speaking). Membership and leadership is drawn from the 5 groups. The group is recognised by the government as the Christian association representing all Christian groups. There is a Constitution guiding the operation of the association, election is held every 4 years to choose leaders. The chapter reports to the State branch and is recognised by the LGA. The group is invited to attend LGA Budget processes. Some of the activities the group partakes in include prayer conferences and conduct prayer for government and elected officials and some of these government officials are invited to attend these events. It has power to discipline its erring members by either expelling them from the association or sealing their churches and it has the support of the government in doing this. It has women and youth wings. The individual interviewed is the General Secretary of the Association and he stated he was willing to be on the committee to represent the CAN. They are the only group with a solid structure with close links with the LGA Chairman and can use its influence to get support for the PHC from the government.
- 2. Market Association:** - The Ikota market association is made of 80 members who are traders in the market within the Ikota estate. They hold meetings on Thursday and during such meetings they discuss how to improve the business. Elections are conducted to choose leaders except for the position of the Chairperson which is by

appointment by the last one and the appointment is always endorsed by the others. The group reports to the State Chapter of the association. The leader stated that the members of the group use the services of the PHC and will be willing to help ensure that there is an improvement in the services. The female Market leader was the person interviewed and is recommended to be included on the committee.

- 3. Landlord's Association:** - The Landlord's association is a group consisting of over 50 persons representing tenants and landlords in the estate. The group is concerned with the development of the area and in settling disputes between residents. Leadership is through election and is done after 4 years tenure; there is a Constitution guiding the affairs of the association. The members pay levies monthly and some of these funds are used to maintain the Community hall which was built by the CDA. The group is affiliated to the Landlord United at the State Chapter. The only links this group has to the PHC is that the members and their families use the PHC, they are not noted for any special interest in the health care. The Chairman of the Landlord's association is recommended for inclusion on the committee. **The Baale in Ikota village** is in charge of the Ikota village and Ikota Estate. He is quite knowledgeable about health matters and claims to be a Village Health Worker (VHW). He considers that the Local Government is interested in the welfare of the people in Ikota but may not be able to meet the huge demands of the people in the community and so the community must also be willing to assist on health issues. According to the Baale, the community has a very cordial relationship with the Local Government and representatives of Ikota Village community are usually invited to the Local Government quarters on an average of 3-4 times annually when they promote programmes on health. The Baale is very well respected among the members of his immediate community and by those in Ikota Estate as he is called upon to settle issues of concern among his people in the two areas. The Baale expressed particular concern on the issue of continued preference by a noticeable proportion of the people in Ikota for herbal remedies that may be detrimental to their health even where they have the provision of the PHC, the medical centre and other hospitals round them. The Baale has shown interest in participating as a member of the WHSC if invited. In the first place, he

has a track record in the health history of the community, being a Village Health Worker (VHW). This is coupled with his familiarity with the running of the Ikota Village- based Family Care Medical Centre which is seen as being jointly owned by the Ikota Village community and Family Care NGO. Thirdly, his role as the traditional ruler for Ikota gives him added legitimacy. It is therefore recommended that the Baale be invited to join the WHSC in Ikota.

4. The incumbent chairman of the **Community Development Association** in Ikota Estate felt that he and his association played a useful role as intermediaries between the local community and the LGA. The chairman of the group believed that the CDA is as important as the Local Government Chairman of the Eti Osa Local Government is to the people. The group coordinates government projects in the community and also ensures that the views of the people are passed on to the government. A communication mix of the use of traditional town crier (mainly in pidgin English) and modern text messages is utilized in reaching out to people in the community. Through these means, information and invitation to meetings are passed across to the members of the community. The association has a direct link to the Local government Chairman which makes their work easier. Members of the executive are elected and meetings are held on a weekly basis. The executives call for meetings of the members when issues stand to be resolved among these members. Where this is not able to be resolved, the Chairman of the Local Government is approached and the members are called for meetings along with the Vice Chairman, the Secretary and other members of the executive at the Local government level to address the issue. Issues are usually resolved at this level.
5. **The CDA in Ikota Estate** has been involved in mobilization programmes related to health issues, working in particular with the PHC and Local Government on health matters like the Polio and other immunization programmes. The association claimed that they encourage members of the community to utilize the services of the PHC whenever necessary. The chairman of the group suggested the interest of the CDA in doing more if given the opportunity. The CDA chairman confirmed the regular patronage of the PHC

by Ikota Estate residents. The CDA as a group is not affiliated to any political party as members are free to make a choice of the party they wish to align with. The chairman of the CDA in Ikota Estate is recommended to be invited to join the WHSC, given their health conscious policy in running the group, their record of working relationship with the PHC and their close association with the Chairman of the Eti Osa Local Government.

6. **Alhaji Onola Adenola Ekerin** is presently the **Chief Imam** in charge of the Central Mosque in Ikota Estate. He is a member of the Council of Imams and Alfas and an engineer by profession. He was nominated for the position of Chief Imam by the elders of the Council of Imams and Alfas. Such nomination is usually based on an individual's good character and integrity within the Islamic community. The Chief Imam has held the present position of Chief Imam for the past 12 years and was a former chairman of the Yoruba Community in Ikota Estate. He was also a prominent member of the executives of the Ethnic elders Forum. The Chief Imam holds a position of authority in the community and is known for his interest in bringing estranged families together since the parties involved are likely to listen to him. On the issue of health in the community, the Imam claimed his interest in the PHC. The Muslim leader also claimed that occasionally, he would just take a walk into the PHC to see how they are doing. He reiterated his approval of the level of competence of the services rendered at the clinic, claiming that he had benefited from such care when he went there to treat his leg, claiming that he was satisfied with the treatment he received at the clinic. The Chief Imam is recommended to be invited as a member of the WHSC, firstly because of the important position he holds as the foremost leader of the Muslim faith secondly because of the personal interest he has in the PHC and thirdly because of the influence he wields in the community.

7. **Chief Francis Ekerete** is the incumbent leader of the Akwa Ibom residents in Ikota. The group, according to him was set up to monitor and take care of the interests of the Akwa Ibom 'indigenes' that are in Ikota Estate. Those who seek for executive positions within the Union are made to go through interview in line with the constitution of the group.

The Aqua Ibom Union according to the leader is not affiliated to any political party. According to the leader of the group, the PHC belongs to the people of the community and it has greatly reduced infant mortality in the Estate. He recalled the time when the Estate suffered great loss of children, claiming that since its inception, the PHC has touched the members of the community in a positive way. Right now, the Aqua Ibom leader claimed that the members of his group will be willing to join with others to move the PHC forward. The executives of the **Aqua Ibom Union** claimed that they were invited at the inception of the PHC in Ikota Estate. This has further made the leader to believe that it is a question of great solidarity as far as the running of the clinic is. However, he mentioned that one of the major challenges that is facing the PHC is lack of drugs and the fact also that the place is too small. The leader's reference to the lack of space in the PHC is with regard to the back building that is being used presently in running the clinic. He expressed interest in joining the WHSC if invited. The Aqua Ibom Union is being recommended to be invited as a member of the WHSC since they have already exhibited personal interest in and commitment to the progress of the PHC.

- 8. Ibo Tribal Association:** – The Ibo Tribal Association of Ikota is made of over 200 members and has a women's wing. The association is formed for the purpose of fostering peace among people of Ibo origin and other groups in the community and attending to welfare needs of its members. The membership is drawn from all Ibo speaking tribes irrespective of the State. The group also helps its members financially and in other ways. The operations of the group are governed by a Constitution and leadership is by election after 4 years tenure. The members use the services of the PHC but have not been involved in any other activities of the centre. There is a State Chapter of the association to which it has links to.

*Other Stakeholders not presently recommended for inclusion*

- 9. The Youth leader in Ikota Estate** is presently heading a political party endorsed forum. According to him, the group is operating under the ACN party. His emergence as the leader of the group was first and foremost through diligence within the ACN chapter of

Ikota. Other executives are also chosen by party members based on the exhibition of good character. The basic functions of the group are similar to those of the CDA in that their main concern is with the affairs of the community and not necessarily limited to Youth welfare in the community. The leader claimed the regular intervention of the youth in situations where the community is faced with problems. As an example, he cited the case with a particular road that links the Ikota Estate to the First Gate in Ikota, claiming that the road was blocked by a landlord who laid claim to the road. The Youth Forum intervened in the matter by contacting the elders of ACN party and moves were made to retrieve the road, making it accessible to members of Ikota Estate. The group would usually get in touch with the ACN party leaders like Chairman of the Local Government.

When asked concerning the relationship between the Youth Forum and the CDA, the leader confirmed that the functions of the two parties are more or less the same and that they sometimes invite the CDA to assist the group if there are interpersonal issues that members cannot immediately tackle at community level. It is only after this the attention of party elders may be invited. Concerning the functions of the PHC in Ikota Estate, the leader expressed regret that the PHC has not enjoyed free accommodation for some time, sharing the building presently allocated to the clinic with the Road Safety and the Local Government Council. He acknowledged the importance of the PHC claiming that it serves the community well in that members do not panic over their children's health anymore, The PHC which he claimed is used by adults and children, men and women is presently meeting the needs of the community. The leader expressed interest in coming on board the WHSC if invited. Nevertheless, we are not convinced that the Youth Forum need to be immediately invited onto the WHSC, despite the group's appreciation of the functions of the PHC in the community. This is because it would appear as a form of duplication of the presence of the CDA on the committee, given the closeness in terms of their functions within the community and their accessibility to the Local Government which is being run by the very party that has put the Youth Forum in place.

**10. Idoma Tribal Association:** - The Idoma Tribal Association is a group of people from Benue State in the Middle Belt region of Nigeria. The members are over 40 in number and the goal of the association is to work to influence the government for the welfare of its members. The group has a constitution that guides its operation and elections are conducted yearly. The members of the group are mostly Roman Catholics and the church is often used to bring about changes by influencing the government on their behalf. The respondent who is the Vice Chairman reported that the association had written to the LGA Chairman on the deplorable condition of the estate asking for government's intervention. The members are free to join any political party of their choice. The members sometimes carry out clean up exercise in the community.

**11. Ogoja Tribal Association:** - This is a group of people from Cross River State in the Southern part of the country. There are over 200 members in the association. There is another association from the same state but this is the more dominant group with more members. Elections are held every 4 years to choose leaders and there is a constitution that guides the operation of the group. The group reports to the State chapter of the association which is located in the Liaison office of the State in Victoria Island, Lagos. The group also consults and reports certain cases to the Landlord's association.

### **Gaps identified and recommended follow up**

The only challenge that was anticipated initially was the issue of the Ikota village where the Baale lives not being in the same location as the PHC but we were able to speak to the Baale and found out that the village had a health facility managed by an NGO. The Baale was willing to be a part of the Stakeholder committee.

## Appendix 1 – detailed analysis tables for stakeholders interviewed

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
<b>Christian Association of Nigeria (CAN)</b>	This is an association of over 200 churches and embraces all Christian denominations and groups.	This group is recognised by the government and acts as representative and mouthpiece of Christians and as such has a lot of influence, religious and political	This branch of CAN is affiliated to the State chapter of the association	Have not been involved in any activity of the PHC but the members use the services of the PHC	The group has a Constitution and holds election after 4 years	The group is well structured and has system for passing information to its members and can mobilise resources	Low-interest High-Influence	This group could be useful as members of the Committee as they have a wide constituency and can reach their members with information and through their influence can help resources
<b>Landlord's Association</b>	An association comprising of CDA, residents including tenants and landowners, about 50 members	This group has influence in the community as some respondents mentioned the Landlord's association as the place they take their problems	The Landlords association is affiliated to the CDA in the community as well as the State chapter of Landlord United	Not known as being involved in the activities of the PHC though members and their families use the PHC	There is a Constitution and election are held every 4 years	Members have different professions and trades and the group helps settle disputes among residents as well as carrying out development of the community.	Medium-Interest Medium-Influence	The Landlord's association should be on the Stakeholder Committee as they have considerable influence in the community and their members and their families use the PHC
<b>Market Association</b>	A group of 80 traders who have shops/stalls or sell in the Ikota estate market	This group has influence among its members and can enforce discipline in the group through fines or expulsion from the market and	The group is affiliated to the State chapter of the association	Group is not particularly committed to the objectives of the PHC, although the members use the services of the PHC	Elections are held to choose leaders except for the position of Chairperson which is by appointment by the last Chairperson	The market association is well run and the leadership have good organisational skills and they have capacity to mobilise resources and	Medium-Interest Medium-Influence	It is recommended that this group should be part of the Stakeholder committee

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
		also through its link with the State chapter				their members to carry out any activity and can pass information to members		
<b>Ibo Tribal Association</b>	Association of over 200 members from Ibo speaking parts of South and eastern Nigeria.	This group has influence among its members and by virtue of its links with the State chapter of the association with an Eze (King) who is recognised and consulted by the government	The group has a State chapter to which it reports	The members of the group use the PHC	There is a Constitution and elections are held after 4 years to elect leaders	The group has capacity to mobilise its members and pass information to them	Medium-Interest Medium-Influence	It is recommended that this group be included in the Committee. They have a large constituency and have members who have political and financial influence which could be useful to the work of the committee.
<b>Idoma Tribal Association</b>	A group of people from Benue State in the Middle Belt region of the country and made of a little over 40 members	The group exercises influence over its members and penalises erring members by fining or in extreme cases suspension from the association. They have influence through their links with the State and National	The group is affiliated to the State chapter and a National chapter which is based in Benue State	The members of the group and their families use the services of the PHC but otherwise have not been involved in the affairs of the PHC	The operations of the group is guided by a Constitution and elections are conducted yearly to choose leaders	This group has the capacity to pass information to its members and through its links to the State and National Chapter may be able to mobilise resources	Medium-Interest Medium-Influence	It is not necessary that this group be included in the Stakeholder committee. They represent a very small portion of the population

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
		chapters						
<b>Ogoja Community Association</b>	A group of people from Cross River State in Niger Delta region in the Southern part of the country. There are over 200 members in the group.	They have a level of influence over the members, power to discipline for wrongdoing	The group is affiliated to the State chapter of the association	The members use the services of the PHC but otherwise are not involved in the activities of the PHC	The group has a Constitution and elections hold after 4 years tenure of the leadership	The members have the ability to pass information to their members	Low-influence Medium-interest	It is not recommended that this group be in the committee as they may not have much value to add to the committee
Alhaji Laguda	<b>Baale of Ikota Village and Ikota Estate</b>	Very influential particularly in the area of settling disputes among the people in the two communities	The communities overseen by the Baale are not collectively affiliated to any group, either political or otherwise.	The Baale confirmed the involvement of representatives from the communities in health programmes organized by the Local Government on an average of 3-4 times annually.	His position was attained by traditional conferment of title and endorsement by the Local Government in charge of Chieftaincy Affairs.	The Baale is a Village Health Worker and so has experience in health matters relating to the community.	High influence and high interest.	The Baale is recommended to be invited on board the WHSC.
<b>Alhaji Adesegun Ige</b>	Chairman CDA	The CDA is quite influential in the community because of its outreach programmes.	CDA is not affiliated to any group or party. Individual members of the group are free to join any group or political party.	The group has been involved in health related mobilization programmes at the instance of the Local Government and the PHC.	Executives within the Association are elected.	The CDA is able to negotiate issues of concern to the community with the Local Government since they have free access to the Chairman.	High influence high interest	Based on their connection with the Local Government Chairman, the CDA is recommended to be on the WHSC.
<b>Mr. Taofik Salawu</b>	Youth Leader	The influence of the executives	The group is strictly affiliated	The Youth Forum has not been	This group is seen as a	No particular skill was	Low influence	Not recommended for invitation to join

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
		within this group is mainly relevant to the ACN party.	to the ruling party in Lagos – ACN. Right now, there is no Youth Forum that is not party related.	particularly involved in health programmes in the community.	watchdog for ACN, and so accredited with some sort of power, although one that is liable to change if another party takes over power in Lagos.	identified with the Youth Forum as far as far health matters are concerned.	low interest.	the WHSC because of the partisan role the group plays through their affiliation with the ruling party (ACN) in Lagos.
Alhaji Onola Adenola Ekerin	Chief Imam of the Central Mosque in Ikota Estate.	He is highly influential owing to his religious authority and his professional status as an engineer.	The Chief Imam is a member of the Council for Imams and Alfas in Lagos state. He is not affiliated to any political party.	The Chief Imam is very much involved in the progress of the P H C which he checks on from time to time.	The Islamic leader is recognised and accepted as the representative of the Islamic body in Ikota Estate.	He is quite skilled in counselling and is also a professional engineer whose professional advise may assist the cause of the WHSC in Ikosi Isheri.	High influence high interest.	The Chief Imam is recommended to be invited to join the WHSC because of the important counsellor related role he plays in the community.
Chief Francis Ekerete	Leader, Akwa Ibom Residents' Association'	The leader is influential especially because of his position as the foremost personality among the Akwa Ibom ethnic settlement in the Ikota Estate.	The Association is not affiliated to any group.	The leader claimed his commitment to the health of his people, emphasizing that the PHC in Ikota is 'our clinic' since he was one of those that advocated for its establishment.	Executives within the Association are guided by constitution and regular meetings are held by members.	The leader has counselling skills with which he keeps members in peaceful co-existence.	High influence high interest	The representative of the Akwa Ibom Association is recommended to be invited to join the WSHC. He has expressed immense interest in the progress of the PHC since its inception. He is also identified with counselling skills which will benefit the

<b>Name</b>	<b>Description</b>	<b>Type and level of influence</b>	<b>Affiliation with other groups</b>	<b>Commitment to WHC Objectives</b>	<b>Legitimacy</b>	<b>Capacity &amp; skills</b>	<b>Place in matrix</b>	<b>Recommendation</b>
								committee.

## **Appendix 2 – Contact details for stakeholders**

- **Christian Association of Nigeria, Vice Chairman, Pastor Edet – 08056312636, 080885190409**
- **Landlord’s Association, Chairman, Mr. Balogun – 07041649134**
- **Market Association, Chairperson, Mrs. Olawunmi Ajamobe - 08053288806**
- **Ibo Tribal Association, Chairman, Chief Oliweze, - 07040900111**
- **Idoma Community Association, Vice Chairman, Mr. John Ijile - 08037259055**
- **Ogoja Community Association, Woman Leader, Madam Sarah – 08122200824**
- **Akwa Ibom Association, Leader, Chief Francis Ekerete – 08086157326**
- **Community Development Association, Chairman, Alhaji Adesegun Ige - 08023507434**
- **Chief Imam of Central Mosque, Engr. Adenola Ekerin – 08023400286**
- **Political Leader(ACN), Hon. Omosehin Adedeji - 07026903211**
- **Youth Association, Mr Taofik Salawu - 08056082528**
- **Baale Ikota, Chief Laguda - 08033074836**

## **Report 6: Ogudu Ward**

### **Community Profile**

Kosofe Local Government Council which houses the Ogudu ward is one of the twenty Federal Government- backed Local Governments in Lagos state. The ward's population is estimated at 67,190, within the population of the Kosofe Local Government which is estimated at 665,393 according to information from the PHC for 2009. It is a peri-urban community and most of the inhabitants live in fairly good housing with facilities such as water and electricity. The community has a mix of inhabitants including an equal mix of non-'indigenes' and 'indigenes'. The LGA secretariat is located there and there are several banks and other companies. Ogudu is near the local and international airports, being only ten minutes' drive from the two. The main language in the area is Yoruba and when translated, 'Kosofe' means "It is not free" or "Nothing is free". Indigenous traditional and cultural activities that are identified with Ogudu include Igunuko and Egungun masquerades, Ogun and Oro festivals.

### **The PHC in Ogudu**

Within Kosofe Local Government Area, there are 8 PHCs which are located in the areas below:

- **Ogudu**
- Isheri
- Ikosi
- Maidon
- Agboyi
- Ketu
- Oworo
- Mende

Though not operating as a full Public Health Centre, a ninth centre is based at the Gbagada General Hospital which is used for community child health care.

Within Ogudu ward, the Primary Health Centre provides a range of health programmes and activities for the local community, especially at the grass root level. The Centre appeared to be large, well run, clean and busy when we visited. We observed immunisations and advice sessions for pregnant mothers taking place. There was a doctor and nurse present, and we visited the pharmacy which appeared well stocked with drugs. There was also an HIV project at the centre, providing testing and support for HIV sufferers, and a specific clinic for eye problems. There appeared to be a good social spread of patients attending, including those who were better off and those who appeared poorer.

The situation regarding charging and funding of drugs at the PHC was complex. The PHC gets its drugs supply from the LGA and these are sold to patients. The delivery pack for pregnant women is supplied by the government and so is issued free to pregnant women where available at the point of delivery. Registration at the clinic and consultations are free. Coartem for treatment of malaria is free because it is supplied by a donor organisation, and other anti-malarials are supplied free to pregnant women. There was no common practice regarding free health-care among the different PHCs visited, with each adopting their own policies in this area.

Some of the stakeholders and medical staff interviewed suggested that those who do not use the clinic consider it to be a service for poorer people, and believe they may receive better treatment in the private sector. It is also worth observing that, being a public facility, the PHC at Ogudu delivers a relatively small proportion of the babies born in the Ogudu area, with the vast majority delivered at other, private, health facilities. According to information from the centre, of the 114 births delivered in Ogudu during January 2010, less than 10 babies were delivered at the PHC.

## Stakeholder analysis: Influence-interest matrix

<p>High</p> <p>Influence</p>	<p><b>Market Traders' Association</b></p>	<p><b>Community Development Association</b></p> <p><b>[Community Coalition – not interviewed]</b></p> <p><b>Community Pharmacists Association</b> <b>Christian Association of Nigeria</b></p> <p><b>Federation of Muslim Women's Associations of Nigeria</b></p>
<p>Low</p>	<p><b>League of Imams</b></p>	<p><b>Community Health Promoter</b></p> <p><b>Hausa Community Leader</b></p> <p><b>Scrap metal workers association</b> <b>Traditional Birth Attendant</b></p>
<p>Low</p>		<p><b>Interest</b></p> <p>High</p>

## **Stakeholder Analysis - commentary**

For each PHC included in this programme, we have produced a stakeholder analysis classifying participants according to their level of influence – the vertical axis – and the level of interest – the horizontal axis. Influence is defined as the ability to bring about change and to exercise power. Interest is defined as the extent to which the WHSC's objectives are relevant to this group, and the extent to which they perceive the WHSC as such.

The Local Government Chairman was often mentioned as the most important and powerful player in the local political economy. The main groups we met with influence over the LGA were the Community Development Association and the Market Traders' Association (as a result of their links with the traditional ruler, the Oba of Ogudu). These groups appear to have power and the ability to mobilise resources through their influence, political connections and the capacity of their members. The Christian Society of Nigeria (CAN) and the Federation of Muslim Women Associations of Nigeria (FOMWAN) The Christian Association of Nigeria in Ogudu represents about 20 churches in the area and represent the interest of these churches at the LGA and State levels through their LGA and State structures. They have influence at the community level and also could also exercise political influence through their higher level federal structures. These groups would therefore be important members of the WHSC or, if they did not wish to join, could be targets for external advocacy.

The Hausa Community and scrap metal workers' representatives were the only groups we interviewed who had links with predominantly poorer people, including those living in informal settlements. This may be because such groups were less common than other, or because we were not given contacts among groups representing the poor. The PHC was relevant to both organisations – mainly because mothers went there for births and immunisation – but they did not have a track record of supporting health initiatives. Their capacity to participate in the full range of committee activities might be limited by, eg, poor transport links, lack of experience with formal committee work, low literacy levels. In terms of their potential role on the committee, could represent the views of their community and provide a useful route to publicise health initiatives. However, there might be other organisations with a wider

constituency who were better positioned to represent the views of poor, but which we did not identify. We therefore suggest that these two groups could be involved in the work of the committee, but they might require support and capacity development if they were to join the committee as full members. Also, further exploration should be conducted to identify alternative stakeholders to represent the views of poor and marginalised sectors of society.

The League of Imams may be kept informed of the committee's work but are not central to its activities, because their main focus is on religious issues rather than social welfare. The health professionals such as community pharmacists, Traditional Birth Attendants, and Community Health Promoters are likely to be involved with the PHC in some way, whether or not they are formally invited to participate in the WHSC.

### **Recommended stakeholders in approximate priority order**

We outline below the stakeholders who we recommend inviting to take part in the WHSC, with a brief description of the organisation and the rationale behind our recommendations. Detailed analysis of each stakeholder can be found in Appendix One.

- 1. Community Development Association (CDA)** – This is a group of land owners who form an association to address the needs of their members. They engage in community development activities such as provision of water, power supply, road construction etc. They report to the CDC which is the coordinating organ made up of a number of CDAs. The CDC has influence at the LGA level and at the State level. Their members use the services of the PHC so they consider that they have a stake in the well-being of the PHC. The members of the group are professionals in different fields and can put their skills to use as members of the stakeholder committee. They could also be effective in fundraising and using their political connections to highlight the needs of the PHC. The potential risks of involving the CDA would be that they represent the views of better off sections of society, and might tend to dominate other stakeholders as a result of their greater experience of committee work.
- 2. Christian Association of Nigeria (CAN)**–The CAN branch in Ogudu ward has a wide constituency as it covers two wards – Ogudu and Ojota. The group has potential

influence as the body is represented at both the State and National body. They could play a role in communicating health information via their member churches, and also in mobilising their political connections to improve services at the PHC.

- 3. Market Traders' Association**—This group is made up of traders from all over the ward who have stalls in the Ogudu market. The leader of the group is appointed by the Oba of Ogudu. The Oba is highly influential at the LGA and recognized in the State. The group could be effective members of the WHSC, as their links with the Oba could bring improvements in the PHC. The members as traders can also use their money management skills to help in the affairs of the committee such as the running of the DRFI. Note: The leader expressed strong reservations about getting involved in the affairs of the PHC and will only allow his group to be involved if there was to be a form of reward or compensation for them. An advocacy strategy may be required to increase interest, awareness and commitment.
- 4. Traditional Birth Attendant** – Traditional Birth Attendants will be included in the WHSCs as this is specified within the legislation which frames their terms of reference. The participant we interviewed was a vocal and experienced traditional health practitioner, based in an accessible location for poor people. Thus, it is likely that she would have a good understanding of the experiences of poorer women and could play an important role in directing young mothers to the PHC for immunisation and other post-natal care.
- 5. Community Health Promoter**—Community Health Promoters' remit is to mobilise members of the community regarding as immunisation, child health, and general health advice. They appear to be well known and highly regarded by the users of the PHC, and are experienced in outreach and educational work, as well as having been trained in specific health issues.
- 6. Community Pharmacists Association** – This group is primarily located within the community. They could keep the community members informed about health issues. They also have links to higher levels of the political establishment, and could be effective in getting the attention of the relevant authorities to the needs of the PHC.

**7. Federation of Muslim Women Associations of Nigeria (FOMWAN)** - This is an umbrella organisation bringing together local Muslim women's associations. They appear effective in mobilising Muslim women on public issues, such as payment of taxes in a recent campaign. They have good access to the media as well as political recognition and influence. They have connections in the community through a range of activities, including educational and work among children and young people. Thus, they could be effective in mobilising their members, advocating for additional resources for the PHC, communicating with and gaining their views of Muslim women.

**Other stakeholders**

**8. The Hausa Community** though they are highly interested do not have a lot of influence or a formal organisational structure. The Hausa Community is more an ethnic identity than an association. They have a 'King' who is the leader of the Hausas in all that area and is recognised as such. He helps mobilise his people and passes information to them from the authorities as in the case of the recent measles campaign in the State. Their members, especially the women who use the PHC, are a hard-to-reach group, and without specific effort it is unlikely that their views would be included in conventional consultation processes. It is recommended that this group should be specifically advocated to and kept informed of issues that concern them related to health. Capacity development initiatives are recommended to improve their ability to participate in the work of the WHSC.

**9. The League of Imams** are interested in the activities of the PHC; their members use the services and advocacy may have some impact. However, at present their primary interests are religious rather than social or health-related. They could be reached out to for the purpose of passing information to their members for their communities.

**10. Other recommendations.** One point which was mentioned by two stakeholders –the Market Traders' Association and the Community Health Promoter – and by PHC staff was the importance of adequate compensation for those invited to join the WHSC. At

least, it was thought that travel expenses should be provided, and possibly also some compensation for loss of earnings, eg, for a trader who had to close their stall in order to attend a meeting.

### **Gaps identified and recommended follow up**

We did not identify any organisations with a specific remit to represent the views of very poor communities. Although the Hausa community leader and the scrap metal workers organisation could fulfil this role, they have specific constituencies and therefore could not be expected to represent the views of the poor more widely. We also did not manage to set up interviews with the representative of the women's political grouping or the Community Coalition in the area, owing to lack of time. And we did not identify any organisations representing the views of young people.

Thus, the follow up actions outlined below are recommended:

- The research team will conduct telephone interviews with a representative of the Community Coalition and the women's political grouping;
- The PHC should seek to identify representatives for the very poor, women and for young people when the WHSCs are set up;
- The training for the WHSC members should include specific approaches to reach out to these groups to ensure their views are included in the WHSC process.

## Appendix 1 – detailed analysis tables for stakeholders interviewed

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
<b>CDA</b>	Association of land owners in the area. About 35 members. Engage in community development activities like water, power, roads etc. Receive complaints from members to which they respond.	Reports to the Community Development Committee which has links at the LGA level. Appear quite a powerful group.	Not affiliated to any groups except the CDC that is the Committee comprising of other CDAs. Members belong to different political parties.	Interested in the improvement of services at the PHC. Had assisted in the past, eg, when they got big exercise books to replace sheets of paper that was used earlier to write down patients' information. Sustained participation can be expected.	Has a constitution and election conducted yearly to elect leaders. Claim to be financially transparent.	Members are from a wide range of professions, eg, law, management, traditional medicine.	High – influence High - interest	The CDA should be in the Stakeholder Committee on Health. They have a range of skills and influence which could assist the work of the WHSC.
<b>CAN</b>	Representing 20 churches in the area. Information is passed to members who pass it onto their congregations. They are invited and attend health seminars.	Reports to the State Chapter which has a lot of influence both at the LGA and State levels. Members can also exercise influence through religious status.	The group is not affiliated to any political groups	Could be committed to WHC as members use the services. The individual churches do hold health education activities on their premises.	Conducts elections to elect its leaders every four years	Members are from different churches and professional backgrounds. They could play an important role in promoting health initiatives through their members.	High-influence High-interest	Should be part of the Stakeholder Committee on Health, unless an individual church would be more appropriate. Could be influential in health education campaigns and also offering religious legitimacy where relevant.
<b>League of Imams</b>	The League has 11 Imams as members. All of	The group has hardly any cause to go to	Not affiliated to any groups except other Muslim	Members use the PHC but the group is not specifically	The Chief Imam was appointed by	The members of the group have different skills	Medium-interest Low-	Do not have to be part of the Stakeholder

<b>Name</b>	<b>Description</b>	<b>Type and level of influence</b>	<b>Affiliation with other groups</b>	<b>Commitment to WHC Objectives</b>	<b>Legitimacy</b>	<b>Capacity &amp; skills</b>	<b>Place in matrix</b>	<b>Recommendation</b>
	them head different mosques in the area but each has a profession/trade. Interested mainly in religious issues, rather than social welfare.	the LGA or State but get invited for different programmes even at the State level. Through the network of mosques they can access Muslim men.	groups. Non-partisan	interested in the affairs of the PHC. Sustained participation would seem unlikely.	the Oba and oversees 11 other Imams who are each in charge of a mosque in their locality. The appointment seems to have a hereditary element.	individually as they are from have different trades or professions	influence	Committee, information can be passed to them for their members
<b>Community Pharmacist Association</b>	Represents Pharmacists operating in the community. A branch of the Pharmaceutical Society of Nigeria.	Influence over grassroots community members on health matters. Has influence both at the LGA and State level. The President gets invited to accompany the first lady on monthly environmental sanitation exercise.	Affiliated to the Pharmaceutical Society of Nigeria.	Group does community outreach that involve the PHC. Help community members to explain drug prescriptions from the PHC, encourage citizens to use the services of the PHC.	The group meets once monthly and leadership is through elections.	Members are all pharmacists and skilled in health issues and have experience of community outreach and educational work.	High-interest High-influence	This group could be part of the Stakeholder Committee, or could be an important target for advocacy by the committee.
<b>Market Traders' Association</b>	The group is made of market traders both male and female from	The group through its leader could be influential as he	The group is not affiliated to any organisation	Members use the PHC. The leader was instrumental to the location of the	The Leader is appointed by the Oba to coordinate the	Members are all traders and skilled in handling funds.	High – interest High – influence	A member of this group should be part of the stakeholder

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
	different tribes. Over 70 in number, meet weekly.	is appointed by the Oba who has considerable influence even at the State level. They also offer a good route to communicate with market traders, including women.		PHC but claims he was not properly compensated and so is unwilling to take part in the affairs of the PHC unless there is clear financial incentive involved for him/his members.	affairs of the traders. Has a register of all members and meet weekly to discuss and pass information	Via connections with the Oba, they could exercise political influence and also the authority of a traditional leader.	Note: The stakeholder interviewed personally has little interest in the affairs of the PHC due to negative past experiences	committee, although the current leader would be unlikely to participate. Their role would be in political advocacy, traditional leadership, and also communicating with market people.
<b>Hausa Community Leader</b>	The group is made up of people of the Hausa tribe living in the Ogudu/Ojota area of Kosofe LGA in Lagos. They have a leader as well as a Chief. The leader is also the grand patron of the <b>Scrap Dealers Association</b> .	Members have little formal influence over political processes, living in a poor informal settlement. However, men of the community have strong influence over women's access to health care.	The Hausa Community could be said to be closely linked to the Scrap Dealers Association operating in this area, but this is not a formal link.	The members of the community use the services of the PHC and have high regard for the facility. The women who are in purdah attend antenatal services accompanied by their husbands and do not have much say in decision making. Although the PHC is highly relevant to this group, they do not appear to have the capacity fully in the work of the WHSC.	The Leader is well recognized and respected, usually the oldest resident of the area. Usually consulted when there is need to inform the members about any activities e.g. immunisation campaigns etc.	Members of the community are mostly scrap dealers or menial workers/labourers and not usually literate.	Low influence/medium interest.	They represent the poor and often marginalized group whose voice is not heard and they are regularly left out. They would have good capacity to link with very poor people, but would need support to play this role.

<b>Name</b>	<b>Description</b>	<b>Type and level of influence</b>	<b>Affiliation with other groups</b>	<b>Commitment to WHC Objectives</b>	<b>Legitimacy</b>	<b>Capacity &amp; skills</b>	<b>Place in matrix</b>	<b>Recommendation</b>
<b>Scrap Dealers Association</b>	Association representing the interests and needs of scrap metal workers, eg, housing, roads, taxation, etc.	They would have influence over the local people and seem well known and recognised. But they lack political influence and complained about poor services in their area.	They are not linked to any other groups or political parties.	The Ogudu PHC was far from them so the men rarely used it. However, the women used it for pregnancy and immunisation services. This group might lack capacity – eg, transport, funding, literacy – to play full role in the WHSC.	The group seems well known and recognised in the area, although we did not establish what their formal processes are.	They could play a role in disseminating information and representing the views of poor people/ men.	Low influence/ medium interest	They would need capacity development help to take part in the committee, but could be important in representing the views of poor people.
<b>Community Health Promoters</b>	Civil Society Organisation set up to inform and mobilise community on health matters such as immunisation. Deal with Health Departments in Secretariats and PHCs. Many are retirees who work on a voluntary basis. The lack of “incentives” (expenses) for participation has resulted in a fall off in members.	Influential in area of child health. Known and trusted in the community for giving advice and promoting health issues.	No political affiliations. No risks identified.	This group has a good fit with the objectives of the WHSC and has a track record of working in this area. They have been involved in children’s health education and have gained the trust of the community.	They claim to be known and trusted by local people in the arena of health. They have good evidence to back up these claims. They are also well known by PHC staff, which may limit their role in challenging staff if necessary. Members of their executive are	They have good knowledge of health issues such as immunisation. They are trusted and so could convey information to the community. Their experience of outreach work would help them consult local communities.	Medium influence/ high interest.	Would be useful members of the WHSC because of their commitment, training and track record in working on health issues.

Name	Description	Type and level of influence	Affiliation with other groups	Commitment to WHC Objectives	Legitimacy	Capacity & skills	Place in matrix	Recommendation
					voted in elections.			
<b>Traditional Birth Attendant</b>	A trained traditional medical practitioner with considerable experience of deliveries. Runs a clinic in a small building, accessible to poor people.	Would have influence on poorer women and young mothers, in terms of maternity, immunisation and child health.	Member of the Nigerian Traditional Medical Association. No political associations. No risk identified with participation.	Clearly committed through long service as TBA.	Would be capable of representing the views of women, young mothers and poorer people.	Influencing and consulting with women, especially poorer mothers.	Medium influence/high interest	We understand that TBAs will be included on the WHC as a matter of course.
<b>Federation of Muslim Women's Associations of Nigeria (FOMWAN)</b>	A long standing umbrella organisation representing Muslim women's groups throughout Nigeria. Well organised at the national level, engage in educational, health and outreach work.	Influential on Muslim women in terms of mobilising political advocacy; changing behaviour, eg, payment of taxes; and health and education matters.	Thought to support the ruling political party in each state in which they operate. Has links with many Muslim women's groups throughout Nigeria.	Health is a core concern of the group, as well as nursery and primary education. Thus, child health and maternity are likely to be key concerns. They have a track record of effective involvement in other public education campaigns.	The executive is headed by a female elected leader, known as the Amirah. There are a range of elected executive positions, overseen by a National Executive Board.	FOMWAN has the capacity to mobilise members for political campaigning or health and educational. They would also be effective at informing their members about PHC activities and needs.	Medium-high influence/medium-high interest	Could be effective member of the WHSC, for informing members and political advocacy. Or could be a useful partner outside the committee.

#### Other stakeholders mentioned during fieldwork

We also gained information on other stakeholders via third parties during fieldwork, although we did not interview them directly. These stakeholders could merit further exploration before deciding the final composition of the WHSC.

The women's political leader: this is an individual linked to a particular political party who plays a role in organising the women of the area who support that particular party. Reportedly, they have good links with women and also political influence. The TREM church is a significant local church in Ogudu which frequently holds health education activities and takes part in health education campaigns.

## **Appendix 2 – Contact details for stakeholders**

- 1. CDA, Chief Olayiwola Olowoyo – 08033315953**
- 2. Community Health Promoter, Mr. Amos Bello – 08084678841**
- 3. CAN, Mrs. Busola Erinfolami – 07069387687**
- 4. TBA, Alhaja Toyin Oniwonlu – 08023131634**
- 5. League of Imams, Alhaji Durojaiye Yusuf – 08023700163**
- 6. Market Leader, Chief Adisa Fashola – 07032213895**
- 7. Pharmacist Association, Mrs. Stella Adesanya – 0803418256**
- 8. Hausa Leader, Mallam Salihu Adam – 08033672640**
- 9. FOMWAN, Mrs. Monsurat Ogunnaike - 08038236669**

## **Annex 1: Field Test Report**

### **Field test report from Pilot in Ogudu Ward**

The fieldwork instruments and analysis tool were tested in Ogudu Ward before embarking on the main fieldwork stage. This was to ensure that the questionnaires worked well, that the overall approach was delivering the results required and that the analysis tool was appropriate for the data being gathered.

#### The Questionnaire

The questions developed both for the PHC staff and the stakeholders worked well. For some of the stakeholders, the questions had to be rephrased and in some cases informal language was used to make them understand the question and give the answer required.

#### Language of interview

Whilst most of the participants interviewed spoke English, some did not completely understand the “standard English” spoken by the international team member (who was present during interviews but did not conduct the interviews personally). A few participants also preferred to be interviewed in Yoruba – the Traditional Birth Attendant, for example. The interviewers should therefore be familiar with local versions of English which are spoken, and in some cases participants may feel more comfortable speaking Nigerian languages.

#### Timing

The interview time varied for different respondents but ranged between 30 – 45 minutes. In some instances, some stakeholders preferred to just talk and usually complained about the lack of unresponsiveness from the government authorities. Nevertheless, this usually provided useful insights as it makes room for other questions which can throw more light on the true nature of the group in terms of interest and level of influence.

#### Advance Preparation

The two days prescribed for the field work may not be adequate in all cases. At Ogudu ward, the best part of the first day was used for making the necessary contacts and arranging appointments with the stakeholders to be seen. Also, on the next day before the appointments began there was a heavy downpour that could have prevented movements but this was overcome due to the determination and persistence of the team.

One of the lessons from the Ogudu mapping exercise was the importance of advance preparation. As far as possible arrangements and fixing of appointments with relevant stakeholders need to be done before the field work commences. The Medical Officers of Health for the LGA and the Officers in charge of the PHC can help with getting the contacts.

#### Women, Youth and the Marginalized Group (the poor)

Special attention needs to be given to the interest of women, youth and the marginalized to ensure their representation. Conscious effort needs to be made to identify groups that represent the interests of these groups. Although their interests might be represented by other groups, such as religious or ethnic associations, the research team needs to be constantly vigilant to ensure their views are not left out.

#### Reporting and analysis

The time allowed for analysis and reporting of the findings for each ward (one day of national researcher time) only allowed for a rapid appraisal process, not an in-depth political analysis of the patterns of influence and power. The report written for Ogudu in fact took longer than a single day of national researcher time, considering the requirement for quality assurance and revisions. Thus, either reporting time needs to be increased, or the reporting format will need to be very brief.

## Annex 2: ToRs for Lagos Mapping

### Partnership for Transforming Health Systems (PATHS2)

#### TERMS OF REFERENCE:

#### DESIGN AND IMPLEMENTATION OF CIVIL SOCIETY MAPPING TO SUPPORT COMMUNITY PARTICIPATION IN HEALTH IN LAGOS STATE. CAPACITY BUILDING OF LAGOS V+A OFFICER

#### General Background

PATHS2 is DFID's flagship health sector reform project in Nigeria. It seeks to improve the planning, financing and delivery of sustainable and replicable pro-poor services for common health problems in up to 6 states. It has 5 outputs, including:

Output 1: Stewardship role for health at national level strengthened

Output 2: Systems to deliver pro-poor, responsive health services improved

Output 3: Delivery of and access to sustainable, efficient, pro-poor health services and supplies improved

Output 4: Ability of citizens and civil society to increase the accountability and responsiveness of the health system improved

Output 5: Capacity of citizens to make informed choices about prevention, treatment, and care strengthened.

Output 4 focuses on encouraging citizens to voice their experiences of and concerns with health services and to place pressure on government to be more responsive and accountable in their delivery. Under the output, 4 main workstreams are envisaged, including:

1. The development of Facility Health Committees<sup>11</sup> as a route for citizen voice and enabling greater accountability of health facilities to service users;
2. The establishment of mechanisms to enable citizens to claim their rights and entitlements;
3. Advocacy initiatives to pressure government to improve service delivery;
4. Participatory policy/strategy development and resource tracking to improve government responsiveness and the allocation and expenditure of health sector resources.

Further details of output 4's workstreams can be found in its strategy. This assignment focuses on workstream 1 and 2 and should link with work being developed in Lagos State under workstreams 3 and 4.

PATHS 2 is part of a wider portfolio of DFID state-led programmes (SLPs), which includes:

- **SPARC** (State Programme for Accountability, Responsiveness and Capability) which focuses on the reform of core public administration processes such as policy and

---

<sup>11</sup> The term Facility Health Committees is used here generically and can refer to any type of structure, which promotes citizen involvement in the health system at the local level. This would normally include: DRF Committees, Facility Health Committees, Ward Development Committees, Village Health Committees, PLACO (in Kano State), Quality Improvement Teams (in Kano State), Friends of Hospital Committees

strategy, public financial management, monitoring and evaluation as well as wider public sector reform;

- **SAVI** (State Accountability and Voice Initiative) which seeks to enable civil society and government to better fulfil their roles and responsibilities in achieving improved use of public resources, which is more socially inclusive and responsive to citizens' rights and demands;
- **ESSPIN** (Education Sector Support Programme in Nigeria), which focuses on strengthening the governance of the education sector to deliver improved primary and secondary education.

PATHS2 output 4 and SAVI have a common agenda and, it is expected, will work closely in the design and delivery of their voice and accountability work.

### **Specific Background to the Assignment**

The political and policy context for community participation in health in Lagos State is encouraging, yet other aspects of the environment pose significant challenges. Lagos State is densely populated, with an estimated population of 19.9 million people<sup>12</sup> as at 2010 and an average of 50,000 people per ward. Putting in place mechanisms, which facilitate representative citizen voice on health is exceptionally difficult with such large numbers of people. Furthermore, private health providers are reported to provide between 60-70% of all health services in the State, most of which are unregulated. Opportunities for community participation and feedback with private providers are likely to be quite different to those with the public sector.

Approval of the Health Sector Reform Law (2006) has however injected considerable energy into the development of public health services in Lagos State. The administrative structures are being reorganized, most importantly, through the creation of a State Primary Health Care Board<sup>13</sup>, whose role is to co-ordinate all primary health care services in the State. Service delivery is being expanded and improved, primarily through the creation of one primary health centre capable of providing Basic Emergency Obstetric Care, in each of the State's 376 wards.

The Health Sector Reform Law also provides for the establishment of structures to promote community participation in health at the local level. Whilst still at a formative stage, the intended structures include:

- Local Government Health Authorities in each Local Government Authority and Local Council Development Areas, which will comprise of a Chair, the LGA medical officer, 2 community members (appointed by LGA), and a private practitioner.
- Ward health committees in each ward, with a membership of 5 people, including a chairman, 3 community members and the Officer in Charge.

Discussions with the Primary Health Care Board, tasked with implementing these new structures, indicate that they see the role of community participation in health as promoting service improvements and increased utilization, providing feedback to service providers and acting as a check and balance on health facilities and staff, delivering improved service responsiveness and accountability.

---

<sup>12</sup> This is Lagos State Government's official figure. The federal census conducted in 2006 indicates a lower population of approximately 9 million people.

<sup>13</sup> Once fully established, it has been reported that the State Primary Health Care Board will have a Health Education and Community Development Unit, responsible for promoting community participation in health.

In November 2010 the Board agreed to a new strategy for promoting community participation in health, focused around a rolling programme of capacity building for the newly formed Ward Health Committees (WHCs), together with the establishment of Ward Stakeholder Committees on Health (WSCH)<sup>14</sup>. This wider stakeholder group, made up of civil society representatives, is essential since the 5 member WHCs cannot be expected to represent 50,000 citizens. Fortunately, Lagos has an exceptionally active civil society whose power and influence will be a vital resource to improve service delivery and access in Lagos. This civil society is however complex and often highly politicized. Whilst PATHS2 wish to respond to concerns to not only work with “suitcase NGOs”, care must be taken in selecting the membership of the WSCH. Consequently, in establishing the monitoring baseline for Lagos state, PATHS2 will take a different approach to that taken in other States.

In Enugu, Kano, Kaduna and Jigawa, the programme used a mixed method sampled approach for the establishment of the FHC baseline. Facilities and communities were randomly selected and an intensive quantitative and qualitative research process was instigated to gather data on exiting participation and the potential community resources available.

In Lagos, each Ward is different and we cannot assume the resources available in one area will also be present in the next. Consequently we propose to adopt a rapid mapping approach in each Ward where PATHS2 seeks to strengthen the Ward Health System. This mapping will use political economy mapping techniques to identify the key civil society stakeholders in each Ward. The approach will use key informant interview and other qualitative rapid appraisal methods to assess the opportunities and any potential risks of working with the various groups in each Ward. These are likely to include Community Development Associations, Community Coalitions, Private Practitioner associations, other community structures, other donor partners (UNDP, SHOPS, UNICEF etc.).

We consider this approach essential to ensure the Ward Health System benefits from the considerable community resources available, whilst not becoming hindered by capture from political interests. The mapping will be a rolling exercise, initially focused on 6 selected wards. The exercise will also form capacity building to ensure the Lagos V+A officer is able to (with support) lead on the further mapping of 25 Wards in Lagos State.

#### **How does this mapping fit into the process of constituting Ward Health Committees?**

The process will take the following steps in each Ward:

1. Map civil society
2. Form wider stakeholder group
3. Conduct training
4. Constitute a Ward Health Committee
5. Begin operations.

Given that the mapping process has not yet been designed, **these terms of reference cover the first mapping activities, covering six of thirty one PATHS2 wards.** Starting with this relatively small number of wards offers several advantages:

---

<sup>14</sup> See Strategy: Strengthening Health Services by supporting Community Participation in Lagos. PATHS 2 2011

- By undertaking six exercises, we will be able to identify exactly the resources required for the remaining 25, increasing efficiency.
- Starting small, allows us to assess the performance of the selected consultants before embarking on a larger exercise. It is anticipated that following this mapping of six wards, the V+A officer will have the skills to oversee the remainder of the mapping with very limited additional TA.
- Whilst for these terms of reference mapping (step 1) has been separated from steps 2 to 5. For the remaining 25 wards, PATHS2 will conduct all five steps as a single activity, on a ward by ward basis.

### **Purpose of the Assignment**

The purpose of the assignment is to conduct a rapid mapping approach which will form the first stage of PATHS2 work to strengthen community participation for systems strengthening and service delivery. The TA also has a significant capacity building component, principally focused on the PATHS2 Voice and Accountability officer in Lagos.

### **Scope of Work**

The assignment will be conducted in 3 phases, to cover both the design and implementation of mapping in the first 6 wards.

Phase 1: Work with PATHS2 V+A officer and collaborate with them in conducting a desk review of methodologies for community mapping, particularly SPARC PE Analysis, SAVI CSO mapping and S-Doc.

Phase 2: Design mapping approach suitable to be scaled to up to 31 facilities the first year.

Phase 3: field test and implement the mapping approach in six wards in Lagos state

#### Phase 1: Review and planning

1. Review relevant background reading materials (see Annex 1 for list);
2. Hold briefing meetings with the Lagos STL and PATHS2 Technical Leads as necessary
3. Conduct a rapid literature search to scope out available literature and key lessons emerging from international experience on political economic analysis as it relates to health systems governance issues; also explore social development literature on community inclusion mapping and health systems literature on inclusion of the private sector.

#### Phase 2: Development and agreement of a design, production of protocol

1. With reference to the literature reviewed above, develop a monitoring protocol to guide the implementation of the mapping approach. This will include all necessary tools, activity guidelines. It will also include a capacity assessment and risk assessment. The protocol should have the following sections:
  - Executive Summary
  - Introduction
  - Key Objectives
  - Explanation of the key methodological considerations
  - Appraisal of existing methods
  - Proposal for baseline mapping approach, taking account of available capacity
  - Risk assessment
  - Implementation outline
  - Implementation in detail
  - Detailed description of resources required

- Implementation timetable
- Field work: Detailed timetable.
- Finalized tools
- Guidance of analysis procedures and analytical framework
- Field test report
- Draft mapping report specifications

Phase 3: field test and implement the mapping approach in six wards in Lagos state

1. Field test tools in one location within Lagos
2. Finalize the protocol in response to comments. Obtain approval for the protocol from the Lagos State team leader.
3. Implement the mapping approach on award by Ward basis across six wards. This mapping will be undertaken by the Lagos State consultant, with support from the Lagos Voice and Accountability officer.
4. Produce a short report describing the findings for each Ward. This report will be in accordance with the specifications designed under phase 2.
5. Conduct capacity building with the Voice and Accountability Officer to ensure they are able to continue the process without further technical assistance in the remaining Wards.

**Key deliverables**

The main deliverables from the assignment include:

- A research protocol to be finalized by the end of February 2011
- Six reports providing a detailed mapping of civil society organizations. This will include analytical insights into their position within networks of influence, and their links into different stakeholder groups within the community. Each report to provide a recommended list of stakeholders to be invited to participate in the Ward Stakeholder Committees on Health (WSCH).
- These to be combined into a single report to ensure the protocol is read with practical examples with which to guide future mapping activity.

**Inputs and Timeframe**

Three consultants will undertake this assignment:

- 1) One international consultant, who will be the team leader. This consultant will take overall responsibility for the design and implementation, and provide backstopping support for the in-country consultants. This consultant will have an in-depth understanding of community participation issues in Nigeria.
- 2) One Nigeria-based international consultant, who take a lead on implementation; the consultant will make 1 visit to the field during mapping implementation and provide backstopping support to the field team, and support in editing Ward reports. This consultant will have extensive experience in participatory research methods.

- 3) One Lagos State consultant who will work in the field with the Lagos Voice and Accountability officer to conduct the mapping in six wards. This consultant will have extensive experience of field research in Lagos context.

The PATHS2 Lagos Voice and Accountability Officer will work as an integral member of the consultant team during the scoping and design. The Officer will be responsible for all logistical arrangements for the team, as well as providing essential guidance on the context in Lagos State and making a technical contribution to the design.

Task	Team Leader	International Consultant	Lagos State Consultant
<b>Phase1</b>			
Work with P2 V+A to review literature	1	1	1
<b>Phase 2</b>	0	0	0
Develop a monitoring protocol	3	3	3
Provide focused capacity building to P2 V+A in SD issues	2	0	0
<b>Phase 3</b>	0	0	0
Field Testing in Ward 1 + Draft Report	0	3	3
Finalize Protocol	0.5	0.5	1
Implement mapping in Ward 2 + Draft Rpt	0	1	3
Implement mapping in Ward 3 + Draft Rpt	0	1	3
Implement mapping in Ward 4 + Draft Rpt	0	1	3
Implement mapping in Ward 5 + Draft Rpt	0	1	3
Implement mapping in Ward 6 + Draft Rpt	0	1	3
Finalize reports in response to comments	2	0	0
Modify protocol in light of experience above	0.5	0.5	0
<b>TOTAL INPUTS</b>	<b>9</b>	<b>13</b>	<b>23</b>

### Qualifications/Competencies

1) The Team Leader should offer the following competencies:

- Deep knowledge of approaches used internationally and in Nigeria to promote community participation in health and client feedback to service providers and policy-makers;
- Ability to apply core social development competencies, including: promotion of voice and accountability, gender equity, social inclusion, rights-based approaches etc.
- Familiarity with the health sector and CSOs in Lagos State
- Experience of working in Nigeria
- Excellent research and writing skills
- Excellent facilitation skills
- Familiarity with the PATHS2 programme
- Demonstrated team leadership skills.
- International level expertise in relevant research methods, and experience of their application to the Nigerian context.

2) The international consultant should offer the following competencies:

- Experience in the design of complex and innovative research studies
- Ability to apply core social development competencies, including: promotion of voice and accountability, gender equity, social inclusion, rights-based approaches

- etc.
- Familiarity with the health sector
- International level expertise in relevant research methods
- Excellent writing skills
- An understanding of participatory research methodologies, including rapid ethnographic approaches.

3) The Lagos State Consultant should offer the following competencies:

- Experience in the design of innovative research studies
- Ability to apply core social development competencies, including: promotion of voice and accountability, gender equity, social inclusion, rights-based approaches etc.
- Familiarity with the health sector in Lagos
- Expertise in relevant research methods and experience of their application in Lagos
- Excellent writing skills
- An understanding of participatory research methodologies, including rapid ethnographic approaches.
- A broad understanding of the CSO and civil society sector in Lagos essential.

#### **Reporting**

The consultants will report to the PATHS2 Lagos State Team Leader and PATHS2 National Monitoring and Evaluation Lead

#### **Duty Station/Location**

Lagos and the consultants' home base

#### **Key Reading**

Strengthening Health Services by supporting Community Participation in Lagos. PATHS2 2011

Community Sentinel Monitoring Proposal. Third Draft. PATHS2 2010.

PATHS2 International Literature Reviews:

- a. Demand side approaches to promoting greater responsiveness
- b. Accountability of private health service providers

PATHS2 voice and accountability baseline report.

Various additional background documents on PE analysis will be provided to the team.