Lessons Learned and Impacts of the CPH Experience in Nigeria

by

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EXECUTIVE SUMMARY

The political reality that BASICS I confronted in setting up its programs in Nigeria required innovative approaches to child survival that involved the community and the private health care sector, since the military dictatorship precluded work with government agencies at all levels. Thus, strategy of community based health coalitions was introduced in 1994, starting with an inventory of community based organizations (CBOs) and private health care facilities (HCFs) in poor communities in Lagos that were potentially interested in promoting child survival. This resulted in the formation of six Community Partnerships for Health (CPHs) in late 1995. A similar process resulted in five CPHs in Kano, the largest city in northern Nigeria, in 1997, and five more CPHs in Aba, a large commercial city in the eastern part of the country. Although Nigeria has started down the road to Democracy again, with an elected civilian government taking office in 1999, the CPHs are still relevant today as the CPHs contribute to the building of civil society and hopefully an environment more conducive to child health, development and survival.

One of the consequences of the Nigeria's return to the path of democracy was that the BASICS II project was designed to work with Local Government Area (LGA) Primary health Care Departments in the three states where the CPHs are located, Lagos, Kano and Abia. In the process, the CPHs that were developed under BASICS I programming, are slated to become independent non-governmental organizations (NGOs) by the end of 2001. BASICS made no secret of the fact that the CPHs were to become independent organizations from the beginning, and as reported in the 1997 Documentation Exercise, CPH leaders were well aware of this direction. BASICS I provided a variety of technical inputs and resources for CPH development including training workshops on both managerial and health issues and simple equipment needed for environmental sanitation and maintaining the immunization cold chain. BASICS I also guided the CPHs in developing their ow constitutions and using these as a basis for registering with the Nigerian Government as full fledged NGOs.

Over the years between 1995 and 2001, the CPHs engaged in numerous health and development activities, most of which were suggested and coordinated by BASICS staff, but many that were started on the initiative of the CPHs themselves as a response to community needs. Central activities included establishing regular immunization services at CPH HCFs as well as participation in the local manifestations of the National Immunization Days (NIDs) campaigns. CPHs also focused on health education for oral rehydration therapy (ORT) and exclusive breastfeeding (EBF). CPHs set up youth wings on their own initiatives, and these groups spearheaded community awareness and education about HIV/AIDS prevention. CPHs realized that a mother's ability to protect her child's health depended on her own economic well being and therefore initiated cooperative thrift and credit associations for their own members. BASICS later introduced a microcredit system for the Lagos CPHs. Using the shovels, rakes and wheelbarrows provided by BASICS, CPHs organized their membership to conduct regular environmental cleanup, initially as part of a monthly national environmental sanitation day, but later after national sponsorship of the event stopped, CPHs continued to work toward maintaining their environments. Individual CPH activities included adult education and skill training for women members in Kano and advocacy and mobilization to address community infrastructure problems such as roads and drainage.

The key questions that led to the final documentation/process evaluation found in this report were first, are the CPHs at this stage in their development capable of sustaining their health and development activities, and secondly, what lessons can be learned from the CPH process that can be applied to fostering community involvement in other health projects? In-depth interview with CPH members was the main tool for answering these questions. A minimum of 10 interviews with CPH leads, CBO members and CF representatives were conducted, ensuring that men, women and youth were included. There were also interviews with LGA health staff and political leaders. These interviews yielded descriptions of essential sustainability processes including organizational development, leadership capacity, linkages with outside resources and ability to raise funds, among others. These qualitative reports were supplemented with secondary analysis of available quantitative sources including a baseline survey conduced in the three sites in preparation for BASICS II activities.

Major conclusions from the data were grouped according to short and long term benchmark indicators. Lessons concerning the sort term indicators of organizational development and sustainability were generally positive. The process of developing a constitution and running an organization by its laws and norms has been a

positive and essential experience in all CPHs. It is seen as a living and useful document for running the CPHs and has been seen as a guide for more active community participation in the broader democratic processes of the nation.

The fact that a standard format was used in with each town and was quite similar among the towns is both a strength and a drawback. The strength as a common denominator lies in the future when CPHs will hopefully work more closely together on their own and form a central coordinating body that can continue to guide CPH development and action after BASICS no longer serves as the *de facto* "national headquarters" for the CPH movement. The weakness is that the current constitution may not reflect cultural and structural variations in the community ranging from indigenous leadership norms to the presence or absence of HCFs.

CPHs do refer to the constitution in their regular deliberations, and this is an important process for keeping ensuring that the constitution functions as a living document. This process would be strengthened by regular constitutional review. Constitutional review has begun in Lagos, and is especially needed in Kano. Having gone through Democracy and Governance training, Kano CPH members would likely produce a revised constitution that integrates indigenous and western democratic norms in a way that is more acceptable to the local people than the present document.

A coalition needs to balance size and participation. Size is needed in order to have social and political impact on structures such as the LGA. Participation, on the other hand, may be inhibited when coalitions are too small. The structures of dyads and wings/committees appear to address this balance. These structures provide a strong organizational base and an opportunity for participation by a wide variety of CBOs and individual members in an area of a LGA large enough to have a potential political impact. The reliance on having a HCF at the center of a dyad may be a weak point and needs to be reexamined in poor communities. The constitutional review process suggested above should also examine alternative ways for organizing dyads and committees such as WEC to make them more culturally and politically appropriate. All large communities have smaller neighborhoods, and as one suggestion, dyads could be based on neighborhoods based in Kano or Makoko instead of on HCFs.

CPHs have the potential for individual self-management, but one strength of the program has been the ability of the CPHs to act in concert. The CPH is like a national movement, and the Lagos office, with its branches, has served as a national headquarters. This arrangement is no longer feasible, and a new arrangement is needed for central coordination of the following functions:. Leadership, management training for new leaders, Bridging and follow-through with proposal writing, vetting and acceptance, Forming new CPHs, e.g. out of BASICS II micro-planning process, and Conflict resolution/mediation.

Membership gains are one piece of evidence that an organization or an idea has credence in the community. The slow but stead growth of membership in Lagos and the large initial enthusiasm for membership in Aba imply that the CPH is an idea that has appeal in the lower income areas of at least two major cities in Nigeria. The role of youth and women's wings are important structure for creating wider opportunities for participation by diverse community groups. Alternative health care member arrangements are needed based on the experiences in Kano and Makoko.

CPHs have established mechanisms to generate both temporary and recurrent funds, but especially in Kano, there is need to secure reliable funding sources. Indigenous investments such as cooperatives and businesses are an important foundation. Payment of dues is necessary to show commitment, even if this process does not yield much money. CPHs can write grants and need to be guided to continue this process until they have several successes under their belts.

The CPHs are a valuable programming resource for BASICS II and other donor and IP agency activities. CPHs have shown themselves as capable of carrying out central BASICS program priorities as well as innovating in planning based on their own perceived needs. CPHs are an important advocacy tool for ensuring LGA accountability when it comes to delivering regular services such as immunization and environmental sanitation.

Therefore, BASICS II should see the CPHs as a valuable resource for both leadership, training and program

implementation and monitoring community based activities within the CPHs' own LGAs and as resources to the new LGAs during BASICS II. Incorporating the CPHs as resource agencies into the new program will strengthen the CPHs's skills and increase their self-confidence.

Training has been a substantial foundation for forming CPHs and is essential for creating and maintaining new roles and functions of members. The ability to replicate training may depend on the availability of the following: 1) training guides that ensure that essential content and learning processes are outlined and thereby standardized, 2) resource people and trainers with competence, and 3) funding to cover basic expenses. Training has created a valuable community based resource. Existing CPH members are also capable, in large part, to serve as trainers and training resource people for BASICS II and other IP and donor projects.

The production of training guidelines for areas covered so far in establishing the CPHs is the responsibility of BASICS staff. As they would have drawn on existing training guides produced by such groups as the Federal Ministry of Health, CDC and WHO, what remains is either to provide copies of these to the CPHs or to synthesize these into a simpler format that could be used by community groups such as CPHs. Since not all CPHs have HCF members, linkage among CPHs and between CPHs and other NGOs and donors is essential to ensure that health staff who can serve as trainers are available.

A financial plan for training needs to be devised by each CPH. It would be normal to expect that the CPHs would fund their own management and governance training to ensure the continual production of appropriate and committed leaders. Leadership orientation does not need to be expensive. Technical training in primary health care issues for new members and revision courses for old members does not have to be expensive and can draw on local donated materials, resources and methods and use local inexpensive venues (Brieger and Akpovi, 1982-83). Lawanson CPH medical staff also demonstrated that training does not have to be expensive when they themselves conducted workshops on HIV/AIDS for their youth wing members. Training that supports new program areas (e.g. as in the case of Family Planning in Ajegunle and Amukoko) most likely needs to be linked with the proposal development and connected to national and international donor agencies.

Evidence for some of the longer term benchmarks or sustainability indicators is available, but it is too early to expect major achievements in these areas, especially in Kano and Aba. Concerning "Building and Maintaining Community Infrastructure," groups in Kano have specifically addressed community improvement needs such as road conditions and drainage and have advocated regularly with the LGA about electrically supply. In Lagos, the Makoko CPH especially has addressed the issue of roads and drainage. Interestingly, the Kano CPHs and Makoko share a similar characteristic in their lack of strong HCFs, and possibly their focus on broader community infrastructure issues reflects their need to seek other avenues of action. Environmental sanitation activities have become a regular part of the CPH program, showing all ave interest in the quality of their environments.

In the area guaranteeing "Human Services" health and education stand out as CPH achievements. Kano in particular used education of TBAs as a means of enhancing MCH services. Adult education for women was another major achievement in Kano, but as explained above, this has yet to be institutionalized and sustained.

Provision of regular immunization services, as opposed to the NID campaigns, was an original achievement of the Lagos CPHs, and they are coming to realize the need to go back to ensuring this service is regular and operational in all HCFs. Concerning the current NIDs, CPHs no longer play major decision making roles, but their participation, especially in places like Aba and Kano where the public was skeptical about the service, has demonstrated an important collaborative role for the CPHs in this area of service provision.

The benchmark of "Community Security" has not been addressed directly by the CPHs, but in kano and to some extent in the other towns, existing vigilante CBOs have been involved as CPH members. This shows that the community had some capacity to address this issue prior to CPH formation. What the CPH adds to the process is the ability to coordinate the various local security roups and give them a common identity and purpose for protecting the community and the health of its children.

Enhancement of "Economic Opportunities" was a felt need in the early days of thee Lagos CPHs and has been

a concerned echoed by all subsequent CPHs. The Lagos groups took the initiative of forming their own savings and loan cooperatives building on local norms and actual law in southwestern Nigeria. This effort was enhanced by the pilot microcredit scheme which was given seed money by BASICS. This component of the CPH program ensures that members truly see a personal benefit in membership, and has been a reason why new groups have joined.

The economic needs in Kano are more severe than Lagos, and yet efforts to organize cooperatives have not met with success as this type of financial institution is foreign to the local people. They commonly complained that they lacked the basic money to make the contributions needed to join and maintain membership in such a scheme. Requests were made through the interviewers to have the microcredit program brought to Kano. Although BASICS explained that the Lagos scheme was a one-time experiment, its success in Lagos and the special needs in Kano make it desirable for BASICS, the CPHs and other IPs to help the Kano CPHs find a seed grant to start their own credit program.

"Policy Changes" as a long term benchmark are difficult to see at present. The LGA governments are relative new and are still finding their feet. They may bring the CPHs in to collaborate once their programs have been designed, but they have yet to see the CPHs as regular partners in planning. The fact that some CPH members have recently run for LGA political office is an encouraging sign that the D&G workshops have empowered CPH members to think beyond their own organization in terms of seeking to improve the quality of life in the community. It is likely when new LGA elections come up in 2003 that more CPH members will run for office, and at that time will be in a good position to influence LGA health ad development policies.

"Advocacy and Accountability" are long term benchmarks that will be enhanced when more CPH members enter into local politics, but evidence already exists that the CPHs are able to influence the quality of immunization campaigns and environmental sanitation services by their constant advocacy visits to the LGA offices and their active participation in these programs. They are serving as a two-way communication channel between the public and the LGA service providers.

"Realization of Interconnectedness" has been expressed by many respondents who talk about enjoying seeing many people of diverse religious, ethnic and economic backgrounds coming together under the umbrella of the CPH to work for the betterment of children in the community.

The Lagos and Kano CPHs set out clearly defined goals when they developed their "sub-project proposals" (SPPs) for USAID. As noted, Aba did not develop SPPs. The original SPPs (circa 1995-7) focused on both health and behavioral outcomes for the following issues: immunizable diseases, malaria, diarrheal diseases, HIV/AIDS and family planning. Nutritional concerns were added later (1999-2000) and included exclusive breastfeeding. Social issues expressed in CPH goals included women's participation in both the CPH and the broader political process and enhancing member economic opportunities through participation in cooperatives and microcredit schemes. These indicators lend themselves best to measurement through quantitative means. This led to the secondary analysis of the BASICS II baseline surveys and the search for other sources of such data.

Secondary analysis posed some limitations. Not all CPH activities were the focus of the BASICS II survey. The CPHs often had little programmatic control over some indicators such as the National Immunization Days campaigns. The format in which the secondary data was made available did not make it possible to distinguish between women who had contact with th CPH and those who did not. The timing of interviews occurred prior to the NIDs in Lagos. Despite these problems it was possible to use the secondary analysis, to conclude that the CPHs had the following positive effects on the health behaviors of mothers in the CPH areas of CPH LGAs compared with mothers in the non-CPH areas of the same LGAs:

- Initiation of breastfeeding within 24 hours of birth overall, and particularly in Kano.
- Receiving at least two tetanus toxoid immunizations during last pregnancy overall, and especially in Kano.
- Receiving vaccine during most recent NID in Kano
- Receiving Vitamin A during last NID in Kano and Aba

- Possessing an immunization card is somewhat more likely in Lagos

Several recommendations were derived from the findings as seen below. Although BASICS II does not focus specifically on the CPHs, this second phase should still see the CPHs as valuable resources and role models and involve their members as consultants to new community health efforts. The following recommendations spell out these issues in more detail.

a. **CENTRAL COORDINATION:** In the absence of the BASICS office service the function of an erstwhile 'national CPH headquarters' there needs to be some form of central coordination of CPH activities to ensure that essential organizational development and maintenance processes continue. The CPHs themselves need to decide on the organizational form of this central coordination and whether it is national and/or local in nature. Options include liaising with an existing NGO to perform those functions or formation of a new governing body for the CPHs by the CPHs themselves. Regardless of the format, a startup grant will be needed to ensure that such a body would be viable for the first few years. In addition, some sort of constitution or set of bye-laws would be needed to define relationships and responsibilities. General functions of central coordination are outlined below.

   (1) **LEADERSHIP DEVELOPMENT:** Central coordination of future leadership and management training is needed to ensure that new generations of CPH leaders are produced and are socialized in a similar training setting and maintain similar and high standards of CPH functioning.

   (2) **COMMUNICATION AND CONFLICT RESOLUTION:** Central coordination is also needed to foster communication and sharing among CPHs. This is particularly important as BASICS staff will no longer be available to negotiate among parties to a crisis. CPHs have in the past demonstrated their willingness to learn from each other (e.g. the idea of the cooperative), and this type of interchange should continue through an inter-CPH forum in each town. There may also be the need for an umbrella NGO to coordinate existing and foster new CPHs.

   (3) **TECHNICAL TRAINING:** Since technical expertise in health matters is not equally spread in all CPHs, central coordination can be responsible for helping source funds, maintaining standards across CPH, sharing expertise among CPHs and seeking external resource people and funds.

   (4) **PROPOSAL DEVELOPMENT:** CPHs need assistance to review and finalize future funding proposals until such time that they become successful grant recipients. Particular attention is needed for Kano, since two o the five CPHs have not received external grants, and in Aba where the groups are completely untested in their grant writing abilities.

b. **BASICS' EFFORTS:** Although BASICS' former role with the CPHs has ended, there are some areas where a continued relationship between the CPHs and BASICS II should continue from both a technical and ethnical point of view.

   (1) **CONTINUED LINKS:** Following from the previous recommendation on central coordination by CPHS themselves, BASICS, as long as it is in Nigeria, should continue to link CPHs, individually and collectively, with USAID partner programs and other donors. BASICS could also help review gant proposals from CPHs to other donors to ensure quality.

   (2) **SELF-EVALUATION:** Capacity building for self-evaluation needs to be institutionalized with the CPHs to enable them to be accountable for future donor monies they may receive. Included should also be the establishment of HCF-based MIS. BASICS should ensure that CPHs gain and institutionalize these skills either through arrangements with consultants or by involving the CPHs in carrying out these functions as part of the monitoring of BASICS II activities

   (3) **COALITION FORMATION:** The effect of collective bargaining and advocacy by formal coalitions like CPHs shows the value of institutionalizing coalitions at the LGA level. Existing CPHs should play the

role of midwives to new coalitions and/or CPHs that could potentially arise from the efforts of BASICS II. BASICS should plan to find funds to help these nascent CPHs pay the registration fee with the Federal Corporate Affairs Commission.

(4) **MICROCREDIT EVALUATION:** A separate study is needed to look at both the management and impact of the microcredit scheme. This may lead to the need to source additional grants to start similar schemes in Kano and Aba.

c. **CONSTITUTIONAL AND ORGANIZATIONAL REFORM:** CPHs are at different stages of development, but all needed to be open and questioning about the forms of governance and functioning that they have adopted, and regularly update these to reflect local realities and needs. This constitutional review process is already underway in an inter-CPH forum in Lagos. Such forums need to be established and guided in all CPH sites. Some issues that need to be addressed include the following:

(1) **ALTERNATIVES TO DYADS:** A different model of CPH formation and constitutional structure apart from the current HCF-CBO dyad system is needed for poorer communities that lack a strong and competitive HCF presence. One alternative could be a neighborhood bases system. Other local ideas need to be generated by the CPHs themselves.

(2) **APPROPRIATE LEADERSHIP FORMS:** a balance is needed, especially in Kano, between establishing culturally acceptable rules for leadership succession and guarantee that all members have the opportunity to participate in leadership roles.

(3) **DUES AND INCOME:** CPHs need to examine the implications of paying or not paying dues as a sign of commitment to the organization by its constituent members, especially when the now that the CPHs can no longer expect direct and indirect support from BASICS. A financial planning and accountability function might be a valuable addition to the constitution.

1. BACKGROUND

1.1 The Social and Political Context of CPH Development

BASICS Community Partners for Health (CPH) program was a child of necessity. When BASICS arrived in Nigeria in 1994, it and the other USAID implementing partners (IPs) were proscribed from working with the Nigerian Government by the US State Department. In other countries BASICS worked directly with national and sub-national governments to undertake, as its name implies, the ability of health agencies to institutionalize child survival programs and programming capacity. The challenge in Nigeria was to find suitable partners with whom to achieve this goal.

Previously, the REACH project had documented that urban immunization coverage was a national problem that required special attention and solutions. In this case the urban poor were somewhat worse off in terms of health service access than their rural counterparts. This seemed ironic given the plethora of private health care providers and specialist government hospitals in the urban setting, but poverty proved to be more of a deterrent than proximity. BASICS took up this challenge by pioneering the establishment of coalitions of community based organizations (CBOs) and private health facilities (HCFs) in six poor communities in Lagos. A documentation-evaluation exercise in 1997 reported the processes used by BASICS to organize and support these coalitions, and some of the steps will again be briefly outlined herein. The success of the Lagos CPHs led to the establishment of two Lagos field offices that organize five new CPHs in Kano and five more in Aba.

The BASICS I program was planned for five years, at the end of which it was hoped that the 16 CPHs would be able to function as independent NGOs by being able to earn their own income and continue to plan child and community health and development programs desired by their membership and their communities at large. This report takes a primarily qualitative look at the situation of the CPHs in 2001 and based on the findings draws conclusions about how ready the CPHs are for "independence" from BASICS and makes recommendations about the future processes and resources that are needed to guarantee sustainability of these organizations. Since BASICS II is working on developing approaches to create partnerships between Local Government Area (LGA) Primary Health Care (PHC) Departments and CBOS in the planning and delivery of child health services, this study has tried to draw lessons about the role and functioning of CPHs over the past six years that can be applied to the new project. With these concerns in mind, the study was undertaken to provide documentation and recommendations in three areas:

1. Lessons learned from the CPH experience, including successes and difficulties encountered
2. Impact of the CPHs on social and health conditions and status
3. Transition of CPHs to independence

1.2 Coalition Building Processes

Although African urban residents may have poor or limited access to the health, educational, development and social services of "modern" society, they often make up for such gaps through a rich and diverse system of social networks. various voluntary associations are created to aid the newcomer to integrate into urban life. These include religious societies, trade unions, recreation clubs, and perhaps the most important, ethnic or home town associations (Mabogunje, 1976). Mayo (1969) identified three functions of West African urban voluntary associations to include: substituting the function of the rural extended family, functioning as an agent of social control, and assisting in the adaptation of rural migrants to urban life. Barnes (1975) identified five types of voluntary associations or CBOs in metropolitan Lagos: religious groups (which were most prevalent), primary or ethnic associations, work related groups (including unions and market associations), recreational groups (e.g. involving sports, hobbies), and *esusu* or revolving credit and savings associations.

The types of CBOs described above, while abounding in the urban environment and providing for some of the social needs of individual members, usually did not have much impact on the broader social, economic and health environment of the community. BASICS staff decided that by bringing like-minded CBOs together at the community level, social and health changes could occur. The CPH is basically a community coalition that brought

together CBOs and private HCFs to plan how to ensure that promotive, preventive and treatment services and programs were made available to children in poor urban communities in three Nigerian cities. As a respondent from Aba explained, "Our CBO members have known that there is power in unity," which is the major purpose of any coalition.

Butterfoss *et al.* (1993) define a coalition as "an organization of individuals representing diverse organizations, factions or constituencies who agree to work together in order to achieve a common goal" (Feighery and Rogers, 1989), and "an organization of diverse interest groups that combine their human and material resources to effect a specific change the members are unable to bring about independently" (Brown 1984). By being united for a purpose, coalitions can achieve the following (Butterfoss *et al.* (1993):

1. Enable organizations to become involved in new and broader issues without having the sole responsibility for managing or developing those issues,
2. Demonstrate and develop widespread public support for issues, actions or unmet needs,
3. Maximize the power of individuals and groups through joint action, i.e. increase the critical mass behind a community effort by helping individuals achieve objectives beyond the scope of any one individual or organization,
4. Minimize duplication of effort and services, resulting in improved communication and trust among partners,
5. Help mobilize more talents, resources and approaches to influence an issue than any single organization could achieve alone,
6. Provide an avenue for recruiting participants from diverse constituencies, such as political, business, human service, social and religious groups and individuals, and
7. Exploit new resources in changing situations because of their flexible nature.

Butterfoss *et al.* (1993) outline four stages in the development of coalitions: formation, implementation, maintenance and accomplishment of goals. During the 1997 documentation exercise, attention was focused primarily on formation and implementation. The present exercise now looks at maintenance and accomplishment.

BASICS Nigeria's 1997 Documentation Activity identified 27 steps, processes and activities used in the development of the coalitions known as CPHs (Brieger *et al*., in press). These varied in complexity from printing of letterhead stationery to developing a constitution. Listed below are eight of the steps that led directly to the formation and recognition of a CPH as a corporate entity.

1. Urban Private Sector Inventory of CBOs and HCFs.
2. Community Fora for CBOs and HCFs to discuss CPH
3. CPH Formation
4. Governing Board Formation
5. Memorandum of Understanding - Roles and Responsibilities of Partners
6. Planning Workshops - Sub-Project Proposals
7. Constitution drafting and approval
8. Registration with Corporate Affairs Commission

1.3 Overview of CPH Development and Growth

The actual process and history of CPH formation in the three cities is outlines in Table 1. Generally, the process of CPH formation takes about two to three years. Lagos CPHs as the foundation, took longer mainly because of learning the procedures involved in applying for government registration as NGOs.

Over the six years of active CPH functioning, most have grown. Table 2 shows the current CPHs in each city as well as the number of Dyads, that is the clusters of six or more CBOs and their own HCFs in each CPH. The

dyad is an intermediate structure between the CBO and the CPH, but is also more local, giving more room for active CBO involvement in programming and action. Kano presents a challenge in that there is a scarcity of available and willing private HCFs to join the CPH and around which dyads can form. The idea was originally put forth that in Kano, patent medicine vendors (PMVs) would not only be included in the CPH, but could form a third leg on which triads would be formed. In reality, the multiplicity of individual shops with one or two staff did not make an appropriate and comparable institutional alternative to HCFs, and PMVs were more generally recognized in Kano collectively, as another association or member CBO.

Figures 1-3 are based on the 1997 documentation exercise and a 2000 survey of CPH membership. Figure 1 shows a continued growth of CBO membership in Lagos, but only a slight increase in HCFs. Kano is unique in that it involves individual patent medicine vendors (PMVs) and indigenous health care providers as members. Figure 2 shows that while the numbers in this special category of health care providers have increased, the number of CBOs and orthodox HCFs has declined, according to official reports. Finally, Figure 3 shows that Aba started with a major growth spurt and contains more CBOs and HCFs than the other two cities combined.

Table 1: CPH Formation Timeline

Activity	City/Year		
	Lagos	Kano	Aba
UPSI	1995	1996	1999
Fora	1995	1997	1999
CPH Formed	1996	1997	1999
Governing Board	1996	1997	2000
MOU	1996	1997	2000
SPP	1996	1998	X
Constitution	1997	1997	2000
NGO Registration	1998	1999	2001

Table 2: Current Structure of the CPHs

TOWN	CPH	DYADS	LGA
Lagos	Lawanson	6	Surulere
	JAS	2	Mushin
	Lagos Island	2	Lagos Island
	Makoko	1	Lagos Mainland
	Ajegunle	6	Ajeromi/Ifelodun
	Amukoko	3	Ajeromi/Ifelodun
Kano	Yakasi	(note attempted formation of triads with PMVs in Kano)	Municipal
	Gama-B		Nasarawa
	Sheshe/Mandawari		Municipal
	Badawa		Nasarawa
	Gwale		Gwale
Aba	Aba Ukwu Amano	10	Aba South
	Ohazu	6	Aba South
	Etiti Ohazu	3	Aba South
	Eziukwu I	7	Aba South
	Eziukwu II (Asaokpuaja)	8	Aba South

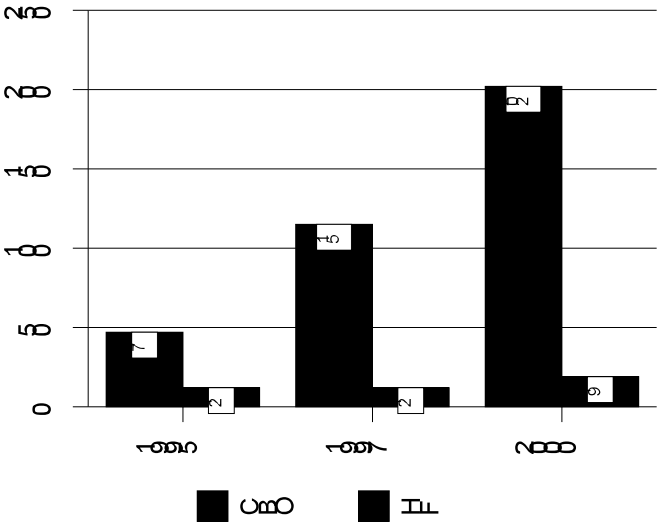


Figure 1: Growth in Lagos CPH Membership

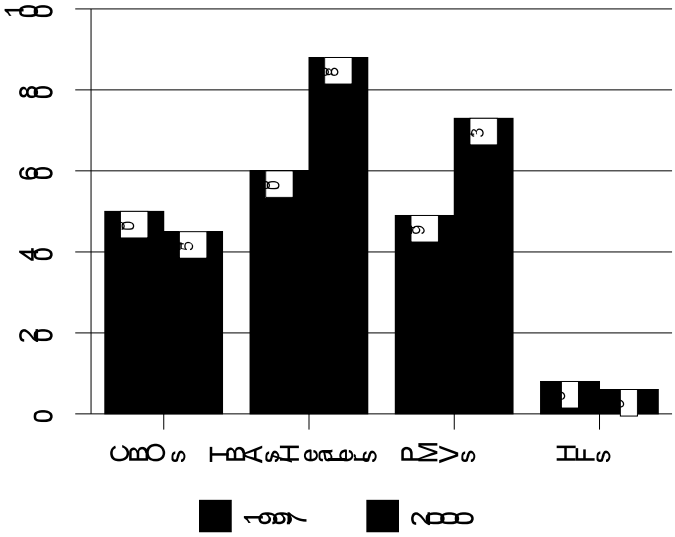
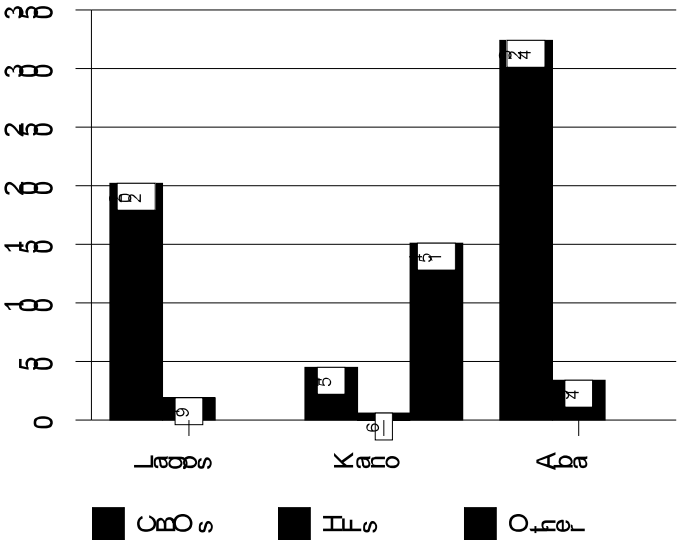


Figure 2: Kano CPH Membership Changes

Figure 3: CPH Membership as of 2000 in Three Cities



1.4 Preparation for Independence

BASICS Staff from the beginning or CPH organization made it clear to all community partners that the program had a five-year time limit, and at the end of the project period, CPHs would be expected to function independently. CPH awareness of this time frame was evident even during the 1997 documentation exercise. Now the BASICS II is focusing on strengthening the ability and willingness of LGAs to plan together with CBOs as true partners in child survival, they have been making concerted efforts to phase out formal involvement with the CPHs and guide them toward independence. This does not mean that CPHs will be forgotten during BASICS II. Their role in the LGAs where they exist will be to collaborate with LGAs in the planning process and serve as examples to other CBOs of how united community efforts can help stimulate LGA programing for child health. BASICS has outlined eight specific activities that are intended to help CPHs focus on how to sustain themselves including -

1. Print and distribute copies of the constitution in all CPHs
2. Provide training in leadership management at all levels
3. Provide training in proposal writing and assist in the generation of proposals and links with donor agencies
4. Ensure all CPHs have environmental sanitation materials and are conducting regular sanitation activities
5. Institutionalize democratic elections
6. Conduct a financial audit of each CPH and share the results
7. Audit all micro-credit systems
8. Ensure each CPH has established and equipped a secretariat

2. METHODS

Health interventions centered on community participation, like the CPH program, can be evaluated from two major perspectives, health indicator outcomes and social development outcomes. Morgan (2001) explained that, "Much of the debate over participation involves conversations between anthropologists and epidemiologist." The former seek to understand the intervention from the participants' point of view, while the latter seek to measure outcomes and impacts. Morgan (2001) also noted that the concepts of participation and sustainability have become interwoven over the past decade. This presents methodological challenges because, as she noted, participation is an ongoing process that characterizes the way a program is managed, while sustainability implies an endpoint or at least a milestone wherein a certain configuration of indicators are present to demonstrate that the program can continue under its own steam.

This particular document on CPH Lessons takes primarily the anthropological view and focuses on participation first. The investigations attempted to learn from the actors themselves, the CPH leaders and the CBO members what were the essential steps and processes that they engaged in to create and keep their CPHs running. The Nigerian program offers an opportunity to look at these processes at different points in time and through different cultural perspectives. Clearly, one would not expect the Aba CPHs that formed in 2000 to have undertaken the full extent of participatory processes as the Lagos CPHs, established in late 1995. One would expect that Lagos CPHs would be closer to achieving sustainability, and in studying both sites together, one may be privileged to perceive nascent processes underway in Aba that have been seen to indicate that the Lagos CPHs have succeeded in maintaining themselves for five year. Therefore this report should be seen in the context of both process documentation (and thus a continuation of the 1997 exercise) as well as an evaluation exercise to determine to what extent sustaining processes have been institutionalized in the CPHs of the three cities. Furthermore, this activity has been fortunate to have been able to draw on quantitative survey data that was collected a few months prior to this qualitative endeavor. The survey should offer some evidence of the outcomes that the epidemiologists on the team desire, but at the same time, it should be recalled, that the survey was not designed specifically to answer all the questions one would desire to have answered about the effects of CPHs and community participation in health.

Questions were framed during this exercise to gain insight on what CPHs had done and what processes had been put in place to sustain their efforts after the end of BASICS I in December 2001. The interview guide drew on

important indicators of sustainability for USAID projects in South American and Africa, identified by Bossart (1990) that included both types of outcome, health and social, including -

- Demonstration of effectiveness in reaching clearly defined goals
- Integration of activities into fully established administrative structures
- Gaining significant levels of funding from national sources
- Establishing a project design process that is mutually respectful
- Including a strong training component

Health indicators by nature require more quantitative measures, ideally gathered over time so that trends can be seen, while the social indicators rely more heavily on qualitative research. Social outcomes include 1) Organizational structures and changes, 2) Community norm/law changes, and 3) Community awareness changes (Kegler, Twiss, Look, 2000). This study of lessons from CPH efforts to achieve sustainability focused primarily on the processes and structures that might enable CPHs to continue and grow and therefore, utilized qualitative methods.

A variety of methods had been considered but were dropped in favor of in-depth interviews. During the documentation exercise of 1997, the team reviewed annual reports of the CPHs. Unfortunately, submission of annual reports appeared to have stopped around 1998. On the positive side, the 1997 documentation review did lead to the development of a documentation centre in the BASICS main office in Lagos, so it was easy this time to find files on the different CPHs. Another instrument used in 1997, was the organizational development checklist. This was also designed to function as a self-study instrument. It became clear in Kano that issues of language and content complexity made it difficult to complete, and therefore this procedure was not used again.

The fact that BASICS II had commissioned a survey of the CPH LGAs and new, non-CPH LGAs was another reason for taking a primarily qualitative approach for this study, that is a desire not to duplicate efforts. Data from the "Integrated Child Health Survey" and its accompanying "KAP Survey" were made available for secondary analysis of factors and indicators of health seeking behaviors that might differentiate intervention and non-intervention communities on a *post hoc* basis.

2.1 In-depth Interviews

Brainstorming by BASICS staff from Washington and Lagos yielded the content of the in-depth interview guide (Appendix A) used in the study. Several broad areas of interest included the following: CBO roles in CPH development and maintenance; CPH leadership, structure and functions; perceptions of CPH achievements in health and development; sustainability indicators such as fundraising capacity, planning ability, linkages with other agencies (especially local governments), and holding elections/transfer of leadership; perceptions of needed essential inputs; and efforts to achieve independence. The instrument was pre-tested among CPH members in the Lawanson/Surulere CPH of Lagos. A shorter interview was developed for local government officials (Appendix B).

Sampling was purposive with efforts to interview CPH and CBO leaders based on the following categories: city, gender, and status (i.e. CBO or CPH representative). A minimum of 10 interviews were conducted in all 16 CPHs in the three cities. The 16 CPHs were actually located in only nine local governments. At least three respondents per LGA were sought including one political leader and two health department staff. Table 3 shows the breakdown of CPH interviews by town and type.

Experienced interviewers, most of whom had worked on BASICS or USAID surveys previously, were recruited to conduct the interviews. They were supervised by the consultants and provided logistical support by BASICS field staff. All interviewers had at least a Bachelor's degree in some field of education or social science, and most had a Master's degree. They received orientation prior to administration of the interview instrument. The most important part of that process was introduction to the CPH concept so that they would be able to understand technical terms used in the interview and have a sense of project history. The latter was intended to help them understand responses and probe.

Table 3: Interviews in Each City

Category of Interviewee	City			TOTAL
	Lagos	Kano	Aba	
CPH/CBO (Gender)				
Female	37	17	19	73
Male	39	35	32	106
TOTAL	76	52	51	179
LGA Officials				
Health Staff	15	4	4	23
Political	6	4	0	10
Traditional Ward Heads	0	4	0	4
Other*	2	0	0	2
TOTAL	23	12	4	39

*community development staff

Interviews were arranged through a combined effort of the BASICS field staff and CPH leaders and were usually held at a CPH secretariat or another large or central venue in the CPH neighborhood. Generally, one day was devoted to interviews in each CPH, with days left at the end of the interview period to make up for missing interviews and to interview LGA officials. Each interview took approximately two hours. In seeking consent to conduct the interview with each respondent, interviewers explained that the length was due to the fact that this would likely be the last time that such information would be sought from the CPHs and therefore, adequate time was needed for responses to tell their full experience and concerns.

Narrative data were coded and analysed using TextBase Beta software. TextBase Beta software was developed by Bo Summerlund and distributed by Qualitative Research Management of Desert Hot Springs, California. It is designed to code and sort qualitative data transcripts that have been entered with standard word processing software and saved as DOS ASCII text files. Using TextBase Beta software, a standard node tree of domains and concepts of interest was developed for coding the text (Appendix C). The programme allows files to be given variable assignments, and thus, it was possible to sort and then to compare responses by for example, city to learn whether different patterns of responses could be discerned.

2.2 Survey Data

The Integrated Child Health Survey (ICHS) and the KAP Survey were conducted in November 2000. A total of 4902 women (who were mothers of 7445 children under five years of age) were interviewed in the three states for the ICHS. These included samples in all LGAs where CPHs existed plus new LGAs where BASICS II expansion activities were being planned. A subset of 859 were interviewed for the KAP Survey. The process of data entry and initial cleaning was not completed until July 2001, at which time a preliminary report of frequencies was made available. A revised set of tables was made available for secondary analysis in batches between September and October 2001 that compared respondents in the CPH and non-CPH areas of LGAs with CPHs.

Although a large number of women were interviewed, sub-samples were often small, e.g. women whose children were in the appropriate age group to analyze for exclusive breastfeeding. Another factor that reduced

sample size occurred when breaking results down to CPH and non-CPH areas within an LGA where a CPH was located.

2.3 Other Available Data

As noted, an important source of data during the first documentation exercise was CPH board meeting minutes and annual reports. These were no longer being submitted to BASICS at the time of this exercise. Prior to a meeting on CPH independence issues in early 2001, some CPHs did submit summaries of their 2000 achievements, but these generaly lacked quantification of achievements. Previous BASICS central staff had attempted collection of facility based data. This was not systematically reported, although the consultants did find a report on a subset of these in another BASICS document.

Another potentially valuable source of quantitative information were the reports of the Capacity Building Exercises (CBEs) that took place in all Lagos dyads between 1997 and 1998. CBEs were intended to provide CPHs with the technical skills to undertake small scale surveys in their catchment areas to measure indicators such as immunization coverage and ORT use. The CBEs were based on 100 Household samples around the HF in each dyad. The value of CBEs was in their potential as monitoring tools. Analysis was intended to be simple and easy to use, e.g. hand tallying of results by CPH members themselves. Unfortunately, after the initial exercise in each dyad, there appears to have been no repeat or the process. The summary reports from 1998 were still reviewed.

3. SUSTAINABILITY PROCESSES

The section considers four broad processes that are required for a coalition or community organization to be sustained. The first addresses basic governance procedures including the constitution, leadership and elections, the dyad structure and conflict management. The second considers how the CPHs attract and maintain a membership. The third component is programming and perceptions and reports of program planning competency. Finally, the ability of the organizations to generate funds is considered.

3.1 Governance

3.1a *The Constitution*

The CPH constitution grew out of the original Memorandum of Understanding (MOU) that was developed in 1996 to help CPH members to understand their roles and responsibilities, to express the goals of the CPH and to define the unique relationship between CBOs and HCFs. It was necessary for the CPHs to adopt a formal constitution in order to register with the Federal Corporate Affairs Office in Abuja as a not-for-profit, charitable organization. The final document was developed jointly by BASICS and the CPHs and is standard for all CPHs in each town, although each CPH did submit its own copy for its own individual federal registration. In the 1997 documentation exercise of the Lagos CPHs, there were complaints that CBO members had not seen the MOU and wanted copies. At this point in time copies of the constitution have been printed and given to each CPH. Some have even sold the copies for a nominal sum to generate income. There is even a Hausa Language version for Kano. The constitutional review and acceptance process was being undertaken in Aba during 2000 and was finalized in 2001.

The comments about the constitution and any needs for amendment are presented in this section. As expected, there are differences in knowledge of and perspectives on the constitution in the three towns based on part on their differing lengths of experience with the document and with the socio-political differences of each site. What is important to look for is evidence that the CPHs see the constitution as their own - as a workable document to run their organization, and not simply as another program guideline passed down by BASICS.

In 1997, Lagos respondents talked about the MOU/Constitution as the glue that held the CPH together and gave them guidance to run the affairs of the CPH. There was still generalized praise for the document in 2001, as seen in this comment from Ajegunle, “It has helped in keeping us together, in enhancing our unity,” and “The constitution has stabilized the organization so that there is no conflict.” (Makoko) “The constitution has served to

regulate our conduct. We know what to do and what not to do and this has provided peace." (Ajegunle)

More specific contributions were noted in Amukoko, a respondent noted that, "It has helped to resolve conflicts especially during elections by referring to specific areas in the constitution." In JAS, the constitution helped as follows: "It has helped, for example, those cooperative officials who gave an unauthorized loan were flushed out, following the constitution."

In 2001, more respondents were business-like in discussing the pros and cons of the constitution, indicating a greater degree of familiarity with and actual use of its provisions. There were also cases where people attributed issues to the constitution that were not actually among its provisions.

Several respondents outlined constitutional provisions with which they were familiar as seen below. It is interesting that the comment on provision for changing dyads by CBOs came from Ajegunle. When Ajegunle was expanded in 1998, against the wishes of the founding governing board, a number of CBOs left the original Rikky Dyad to join the new ones among charges and counter charges of tribalism and opportunism.

- I have read the constitution. I know why the CPH was established, why we must be holding meetings, elections, about the need to embark on sustainable projects. The constitution says that elections should hold every two years. The constitution encourages us to have dyads, that we need health facilities to back up these dyads. (Makoko)
- The constitution is working. No problem. Before the dyads can be formed, there must be at least five CBOs. It has helped especially in the formation of dyads which helps to put proper organization into the CPH. It has not hindered in any way. The constitution makes it certain that nobody hijacks the CPH for personal use. The constitution helps to gain sustainability because it ensures that no individual can lay hands on the CPH finance. (JAS)
- The constitution gives condition for transferring from one dyad to another; the constitution provides for two year tenure for officers. (Ajegunle)
- I know there is a provision which specifies that 10 % of the total earning of the dyads should go to the CPH. The dyad members adhere strictly to this provision. This is where we get money to fund the activities of the CPH. This provision is the main source of funding of the CPH. (JAS)

Most respondents, when asked about the need for constitutional changes responded like this person from Makoko. "I don't have any suggestion, since the present one is good enough." Below are described the various provisions that other CPH members believe, after five years of experience, require addition, change or clarification.

Membership and Fees

- Constitutional changes are needed. First is the issue of "participatory card fees." This should be re-framed as annual membership dies because people believe that at present all they have to do is pay once and for all. (Lawanson)

Youth, Women's and other Committees

The issue of the youth member of the governing board is addressed in one sentence in the constitution and youth are mentioned under the provision about establishing committees. Some members would like to see more details in defining the youth role. WEC is treated in the same general terms as is the issue of youth involvement in the CPH.

- The youth should be formally embedded in the constitution. (Lawanson)
- The current constitution did not define a proper role for the youth wing. This should be visited. The youths are very important. (Amukoko)
- Also, in case of resignation of a chairperson, or a Youth coordinator, the constitution is not clear, does not state if the Vice can step in. (Lawanson)
- The WEC aspects should also be made stronger. (Lawanson)
- There is no finance committee; this should be included in the constitution. (JAS)

Leadership Roles and Eligibility

Several contentious leadership issues have arisen over the years including the prominence of medical doctors, the length of term, the role of former officers on the governing board and eligibility criteria for office. Unfortunately, some of the responses document the perception that BASICS staff are meddling in what should be a constitutional decision of the CPHs themselves

- On pages 9-10 the roles of chairperson and project coordinator need to be clarified separately. Now that it is clear that the chairperson may not necessarily be a doctor, the role of project coordinator as a technical person must be spelled out. The two roles need to specified as two separate positions. In the LGA the chairman is a management position while the MOH is a professional/technical one. The Chairperson of the CPH is the chief accounting officer, while the Project coordinator writes proposals to request funds. The issue of who is signatory on accounts needs to be clarified. (Lawanson)
- The CPH chairman's position should be separated from that of the project coordinator. It is needed so that the functions can be effectively performed. (JAS)
- It was not stated that only medical doctors can be the chairman, yet people believe this is so. (Ajegunle)
- The provision which states that you should be a cooperative member before contesting any post should be limited alone to the CPH cooperatives executives alone. (Ajegunle)
- The area where it is written that the chairman of a dyad should be a medical doctor should be reviewed. Many of the medical directors have no time because of their busy schedules (Lagos Island)
- BASICS put the past chairperson on the CPH Boards. Most here are against that. I can't see myself sitting down with them with that attitude. All other CPHs want their past chairpersons to be on the board. (Lawanson)
- BASICS officials are aiding the breach of the constitution, they held a meeting at our secretariat with some of our representatives and imposed an ex-helmsperson over and above the board as an ex-officio member of the board. X The constitution provides that an amendment to the constitution can be initiated in writing to the CPH four months in advance and that such an amendment will be a subject of discussion at an annual general meeting of the CPH. Until this is done, nobody is rested with the right of effecting an amendment, the like of which BASICS collaborated with some our people to do recently. (Amukoko)

Comments like the following show that while some members are not familiar with the exact provisions of the constitution, they at least most now have access to the document. It is important to note that all but one of these comments were made by women.

- I don't actually know about the constitution. I have a copy of it, but I don't read it every time. I had to go through the constitution because I can't remember it off head. I can't say about amendment of the constitution until I digest it. (Lawanson)
- I do not know how to read, but I have seen it before.(Lawanson)
- I was given the constitution, but since I don't know how to read, I don't know any thing about it. (Makoko)
- It is the framework on which all activities of the organization revolves. I am not familiar with the specifics of any provision or article. (Ajegunle)
- I don't know anything about the constitution. (Mushin)
- I can't say anything about the constitution. All that I know from the CPH is that any one who wants to be a member must be a self-less person, who is ready to work for the good of his/her community. (Amukoko)

A woman from Amukoko made te following suggestion that might aid in wider understanding of the constitution in Lagos: “If the constitution is written in Yoruba it can help if not it can hinder the sustainability of the CPH in future.”

Some misconceptions about real constitutional provisions centered around the microcredit scheme. “They read the constitution to us, but I cannot remember too many aspects. The article on microcredit explained to us how we can take benefit and pay back. We are to form groups of about five. People have not followed the microcredit rules, and so many are defaulting. This can hinder sustainability. My suggestion is to see how thee constitution can be amended to make microcredit stable and the CPH more buoyant.” (Makoko) The Lagos CPH constitution mentions

microcredit in Article 8, Section (a) (iii) as follows:

> *The Association shall be free to engage in any other forms of income generating activities including but not limited to cooperative and thrift schemes and micro-credit schemes.*

This does section not provide details on the actual management rules of the two schemes, which is left up to the CPH management, and hence, the respondents are attributing more power to the constitution than it holds. In a related manner, a male respondent from Makoko complained. It appeared that he also was referring to provision for the microcredit scheme, and not a specific constitutional matter.

> *We have a constitution by our CPH. I know much about the time of election and regular meeting of the CPH. We sat down and wrote the constitution ourselves, but the problematic aspect of the constitution is that there is no proportion in the consideration for men. For instance, a man is only considered where 5 women are considered for a benefit. It is always a ratio of 5 women to one may as stipulated by the constitution. The gap is too much. We should make it equal. What is good for A is also good for B. The constitution should allow executives to benefit like ordinary members. The government should also help us in some ways, even if it is second hand. Or they should provide it for us.*

A respondent from Ajegunle complained, "The constitution is ambiguous in the area of banking withdrawal signatories. It should be only the chairman, WEC and secretary or Treasurer." The actual constitutional provision (Article 8(b)(iii)) is not much different and states: "All cheques, bills and other negotiable instruments shall be signed by the Chairman/Project Coordinator and the Treasurer signing together with either the WEC representative or the General Secretary."

A member from JAS showed misunderstanding about qualifications for leadership roles when she said that, "The constitution stipulates that the chairman/project coordinator should be a medical doctor and the treasurer must have a landed property." Now the constitution refers to thee post of Project Coordinator that will be filled by a medical doctor in the event that a non-medical person is elected as chairperson of the CPH. There is no mention of property owning requirements for any leadership post, only the need for the person and his/her CBO to be in good financial standing with the CPH.

In summary, the responses from Lagos show that CPH/CBO members have generally accepted the constitution as their own even though the document was fashioned originally with major input from BASICS staff. Many respondents are familiar with specific provisions and most see the document in a favorable light. Several are able to debate its provisions, even if they are not totally clear on what are constitutional matters and which are administrative. Most therefore, have internalized the document as their own. There are still people, particularly women, who are not fully aware of the constitution, even though efforts have been made through Democracy and Governance Workshops to encourage all CPH members to become actively aware and involved in governance issues not only in the public sector, but even in their own CPH.

The initial guiding role by BASICS in constitutional development was not questioned by respondents in 1997, nor is that early role questioned now. What is of concern are perceptions that BASICS might be forcing amendments today. This appears ironic to CPH members at a time when BASICS is trying to make the CPHs independent from itself and not dependent on others. What many members may not realize is that BASICS has encouraged the formation of an inter-CPH forum in Lagos where issues of constitutional reform have been discussed by past and present CPH leaders. When these discussions filter down to the CPH and dyad level, it may appear like BASICS is initiating them. Good intentions aside, BASICS must ensure that in its final days with the CPHs that all processes appear to be above bard and follow the constitution in order that the document retains its legitimacy with the CPH membership, and its ability to guide decisions and solve conflicts in the future.

Some Kano respondents were aware that their constitution came into being through a joint effort. "We have a constitution that is formed by the five CPHs with contributions and suggestions by BASICS." (Yakasi) "The constitution is well balanced. It was put to a lot of debate and an agreement was reached." (Yakasi) Others were a bit more vague about mthe development of the consitution. "I am not very sure if our constitution comes from

BASICS. The one we are using was adopted from Yakassai CPH. (Gama-B)

Overall, in Kano there were a fair number of respondents who said either they had not seen the constitution, had not read it or were unfamiliar with it. Many others either mentioned specific provisions they recalled or said the constitution was helpful. A few seemed familiar enough with its day-to-day use to offer suggestions for change, but there was somewhat of a consensus on the main item that needed change.

There were several very general positive comments about the constitution. “The constitution has helped as a guardian to anything in the CPH.” (Yakasi). “It also helped a lot because all officers are clear about their schedules of duties and the limits of their powers.” (Sheshe) “The constitution has so far helped smooth functioning of CPH.” (Gama-B)

There were a few examples of CPH members saying how the constitution was used as a reference during CPH deliberations. “Everything is written there and whenever need arises we refer to it.” (Badawa) “If there is anything we don't understand, we bring out the constitution to clarify issues that are controversial.” (Badawa) “Yes, it helps, especially when we have a little misunderstanding that is taking time to resolve. We go to it and come to an amicable understanding.” (Gama-B)

A few of ambiguous ideas about the constitution were found among the responses. A man from Sheshe was concerned that “There is an article on admission of new CBO's According to the provision even CBOs not resident in the Local Government could be registered.” Another from Yakasi expounded on the issue. “ If people or dyads/CBO's from other are allowed into the CPH, I believe they will bring things that may be against the people in the community. The constitution should limit membership to CBO's in a particular community and local government area.” In fact, the section on membership does not address the issue of location. Since the constitution specifies that new CBO applicants must first be interviewed, this respondent’s concerns could be adequately addressed. What is of greater interest is the concern about community values. This is a theme that ran through several interviews at different levels including concerns about working with a US agency, concern about whether programmes like family planning were appropriate to the community and pleasure that attention was being paid to local institutions like traditional birth attendants.

Familiarity with the constitution may be a function of position as noted in this statement from Gwale. “We have a constitution. I am very familiar with the constitution because I am the secretary of the CPH.” Efforts were reported in Badawa to ensure that the constitution was circulated. “We have distributed the constitution, both English and Hausa versions to all members of the CPH.” Likewise in Gwale, “We have a constitution and it has helped out organization. We printed them and sold them at N20 per copy,” but these efforts may not have been successful. Many more Kano respondents said they did know much about the constitution than in Lagos. Unlike Lagos, both men and women were likely to give responses such as the following:

- *I don't know anything about the constitution. (Female, Sheshe)*
- *I am aware of the constitution but have not read it. (Male, Sheshe)*
- *I don't have a copy. I tried to buy one but the person who was supposed to come with the copy did not turn up. (Female, Yakasi)*
- *There is a constitution but I don't know anything about it, in fact I have never seen it. (Male, Badawa)*
- *We know about the constitution but we have not read it so we really cannot comment objectively. (Female, Badawa)*
- *It is not clear because I really cannot remember most things about the constitution. (Male, Gama-B)*
- *I learnt there is a constitution but I have not seen it. (Female, Gwale)*
- *I don't have an idea of a constitution. There is, but we were not given. (Male, Gwale)*

As in Lagos, some respondents were able to provide specific information on provisions of their constitution, but the details were more sparse than provided by Lagos respondents as seen below.

- *Decision can only be taken when there two-thirds of members are in attendance. Also the signatories are the Treasurer, Chairman and Secretary. (Yakasi)*

- *Those who made the constitution have foresight because of the following good provisions, e.g. the article that recommends that any person that breached the trust reposed in him should step aside. Also the article that gives anybody free hand to contest and win election the constitution helps the work of the CPH.(Gwale)*
- *No one person can act on behalf of the CPH, only the governing board can. (Badawa)*
- *The functions of elected officers, the chairman is the leader and chief signatory to the CPH account and monitor of all CPH activities. Also, the cooperative where people get loan to start business. (Badawa)*
- *It provides that the vice-chairman act as chairman when the substantive chairman is not around. (Gama-B)*
- *The constitution has elaborated much on how to conduct elections. (Gama-B)*

Opinions on changes needed in the constitution varied from supporting the present document to vague hints at possible changes as seen in the following two comments: "We suggest the constitution is in order." "I want the constitution changed because sometimes when we read the constitution, some areas are not cleared, so it is good to review it and make some changes in the constitution." A couple people were even more vague about changes. "I have forgotten the articles that should be changed." (Yakasi)

The main issue sparking interest in changing the constitution was the provision that an officer could serve only two two-year terms. The statements below describe why people from several CPHs were dissatisfied with the limits.

- *Yes, the part that says election must be conducted every 2 years. There is need for an extension of the time so as to be able to show concrete achievement after you leave office. (Yakasi)*
- *One article says that having held a position (e.g. secretary for four years) such a person would not be allowed to contest again. Is it the position of secretary he would not contest or that of chairman, treasurer, etc.? My view is that such a person may not be allowed to contest for secretaryship, but he should be allowed to contest for other positions. (Yakasi)*
- *Article on two tenures banning contest of any position in CPH - this provision would negate and affect adversely continuity of members who have have served two terms. (Gama-B)*
- *We think that there are some areas we need to change so that it will facilitate the development of our community. About the regulation it provides for 2 years term for the executives. A person cannot occupy a position for more than 2 terms. (Gama-B)*

Another area for potential constitutional change was mentioned in Gama-B. "Generally, the constitution is good, but some portions need amendment, e.g. article on autonomy of triad function may create confusion and problems in future." The triad is patterned after the dyad concept in Lagos and Aba where the relative autonomy of the dyad helps the large number of CBO members have a greater chance for participation in program activities and benefits. As will be discussed in a later section, the triad model involving HCFs, PMVs and CBOS does not appear to be functioning as smoothly as originally intended in Kano. Related to this concern was another suggestion from Gama-B that reflects the reality that there are few HCFs involved in the Kano CPHs. "There is need to change the clause that stipulated only owners of clinics or hospital can be elected as chairmen because we have very limited number of such persons and we have competent people who only have chemists or are PMVs."

The foregoing shows that there appears to be general acceptance of the constitution in Kano, although awareness of its specifics may be lacking. Whether this is an informed acceptance or a somewhat passive one is brought into question by this comment from Badawa. "The constitution can help sustain the CPH in the future because members believe in whatever the constitution says." The question cannot be divorced from the fact that Kano residents have the lowest literacy levels among the three towns. Only 23.6% of Kano women in the CPH areas had secondary education or higher, and 21.9% had no formal education according to the ICHS. This contrasts to 2.1% and 8.3% with no education and 78.3% 67.3% with secondary or higher education in Aba and Lagos respectively.

Aba respondents were at this point in time satisfied that they had gone through the constitutional review process successfully and were generally reserving suggestions for improvement until its full implementation. In fact, a couple respondents were not aware that the constitution had finally been approved, although they were aware of the discussions on the constitution that had taken place. Having begun the Aba CPHs in the new era of

democracy, itis not surprising that one respondent from Eziukwu II made the connection between adhering to democratic principles at the CPH level and national. “It (the constitution) is needed because Nigeria is a democratic land, and anything done by democracy is also guided by law.”

A respondent from Eziukwu I explained the process through which most CPH members became aware of the constitution. “Our constitution has been passed through several readings and correction with our legal adviser, and we have discussed the final product and have approved it.” In short, no one claimed to be unfamiliar with the document. In addition, the Aba respondents were basically unanimous in the view that there were no changes needed yet in the constitution.

- *No changes recommended yet. because it still suits our CPH governance. (Eziukwu II)*
- *I do not have any suggestion as the constitution is okay for now. (Aba Ukwu)*
- *I have no suggestions to make because the constitution is still new. (Etiti Ohazu)*
- *At the moment I don't have any reason or suggestion to make to change the constitution. (Ohazu)*
- *I don't feel that the constitution should be changed because if we manage our constitution, nobody will feel cheated. I feel the constitution is just okay. (Eziukwu II)*
- *I really hope it will help in the growth and expansion of the CPH. I have no suggestions for now. (Eziukwu I)*

The recent review process for the constitution likely accounts for the fact that Aba respondents gave the most detailed comments about the contents of the constitution than people in the other cities. A few examples follow:

> *I know much about it. Election of officers, dyad executives, Health Facility owner is automatically the chairman. Functions - day to day running of CPH. Tenure is for two years and responsibility is clearly stated and also how to remove a non-functioning officer. Two-thirds of the members have to remove an officer. Board of trustees are five in number and sees to acquire properties for the CPH. I am also familiar with the Annual General Meeting - rendering of account to members. It has helped because when there is any confusion. We refer to it. It will help if it is followed to the letter.* (Eziukwu II)

> *I am familiar with the provision in the constitution that allows any dyad that has no representation in the CPH governing board to produce one person to be carried along in the decision process. This is also the same for the dyad and the CBOs. The constitution has helped in division of labour since it makes everyone to know his duty.* (Eziukwu I)

> *The constitution is the highest authority of the CPH. It spells out the aim, objectives, members and roles/functions of Dyads / CPH and executives. That the CPH is focused towards child survival and reduction of material morbidity and mortality as well as the objective of the CPH, membership, function of elected officers. The constitution has been a watch dog in taking and resolutions of the CPH. It controls the welfare of the CPH. The constitution as made by the members of the CPH and if the member adhere by the rules/regulations in the constitution, the future/sustainability of our CPH is assured.* (Aba Ukwu)

> *Our Constitution is OK, and we abide by the stipulations of our constitution. Our Constitution stipulates that the CPH money/fund should be kept in the bank and not with any member. Also it says that the officials should spend only 2 years in office. The Constitution has helped to maintain order and tranquility in the CPH. If the members of the CPH adhere to the things in the Constitution, it will help the CPH get sustainability in future.* (Etiti Ohazu)

> *For someone to be a member you must pay certain dues and for some one to belong to the CPH your dyad must be registered and your must have identity card the organization must have equal representation then the tenure of office is dyad before the houses dissolved and if you represent the CPH if there is any money paid to you, you will pay 10% back to the CPH, there is also room for disciplinary action for any member who misbehave there must be general meetings and annual reports this will disclose the area of weakness or strength of the organization there is also an annual stated account where we know how much has been spent and how much we have gotten and the executive should four rondo to*

know what is happening in the CPH. (Ohazu)

3.1b <u>*Dyads and Triads*</u>

The CPH Constitution defines dyads, the basic building blocks of a CPH, as follows: "A Dyad shall be composed of one Health Facility within a specified geographic locality in partnership with al least FIVE Community Based Organizations." Furthermore, "Every Dyad shall have a Youth Wing, a Women Empowerment Council and a Co-operative Council." The Dyad Executive Council is listed in the Constitution as the first of the five basic organs of a CPH, the others being the CPH Governing Board, the CPH Board of Trustees, the Annual General Meeting of the Dyad and the Annual General Meeting of the CPH.

The concept of dyads predates CPH formation and was actually the basis for holding the initial community fora that introduced the CPH concept to the community. The need for dyads as a functional governing structure did not actually become accentuated until leadership conflicts arose in Lawanson and Ajegunle in 1997. With the former, there was some jealousy or competition among the four physicians heading the HCFs that comprised the original CPH, and this was heightened when Logos Clinic and a group of CBOs in the Ojuelegba area of Surulere wanted to join th CPH. The Dyad structure allowed a devolution of power and a greater opportunity for participation for all HF and CBO members.

Another benefit of the dyad structure was that it enabled growth of the CPH concept within the limits placed on BASICS by USAID who had determined that there could be no more than six CPHs in Lagos. BASICS had been approached by interested HCFs and CBOs in Ajegunle, who having been rebuffed in attempts to join the existing CPH, wanted to form their own CPH. The BASICS staff had hoped that the creation of dyads, the diffusion of power and the greater opportunity for participation would seem less threatening to the foundation Ajegunle CPH members. There was active resistance as explained in the 1997 Documentation report, but eventually BASICS prevailed and the new dyads were created under Ajegunle. The problem persists as explained in the next section as the old chairman is still holding on to his office, and in fact dyads in Ajegunle may actually be functioning an semi-autonomous mini-CPHs under the circumstances.

The actual structure of dyads evolved in Lagos over time, and has not come into being even yet in Makoko. "Hospitals don't cooperate. Even the BASICS themselves came to talk to the hospitals, but they don't listen, and that has been the reason why we don't have dyads until today." JAS started out with only one HF. Amukoko started with two, but one pulled out the first year. These two CPHs eventually attracted more HCFs and formed dyads, two for JAS and three for Amukoko. The problems of Ajegunle have been described. Lagos Island maintained its original two HCFs/dyads, and in Lawanson, one facility moved, but two were added giving a total today of six. Ajegunle grew from one to four in 1998 and now stands at six also.

Lawanson had the longest experience with several dyads. Comments from their respondents show that the experience was varied then and remains so as seen in the comments below. Some see the dyad as a positive arrangement for CPH management. Some see the dyad as their main focus, while others complain of their dyad's leadership.

- Cohesiveness among dyads is low. Our dyad started the cooperative first, while the others are lagging. Ideally we should encourage each other. We need for all dyads to come together and give reports.
- The relationship is alright. No problem with other dyads. When we come together we discuss the support of the CPH.
- The role of the dyads within the CPH is that the CBOs are close to dyads in the aspects of health treatment. The dyad is like a unit from the CPH so it doesn't affect the relationship that exists between CBO and CPH.
- In our dyad, they already gave us roster of meetings. They give us health education in our dyad. Our leaders in our dyads are good.
- Dyads operate independently. It coordinates all the CBOs. It reduces the burden of management. It complements the function of the CPH. My CBO is able to link up effectively with the CPH through the Dyad. The governance of the CPH is properly coordinated and smoothly run through the Dyad.
- The leadership of the Dyad has no time for community development activities and he has said it emphatically

that he has no time for any programme that will direct his attention from his medical practice.

JAS/Mushin made a positive transition from having only one HF to having two dyads. "The dyad has introduced activities to sustain the dyad. The dyad makes it possible for the CPH to carry out its activities at the grassroots, at CBO level. The dyad connects us with the CPH. The dyad has been able to keep the CBO members together. Their activities sustain our CBOs." Another JAS member also saw the function of dads as beneficial. "The dyads serve as intermediary between the CPH and the CBOs. The CPH relates directly with the NGOs, they then pass the information down to the CBOs through the dyad. At the dyads level we have the cooperatives and the cooperative is very beneficial to us. Through the CPH we also get information about BASICS and other IP's programs." A third respondent demonstrated the positive effects of dyads on membership. "The dyad has a unifying factor in the area, it coordinates the CBOs. The existence of the dyad has led to an upsurge in the membership of the youth wing." A similar response came from Lagos Island. "The existence of dyads has affected the WEC by an increase in WEC membership."

The relatively autonomous nature of Ajegunle dyads is expressed in the following statement: "The dyads are there to educate the members of the community about their health and to as well help the members of the community. Once in a while the dyad can support some CBOs financially where need arises. All the dyads have been functioning well. The CBOs do not deal directly with the CPH. We deal with the dyads and it is the dyads that communicate our problems to the CPH." Some actually see the CPH as a hinderance. "They see the CPH as a less functional organization than when it started. That not much is coming from it any more. But opinion about the dyad is more positive because of the cooperative." A more positive view of Dyad autonomy as that, "My CBO members are quite happy with our dyad. We work hard in hand with the dyad." Programming was also seen as mainly a dyad function in Ajegunle. "At the dyad level we have credit, environmental sanitation, women empowerment committees. It has assisted in reducing the occurrence of no repayment of micro-credit loans." Others see the dyad as the level responsible for CBO recruitment. "It is the dyad that actually recruits CBOs. The dyad gave financial support to members of CBO they coordinate our CBO members effectively for the CPH." This contrasts with the 1997 experience where the Ajegunle CPH was seen as blocking recruitment of new members.

Some in Ajegunle do see the dyad as a communication link with the CPH. "If there is any information, the CPH pass it on to the dyads, and the dyads pass it on to the CBOs." In fact, there is a feeling that the dyad actually ensures better communication. "The dyad is under the CPH. the Dyad takes directive from the CPH and pass the information down to the CBO's. The existence of the dyad fosters greater understanding with the CBO's." Another added, "The existence of the dyad makes us to have adequate information about activities in the CPH and other NGOs like BASICS and other IPs." This is a definite improvement over findings of the 1997 Documentation Exercise where there were major complaints from all corners about information not reaching CBOs in a timely and comprehensible manner.

The dyad system, once introduced in Amukoko gave one respondent a greater sense of belonging to the CPH. "The existence of dyads has affected the relationship of my CBO with CPH, because we are now closer to the CPH. We are well represented at the CPH level." Another Amukoko respondent say the formaion of dyads as stimulating programming. "The existence of the Dyad has helped a lot in increasing the level of our activities, this is because they help in planning the activities and organise the funding of the programs." The only complaint about dyads in Amukoko was from one female CBO member who thought that her dyad was inadequately represented on the CPH Board. Another respondent countered this view. "The three dyads in AMPCH play complementary roles to promote the objectives of the CPH. The dyads carry out child survival programme. Also, members of the dyads form the governing board of the CPH. They also serve as members of committees whether standing or ad hoc. Again, the dyads contribute financially and in terms of human resources towards the CPH activities." Finally, one woman from Amukoko expressed suspicion of CBOs that would cross from one dyad to another, but did not criticize the dyad itself.

In Lagos Island, in contrast to Ajegunle, the CPH is still seen as having a central role. "The Dyad serves as an intermediary between the CBO and the CPH. While the CPH gives the overall guidelines, the Dyad coordinates the activities of the CBO's to carry out the programmes in the community." Another from Lagos Island added that, "The Dyad cannot be separated from the CPH. They function interrelatedly." A third respondent was skeptical

about dyads at first, but "later we saw the advantage. Many things need not be taken to the CPH. It acts as a funnel for issues." The fact that there is both communication and a positive rivalry between dyads was emphasized in the following response from Lagos Island: "The existence of the dyad ha increased the level of competition in the competition to organise health awareness programmes within the CPH. Each Dyad wants to surpass the other in the level of activities organises per year."

The system of Triads was developed for the CPHs in Kano due to the dearth of available and willing HCFs to participate in the program. Their constitution defines the triad Thus: "A cluster of a HF, CBOs (which hereinafter shall include associations of Traditional Health Care Providers) and PMVs shall constitute a triad and membership of triads shall be open to a Health Facility (HF), Community Based Organizations (CBOs) and Patent Medicine Vendors (PMVs) who voluntarily apply to join the triad." Within this definition is still a central role for a HF, which are scarce in Kano. A respondent in Gwale described their situation thus: "Maiakoko Clinic which our members use is out. Our health facility has no drugs. They send out members to PMVs belonging o the CPH for the purchase of drugs." The doctor who owned the only health facility associated with Badawa died the previous year. He had no other medical staff to continue the practice. There was some talk about associating with a LGA dispensary that the community had "helped build and staff, but no clear decisions had been made on this as traditionally government has intentionally not been a partner in the CPHs to date. Yakasi community provided similar help to the LGA in building a clinic.

Some respondents in Kano were familiar with the concept of triads and explained that, "Three groups work together - CBOs, PMVs, Health Facilities. Any complaint about medicine, we carry complaint to PMV representative and vice versa" in Badawa, and "We have triads - PMVs, CBOs, HCFs - to form the CPH" in Gama-B, for example. A respondent from Gwale was quite clear about the structure of triads and the fact that the system really did not function. "The role and function of the triads is just like the CPH but limited to a health facility with five CBOs and five PMVs. They coordinate within the health facility, CBOs and PMVs. It is not existing in our community. We do not do it. With the triad, people have the opinion that it cannot work here, so we did not do it." Another simply said, "We have not yet formed dyads." (Badawa) What actually appears to have occurred is that the existing association of PMVs in a community are considered to be CPH members in their status as another CBO, but one with special resources.

One respondent from Gwale was confused what dyad meant and responded to the term in a way that implied CBO or committee. "Each dyad performs its function appropriately. The Youth for example are stronger and more educated in the modern sense, they expose us on the importance of health." Another respondent from Yakasi had a similar perception.

> *Actually the dyads can be divided into two categories for example, Patent Medicine Vendors have been independent but brought together as a dyad to facilitate health care delivery in the community. They now pursue their business with more ethics. The drama group exist and very functional. They exist and function in terms of advocacy, awareness through drama. There are others created as a result of the incoming of the CPH, e.g. Youth wing, Women empowerment, the TBA's etc. these are creations of the CPH.*

The development of dyads in Aba had a completely different context from the other two towns. While the idea developed slowly and in some cases cautiously in Lagos, it was accepted as an organic part of CPH organization in Aba. While Kano suffered from a dearth of facilities around which to organize its triads, Aba had a wealth of options with CPHs having between 3-10 dyads. The description of dyad functioning was overwhelmingly positive as seen below.

- The dyad make sure that the organization does not collapse. They do call meeting regularly in order to remind us that the health care of the public is very important. (Eziukwu II)
- Dyads are supposed to be feeding the CPH, as an entity that is functional, it could help the CPH, it is simply a symbiotic relationship. (Eziukwu II)
- The dyad acts as a communication link between the CBO and the CPH. As a CBO member you have to be a member of a dyad before you are qualified to be a member of the CPH. (Eziukwu II)

- The dyad is closer to the members because the CPH may sometimes look a little far away from the members, but the dyad is the real place where the actions take place. It is actually the home of the CBOs. The dyad seems a middle man between us and the CPH in a positive way. (Eziukwu II)
- Dyads motivate, sensitize and enlighten the target community towards the improvement of the health of the community members and the environment. (Eziukwu I)
- They assist financially in the CPH. Also mis any problem exists in the CPH, they are always there to intervene positively. For instance when the Eziukwu I CPH wanted to secure a meeting hall, the dyads came together and raised funds for the payment of the apartment. The CPH brings information to the dyads from BASICS. There is a positive flow of communication existing that strengthens the CBOs/HCFs and dyads. (Eziukwu I)
- The Dyads are the eyes of the CPH, the Dyads to a very large extent serves as a link between the CBO and the CPH. (Aba Ukwu)
- The dyads make up the CPH, the functions of the CPH is carries out by the dyads, so whatever is the activities of the CPH, they carry it out. My CBO has benefitted in harmony and interaction with the existence of dyads in the CPH. The CPH has being able to bring the Dyads together as one family. (Aba Ukwu)
- The Dyad is the meeting the point of all the CBOs and the Dyad is under the CPH so it is like a network. (Etiti Ohazu)
- The dyad is the mediator which joins the CBO to the CPH and the importance can not be overemphasized because we get information about the CPH from the dyad so without the dyad there will be a communication breakdown between the CBO and the Dyad. (Ohazu)
- The Dyad helps to direct members to participate actively in the activities of the CPH. (Ohazu)

One of the few negative comments about dyads was not structural but had to do with the large number of them in a given CPH as explained by a respondent from Eziukwu II. "The major problem has to do with the inadequacy of things and resources, e.g. when there is a programme and say we have five positions. It becomes problematic as to how to chose because we have more than five dyads in the first instance." Another issue that arose in Lawanson, Lagos, is that a particular dyad may have leadership problems, but this does not discredit the dyad concept. "In the dyad we have problems. This is because of lack of leadership qualities in some of the elected representatives." (Eziukwu I)

A respondent from Etiti Ohazu, while agreeing that on function of the dyads is a communications channel between CBOs and CPH, but she also complained that the CPH is poor in communicating with the dyads in the first place. A man also complained about the Etiti Ohazu CPH leadership. "The quality of leadership and governance of the dyad is superb. For the CPH, most of the governing board members are ineffective and inefficient. They are not well exposed and adjusted. In the dyad we don't have much problem." These complaints again, are not direct criticism of the dyad concept, but of leadership, which is covered more extensively in the next section.

In general, four important issues arise from the foregoing information. First, one could conclude that the creation of dyads did achieve the purpose of enhancing opportunities for more CBOs to be involved in programming and receive CPH benefits within the confines of the limited number of CPHs that USAID allowed BASICS to form. Secondly, the experiences in Ajegunle and Etiti Ohazu show that the dyads can serve as a way of preserving enthusiasm for the concept of the community coalition, even when the central leadership of the CPH is weak. Thirdly, the question has been raised in Eziukwu II, and will ultimately arise in other CPHs if their membership increases, as to how big is too big for a CPH to enable all parties to be actively involved? Finally, given the experiences in Kano generally and Makoko specifically, what other models of CPH structure are situationally and culturally appropriate for health coalition formation where health facilities are not common?

3.1c *Leadership and Elections*

Respondents were asked to comment on their perceptions of their leaders' qualities and performance. The chairman of Makoko CPH gave an evenhanded view of leadership issues in his CPH. "The quality of the executives is the pillar of the CPH. Truly some executive members are qualified and performing, but some of us are not good - they do not come to meeting. Some members use this as a reference point. If I tell lie, the attendance is there to prove it. Their activities are paining my mind. It is women that are many."

In Lagos there were kudos for the leaders from all CPHs, but complaints about leadership were not as evenly spread. It is especially important to look first at the comments from the CBO respondents as they represent the membership. Below are some of the positive views CBO representatives offered.

- Our leaders in our dyads are good. Our leaders work together with other members and work in harmony. They discuss with us and advise us. There is no problem between members and leaders of the CPH. There has never been any complaint from any members so leaders have always been good. (Lawanson)
- Our leaders are highly open to us. They don't hide anything or any programme. They are very receptive and very cooperative. They are very effective and selfless. I don't see any problem with our leaders. They are selfless and committed. (Makoko)
- The leadership is trying their best. The Chairman is a long suffering person despite all odds. He is able to carry the members along. (Amukoko)
- The leadership of the CPH must be tolerant, accessible, not partial, practical, be someone of innovation and vision, must be fair to all. Our leaders in JAS CPH both past and present are commendable. The dyad leaders are also very good. (JAS)
- The CPH is able to carry out its activities very well. This because the leaders are very committed to the objectives of the CPH. They are very good leaders; we are carried along by them in all our activities and they encourage us to participate in the activities and context elections. They are very transparent in all their actions (Lagos Island)
- The leadership has been doing well. It has never lagged behind in any way as far as mobilizing members and the community in general in concerned. (Makoko)
- A good foundation has been laid. There is good leadership and management. (Ajegunle)
- Our leadership is very transparent, responsible and honest. The leadership has been very good accountable, humble and humane. (Amukoko)

The Lagos CPH leaders' views on their own group's performance were also elicited and some of the positive perceptions follow. A woman leader from Ajegunle commented on her own style of leadership. "It is based on the spirit of volunteerism and selfless service despite my other needs, my family, my work. It is leadership by example." From Lawanson it was noted that, "The valuable time and energy that (Board) members have volunteer cannot be quantified. In short, the selfless service of members and especially the members of the Governing Board. All these have been instrumental (toward CPH success)."

A youth leader from JAS observed, "The fact that the CPH is well organized the high commitment of members is solely responsible for the success. There is a also a great level of financial accountability, self respect and self esteem within the CPH executives." A female Dyad Leader from Mushin noted that, "The major indicator for the success is the sacrifice members of the community, especially the leaders of the CPH made in the interest of their children. Some people went to the extent of giving out loan to start up the CPH." An important role of leaders linking members with the benefits of the program was also mentioned by a JAS leader. "They have been liaising very well with the BASICS and the benefit of the relationship is well distributed."

Only at JAS/Mushin was there a dearth of leadership problems mentioned. Each of the other CPHs had its own unique set of leadership complaints. The former chairperson of Lawanson waxed philosophical about leadership in her CPH, observing that each has his/her own style, but ultimately the people decide. "After I left the leadership, I learned that not all the people shared my views. *Oba mewa, igba mewa*. (Ten kings, ten times - i.e. each king has his own type/style of regime). The new leaders do things the way they want. We have been successful so far, but I have anxiety and hope for the new leadership. I keep telling them what they should do, but whether they listen, I don't know. I can not force them. But a person is leader for only two years, so people can decide if they like what they see."

A CBO member interpreted this more negatively. The quality of leadership here in the CPH is like that of power tussle, 'without me, nothing will go on,' but it should not be like that. Every power belongs to God. Again there is a kind of politics everywhere. This discourages some members. Like I said, some people feel, 'If I am not there the CPH will not move.'" Fortunately, experience from Lawanson showed that leadership problems could be confronted. "Concerning accountability, there was experience with the youth wing. One of the leaders was high

handed. He was impeached by the youth members and has learned a lesson."

Another issue that became evident in Lawanson is that leadership may be uneven when comparing Dyads and the whole CPH. "The leadership of the Dyad has no time for community development activities and he has said it emphatically that he has no time for any programme that will direct his attention from his medical practice. This lukeworm attitude is affecting the relationship with the CPH. This has affected the regularity of meetings and the coordination of the Dyad activities."

Ajegunle respondents offered a disproportionate amount of criticism for their leaders. Two members from Ajegunle offered the following observations: "Some members of the executive, e.g. chairman, financial secretary, WEC chairperson and Treasurer, are the only active members; others are performing below expectation." "The quality of leadership is good but they are not performing well. I can not specifically say what has been good." Another Ajegunle respondent offered praise with an important caveat. "They leadership and governance of the CPH has been good except for the reluctance of the current executives to conduct elections. Apart from this, the leadership has been pretty good. They are dynamic and committed tot he cause of the CPH."

A CBO member from Ajegunle complained about the leadership showing favoritism. "We now participate less because every thing is 'man-know-man.' They keep the letters of invitation to seminars to themselves and select a few of their friends and relatives to represent us." He noted further that, "The governing board members lack direction," and concluded that, "The whole system has to be overhauled." Another CBO member assessed the Ajegunle leadership as follows: "Lack of administrative competence, lack of seriousness and wrong approach." A more vitriolic complaint was leveled against the chairman by another physician within the CPH.

> *The attitude of the CPH leadership has been non-challant, greedy, self-centered, who tried to arrogate everything to himself and who also wants to continue to maintain the status quo, a kind of stay-put attitude. When you are a who leader feels that what supposed to be for the association are your personal properties and used them that way, then what is good in that? Self-centeredness is bad. It has been problematic because he has failed to bring about any positive change among members in terms of dynamics leadership.*

A problem noted in Amukoko was more of a structural than a performance issue. "The leadership is trying but some of the dyads members are not represented at the governing board meetings, for this reason, many of us do not know what is going on in the centre." One of the few direct criticisms leveled in Amukoko was, "Some few leaders can be somehow arrogant." A Lagos Island respondent talked of leadership problems in the past tense. "What has been problematic is the backsliding of some past leaders which is affecting the progress of the CPH."

Several respondents attributed specific organizational shortfalls like poor communication and finance to leaders. A woman from Lawanson noted that, "At times, the leaders may not bring the notice of some information to members, especially the aspect of money, they may not involve everybody. It is a problem because members may not be encouraged to attend meetings again." In Makoko leaders were blamed for low levels of dues payments. "The failure of members to pay dues is also a problem of the leadership. The failure to pay dues is not an indication of lack of interest, but just mere negligence." Microcredit program difficulties were blamed on the leaders in Amukoko. "The problem area has been the issue of the recovery of the microcredit loan. The leadership has been too slow in recovering these loans because most of the beneficiaries are close to those in leadership."

The chairman of Makoko assessed his co-leaders thus: "Even the treasurer doesn't come to meeting. She comes lately towards the end of every meeting she attends. Even the PROs, they don't attend meeting. When we asked them, one PRO claimed his work did not allow him to participate, even the second claimed the same thing. But we made them realize this is a voluntary organization. They are running after money here and there. We hope to conduct another election around May so that we replace those executives who are not performing well now." Just as expressed by the former Lawanson chairperson, elections are accepted as a norm in most Lagos for solving leadership problems. Unfortunately, Ajegunle, as noted above, appears to be the exception. That respondent went further to complain that the CPH had been "hijacked by an individual, the CPH chairman." Further criticism was offered by a CBO member. "The governing board of the AJCPH hardly meet to discuss matters affecting the CPH.

It is only the chairman (CPH) that does everything. It is a one man show." An Ajegunle physician member explained, "There was election once; that was about three years ago, but the same set of leaders worked their ways back to the seat of power. Although we are supposed to hold an election this month but up till now nothing is happening."

Continuing on the theme of elections, all Lagos CPHs but Ajegunle have held elections that have resulted in changes of leadership. The following comment from Makoko describes the process well and ends with a reference to the fact that the elections were successful in removing an unpopular chairman.

> *There has been one election of new leaders in the CPH since it started. The next one is coming between the end of the month and May 2001. The election that brought the current leadership to power was by ballot. It was democratic. The leaders were popularly elected and it was devoid of crisis. Four separate elections were held the same day - WEC, CPH, Cooperative and Youth. All the offices were declared vacant and elections were conducted with all the offices. All other officers have helped the new ones take charge except the ex-chairman who withdrew entirely from the CPH. We have been making overtures to him without luck. But everybody is aware of his past bad records.*

Generally the process was said to have gone equally smoothly in other CPHs as seen in the comments below.

- There was election in October 2000. It was fine. It was all positions. We can't really say about the new executives because they are still new. We are still watching to see what they can do. (Lawanson)
- There have been two elections at all levels - CBO, dyad and CPH. Elections were fair and free. Positions changed in the second election were chairman of CPH, general secretary, treasurer, WEC chairperson, project coordinator. The transition was smooth. Old leaders are ex-officio members, and they all contributed to assist the new leaders. (JAS/Mushin)
- It was by secret ballot. Chairman, Vice Chairman, Project Co-ordinator, Secretary, Assistant Secretary, Treasurer, Financial Secretary and PRO were elected. The transition was smooth The old ones helped the new ones in their new offices. (Lagos Island)

A problem was reported with the last election in Amukoko, but the group had the fortitude to resolve it. "There were election in 1998 into the governing board WEC and the youth wing; and in 1999 into the cooperative. We are planning another election in early May. The election of 1998 was not so smooth. There were petition after the elections but they were successfully resolved on faction felt that they were not fairly represented in the executive. We resolved it by just putting one of them the governing board. The handing over was smooth from the old to the new."

Again the problem of Ajegunle has been emphasized by respondents. People there are well aware that their CPH is different from the others. "The major problem we have here is that the leaders here have a sit tight mentality. They do not want to conduct election. In all other CPHs, elections have been conducted but here officials are reluctant to relinquish their offices." It is only in the dyads of Ajegunle where elections have been reported. The chairperson in question was the 'founding father' of the CPH and strongly resisted adding more dyads to the CPH in 1997 when new members wanted to join. He claimed that these other groups had been invited to join in 1995, but sat on the sidelines watching. When they finally saw benefits they wanted to participate, and he resented this. On the part of the newcomers, they complained that since many of their members and leaders were of a different ethnic group from the chairman, he was being racist in excluding them. BASICS staff intervened and imposed the new dyads on the CPH, but the original chairman has been able to protect his hegemony so far.

Kano CBO respondents, like their Lagos counterparts, did have praise for their leaders. They expressed one valued quality, literacy, that was not highlighted in Lagos. What impressed respondents was the democratic tendencies of the leaders. The context is important in the sense that when the CPHs were formed, Nigeria was under harsh military rule, and hence the contrast between CPH and government leaders must have been stark to the respondents. Comments from Gwale implied that respect for CPH leaders was not always high.

- There is solidarity and the commitment of the CPH leadership. The leadership is very able in handling the affairs of the CPH. The leaders are literate. (Badawa)
- The quality of leadership is very strong despite all odds, they are up to the task. They are very perseverance, patient and hardworking. (Badawa)
- They are really good and quite transparent. Transparency, encouragement for members. No problems. It has allowed us to confront them and tell them our views and put our input into the development. (Gama-B)
- The leadership is educated, they work in different places and fields and the people are with them. (Gwale)
- Our leadership is dynamic; we are democratic. (Yakasi)
- The leadership is very good, they perform their functions diligently. For example, a regards to this interview they went from house to house to inform respondent. I do not see any problem. The leaders have never been found wanting (Sheshe)
- Quality of leadership is good because the chairman is understanding and level headed. (Gwale)
- Now, the leadership is very good. Everybody knows his/her position and we do not trespass. Leaders are very democratic now. They are very respectful. They are law-abiding and respect their people's rights. Now, no problem with our leaders. (Gwale)

Some of the leaders commented on their own efforts. One from Sheshe said, "We are very fair in our dealings with members e.g. when these is training we pick from all CBO members who will benefit." One from Yakasi explained that we have, "Endurance and patience without which you could not achieve anything." A youth leader from Yakasi explained that, "Transparency has allowed us to work well with each other." A leader from Gama-B described the key to successful leadership there.

> *We call our people to discuss issues. Whatever we want to share, we share together. We are patient because many people do not understand easily. They cannot see the aim, goal and purpose of this CPH. So we use to do a lot of explanation. We leaders, we tend to agree with ourselves to know what we are doing. We keep every records of things whether from the headquarters. We call regular meetings, so we have been succeeding.*

A female leader from Badawa described the leaders' relationship with the members by saying that, "They advise us the leaders when we make any mistake." She also commented on her unique position as a woman leader in the CPH. "They are all men, but I used to sit with them sometimes because we don't want to leave women behind. We don't have women literate until now. I tried to convince some of my friends to join." As explained later, one of the accomplishments of the Kano CPHs was the introduction of adult literacy classes for women.

Not all members and leaders are satisfied with the leadership in Badawa. On one side some people claim it is not inclusive, while on the other there are complaints that people are unsupportive, causing problems for the leaders as evidenced in the comments below. The literacy issue surfaces again as a point on tension and possible communication problems.

- The only problem has been that many times the chairman uses his power to select without throwing issues out for discussion. It has been problematic because some members feel that they should be consulted.
- At times the chairman and secretary may call for meeting and only a few members of the governing board will show up. It brings problems because other members would feel left out.
- The old are very interested in the CPH, in fact at a point they try to impose themselves.
- They have detractors who are interested in destroying the organization. The problem is an impediment to the progress of the CPH.
- There are those who want to be leaders by force, the problem is more of political power tussle. There was a case when there was a fight between the leadership and another faction, meetings could not hold not until a third party was invited to come in. It is still a problem because the parties involved are still within the CPH. We organized our people and enlightened them on the disadvantages of conflict especially as regards power and the organization that is beneficial to our society.
- The problem is that now that we are flourishing, the leader always insist on picking educated members for traveling or anything meeting where you will likely get something like money, while we are only asked to go meeting locally where nothing is given but work, work and work.

Complaints from other CPHs exist, but as seen below, do not appear to be as deep seated as those in Badawa.

- The quality of leadership is OK, but the only problem is that the current Chairman is not committed to the CPH work because he is very busy on his personal business. (Gama-B)
- They should call for regular meetings of all members not only few. There is the problem of false promises. They promise us better toilets, better drainage and free medication; they lied. (Gwale)
- Conflicting diagnoses of situations as they arise and decisions to the extent of personalising issues. (Yakasi)

PMV comments show some strain concerning CPH leadership and their own role in the CPH.These comments provide a better understanding why the vague concept of triads does not appear to be strong in Kano. A PMV from Gama-B said that, "No participation from our members because we are never contacted as a member of the CPH, but we will only hear that a member has been chosen to attend and so without our elected officials knowledge which is very bad. I don't know (if we get resources from or plan with the LGA). I cannot say due to communication gap." A PMV from Gwale offered another observation showing their apparent alienation from the CPH. "The leadership, I can't say that they are good, they are just average. They are always fighting each other. They are not patient, some seem to be selfish." He went further to describe the problem. "They lack cooperation among them. Sometimes like as members, the governing board always promised us they will supply thing like drugs but couldn't fulfil. If they can listen. I beg them to cooperate to achieve aims."

Elections have held only twice in Kano since the CPHs have formed. In most cases the office of the chairman did not change. This means the upcoming elections, which were expected in mid-2001 will be the first time when the two-year term limit in the constitution will be put to a test. Generally the terms "free and fair" and "peaceful" were applied to previous elections in the CPHs. There were a very few exceptions as noted below.

- Yes, there have been election twice, the first was not accepted by the people and the second became successful. (Badawa)
- There were crisis and conflicts but at the end it went well. (Gama-B)
- The election was done in crisis. (Gwale)
- The process or the handover has not been accomplished up till now. BASICS are suppose to ensure the handover. (Yakasi)
- Transition from old to new was problematic because even some cares are in court now concerning the handing over of materials held by our former vice-chairman. (Yakasi)

As noted, more respondents were happy with the previous elections. The few conflicts observed appear to have been resolved. The main concerns, where they exist, appear to be with the quality of the actual leaders that resulted from the elections, not the election process itself.

Aba CPHs are presently being lead by their first set of leaders who were elected in 1999. At this stage, unlike the early years of conflict at Makoko and Ajegunle in Lagos, there appears to be a general sense of acceptance and even satisfaction with most of the leadership. A CBO member from Etiti Ohazu gave this assessment of her CPH's leaders: "The good thing about the leadership is its ability to have organised its members to engage in the environmental sanitation exercise, though a lot of the members said that they were not informed on time." A youth member from the same CPH gave a more mixed review. "Some of our leaders are good while some are not. Some of them are power oriented and autocratic, while some are very experienced and well composed."

In contrast, a CBO member from Ohazu was pleased with her CPH leaders. "We observe that there is unity. Information from the CPH is well spread out to the different CBOs by the CPH PRO. I can say that leadership is very democrat and everybody has a say in the organization. There has been no problem because there has been not conflicts" Another women from Ohazu added, "We have able leaders who practice what they have learnt from BASICS. There is also effective communication." A leader from the same CPH shared a similar view of his colleagues. "The leaders, are quite hardworking, they have a sense of direction, as they carry everybody along. There have not been really any problems so far."

A youth member of the Eziukwu II CPH gave his frank assessment of the CPH leadership. In the process he acknowledged the value of training BASICS had provided to enhance leadership.

> *I will like to score the leadership generally above average. But I believe it could be better and with this new/latest training we received, I believe there will be greater improvement. The leaders have shown many good qualities, especially by their democratic approach, the ability to resolve issues on the round table. They accommodate opinion. On the other hand there is a need to be a little more open in terms of information dissemination.*

One of the leaders of Eziukwu II CPH expressed confidence that the leadership has actually worked well and independently from BASICS. "The leadership is good and competent. Good in the sense that without BASICS we have carried out activities and continue to be the driving force of the CPH and then ability to handle conflicts." This confidence is important in a context where the CPHs were last in forming and are quickly being weaned by BASICS.

A leader from Eziukwu I CPH singled out the specific contributions of his co-leaders in the following comment: "We have very active secretary who has become a source of motivation for many. He coordinates activities, gathers information and disseminates information. So also are the WEC leaders who motivate women and enlighten them at various levels both at the CPH and Dyad levels. They plan the programmes, e.g. special clean-ups. They mobilize people by showing example of themselves." He further explained that not only are the 5 Executives and 11 Board members very active, but that leadership of the CPH was broader that the formally elected officers. "Also non-board members are always willing to take responsibility." A similar comment on the inclusive nature of leadership came from Ohazu. "The elderly people equally contribute in the smooth running of the CPH activities."

Another Eziukwu I leader observed that so far the leaders have managed to avoid the common pitfalls of leaders generally in the country. "They are transparent and accountable. No embezzlement so far, no quarreling, no hostility." A Dyad leader from Eziukwu I gave the following assessment of the CPH leaders: In my CPH we practice team leadership where everybody brings his or her opinion and this has been favorable. Nothing has been problematic as far at the leadership is concerned in my CPH. We have been working hand-in-hand with our leaders." Another Dyad leader from Eziukwu I observed that the quality of the CPH leadership was a reflection of the electorate. "The quality of leadership has been good because the people elect the leaders by themselves."

In Aba Ukwu another CPH leader explained that their CPH leadership had a strong foundation. "The members of the governing body of the CPH are men and women with a wealth of experience in the area of leadership who were elected into office." A third respondent from Aba Ukwu, not only graded them but noted the presence of sanctions should leaders not perform up to expectation. "I give them 90% because if they have not being performing, the Dyads would have impeached some of them." He further explained the basis of his grading of the current leaders. "When you rule and allow people you are ruling to know what is happening, it is a good thing." A woman from Aba Ukwu was very much aware that the CPH and its leaders are still new. "They are not all that perfect as beginners; they are not yet matured. They have been fair in their leadership role; they need to improve. The good thing is that they are sincere, and some of them are ready for the selfless work."

The leadership problems reported in Aba were often of a different nature than those registered in Lagos or Kano. For example, one respondent from Eziukwu II said that leaders were worried that they may not achieve enough. "The problem is that because of lack of fund, some don't want to be ridiculed by the public as a matter of unfulfilment of promise." Another from the same CPH indicated disappointment in some of those who were elected, but did not blame it on the leaders themselves. "Problems stem from formation. Officers elected based on sentiments are not performing now. It has been problematic because you can remove such officers, but you have to limp along." A similar response was made in Eziukwu I. "We must say that a few officers due to lack of knowledge before election may not be the best. Some of them do not fit in well into the position in which they are." These are issues that can be resolved as the CPH matures, and it is good that respondents recognize some of these problems are a result of the CPHs trying to find their feet.

Other criticisms of leaders are more classic as seen in the following comments. Of note is the fact that none are overly negative. Common problems were lack of commitment, favoritism and inadequate communications. Etiti Ohazu leaders received most of the criticism:

- The problems we are facing is that everybody wants to be at the head. (Eziukwu II)
- There is a need to be a little more open in terms of information dissemination. (Eziukwu II)
- A few have not been properly committed, e.g. because of their jobs. They cannot perform their duties well, e.g. doctors have the highest rate of lateness and absenteeism. (Eziukwu I)
- In the CPH leadership some of the elected officers do not live up to their constitutional responsibilities. It is has been problematic because some of the officers are over burdened with work to the determent of the CPH (Aba Ukwu)
- On the aspect of communication problem, informations do get to them late and as such they find it difficult to disseminate those information. (Aba Ukwu)
- We have no serious activity on the ground. (Etiti Ohazu)
- The major problem is the leadership. There has always been a communication gap. As you can see to yourself not many members are here today. I just happen to stumble on this interview. If this is corrected it will go a long way in correcting the CPH. (Etiti Ohazu)
- On major complaint is late coming to the activities and meetings, like today. (Ohazu)
- The ineffective chairman that we have. Most of the governing board members don't know their roles and their responsibilities. (Etiti Ohazu)
- The major failure of the CPH is its emphasis on selecting members with certificates such as degrees, NCE, etc., for training exercises. Whereas the real active members of the CPH who are mainly unlearned market women, petty traders, cleaners, etc., so these unlearned group of active members feel discouraged and this makes them to harbor grudges. (Eziukwu II)
- There was a period the body was invited for NID program at Enugu. Instead of democratically selecting or electing representatives, they will go, they just handpicked. (Eziukwu II)

A female respondent from Etiti Ohazu expatiated on the common theme of inadequate sharing of information within the Etiti Ohazu CPH. She also added the dimension of ethnicity as a component of the apparent unwillingness of CPH executives to share information.

> *Initially members were interested, but as time goes on the interest reduced because the information about events were not circulated to us by the executive so we were not able to know what is going on or what activities that are being carried out. The (CPH) achievement I heard about is the immunization programme, but I just overheard it. There have been no meetings to inform us about the event. When we ask, they tell us that the meetings are for the executives. They are using ethnic intentions to decide who goes for any activity. We are not even called for meetings to inform us on the BASICS intentions. We just overhear it from people. The executives are busy allocating all the benefits to themselves and their fellow indigenes, excluding we that are not indigenes. I can't seem to understand what the problem is really except if they have a hidden agenda.*

In defense of their leadership, a CPH leader from Etiti Ohazu passed some of the blame on to BASICS. "Personally, Ive been trying as a leader. But due to the bad management of BASICS in Aba everything have started crumbling. What ever they decide they do. People don't listen to the leaders again due to the way Rosemary has biased my members. It hasn't been good, because things have started crumbling." As was observed in Ajegunle in Lagos, some Etiti Ohazu members can take refuge in their Dyad. "The good aspect of dyad is that they hold a regular meeting and work as team. In the dyad we don't have much problem."

Although a few of the respondents indicated that they were not completely satisfied with the leaders who came out of their first elections, they were generally of the view that the election process itself was proper and acceptable. Characteristics of the first election included "democratic," "hitch-free," and "no bitterness,"

A respondent from Aba Ukwu indicated that they have learned from their first election are are trying to improve. "We are preparing for elections, by educating people not to vote on sentiments, because the last one was

based on sentiments such as tribe, which should not be so." The new elections are expected in November or December. Based on the criticisms from Etiti Ohazu, one would have expected similar comments from members there, but the common response was simply, "We are waiting for the tenure to run out." One was a little more blunt when he said that, "We are preparing for elections seriously to remove these people."

3.1d *Conflict Management*

Conflicts have arisen in the CPHs over a variety of issues ranging from leadership problems to fair distribution of program benefits among members. BASICS staff have often played a role in resolving the conflicts, but as time has passed, CPH leaders who have benefitted from leadership and management training, are more often guiding conflict resolution in their CPHs. There have even been reports of incidents where BASICS staff were said to be at the heart of a conflict. A closer look at some of the reported conflicts show that these were in reality simply differences of opinion among CPH leaders and/or members, and often were resolved through persistent dialogue.

Lagos CBO representatives frequently commented thus about conflicts: "I have not heard that there has been any conflict in the CPH." (Lawanson) "I have not witnessed any conflict." (Makoko) "There have been no conflicts." (LAS/Mushin) In reality, small conflicts are often the order of the day. One of the doctors from Amukoko offered insight on three reasons why problems spring up. First, "The level of literacy makes our effort to be slow; it takes a lot of time and effort to educate the people." Secondly, there is now a bit of zealousness arising out of the new awareness created by the D&G workshops. "Everybody seems to know his/her right, and sometimes people go for far trying to claim these rights." Finally, "Poverty is another problem. This is a low income area." This heightens potential conflicts over distribution of resources within the CPH. Example of conflicts within Lagos CPHs follow:

Perceptions of conflict were often more common among Lawanson CPH leaders, with the average member hearing little about is as one female CBO member in Lawanson explained. "There have been conflicts, but not an open one, and they must have solved it. Some people are not satisfied with their position. All are about power tussle. I am not in the executives. I did not really come into the matter, but I understand there was conflict. It was resolved between the board members themselves." Some of these episodes and their resolution are described below.

The Doctors' conflict in Lawanson was a prime example of a problem that stayed fairly much within the circle of the executive members. As explained earlier, Lawanson was the first CPH to experience dyads. In the early days, there was some jealousy among the doctors as they felt that the chairperson of the CPH was benefitting more than they were. The first chairperson of Lawanson explained what happened and how the formal inauguration of the dyads changed the nature of the problem, though not necessarily for the best

> *Concerning conflicts, our first was between the doctors. They felt the chairperson was gaining something. The formation of dyads was meant to solve the problem. Now the other doctors realize that it takes a lot to organize a community programme. In fact the doctors leave the problems of the CPH to the community to solve, so not a real partnership. We all had different visions and that has not changed, and this is still the strongest dyad. Before BASICS brought letters here for distribution to the dyads and CBOs, but they complained about not hearing in time. Now BASICS sends letters straight to the dyads, and still they don't show up for programmes. They say they did not see the letter or get it in time, but the commitment is not there. BASICS took part in solving that conflict.*

While disagreements were going on among the doctors of Lawanson in 1997, a new HF and cluster of CBOs wanted to join the CPH. This move did not meet as much resistence as similar actions at the time in Ajegunle, but the foundation doctors of Lawanson were definitely suspicious of the intentions of the physician running Logos Clinic. This coincided with efforts by BASICS staff to develop fully the functioning of dyads in consonance with the CPH constitutions, and eventually the Logos Dyad was somewhat reluctantly welcomed into the fold. In 2001, the position of Logos appears to have taken an ironic turn with the departure of their medical director, as explained by the former CPH chairperson.

The second issue was that of Logos Dyad wanting to join. Rumor has it now that the Logos CBOs are looking for another health facility. This is ironic after the doctor of Logos mobilized all those CBOs and pressured BASICS and Lawanson to take them in. He has left for America and his wife seems ambivalent in her commitment to the CPH.

By the third election, a non-physician became chair of the CPH, leaving each physician to look after his/her own dyad. A female CBO representative in Lawanson offered her own insight. "Some of the doctors are not very happy about the way the doctors are treated. The leadership complained at times that he would not be able to leave his job for so long, so far nothing is coming in for him from the CPH." The doctors views about these concerns appear in a later section, but the irony is, that having been given greater power through the dyads, some of the doctors later realized that they did not have the time or inclination to work on community development. In short, the conflict among the doctors dissipated naturally as the full provisions of the constitution came into force.

The microcredit scheme was a reported source of conflict for to reasons, 1) the number of loans available was usually smaller than the number of CBO members who desired them and 2) those who received loans sometimes did not repay on schedule. A woman from a Makoko CBO explained the problem and its solution in her CPH.

The issues of money, concerning the microcredit (led to conflict). Some CBO leaders did not take it lightly with their members. The case was brought to the CPH and was resolved. It happened in my own CBO, but when I talked to the person involved, she complied. Eventually the money owed by the members was paid back. A five-person committee was set up to find solution to the problem. It took about two months to solve the problem.

The first chairman of Makoko CPH was the source of conflict as reported in the 1997 documentation report. He was accused to favoritism and blocking the entry of new CBOs. Later he was accused of mishandling funds derived from sales of old furniture given the CPH by USAID. Eventually he parted ways with thee CPH and elections as outlined in the constitution provided the initial solution to the problem. This lft some simmering dissatisfaction which was eventually confronted by thee new leadership as seen below.

Another major (conflict) was the case of our former chairman. We did not vote him out. He withdrew on his own volition and nominated a candidate who lost the election to the current chairman. He has since distanced himself from the CPH, although his CBO is still active in the CPH. There was this time we did breastfeeding campaign. Some new members were given key roles to play and were also given t-shirts and caps in view of their activeness. But some foundation members who had become inactive took offence and began to make trouble. We settled it eventually.

The current Makoko financial secretary explained how their executives take an active role in confronting actual and potential conflicts. "The governing body has played a central role in resolving disputes amongst us. Our CPH is united today. Often time problems or disputes among us are settled within hours. We normally call all those involved and settle them. We realize that conflicts left for long could degenerate, so we promptly address them. The only case going on is the problem of our ex-chairman. We do not seem to have any solution because as a proverb says, you can take the horse to the stream, but you cannot force it to drink water. We have done our best to carry him along."

A WEC leader from Ajegunle CPH said, "Yes, the elderly ones among us did the peace making," when there were some minor disagreement on funds for their Breastfeeding Day campaign, but it appears the CPH has not been able to address the larger issue of leadership and elections. The leadership problems in Ajegunle and the reluctance of the founding chairman to relinquish his post is an obvious conflict in that CPH. The conflict manifests at the membership level when it comes to distributing benefits as explained by one CBO member:

The CBO's are not happy about the criteria used in selecting people for seminars and workshops, they complain that most of these selection go to friends and family members of CPH executives. When they want to mobilize members of the communities they will remember the CBO's, but when anything that will generate financial benefit comes up, they share it at the CPH level.

A similar problem was expressed by a male CBO leader from Ajegunle. He also pointed out the fact that no formal conflict resolution had been attempted. "During the information sharing seminar by BASICS to introduce their programme for the second quarter, some people felt they were left out, it developed to a conflict for a long time. The passage of time settled the issue naturally."

It would appear that the CPH has not been able to resolve this long standing conflict internally. One dyad leader explained that, "We want our elections and BASICS has assured that it will be organized by May so we do not have any problem." Another member described efforts so far that have not yielded results yet. "The CBO leaders met the CPH chairman, to find solution to the problem. We advised that they should be patient until the new executive will be put in place."

While Ajegunle members are taking a wait and see approach to addressing such issues as elections and who will benefit from attending training, their counterparts in Amukoko are willing to address such issues directly.

> *(The conflict) was between the chairman and the governing board. It happened last year. BASICS was invited to intervene on the issue, and it was resolved. My CBO leaders were part of the peace move. The doctor explained to the aggrieved group that, he only made use of professionals in certain activities that required the expertise of the medical personnel and not that he was being partial and the case was put to rest after the doctor is explanation.*

A leader in Lagos Island CPH described a conflict that arose when the Youth Wing felt it was not receiving recognition from the CPH.

> *There was a conflict between the Youths and the leaders who felt that should be recognized. It happened late left year 2000. We set up a committee of elderly people to settle it. We visited those who were aggrieved one by one and talked to them before we eventually brought them together. I was secretary then I played the role of mediator We managed the conflict. We stopped it from escalating though dialogue and mediation by myself as secretary then, Dr. Randle, Mrs Iwayemi Abari Surat. The problem had been for about a year, but within a mouth of mediation, we solved it.*

Another Lagos Island member explained how their training came in valuable when there was a misunderstanding at the recent election. "All members present tried to bring peace to the situation, because we had just had our conflict resolution training, this we put into action to settle the conflict. It was settled amicable and we had the election. Within 10 minutes, it was resolved immediately."

Members from JAS/Mushin pointed out a conflict that arose concerning the treasurer and management of the money. Here is an example like the one in Makoko where the conflict may be resolved to the benefit of the CPH, but some of the actors drop by the wayside. "There was conflict in 1998, because the cooperative gave out unauthorized money in cash instead of check. The leaders and BASICS tried to resolve the crisis. Some of our leaders from my CBO went from house to house to appeal to those who were involved to let peace reign. Our cash book was returned to us; the account book and minute book were returned but they refused to attend meeting. The leaders and BASICS addressed the problem. The members concerned still don't come to meetings They are ashamed of themselves, and that is why they have not been attending meetings."

In Kano, some CBO members were also unaware of conflicts, but such was less common than in Lagos. "I have never heard of anything like that." (Gama-B) "I don't know about any crises." (Gwale) "No crises." (Yakasi) "No crises so far registered." (Sheshe). Such statements usually came from CBO members, TBAs or PMVs, i.e. persons not within the inner circle of leadership. In fact, when the issue of factions in Badawa is mentioned below, PMV representatives were quick to assure the interviewers that they did not belong to any faction, possibly due to the unstated fact that many of them are from a different ethnic group than the indigenou community residents/CPH members.

Some respondents at first said there were no conflicts but later qualified their responses like this WEC leader from Badawa. "For the past 2-3 years we don't have any crisis or conflict of any kind." Similarly a respondent

from Gama-B explained that, "There has not been any serious conflict except during the planning of our project on democracy when there were different but strong divergence of opinion and Mr. Bebeji had to come in to educate us. It was not actually a conflict, but people were eager to succeed, so the planning was tough." In Gwale, it was related that, "Presently we do not have conflicts, but before we had a series of conflicts. We sat with BASICS discuss thee issue and later we solved the crisis. They (leads) made an attempt but the attempt was not successful." Not only do these responses indicate that CPH formation was a challenging time in Kano, but that Kano CPHs appear to rely quite a lot on the BASICS staff to help resolve problems.

Respondents from Badawa described several perceived conflicts. One between the youth and the CPH leaders was eventually resolved in an amicable way as described below by a CBO representative, and the youth were brought more fully into the organization.

> *Yes there was a conflict. The conflict was violent that people had to take to their heels. The youths felt they were more educated than the present leadership and as such want to take over the leadership. It was like a coup but after the election they had to give up. The conflict took place about 2 years ago. The matured and the old with the traditional rulers were brought in to address the issues. Yes I was one of those who played a big role ion resolving the issues. I gave honest advice and called the attentions of the parties involved on the implications of crises in a community. It was resolved amicably. Some of the youths were brought in to the organization and were given positions. The elders and the traditional rulers played the key roles in achieving the outcome. It took about 10 days.*

A more basic disagreement about the chairman appears to be ongoing. "The major problems are the existence of factions causing some problems, particularly against the chairman. The problem has been that many times the chairman uses his power to select (members for participation in programs) without throwing issues out for discussion. It has been problematic because some members feel that they should be consulted." One of the TBAs echoed this concern. "The leader always insists on picking educated members for traveling or anything meeting where you will likely get something like money, while we are only asked to go to meetings locally where nothing is given but work, work and work." This has been an ongoing problem.

> *Yes, a conflict arose as a result of the election. Some CBO leaders who opposed the re-election of the incumbent chairman sort of withdrew after the election when the chairman won. They are not very active, but some of their members are still coming. We got in touch with those leaders. We are planning a general meeting for the purpose of conflict resolution. The governing board is trying to do that. The members of (my CBO) have been involved in getting in touch with these CBOs. I particularly have done that. We are yet to implement it.*

A respondent from Gama-B explained how late communication from the BASICS field office creates conflict within the CPH. "Conflict is inevitable. Sometimes there are conflicts when information is sent very late from the field office. So members tend to feel that it is the chairman who did not release the information in time. What we did is that we called people from the field office who told members that yes, they are the ones who give information late. This is when members became assured or pacified. Members are satisfied and assured that it is not the governing body at fault. Even now for this meeting, the information reached us only yesterday."

As in Lagos, Kano has examples of conflicts that resolve themselves by one of the aggrieved parties leaving the CPH as seen in this comment from Gwale. "There was not much problem with the exception of the former vice-chairman who said she did not agree with the election and left. All other old leaders have continued to cooperate." A further description of the problem follows:

> *There has been leadership crisis. The problem started with the vice-chairman before the chairman died. Almost all the decisions were taken by them only. They would not consult or involve other members of the executive, e.g. when there was a seminar, they chose by themselves, keep information to themselves so that others did now much about the CPH. It was about 1998. The executives complained and every time the crisis would escalate. Nobody could do anything then until the end of their term when we chose new leaders.*

In Kano, as in Lagos, there is also evidence that much of the conflict within a CPH is often comprised of disagreements among the leaders themselves as seen in the following statement from Gama-B.

> *The conflict here was about the functions of elected officers. The secretary is supposed to be custodian of all sealed certificates, correspondence, etc, but the chairman sometimes keeps messages without releasing them to the secretary. I as secretary have approached the chairman and other members and the issue has been greatly resolved. The chairman still believes that since all correspondence is sent is the name of the chairman, he should keep it in his own file. I as secretary though, I do not share this view. I have decided to let go of this issue.*

A respondent from Eziukwu I CPH in Aba was quite positive about their experieces so far. "We have had no conflicts. This is because of proper leadership by the CPH." Likewise in Aba Ukwu a member responded that, "So far so good, the CPH has not really witnessed any crisis." Perceived conflicts emanating so far from the younger Aba CPHs appear to be more often cases of misunderstanding and miscommunication that comes from being new in the prograam.

- Well the major problem is the executive. They do not give us any information about what is going on. (Etiti Ohazu)
- Communication problem occurs When information are not properly disseminated members get angry and it might lead to quarrels. (Aba Ukwu)
- After the elections, some people who lost felt bad. They think it is not democratic. We called them together and appease them and give them responsibilities. This was done by CPH leadership. It was resolved amicably. (Eziukwu II)
- The major problems of the CPH so far has been the misconception people tended to have about the CPA. They felt is an association formed for the members to enrich themselves but when they later saw the opposite they often not. (Aba Ukwu)
- Anytime there is training or workshops, people that are not called up cause a lot of crises. An example is during the youths going to Jos, the other youths wanted to know what the criteria of being chosen was so they felt bad. CPH leaders addressed the issue by telling them that BASICS asked for only 5 people that with patience everybody will go. (Aba Ukwu)
- Ignorance - the way people understand BASICS programmes initially is not how they are seeing it now. In the sense that people thought that they, BASICS people, will be sharing money periodically, providing job opportunities to unemployed ones, through establishment of small scale industries, but now he way they are talking about independence, is what we understand again, because we are still immature, especially Aba zone. (Eziukwu I)

Another example of Aba CPHs trying to find their feet comes from Eziukwu II. "Yes, some people want to be involved in everything. They addressed the matter to me as the elderly person there. After the meeting time we called them and spoke to them. They are now working in harmony. We solved the problem by sharing views together. I played the key role as the elderly man, including the chairman."

As explained earlier, the large number of dyads in Aba CPHs is itselfa potential breeding ground for conflicts, as resources ad opportunities can not always be spread evenly. "The major problem has to do with the inadequacy of things and resources, e.g. when there is a programme and say we have five positions. It becomes problematic as to how to chose because we have more than five dyads in the first instance." (Ezikwu II) This problem manifest when Eziukwu II CPH was trying to form its executive board

> *On one occasion when we were selecting members of the governing board there were five positions while there were eight dyads. Every dyad wanted to have a representative. The dyads that did not get a representative felt marginalized. A few of them felt they had not got anything. Therefore there was no need coming. The conflict was resolved by members of the governing board. They called meetings and tried to talk things over. They encouraged people to be patient and tolerant especially since everybody cannot do the same thing at the same time. The problem was eventually resolved and the people came back. The youth also wanted their representation o the governing board, but when I saw the situation, I*

talked to the youth and told them we have to be patient and I then declined. It took about three weeks to resolve the issue finally.

A unique problem expressed in Aba is class and ethnic conflict as explained by a physician from Eziukwu II. "The other problem is the nature of the CPH, that is petty class conflicts such as welders, market women as well as doctors and so on. There is envy from the lower class. Some high class people who were once members have tactfully withdrawn due to this." A respondent from Etiti Ohazu shared her concerns. "the executives are busy allocating all the benefits to themselves and their fellow indigenes excluding we that are not indigenes."

BASICS as a source of problems was also mentioned in Aba. "BASICS causes problems by choosing people for training." (Eziukwu II) Someone from Etiti Ohazu explained this concern in more detail.

Conflict happened ever since we started going for training and workshop. Most attend if there is leadership training, you will fund out that they do take people that are not leaders to mix up with leaders, and this has discourages many members. The factors that led to the problem is the way Rosemary had been handling the matter, she is always the one that does it, but when question she will tell you that's the order from Lagos. My CBO didn't do anything because if you do, Rosemary will tell you that you're challenging her, and that has made us to take things the way we see it. During most training's, people that are supposed to involve are not the people she chooses which is not constitutionals. Because if this many people have started grudging about this and this is affecting the organization.

3.2 Membership and Involvement

3.2a *Membership Changes*

Ideally, an organization should at least maintain its members, if not attract additional ones. In the case of the CPHs this means attracting new HCFs and CBOs. The combination of both types of members is important for adequate dyad formation that enhances participation opportunities for members. The earlier charts showed that CPHs in Lagos have actually increased in both HF and CBO membership. Kano appears to be static, while only initial start-up information is available from the newly formed CPHs in Aba.

A common reason given for membership growth in Lagos is expressed by the following respondents: "Some new members have just joined last week. It is on record. They witness our activities and they hear about the opportunities and benefits. They run to us saying, 'We are interested.'" (JAS/Mushin) "Yes it is attracting new dyads. They are wishing to join because they are impressed with what we are doing." (Ajegunle) Visible activities are part of the reason according to a respondent from Amukoko. "It is still attracting new members, very frequently. Especially during NIDs, many people come to us and say they are interested in joining us."

Amukoko CPH even has evolved a structure to handle membership growth. "We have a special committee which oversees the registration of new CBOs/HCFs." Another respondent explained the work of the committee. "There is one CBO that we approved just about three months ago, and there still some that have applied, but which we are yet to approve. We will investigate them before they join."

Although there was reluctance in 1997 by the "founders" of the Ajegunle CPH to admit additional facilities, BASICS staff intervened with the explanation that dyads would allow the founding group to continue its work semi-autonomously while at the same time permitting newly interested HCFs and CBOs to join. This led to four dyads in 1998, and according to one respondent, "Two new dyads with eight CBOs have just joined the CPH." Another respondent explained, "I have personally registered four CBOs with my dyad. This is because I belong to other NGOs."

The experience in Lagos has shown that while there is growth, there has also been fluctuation. Lawanson (Surulere) CPH started out with the most health facilities (5) in 1995-96 and currently has six, although one of the current HCFs was recruited to replace another whose proprietor moved his operations to another LGA. The former chairperson of Lawanson indicated that HCFs there are still interested in joining, "People are still interested in

joining the CPH. Two doctors have come to me recently. We advised them to wait a bit until we see where the move to independence is going."

There may be conflicting perceptions about CPH membership growth within a CPH as observed in these two responses from Lagos Island: "Yes it is still attracting new members. For example, Compton Club has joined us and also the Market Women are currently under probation." "The CPH is not attracting new CBOs."

JAS (Mushin) CPH talked about the growth of their second dyad. "The CPH is still attracting new CBOs. One of the new Dyads with about eight CBO's is the Kuban Dyad." At the same time respondents there were the only ones who mentioned specific membership losses, even though they have increased overall. "The enthusiasm in the CPH has declined significantly. This is because the level of activities initiated by BASICS has declined considerably. A group of people pulled out of the CPH because of wrong information (about microcredit) and loss of interest in the CPH." The concern about maintaining members is echoed in a response from Makoko below, and appears from the Mushin experience to be partly due to uncertainties and reduced central programming direction surrounding the move by BASICS to disengage with the CPHs.

The situation in Makoko is unique to Lagos in that it is the only CPH without a HF member approved by BASICS. Thus, Makoko has no dyads. At the same time, the experience in Makoko demonstrate the challenges of attracting and keeping an adequate membership. One respondent expressed hope about expansion. "Yes, new CBOs are indicating that they want to be members. A group from Iponri has written an application to become a dyad under our CPH. The process is still on. There is another health facility in Iwaya that is applying to be part of us. There also are individual members who have indicated interest, but we told them to go and join a CBO." Issues of territory need to be worked out because Iponri is in Surulere. The issue of individual versus CBO membership was also raised, and at present the CPH constitutions only recognize membership in the context of belonging to a group, as the respondent noted.

Two other Makoko respondents observed problems in attracting members that included both perceptions of the benefits of membership as well as ethnic and logistical concerns. "I cannot remember any new members now. Most new entrants are looking for financial benefits, and if they cannot see it readily, they will not join." "We have people who are difficult to reach like Egun tribe. Their area is very difficult to reach. It is through canoe. Once people realize they can get support from the CPH, they would be coming." Another respondent noted that the problem may not be attracting new members, but keeping them active. "From time to time there have been increase in CBO membership, but their main problem is that they don't come to CPH meetings regularly. Only few of them attend meetings."

Some caution about new memberships has also been expressed from other CPHs. "Some new CBOs want to join the CPH, but we discovered that they thought they can make quick money by associating with us. We counseled them, that it is mainly a humanitarian service to improve community health." (Lagos Island) Likewise the financial expectations of potential members were commented upon in Mushin. "We are presently compiling a list of new CBOs and HCFs for interview. They think there is money in the association they will soon find out the facts."

Although the inventory conducted in Kano in 2000 shows no CBO membership growth, CPH respondents appear to have a different view. The official list of member CBOs in Badawa at the time of these interviews corresponded with the 2000 CPH inventory, but Badawa respondents claimed that there was interest by new groups.

- *Yes. The youth organization, Himma Organization (has shown interest) because of the kind of things the CPH does and individuals and organizations are getting more enlightened.*
- *Yes, the CPH is still attracting more members like other small vigilante groups, Na Galadima and Tsauni Matasa, because of interest.*
- *About 5 CBOs presently have applied to become members. They see the performance and the activities of the members. These interest them.*
- *Business people also, for instance some trading associations, are making moves to register.*

- *Yes the CPH is still attracting new CBOs. Sometimes they come to our houses to ask how to join and we explain and then send them to our chairperson. This is because of the good work they see us doing all the time.*

The experience in Gama-B was the same. "For example, there was a time we did community mobilization. It is because of this that more members came to be registered. Because they have seen our activities that is why they came to register." Another respondent was more specific. "Yes, for example, the Nassarawa Drama Group has just joined." One respondent claimed that CBO membership has doubled. "We only started with about 10 CBO/HCFs, but now we have more than 20 CBOs/HCFs under the CPH." In fact, the only area of membership increase reported in the official inventory was among the indigenous providers and PMVs.

In Sheshe specific occupational groups of potential members were identified. "Yes they draw other CBOs to come and be members, Examples weavers, batik dyeing and others." Another added, "There is the Tailors Union who joined recently." Similarly in Gwale, a few specifics were mentioned. "Yes, it is attracting new members. In the last two months Alheri Dankoli joined us."

A different perspective on CBO recruitment was seen in Kano, i.e. the need to form CBOs before they could be added to the CPH. It was not clear whether this was due to a paucity of existing CBOs that would have interest in health. "Two CBOs have been formed recently and have come into the CPH. They see that CPH is helping to build the community." (Yakasi) "Like now, my friends and I are trying to bring our another NGO, even went to women's commission to register the NGO." (Badawa)

Some confusion in the meaning of the question and the term CBO was possible. A WEC representative from Yakasi explained, "Yes, we are increasing in number. Our membership is always on the increase because everybody admires what we do for the community." It became clear that she was referring to WEC membership. In Badawa, the WEC representative gave a similar response. "There have been increase in CPH membership. We have many members now and many people are still coming to register with us. We have over 300 members now." Responses from other WEC respondents showed that they actually considered the WEC to be a CBO, not a special committee/forum for female members of the constituent CBOs. When asked to talk about their own CBO, they would describe the activities of the WEC. Thus, it seems that women in the community independently join WEC without having a CPH affiliation.

It was only in Gwale that problems of attracting members were voiced: "No, here it does not attract new members. If the CPH has not done something that the community will benefit their people, people will not like to join." "New members? Not that much, because of the problem we had at the beginning. Unfulfilled promises and the problem of the cooperative and a leadership problem that almost destroyed the image of the CPH."

CPHs at Aba got started with both the largest number of CBO members and number of dyads of the three sites. According to responses of CPH members, they are generally continuing to grow. Respondent from Aba Ukwu exemplified responses through Aba that characterized both the desire of CBOs to join and the reasons why. "The CPH is attracting new CBO members up till today. Like there was a day the CPH organised a sanitation exercise in the area of their operation, some people started asking question about who we are and from their indicated willingness to joins To an extent, I feel the new CBOs are attracted because they know our sincerely of purpose and our sense of dedication in our ideals." Specific examples about membership increase from Eziukwu I follow:

- *Each time we carry our activities, we always end up with several requests on how they could become members. We have just admitted two new dyads, e.g. Green Veil Dyad was formed after the existence of the CPH. They are interested in our activities.*
- *Yes, Umuagomuo Women Association and St. Philips Women Meeting. It is because they would want to be participating in our activities like immunization.*
- *Yes, the CPH is attracting new CBO membership like we have 2 new applications for CBO membership. This is because they are interested in the CPH activities.*

A respondent from Aba Ukwu documented the increase in membership in her CPH between 1999 and 2001,

and explained why. “We were ten CBOs when we started, but now we are up to fourteen. It is because they have seen some of our activities, e.g. NID programmes and sanitation exercises.” At the same time, another respondent from the same CPH noted fluctuations in membership. “Some are withdrawing because of lack of funds and some are coming in because of the trainings. Some came thinking they will get money, so when it is not available they leave.”

Negative responses about membership growth came from Etiti Ohazu. “I know that we are not attracting new members because we are not registering new CBOs.” “It is not attracting new members. Because of the bad management many are dropping out.” Not every member shared this view. “Yes, the CPH still attracting new CBO members because of the activities of the CPH such as environmental sanitation.”

Another negative response came from Eziukwu II and highlighted how internal conflicts in CPH can dissuade new members. “I don't believe the CPH is still attracting new CBO members. Because of the shoddy way the members of the board of trustees were appointed. People are no longer interested.” Another respondent from the same CPH explained further. “The other problem is the nature of the CPH, that is petty class conflicts such as welders, market women as well as doctors and so on. There is envy from the lower class. Some high class people who were once members have tactfully withdrawn due to this.”

Finally, Ohazu respondents were quite positive about the perceived growth of their CPH. “the major achievement of the CPH is ability to expand on the number of CBOs in existence. We now have more CBOs.” “Because of the assistance we rendered to the woman who delivered and how we clean the community has made community people to be interested because they have felt our impact. Some community people have being asking me that they are interested in the various projects because they now know the difference.”

From the foregoing it can be seen that most respondents had a positive impression about their CPHs attracting new members. This was attributed to the quality and visibility of program activities. A variety of CPH experiences becomes evident, with some showing clear signs of growth while a few were having membership problems. Common reasons for lack of growth or loss of membership included inappropriate expectations from potential members (e.g. financial gain) and conflicts within the CPH. Ano appears to present a special challenge. Not only do perceptions of growth vary from documented membership, but it is possible that existence of CBOs and a strong civil society in Kano communities may not be a reality there. Other approaches like direct CPH membership through the WEC may be an alternative means of CPH growth.

3.2b *CBO Involvement*

It is one thing for CPHs to recruit and maintain CBO members and another for those CBOs to play an active role in the organization. Involvement falls along a continuum from simply accepting a program through to actively planning community interventions. (Brieger, 1996) As can be seen from the examples below, there was a wide spectrum of involvement by CBOs in the CPH programs. Some simply attended seminars when invited. Others contributed human and financial resources for specific efforts. Others helped plan and carry out programs. By far the most common form of involvement was participating when called upon to serve as mobilizers for various community campaigns, including the immunization program. While most respondents were enthusiastic about their taking part in CPH programs and contributing to CPH successes, a few CBO representatives offered words of caution about waning interest levels and barriers to participation.

CBO member responses from Lagos were generally positive about the roles they played, and the level of interest seems well spread among all CPHs in Lagos. Responses are divided between male and female representatives. Although many CBOs were of mixed gender, this division of responses showed a few subtle differences. Female respondents as seen in the first set of comments below, often waited to be called upon before participating in CPH activities. Male respondents talked more often about taking leadership roles in planning CPH activities or about their role in approaching community leaders.

- Members who participated were many. Some of them mobilize other members. That is they go round and

mobilize the other members. Even for now we are still trying to mobilize. We create awareness for the CPH. Everybody is trying (female Lawanson)

- During the time of child survival lecture, all our CBO members were in attendance. We were taught how to prevent malaria, how to notice if a child wants to have measles and coughing. We were up to ten in number. We also participated in immunization. They used to pick us CBO by CBO. (female Lawanson)
- Our members like dancing. We actively participate by dancing during mobilization activities of the CPH. Sometimes 20 of us or more. They help to mobilize. Anytime that they tell us that there is a programme, we rise up. We are more active than others. We are market people are we readily mobilize. (female Makoko)
- Few of them take part in environmental sanitation, but they come in large numbers for immunization of their Members will go round and call themselves to participate. Any time we are called upon, we are always ready to work. (female Makoko)
- Members go out to talk to women who are non-members, and tell them what to do on breastfeeding and immunization, etc. and how to take care of themselves. The number of such active members is about 50. Roles played are mobilization, volunteer health workers. They play these roles continually. Ours is the largest and most active CBO. (female JAS/Mushin)
- The members are coming up for programmes in large numbers anytime they are called upon. They mobilized others and they volunteer as health worker. (female Ajegunle)
- Different people volunteer but there are a few who are very consistent. They mobilize, volunteer as vaccinators. There are also local guides. (female Lawanson)
- Any time they are called upon, they are always ready to participate. All me members do participate. They are very good at mobilizing others through their singing and dancing along the streets. (female Makoko)
- They turnout in large number for every activity carried out by the CPH. In fact we have the highest number of participants of any activity. (female Lagos Island)
- My CBO members had contributed to repair the ambulance. During immunization, all members will come out to participate from house to house. I personally used my car to mobilize the people. (female JAS/Mushin)
- We had gone for family planning, child survival, breast-feeding, Mother-Hood-Day, seminars and workshops. Some members had also worked as volunteers in various programmes organized by BASICS. They turn out in large number for al the CPH activities. They mobilize and also volunteer as health workers. (female Amukoko)

- The members of my CBO have participated quite actively in all activities of the CPH. They play leading roles in all activities - environmental sanitation. They volunteer as health workers especially during immunization. They also play an active role in mobilizing others. (male Makoko)
- There is no activity here in the CPH without the participation of my CBO, even if there is problem in other CBOs, my CBO used to assist them since we belong to the same CPH. Also my CBO attended the breastfeeding programme. We picked people randomly from CBOs, and women's rights programme, democracy and good governance workshop organized by BASICS. (male Makoko)
- We played an active role in the success of all these campaigns. We the have been very active in educating all the women who come to our clinic on issues of family planning in particular. We also reach out to the men to educate them on child spacing and family planning. (male JAS/Mushin)
- During NIDs we send representatives who participate in all the activities, we also send people to participate in workshops and seminars through the CPH. (male Ajegunle)
- My CBO members are involved in all spheres of the CPH activities. My CBO member is the secretary of the cooperative at the dyads level. Our member is also the secretary of the breast feeding group and the vice chairman of the cooperative at the dyad level. (male JAS/Mushin)
- We participate in rallies and seminars. They give us instruction to send people for trainings and we do that. (male Ajegunle)
- WE sensitive and mobilize members of the community. We divide ourselves into groups of three or four out of which there must be at least a professional nurse. Ten of my members participated in the polio eradication campaign. They played the role of vaccinators and local guides. We use the youths as peer educators. (male Ajegunle)
- Two of my CBO members participated in the drama. The youth group made the proposed, planned it and submitted to the CPH which financed it. (male Ajegunle)
- Two of us helped in mobilizing members of the community by the use of a megaphone, the other two help in carrying out actual vaccination. (male Ajegunle)

- My CBO arranged for the hall and getting participants registered, and we arranged for all the entertainment. (male Lagos Island)
- We now participate regularly in NID'S, family planning and safe motherhood campaigns. (male Lagos Island)
- Our CBO mobilized the people. We want to visit the chiefs and traditional rulers to ask for their support and the leaders of CBO are very respectable members of the community when people see them, they always realize that they should join us. We mobilize well ahead of any program; we educate people in the market and churches. We enlighten non-members and educate them top take their children to our own facilities. In our programmes, we work as ushers, and we arrange things.(male Amukoko)

A few respondents indicated that participation is not as easy as before. There may be both internal and external problems. Not surprisingly, a CBO member from Ajegunle noted that, "If we have activities, it takes us quite a lot of time to make them see the reason they should come for a meetings. Some members of our CBO are some how passive too." Participation is reportedly reduced on specific activities in other CPHs, but not because of lack of interest. An Amukoko respondent reported that, "The CBO members are not happy about working with the local governments. This is because all CBO nominees to community programmes are not allowed to participate.." Similarly, one from Lawanson said, "Up till 1998, it used to be up to two members from each CBO. But now since the collaboration with the LGA, they (LGA officials) don't want to see us there again." Problems of relationships with the LGA have been discussed in more detail in other sections.

The nature of participation in Kano was similar Lagos, but the extent appeared to be more confined to coming out for activities as called upon or directed by the CPH executive. Also fewer women gave evidence of their invovement. Many of the female respondents interviewed in Kano were TBAs and as such had formed their own association. Unfortunately, a common perspective from them was that, "The CPH does not involve us in its activities." (Sheshe) Other female roles are described below, followed by male responses in a subsequent section. Even the male respondents indicated less leadership and initiative than did their counterparts from Lagos.

- Individual members have contribute, especially during cholera outbreak when they provided us with vehicles to convey members to different quarters in the community. Three-three people at a time, with two ladies each who will be the ones to enter the houses in order to give lectures and enlighten the ladies on health education and prevention of cholera outbreak. (female Gama-B)
- Members embark on house to house campaigns, they also participate in sanitation exercises. Many people were involved. Yes, some mobilized, some made food for others that are involved in sanitation. (female Gwale)
- The only thing we do is to mobilize the community to come out and take their children for immunization when the time comes. (female Yakasi)
- Cooperation whenever people are called; you find them all coming out en mass to attend the gathering. we assist with some things, e.g. we volunteer to call women. (female Sheshe)
- Our women do attend all meetings/workshops/seminars they are invited to. (female Sheshe)
- We only participated in Adult Literacy classes. (female Sheshe)
- We participate in CPH mobilization from house to house. Our purpose now includes ealth because we are all women. (Female Gwale)

- There are various examples of activities that members of my CBO participated in, examples of these included the immunization and workshops. About 15 of us attended a workshop and we helped mobilized. (male Badawa)
- Our CBO provided technical assistance in the area of HIV/AIDS campaign - design a manual for the campaign, providing resource persons. We worked in collaboration with the consultative forum, PMVs, HCFs and representatives from CBOs. During immunization exercise individual members of the CBO help in mobilizing the community - 100% of members do this. They participate as local guides and vaccinators - 100% of members. The participate in environmental sanitation - 100% of members. (male Gama-B)
- The members of the CBO attended the programme en mass. We were part of those or organized a drama to show the people the disadvantages of supporting those who use money to entice the people during election. (male Gama-B)
- Yes, we did attend some local seminars on advocacy and so on. We also contribute for things we want to do. What we do is directed by the CPH. (male Gama-B)

- If we are called, we do participate. Everything that is decided on we are part and parcel. (male Gama-B)
- Our secretary general is heading the CPH, we sent a representative to the Youth wing of the CPH who is holding assistant chairman of the wing and individual we are attending any function organized by the CPH in any capacity. (male Yakasi)
- Members participate on invitation by the CPH. Training, advocacy's, focus group discussions, members attend if they are nominated or assigned. During sanitation exercises you may not able to keep count of numbers, too many people are involved. Leadership and management training at Jos nine people were involved. Proposal writing training: Two people were involved. (male Yakasi)
- We participated in drama and sanitation. The CBO staged a drama on the importance of sanitation and immunization. CPH discusses the idea with the different CBO, which in turn mobilizes the people or help/contribute in its own way. We help mobilize and do the actual sanitation exercise. (male Yakasi)
- Anytime such activities our CBO participate and contributes appropriately. I am only a member, when they plan they invite us to participate. during immunization I was among that bring children, from house to house, I campaign. During sanitation I participated. (male Sheshe)
- We played the role of mobilization mostly. They call for meetings and intimate members and we just participate for the benefit of the community. (male Sheshe)
- During immunisation individuals contributed both in cash and kind to ensure that it is successful. We assisted in mobilising people to participate in programmes and activities. (male Sheshe)
- CBO members played the role of community guides during CPH initiated activities. (When organizing activities) We call a meeting, share responsibilities, contribute money, and provide feeding to members participating in environmental sanitation. (male Gwale)
- In cleaning the environment, in public enlightenment, contribution of money to execute projects. I was involved in many activities - enlightenment on cholera eradication, measles, etc. Individual members were involved. Some were health workers, volunteers, mobilizers. Environmental sanitation happens every month end. (Male Gwale)

The same problem of LGA take-over of the NIDs was expressed in Kano as a factor inhibiting involvement. “During NID the LG has the largest hand in it, but they merely invite us to send some of our members.” (Gama-B) As discussed under section on health worker perspectives, the Kano PMV association members tended to feel left out of CPH processes. “No participation from our members because we are never contacted as a member of the CPH, but we will only hear that a member has been chosen to attend and so without our elected officials knowledge which is very bad.” (Gama-B) Thus, major health care players in the Kano design of the PH program feel left out, the PMVs who are largely non-indigenes, and the TBAs who are women.

Although Aba, having recently formed its CPHs, has had less opportunity for CBO involvement, CBO respondents were much alive to taking part in CPH activities. As in other towns, the tendency for CBOs to respond to the CPH-initiated activities exists, but there appears to be a sense of dedication coming through in the responses. Another difference from the other towns is the relatively narrow scope of activities in which CBOs participate, immunization, seminars and sanitation, reflecting again, the relative newness of the Aba CPHs and lack of diversity in programming so far. Unlike in the other towns, no complaints about barriers to participation were mentioned.

- We now partake in environmental sanitation exercise. We now capitalize on child survival. We do more of social mobilization. We try to get to the grassroots in awareness creation on the aspect of infant mortality. We now educate women on how to prepare ORT for the prevention of diarrhoea in children. We educate the community members on the prevention of HIV/AIDS. We played the role of participating in those activities, both financially and otherwise. (female Eziukwu II)
- We have participated in various immunization programmes, we have played the role of local guides and vaccinators. (female Aba Ukwu)
- We helped as local guides. They come out for sanitation work, whether in group or individually, about 20 volunteers, (female Aba Ukwu)
- The last immunization exercise which finished last week, two of our members where involved continually in all the exercises, the last environmental sanitation exercise on the 9th of June a good number of us were involved. (female Etiti Ohazu)

- My CBO has gone around the community during these activities trying to create awareness about the importance and during immunization our members are involved as guides. We contributed about five women from our CBO for the environment sanitation where they were involved cleaning gutters, and in the exclusive breast feeding we all come out from our CBO to the campaign, and also during advocacy visits to traditional rules. We selected 10 women to go for that, and these people are selected randomly and also during immunization, we followed from house to house making sure the children are immunized.(female Ohazu)
- Environmental sanitation - 15 members participated. Mock Parliament - 15 members participated. Exclusive Breast-feeding - 15 members participated. Immunization exercises - 12 members participated. In environmental sanitation we swept and removed weeps of refuse. In mock parliament we participated in the welcome song. In immunization we participated as health workers and local guide. (female Ohazu)

- We engage in public awareness. They engage us in the vaccination programme, i.e. they help in vaccinating the children in the community. We also support the CPH in periodic sanitation. We send out the town criers and through broadcasting in the radio. They also engage us in some seminars within the CPH and outside the CPH. (Male Eziukwu II)
- They attend meetings particularly so they are part of the decision making. They are members of the cooperative and so they intend to benefit from the micro-credit scheme. They are in NID and some have attended training. (Male Eziukwu II)
- They usually get involved in mobilization planning and active participation. Many are involved in immunization programme. Some volunteer as town criers. My CBO is more active. Akaeru CBO - the caliber of people there makes it motivating, e.g. our secretary is a retired principal of Kings College, Lagos, also a former diplomat, etc. (male Eziukwu I)
- In the immunization it was arranged that every CBO would sent participants in the NID programme. Environmental sanitation - we were allocated to produce two people they helped mobilize for the exercise. (male Eziukwu I)
- The CBO participated in the NID immunization exercise, the environmental sanitation exercise they have been taking par in it also again the CBO equally have been participating in most of the trainings/workshops. The CPH usually allocate work/activities to capable hands whenever the need arises. Virtually all members of the CBO participate on sanitation exercise, meetings, etc. (male Aba Ukwu)
- My CBO came out en masse to join in the sanitation exercise. They have gone for trainings. (male Aba Ukwu)
- Like in the sanitation exercise, they always came out in mass. Also in the immunization exercise, we also participated; 35 of us participated. In the sanitation everybody worked but in the immunization, our members were working as vaccinators. (male Etiti Ohazu)
- The CBO now participate more in sanitation exercises. They are now appreciating the import of a clean environment thus the regular sanitation exercise. The CBO played a vital role in all these activities such as mobilization and creation of awareness. (male Etiti Ohazu)
- We provide manpower; we solicit for funds and resources from the LGA. They participate actively e.g during contribution towards any activity and also in sanitation exercises and mobilizing people to create awareness. (male Ohazu)
- We educate members on the need for immunization of their children and keeping clean to prevent diarrhoea and how to prevent childhood diseases. We encourage women to take their children ot hospitals, especially when the husband is not around. (male Eziukwu I)

3.3 Program Planning and Management

3.3a *Program Planning*

A major component of capacity building for community coalitions is their ability of plan programs. Of particular interest in whether CPHs have, in addition to planning for suggested activities such as exclusive breastfeeding promotion and immunization, also initiate and plan their own programs. Respondents were asked about their perceptions on the major achievements of their CPH, and those issues are discussed in the next section, but they were also asked to comment on the planning and organizing that lay behind their successes. Some of the successful organizing experiences in Lagos are described below followed by examples from the other two towns.

A broad characterization of the Lagos CPHs regarding planning would be experienced and competent. A respondent from Lagos Island described how they go about planning for a regular child survival program like the National Immunization Days (NID). "The health facility serves as the centre of coordination of the NID's, the vaccinators and guides come back after the exercise to give reports. The CPH plans the rallies and campaigns. This is achieved by working in conjunction with the Dyad officials and health facility staff. The CPH has the ability to carry out rallies and campaigns"

Recently, BASICS required CPHs to write proposals before receiving assistance to conduct standard child survival promotional activities. In Mushin, "The CPH organized the breastfeeding week in August year 2000. we submitted our proposal to BASICS and it was approved. The governing board initiated it and BASICS provided the funds."

Planning for regular community education is carried out in Amukoko according to the account below.

The Dyad executives plan and organise the public enlightenment programmes in conjunction with the CBO's in their. This programe is done every three months. We also coordinate all the activities of the CBO's in our areas. The members of the CBOs help in organising the logistic materials for the programmes i.e. setting of chairs, canopies etc. The existence of the Dyad has helped a lot in increasing the level of our activities, this is because they help in planning the activities and organise the funding of the programmes.

The planning process in Amukoko was described in more detail by the head of one of its health facilities.

The governing board meets, looks at target population vis-a-vis objective of any programme, draw up the budget, choose a venue, we then divide the people into committees to take care of different activities. These committees report to the governing board which disburses funds for the activities. We normally take statistics during the activities in terms of number of participation etc. Sometimes we carry our pre-and post tests to areas the activity. The CPH is capable to plan and carry out activities. We have done that before - since inception.

Some examples of planning independent projects in follow. These include ideas that come from the CPHs and others that have been adapted from BASICS' priorities. The experiences show that the CPH pays attention to local development needs as well as health programs, and also that the planning process is participatory.

The CPH specifically initiated an training programme on making soap and snacks. Women who were jobless were taught how to make detergents and snacks so that they could find something to do. This was sometime in August 2000. It was successful. Many of our members are now doing it commercially and earning something. It was successful because of the knowledge and commitment of the leaders. It was planned by the WEC (Women's Empowerment Committee) and was executed by them. Again the WEC is planning another one, the tie and dye to teach women how to refurbish faded clothes. (JAS/Mushin, Lagos)

We organised a fund raising programme. The programme was very successful, and it was initiated by the CPH. Members of the CBO were given invitation to members of the community who in turn gave us money for the raising programme. The CPH calls a meeting of the governing board in case of a new programme to discuss, how to participate and the level of participation. After this, a general meeting is called. If at the general meeting, the programme is rejected. That will be end of the programme. But if it is accepted then, the planning for the programme starts. The CPH is able to carry out its activities. We have being organising workshops successfully and writing proposals and we have been getting money from the writing proposals. (JAS/Mushin)

The programme initiated by the (Amukoko) CPH is the "Enlightenment on Diarrhoea" and environmental sanitation. The planning of the Diarrhea started with the initiation by members of the governing board because there was an epidemics of cholera at that time to enlighten the people to know the difference

between diarrhoea and cholera and their causes and their treatment. The governing board set up committee to arrange various aspects e.g. giving of lectures, acting of drama, and the production and distribution of IEC materials and arrangement of entertainment.

Makoko CPH wrote a successful proposal to organize a training with donor funds. "We organized women's rights programme on the 21st of March 2000 sponsored by the OTI (Office of Transition Initiatives, USAID). It was a workshop." Lawanson (Surulere) also recived a grant from OTI. "BASIC introduced us to OTI. Then OTI provided the fund. The Governing Board brainstorm to work out a proposal that will benefit the community. So we came up with that program (on women's rights). We had a meeting to initiate it, we set up a committee of Governing Board members to collaborate with the proposal committee. They had seven of meetings until the program was implemented." Lagos Island CPH was another successful recipient of an OTI grant.

An example of how CPHs can plan with donor funds comes from Ajegunle.

A project initiated by AJCPH was the "I am pregnant" program. It was a family-planning program (Drama). It is a continuous program, but it started in 1999. It was a CEDPA and Ajegunle CPH-initiated program. Two of my CBO members participated in the drama. The youth group made the proposal (for the drama), planned it and submitted to the CPH, which financed it. They are very capable because they have capable hands.

The experiences in Kano show that at least three CPHs perceive themselves as quite capable of planning. Kano respondents were not as articulate about their planning experiences, although they had been functioning for over four years. It is suspected that this lack of articulation could be due in part to a lower level of overall CPH/CBO member involvement in the decision making process in Kano. Below are specific examples of how they organized their activities.

Badawa CPH relies on committees to plan and carry out their regular child survival and community health activities. "Each time we want to do immunization, the immunization committee plans for it. Each time we want to do sanitation exercise, the sanitation committee goes round to collect money from members to cook for everybody who takes part in the sanitation exercise." Gama-B respondents described how they took a standard idea from BASICS and carried out the planning themselves.

For democracy and governance, it happened January 2001. It was done in Tourist camp, Kano. Now many people are very much aware of their right. The lecturers came and told us in details what our rights are in democracy. It is as successful because the people see the genuineness of the programme and became very interested. It was BASICS that brought the programme, but it was executed by our executives in the CPH. The members of the CBO attended the programme en mass. We were part of those or organized a drama to show the people the disadvantages of supporting those who use money to entice the people during election. The executives had a lot of meetings for the planning. We set up committees who will dispatch correspondence, drama committee and entire programme committee for various arrangements. Yes, the CPH is very able to plan. We planned one already as I said. We did it and we succeeded.

Kano CPHs have obtained grants. Yakasi, for example, planned a program on democracy with an OTI grant. Badawa CPH also recently applied for and received a grant, and one respondent described their planning for implementation as follows:

The CPH is just about to execute a project on HIV/AIDS control. Our PMVs will be responsible for marketing of the condoms and offering these to CBD agents. We had a written [proposal through the project coordinator. We have set up a committee for the implementation of the project. There is another committee on social mobilization. They were set up by the governing board. The CPH is very capable. We have just planned one and everything is set out and we will do it soon.

Experiences from Kano show how the training provided by BASICS was seen as a major impetus for

independent action by the CPHs. Another respondent from Badawa explained the difference that BASICS made generally in the way they conduct their planning and operations. Another good example of independent organization and advocacy for community development comes from Gama-B CPH. They were inspired to take action because of D&G training provided by BASICS.

> *We have many changes in activities. Once we hear that something is coming from BASICS, we have to call for meetings to discuss such matter with our members. For instance, before (BASICS) we didn't call for meeting any time we want to have immunization, but now we do. Before, when we call for meeting we didn't take the minutes, but now we have been doing it. (Badawa)*

> *In terms of activities, we now know out rights as a result of the training by the CPH. We get together a lot of the time now. We discuss what we want from the government and we meet them. We did not know how to do this before. For example, we got together sometimes. We gathered about N120,000 ($968). We took it to NEPA and we told them about the problems of electricity in our community and they are doing something to give us more transformers now.* (Gama-B)

A respondent from Sheshe recognized that his CPH had the capacity to plan, but was concerned about how to undertake larger, more expensive projects to meet community needs. "CPH capable of planning and carrying out activities because during immunization sessions, we plan and strategize a lot before execution. (But) We have never been able to organize a big project like building a clinic." Another Sheshe representative expressed similar skepticism. "We are not capable apart from some training received."

CBO representatives in Gwale seemed confident that the CPH is "very capable" of planning and implementing programs, but indicated that the planning process was not very participatory and that their own roles were minimal. "We participated during the cleaning exercise." "We helped with information and food." "We only do as we are told." Others attested to the fact that Gwale could organize an independent programme like pomade/cream making training for women. Better evidence of their planning process in Gwale was given by another CBO representative.

> *We initiated mass mobilization for health education and immunization. In the first place, we met with our TBAs and educated them on what immunization is all about and the purpose of immunization. After such education, we grouped them depending on the areas (of the community). We sent them to campaign house-to-house. It was a two-month planned campaign. We called for a general meeting after the campaign.*

Data from the preliminary analysis report of the November 2000 BASICS II KAP survey provides a retrospective justification for TBA training in Kano where at least 75 CPH members are TBAs trained by the project. The proportion of women in each community whose last delivery was taken by orthodox doctors, nurses or midwives ranged from on 18.5% of 286 in Kano to 77.9% of 281 in Lagos and 93.8% in Aba.

In contrast to the experience in Gwale, Kano, respondents from Eziukwu II CPH in Aba observed that they were successful in planning "because of the free-flow of communication existing between the CBO and dyads down to the CBOs." In fact, Aba respondents could be characterized as enthusiastic about the planning process. Eziukwu II initiated its own program in response to Commonwealth Day consisting of an essay competition for high school students. Their Youth Wing took the main initiative. In order to accomplish this ...

> *The CPH set up a committee chaired by the project coordinator. They had serious planning meetings, send out invitations, arranged for the essay and the examiners. There were sub-committees to handle entertainment, etc. the programme was successful. Obviously from the above, since we have done it before, we are able to do it better.*

Comments about organizing the standard programs including environmental sanitation and immunization in Aba are presented below. The role of the CPH in making these standard programs more successful than if the LGA had handled them alone was emphasized. In fact there was evidence of the importance of advocacy with LGA officials

to ensure CPH involvement. The limitations of finance in the planning process was also raised.

- *The executives held a meeting, later on the members were informed. It was agreed that after the clean up exercise, the refuse should be carried away instead of dumping them indiscriminately. Our CPH can plan and carry out activities because we are organized. We can now organize meetings on our own and discuss serious issues.* (Etiti Ohazu)

- *The contributing factors (for successful immunization) are the mobilization and the involvement of the CPH. Before (the CPH formed) we know that the LGA staff used to throw away vaccines, but with the involvement of the community people who feel that these children belong to them, such practices have disappeared.* (Eziukwu II)

- *The executives held a meeting (to plan environmental sanitation). Later on the members were informed. It was agreed that after the clean up exercise, the refuse should be carried away instead of dumping them indiscriminately. Our CPH can plan and carry out activities because we are organized. We can now organize meetings on our own and discuss serious issues.* (Aba Ukwu)

- *It was as a result of the CPHs efforts that the local government was able to train some members of our community as local guides and vaccinators during the immunization exercise. There was an announcement to CPH members who are interested to join the training after the governing body's paid several visits to the local government health officials who later approved to take some members of the community into training. Yes, like I said earlier, the governing body's visited the local government health authority and told them the need for some of our community members to participate in the immunization exercise and the request was made.* (Etiti Ohazu)

- *We educate members on the need for immunization of their children and keeping clean to prevent diarrhoea and how to prevent childhood diseases. We encourage women to take their children to hospitals, especially when the husband is not around. We do this through calling a meeting, divide the responsibilities or contributions among the dyads, and by making sure that committees are set up at the CPH level that look into the activities. We are capable of thinking and planning that will not involve finance or funding.* (Eziukwu I)

A common concern in Aba is that the CPHs are still "young." This fact is used to explain why the groups have not developed many independent projects, but does not appear to detract from their ability to plan the standard programs.

> *We have not initiated any because we are still young, still growing, we are still looking forward to more of the BASICS training but we initiated the sanitation exercise but BASICS provided the equipment.* (Aba Ukwu)

From the foregoing, it is evident that the CPHs are capable of planning and implementing community programs. Many clearly see that BASICS was responsible for providing them the training in managerial skills that led to the success of their efforts. This does not hide the fact that some respondents were skeptical, but their reasons were generally based on worries that not enough funds would be available in the future to carry out their plans. The issue of fundraising is addressed later in this section.

3.3b Training Capacity

A major indicator for sustainability of a community coalition is its ability to train members and he public, especially in the knowledge and skill to guarantee new generations of leaders and active members. Respondents talked about their experiences as participants in the various workshops organized by BASICS. Core workshops as provided in Aba are outlined in Appendix D. They even identified the conflicts and jealousy that arose within some CPHs over the process selecting workshop participants. These issues are dealt with elsewhere. Of major concern here are respondents' perceptions of whether their own CPH can undertake training activities to keep the CPH going in the future.

A common response was, "We have the capability to organize similar workshops for others. We have learnt so much and we are also practicing what we learnt, and this has put us in the stead to organize such for others." "The CPH has the capabilities in organizing such training in the future because we already have the skills, which we acquired from the training/workshops we have attended thus far."

Some respondents are inspired to organize workshops because they benefitted. "We have benefitted from such workshops and we have people qualified enough to handle them." Other respondents were encouraged after observing the role models offered by BASICS staff. "They can organize workshops because they have seen how BASICS go about their own workshops."

Not only have CPH members learned and practiced what they learned, but they have passed on (trained) other members who did not attend workshops. "I think so because we have human resources, competent hands and we have also trained those that didn't attend." The success of continued training will depend on membership stability. "It is my hope that those who have received all these will stay in the CPH and train others."

There are some contingencies posed by respondents. "We are capable if we have the right materials and resources." "The CPH can do it since they have the awareness and provided there is sufficient fund." "Yes. If we are being supported. It takes fund to set up such workshop." While many worried about finding funds to run a workshop, one respondent in Lagos counters with the observation that, "The CPH has the ability to organize it because the human resources are their in the facility, and it costs little to invite people."

Some CPHs have actually carried out training activities and others are planning to do so. "The CPH had organized two-day seminar on child survival." "Plans are on the way to further seminars/workshops to enlighten a larger part of the community on ways of healthful living." "The one (example is a workshop) organized by Yakasai CPH through the assistance of the OTI. It enlightened people on their rights through the democratic dispensation and the need to choose the right leaders. Yes, our CPH is capable to organize such workshops."

Other CPHs have felt their confidence to undertake training increase as the CPH itself has developed and resolved problems. "Before it was because of lack of good leadership that we could not organize it at all, but now we are having good leaders."

3.4 Fundraising and Resource Management

3.4a *Sources of CPH Income*

When asked to discuss the problems or weaknesses of their CPH, respondents from the three cities inevitably mentioned lack of finance. Ironically, many went on to explain how their CPH was in fact raising funds, though not all mechanisms would guarantee a regular and adequate source of income. Respondents mentioned five major categories of income sources for their CPHs. These included 1) one-time sources, 2) occasional sources, 3) grants from funding agencies, 4) recurrent sources or investments and 5) income generating activities as outlined in Table 4. Not surprisingly, the Lagos CPHs that have been around for nearly six years have both a greater variety of income sources as well as more recurrent, investment and income generating sources. Comments from a JAS (Mushin) CPH member show the positive side of income generation.

> *The CPH is very able. We are already raising funds and generating resources. JAS Dyad has bought shares in some viable banks. We have the credibility to raise funds within the community. We have done it before. We can seek from international donors. Funds come from within. We also pay dues. We get some funds for projects. Whatever remains goes to the CPH accounts. The dues paid by members are not adequate, but money is paid in time, but some pay late. The CPH can equally raise funds in the future as I have said before.*

Among the one-time sources, all groups received either in cash or kind from BASICS a start-up grant to get needed office supplies and stationery for their secretariats, sanitation equipment and cold boxes (See Appendix D). CBO registration fees are specified in the constitution. These are no longer a major concern in Lagos, although

new CBOs continue to join. With Aba being a new site, their access to and use of registration fees is still important. Although most Kano CBOs paid their registration fees four years ago, a common belief among the CBO members is that this fee makes hem lifetime members, and no other fees or dues are needed. Therefore, even though registration fees today are not a major course of income, they represent, psychologically, an important contribution to the Kano CPHs' development.

The importance of occasional donations, especially from CPH leaders, varies from place to place. Eziukwu I CPH in Aba, for example was able to rent its new secretariat through timely donations of key individuals and CBOs. Such contributions to meet specific needs or undertake special project was also common in Lagos in 1997, as reported in the first documentation exercise, but now is less common. The role of contributions from leaders continues in some Lagos CPHs as reported by one from Makoko, Lagos who explained that, "I spend my personal money to run it (the CPH)." A CBO leader explained that, "Some members of my CBO made some cash and material donations to the CPH." A respondent (Eziukwu II CPH) also acknowledged the role of personal contributions, but was not optimistic that this process could provide his CPH with much income. "We tax ourselves, (but) we are very poor. By paying levies. Sometimes by little contribution by the members - that's not sufficient."

Table 4: Sources of CPH Income

Type	Source	City		
		Aba	Kano	Lagos
One time only	Initial registration fees	✓✓✓	2	✓
	Start-up secretariat grants (BASICS)	✓✓✓	✓	x
Occasional or as needed	Member donations (especially board members)	✓✓✓	✓✓	✓
	10% surcharge on per diem received by those who attend workshops, help with surveys	✓✓	✓✓	✓✓
	Project specific levies	✓	✓	✓
	Project support from local government	✓	x	✓
	Campaigns, rallies, launchings, raffles	x	x	✓
Grants	Proposal writing	x	✓	✓✓
Recurrent and Investment	CBO annual dues	✓	✓	✓✓
	Portion of interest from savings and loan cooperatives	x	x	✓✓✓
	Application fees and portion of interest on microcredit loans	x	x	✓✓✓
Income generating	Rents	x	x	✓✓
	Sales	x	✓✓	✓✓

Key: ✓ = importance as a source, x = not a source at present

In Kano, individual contributions help make the environmental sanitation exercises successful and enjoyable. "We do our sanitation by contributing ourselves for feeding." Another Kano respondent added that, "Sometimes we contribute especially whenever there is a project. For example there was a time we gave N5.00 (Five naira) during a sanitation exercise." A Kano CPH leader also observed that, "Sometimes we the board members have to tax ourselves for the purchase of stationery for our use." Similarly, another Kano leader commented that, "Funds for general administration and operations are sourced internally. And sometimes it has been personal sacrifice." At another Kano CPH they get funds for general administration "through taxing ourselves anytime we get salaries." The combination of leader contributions as well as their influence as community members in Kano helps financially. "For example, the secretariat we just rented for N90,000 was given us for that price because the owner said she was happy with what the CPH has been doing. She was asking for a far higher price before. Initially we contributed money together."

Another temporary but important source of income, especially in Lagos over the years, has been fundraising in the community during campaigns, rallies, launchings and raffle ticket sales. While this activity is occasional, it does represent an important step of the CPHs seeking help beyond their immediate members and their trying both to educate the community and make them financial stakeholders in the CPH and its programmes. Although not intended as a fundraising activity, Aba respondents do report receiving community member contributions during their environmental clean up exercises.

Example of a Raffle ticket

Program specific donations have come from the local government authorities. In Lawanson (Surulere) CPH it was reported that, "The CPH has got donations from the local government when we organized immunization programme. Out members took part in the immunization programme along side the local government staff." In Kano, occasional contributions from the business community are reported. "For example, Alhaji Dauda, a businessman, gave us initial sums for the interest of the CPH."

In Aba Ukwu Amano CPH, representatives were able "through advocacy visits to government and its agencies for instance during one of our environmental clean up activities, we appealed to the ASEPA (Aba South Environmental Protection Agency) agents for assistance and they honored by providing his tippers to us, to help in the evacuation of refuse." Likewise at Ohazu CPH assistance from the LGA was received but with a caveat. "During sanitation, the LGA gave us money hire a tipper to cast away the waste. They didn't pay in time, and it wasn't adequate."

One of the strengths of the BASICS intervention was training. Workshops on both management and technical issues were attended by many representatives from CPHs and Dyads. Early on the CPHs decided that members fortunate to participate should donate 10% of their per diem to the CPH. This norm of contributing to the CPH coffers continues until this day. Unfortunately, thee BASICS-sponsored training activities for CPHs are phasing out, and hence reliance on the 10% surcharge on members attending workshops is neither sustainable nor dependable as an income source. Some respondents talk about this as an ongoing and important source of income. "The funds for general administration and operation as obtained from membership dues and 10% contributions from allowances at given to nominees who participates in workshop and seminars." Others rightly observe that the, "10% of workshop (per diem) is not enough," for CPH administration.

In a similar vein, BASICS included individual CPH members among the interviewers hired in conducting community surveys, especially the Capacity Building Exercise (CBE). As with workshop per diem money CPH participants also donated a portion of their earnings as interviewers to the CPH. The CBO was intended to show CPHs that they could conduct and analyze simple surveys around their health facilities and learn how well community members were responding to their programs on immunization, breastfeeding and ORT. Hiring CPH members, among other interviewers, appears not to be neither a viable source of CPH funding nor a way to encourage ongoing self-evaluation within the CPH.

Proposal writing for grants has been facilitated by training workshops organized by BASICS. Generally this source of income falls into the "potential" category at present. Some CPHs in both Lagos and Kano have written successful proposals to undertake activities for other USAID Implementing Partners and programs including the Office of Transition Initiatives and CEDPA (Center for Development and Population Activities). CPHs in Aba see the potential in proposal writing, but have yet to benefit from the process, although they are trying. "BASICS has just taught us to write proposals, and we have written two. We have not been able to raise much in the past, but with the training we see our ability really increasing." The proof of the pudding as it were concerning proposals is when CPHs start getting grants from "outside the USAID family."

To date the CPHs in Lagos and Kano have been involved in three specific proposal writing/grant processes.

While Aba has received the training in grant writing, at the time the grants mentioned below became available, it was assumed by the organizers that the Aba CPHs were not yet mature enough to write grants. This has become a point of contention between BASICS and the Aba CPHs. The three main grant sources were USAID's Office of Transition Initiatives, which funded Democracy and Governance activities, the EBF promotional efforts of BASICS and the Enable Project of CEDPA, another IP, which focused on reproductive health education and services. Although all CPHs in Lagos and Kano received EBF grants, they did have to write a proposal to BASICS, and this served as part of their practical training. A summary of the grants and their value is seen in Table 5.

The issue of dues is discussed extensively in the next section. Simply put, dues appear to be the norm only in Lagos, and even there the issues of poverty and apathy threaten this regular income source. In all locations, respondents recognize that dues are a small and inadequate source of income, but some recognize that this annual contribution represents an important psychological commitment to the sustenance of the CPHs.

The idea of savings and loan or thrift cooperatives was devised first by the JAS (Mushin) CPH in Lagos. Other CPHs have tried the idea with mixed success. Cooperatives and other indigenous contribution-savings schemes are a normal part of the society in parts of Nigeria. There are even Ministries devoted to helping community based cooperatives develop. When the idea was successful in some parts of Lagos, BASICS staff suggested it to CPHs in other cities.

TABLE 5: CPH Proposals and Grants

CPH	Source and Approximate Value in Naira		
	OTI	EBF/BASICS	Enable/CEDPA
Ajegunle	400000	40000	3000000
Amukoko	400000	40000	3000000
Surulere	400000	40000	3000000
JAS/Mushin	400000	40000	under consideration
Makoko	400000	40000	0
Lagos Island	400000	40000	0
Badawa	0	40000	3000000
Yakasi	700000	40000	0
Gama-B	700000	40000	3000000
Sheshe	0	40000	0
Gwale	0	40000	0

These cooperatives require that members pay into the cooperative account a fixed sum monthly. This may vary from person to person, and after several months a person is allowed to take a loan at double the amount of their current contribution balance. The loan is paid back with interest. Cooperatives are built, therefore, on members who have regular sources of cash income, no matter how small, from which a surplus can be paid into the cooperative regularly. The CPH manages the cooperative bank account and from the interest on the account as well as any interest in paying back loans, the CPH draws a portion to use for its own administration. Therefore, the cooperative is seen as a benefit for individual CPH members as well as a source of income to sustain the whole organization.

Kano CPH members have not established functional cooperatives yet primarily because many CPH members do not have regular income that can be saved. The idea has yet to be properly introduced in Aba.

Microcredit is a different, though related concept. In the early days of BASICS I a consultant from another agency did some baseline study about the potential for establishing microcredit schemes. After her interviews, CPH members assumed that BASICS was going to start up these small loans immediately and hounded the office for several years until the microcredit project became a reality. Whereas the CPHs themselves set up and solicited

members and income for their own cooperatives, the microcredit was dependent on finding a pot of external funds. This pot was found, and BASICS set up the mechanisms in each Lagos CPH to run a microcredit scheme. Bank accounts were needed, just as with the cooperatives, and individual CPH members could apply for thee loans. An income generating aspect was added in that applicants had to purchase the application form from the CPH. Also the CPH could use some of the funds from interest on the loans for CPH administration. As explained in Lagos, "with microcredit, the way it is designed, 1/3 of the profit goes to run the CPH, 1/3 goes for child survival programmes" and 1/3 stays in the account to make more loans.

Finally, some CPHs in Lagos and Kano have looked into the idea of income generation for the CPH. Some in Kano have rented out the environmental sanitation equipment (shovels, wheelbarrows, etc.) provided by BASICS to other community groups. This and Kano other examples follow:

- *We have some initiatives we can rely upon in the absence of BASICS, e.g. we use the wheelbarrow given to us by BASICS and give persons who would like to use them to collect refuse on a daily basis. These people would pay N50 a day per wheelbarrow. We would make N500 per day. In Kano women have been taught trades, and this has aided in income generation for the CPH.*

- *We produce pomade, chin-chin (fired dough), soap, and drinks and sell at our cooperative shop and use the proceeds to execute projects, e.g. sanitation.*

- *Like earlier said, my CBO normally makes clothes for the children. They made it and sold it. I get the wool for them. We put the profit we make into out account, and we use some of the profit for our programmes. For the CPH when we send them to training, they bring part of the money they collect there to the CPH and through that means we have funds to do some of our activities. The wheelbarrow and shovel in out CPH, we borrow it out to bricklayers or construction workers and get little money from them. We also generate fund through that means.*

- *Funds for general administration come from sale of the constitution at N50 a copy and making of ID cards at N20 per copy.*

Lawanson (Surulere) CPH in Lagos set up a drug store. The JAS (Mushin) CPH used a container and an old Toyota Land Cruiser donated by USAID to make money. The former was converted into three shops and rented. The latter was made into an ambulance. In Kano, women have been taught to make pomade, soap and other products and sales of these might partially benefit the CPH. Some CPHs in Aba and Kano talk of turning their secretariats into business centers when BASICS provides them with computers and printers, but the experience in Lagos has not shown this to be a fruitful enterprise.

A combination of income generation and cooperative savings scheme was tried in Lawanson (Surulere) Lagos with mixed results. "During festivals the coop buys rice or chicken, what they think people need, and put a small profit on it. Last time some people wanted to buy on credit, so could not profit. Once we start giving credit some won't even pay." But the point is that they tried. A project on family planning with CEDPA not only enabled Amukoko CPH to carry out community health action, but provided a potential source of income. "We now buy contraceptives from identified importers and sell to the members of the community. Through this we make some profit."

3.4b <u>*Payment of Dues*</u>

Although the issue of dues is not addressed directly in the CPH Constitution, annual levies on all CBO members became the custom in Lagos where the first CPHs were established. Specifically, the constitution requires that CBOs pay a registration fee to the Dyad, and the Dyad is required to submit 10%of its annual income to the CPH. The CPHs and Dyads are also empowered to fix and prescribe various fees, among which could be the payment of annual dues. Although no CPH leader would claim that the payment of dues alone could provide adequate income to run a CPH, they are aware that some level of financial participation by CBOs in the CPH is a measure of commitment and potential sustainability. Their perceptions of the importance and role of dues varied

from city to city.

The picture on payment of dues is mixed in Aba, but three responses are common, a definite commitment to payment, a wait and see attitude and a fear that dues could scare away members. A fair number assert that they have paid to demonstrate their commitment and to ensure that they are "fully registered."

- *Yes, we have paid our dues for the financial upkeep of our CPH.Our CBO has paid its dues, this is to show our commitment to the programme.*
- *Yes, because it is an obligation so that the CPH will continue to function.*
- *Yes, it is our responsibility to see that the CPH succeeds and functions well, that is why we paid.*
- *They paid to the dyad for sustainability.*

Although some would agree with the ideals expressed above, they observe the problem that "Members don't pay on time." In addition there are a few who are aware that while "The members do pay their dues quite on time and as when due, it is hardly adequate (to support the CPH)."

A few stated categorically, "We do not pay dues," but others appeared to be weighing the issue or are satisfied for now with other sources of income. This may reflect the fact that the ABA CPHs are still relatively new and have just recently approved their constitutions.

- *We have not been paying regular membership dues because the constitution was just out only a few months ago. So it has not really been enforced in this area.*
- *We don't have any regular dues, but we meet our obligations (through contributions).*
- *We do not pay dues because we only pay 10% (of our per diem) to the CPH when we attend training and are remunerated.*
- *No dues have been paid because we have not concluded whether to pay to the CPH or to leave it with the DYAD. The governing board has not decided.*
- *We don't pay dues, after registration fee, no other due have been levied.*

Some respondents expressed fear that by raising the issue of dues, members may be discouraged from continuing.

- *Our fear in raising funds through dues is so not to discourage people who do not have much. Members are not paying regular dues.*
- *Members are not necessarily interested in paying dues. It might make them loose interest.*
- *We don't create levies; it is free will.*

In Kano most respondents stated clearly that dues were not being paid, and as one respondent said, "I have never heard of paying of dues." On a more pessimistic note a respondent stated, "We have not paid. The CBO is financially bankrupt."

The perception by many CBOs that their registration fee guaranteed life-long membership was rarely disputed by CPH leaders, who also feared that raising the issue of dues would discourage members. Both thee will and organizational mechanisms for enforcing the payment of dues does not appear to exist in most cases.

- *Since the registration fee we have not asked for any money again.*
- *Registration is N50 for individual, N500 for CBO. ID Card is N100. No (dues are not paid); registration is once and for all.*
- *Members pay only once at registration. Otherwise they do not pay any fees again.*
- *We give N20 every month, but most if the CBOs don't give and now nobody gives anymore. There is no was to enforce it because the CPH does not want any CBO to feel slighted or even leave.*

In Kano the issue of poverty was raised often as a justification for not enforcing the payment of dues.

- *Once the dues were fixed, but the members could not live up to it.*
- *No they do not pay. Why? Because I think they cannot afford. Self-help groups and vigilante groups are all volunteer groups. They do not have money.*
- *The CBO is not paying dues now due to financial problems.*
- *The people are difficult. They don't have much, and we have not really benefitted them financially. So we can not ask them to be paying dues.*

A few Kano respondents have been considering raising the issue of dues, but feel strongly that members must perceive a benefit to CPH membership before they part with their money. "Very soon members would be asked to pay dues because we think they have now seen enough benefits of the CPH to be motivated to pay these monthly dues." Another respondent in fact found this apprehension to be substantiated when he observed that, "Yes, my CBO has paid, but a number of CBOs have not paid. It is because they did not benefit from the CPH." Only in Yakasi CPH did the ideas of dues seem to be institutionalized. "Yes we have paid all our dues for the 2000 and 2001, and we have all the necessary receipts."

Most CPHs in Lagos appear to have internalized the norm of paying dues, because as one respondent said, "We pay to retain our membership." Respondents noted that some CBOs were up to date while others are behind. It also appeared that dues payment may be linked to some annual event like a general meeting, and that some CBOs do not pay until near the end of the year.

- We have paid the dues for year 2000 and 2001. We paid to enable us to run the CPH.
- My CBO has been paying its dues as and when due.
- So far this year we have not paid, but they paid that of year 2000.
- We have paid our dues for last year, but we have not paid for this year. We have not paid for this year because we have not met much this year, whereas we have to discuss this in our meeting.
- We have paid our dues for 2000, but not yet for 2001. We have interest in the CPH so we have interest in paying our dues.
- They had pay for the year 2000. We are yet to pay for 2001. The members are not financial ok, but they will try to pay.
- We have paid for 2000 to the CPH. We have started planning for the payment for 2001.
- We have not paid for 2001. This is because the accountant who is supposed to prepare it has not done so.
- We have paid for 2000. We have not paid for 2001 because we have not held a meting this year.

There were examples in Lagos of CBOs falling into arrears for various reasons including perceived poverty and losing interest in the program. Respondents were also keenly aware that CBO dues are an "inadequate" source of income to run a Dyad/CPH.

- Our CBO should have been contributing, but we too, we do not have much now. We are expecting help from the CPH.
- The members don't pay their dues on time and even if they pay, it is grossly inadequate.
- Many members have paid for 2000 and 2001, but some are still owing. This is due to financial difficulty.
- My CBO has not paid their last year's dues not to talk of this year's own. Even other CBOs did not pay their dues for both 2000 and 2001. I can't say the reason they have not paid. I think they don't count it important.
- The major problem has to do with no contribution of dues by members. The project is not financially sustainable. The people are very poor.
- The comatose economy has made it difficult for the CBOs to generate income. They are reluctant and sometimes unable to even pay their dues to the Dyad.

Ironically, the health facility representative who made the last comment above added, "We give N500 every month to the CPH/dyad." Another respondent commented on the poverty of individual members, but also reaffirmed his CBO's commitment to the CPH. "Dues payment is not very regular by members (of the CBO). Some do not pay regularly, but the CBO pays its dues to the CPH irrespective of this." In the absence of dues, the chairman of Makoko CPH said, "We have been living on loan, even to rent our office. We run the office on loan from our cooperative, from our microcredit."

While recognizing that dues are an inadequate source of income at present, there is a reluctance to increase them as seen in this comment from Ajegunle, "The majority of the people are very poor, even the periodic dues, they cannot pay, if we make any attempt to increase it they will run away." On the other hand there are Dyads that enforce the payment of dues. "Yes paid for 2000 and 2001. We made it a condition to be qualified for the dyad election." A similar response was made at Lagos Island. "We have adjusted them, Yes, we paid up to 2001. It is a condition for election ." Unfortunately not all Dyads are as well organized. "We have not paid for 2000 & 2001. It is because of the uncoordinated nature of the dyads. We don't even know when to pay."

3.5 Establishing Linkages and Collaboration

3.5a *Local Government*

As noted in the introductory section of this report, BASICS was not allowed to work directly with government at any level in Nigeria when the program started. Had the political situation been "normal," BASICS would have been strengthening the capacity of government health departments to deliver child survival services, especially the local governments as is being done now in BASICS II since the LGAs are responsible for the delivery of primary health care (PHC) services according to national health policy. Although the LGAs had a mandate to deliver PHC during the early days of BASICS I, they were severely handicapped by lack of political resources and will. The CPHs with their dual memberships of health facilities and CBOs were in a position not only to supplement PHC services but also advocate for improved services with the LGA. They could make the approaches to government that BASICS could not and gain access to resources such as immunization supplies to ensure that childhood immunization took place in both CPH HCFs and LGA facilities. CPHs will never supplant the LGAs in terms of PHC service delivery, but part of civil society they will always have an essential role in community health education and advocacy with policy makers and health program managers. This section reviews the extent to which links and relationships have been established in the three cities between CPHs and the LGAs where they are based as key indicator for future CPH sustainability.

The CPHs in Lagos have had the longest experience with LGAs, five years, and so have seen, over several changes of government, both the benefits and problems associated with LGA links. The former chairperson of Lawanson CPH related the following positive interaction with the Surulere LGA during her tenure.

> *Prior to the CPH there was no direct contact with the LGA. The opportunity was there, but nobody followed up on it. During the previous elected LGA around 1996-97 we did community immunization days (CID) and the LGA chairman came here (Royal) to launch it. The new chairman is also very supportive. He attended a programme on improving parent-child communications at Antnie dyad. The OTI (Office of Transition Initiatives) of USAID gave us some money and we organized face the people sessions. The LGA chairman came. The chairman has promised N50,000 before and another N25,000 recently to the CPH for youth activities. Though we haven't received the money yet, we have a very good working relationship with the LGA. Also with the MOH (Medical Officer of Health). Concerning immunization, he asked for a list of local volunteers - guides and vaccinators from the CPH for the upcoming NIDs because of their past experience and training.*

Another respondent from a CBO in Lawanson expressed similar thoughts.

> *The chairman of the LGA is very cooperative in this area. The MOH is also given us some cooperation but there is still a lot of room for improvement. We are in the process of getting a grant of N50,000 from the LGA. The youths were also promised N25,000 by the chairman to organise HIV/AIDS campaign. The money was to be used for T-shirts, etc. In a sense we do influence the LGA on health matters because they see us as helping to boost their health programmes.*

Relationships with changing political entities do not always remain the same. One Lawanson respondent complained that, "They are trying to hijack the NID programme and this is not good for the community. Another Lawanson leader related a more recent disappointment in working with the LGA. "The local government disorganized the last immunization without involving the CPH and community leaders. It was a failure. They could

not reach out to where the CPH could have gone." even with her disappointment, she highlighted the ideal relationship between LGA and CPH with the former providing resources such as vaccines and logistics ad the latter being skilled at community organization based on the fact that they are part pf the community.

Other examples of positive experiences follow. Relationships with LGAs have included collaborative work on projects, political dialogue and awareness, and invitations to CPH functions. Of interest in some observations is the feeling that the community had been neglected by the LGA until te CPH was formed and made its presence known.

- *The CPH joined with the LGA to rebuild the gutters - improvement in environmental sanitation. The area is cleaner than before. (Makoko)*
- *We successfully (brought together, LGA elected representatives and the people in the community together with all our CBO in a forum where the people were free to ask the LGA Chairman and Councillors what they have done and will do for the people of Surulere. We had this program January 11th, 2000. We also have another coming up on 19th of April, 2001 at Local Government Council Hall.*
- *The one (workshop) on breastfeeding took place from 31st July to 2nd of August, 2000. All the local government officials, excluding the chairman, who was out of the country, attended. (Makoko)*
- *We do interact with the local government chairman and councillors especially when we attend a seminar or workshop with them. (Ajegunle)*
- *We are in the good book of our local government. We have worked together with the local government. The health department of the LG participates and collaborates with us in most of our health programmes - immunization, breastfeeding. (Makoko)*
- *We collaborate with the LGA's on environmental sanitation and NIDs. We were given N1,200 each by the LGA for participating but it took more than one month before we got this money. (Lagos Island)*
- *Yes, we advocated that the local government authority should post us within our community for immunization and they did and there was increased coverage. (Amukoko)*
- *The CPH has got donations from the local government when we organized immunization programme. Our members took part in the immunization programme along side the local government staff. (Makoko)*
- *The local government store their vaccines in the CPH health facilities. We always work hand in hand. We invite them for all our programmes. They allocated a place to us for our container shop. We have not received any fund from them. We worked with them on immunization. (JAS/Mushin)*
- *The LGA sometimes gave us the Banquet hall free of charge. (Lagos Island)*
- *Through the activities of the CPH, the local government, which hither to was treating Ajegunle is a no-go area especially in the area of immunization, again began to take interest in the health of our people.*
- *The local government invited us to organize World AIDS Day on 11th January 2001. We organized it for them.(Makoko)*
- *We do invite medical personnel from the local government authority to our meetings when we discuss about health matters in the community. (Amukoko)*

As time has passed there are more examples of CPH members being part of the political process. "Yes, one of our members is a personal assistant the LGA Chairman, he has been trying to link the CPH with the LGA" (Lagos Island) "Political leaders are very aware. Even one council chairman is a member of the CPH" (Ajegunle)

There are also examples of efforts to link that did not bear fruit or had negative consequences. There were problems in all locations, but the most bitter responses came from Ajegunle and Amukoko who both are located in the Ajeromi-Ifelodun LGA.

- *The LG promised providing health centre for us in Makoko here. We have advocated for provision of health centre and improvement of the existing ones, but the LG has not done anything in response to the advocacy.*
- *We have not got any resources from the local government. To expect to get anything from the local government is to be involved in day dreaming. (Ajegunle)*
- *If you do not come from (are not know by) a councillor or from any other politician in the local government, you will not even be allowed to take part in the immunization exercise. (Ajegunle)*
- *Even when we collaborate on NIDs, the relationship is a master servant relationship. (JAS/Mushin)*
- *All the beneficial aspects of the programmes are given out to the relatives of local government officials. The*

PTF drugs that was given to the local government councils was given to us at very exorbitant prices when it was very useful. Now that the drugs have expired they now gave it out to us free. The CBO members are not happy about working with the local governments. This is because all CBO nominees to community programmes are not allowed to participate.(Amukoko)

- *It is however unfortunate that political calculations is entering into the NID programme because of the involvement of LGA who wants at all cost to push aside the CPHs so as to maximise their financial benefit. The LGA nominees (vaccinators, guides) usually abandon the programme before the end of the programme.* (Amukoko)

CPHs in Kano are located in three different LGAs, and they have had four years to develop relations with those LGAs. Respondents note the encouragement they received from BASICS to undertake advocacy with the LGA. "We were taught on how to link with the LGA. It was the BASICS people. Uncle Sam (a BASICS staff member) and others from Lagos also were here."

Comments from Kano show that not only have the CPHs related to the LGAs on health matters, but also have undertaken advocacy for other community social and development issues. Examples of other social and development links follow and often show a dialogue being established. The respondents are aware that politics is negotiation and compromise, and that all of their priorities may not coincide with LGA priorities.

- *The CPH always liaise with the local government and brief them on their problems. The CPH contacted the local government to help repair the borehole in the area. The football club in the area were given sports wears and culverts were constructed. When ever demands are presented to the local government, they look into them and select those that are a priority to them. (Badawa)*
- *We visited the LGA chairman about seven times to discuss many different things. No resources have been obtained. The LGA always invites the CPH during immunization. The building of a three km road in the year 2000 was planned together with the LGA. We gave many pieces of advice. They accept and carry out some, but they don't carry out others, e.g. improvement of electricity supply. (Badawa)*
- *LGA has been helping because we intimate it with our needs, e.g. the LGA provided gravel to cover the grounds of our clinic. (Yakasi)*

As in other towns, Kano CPHs have contacted and worked with the LGAs on core child survival activities such as immunization. "We started working with the LGA in the process of mobilization and NID. We get vaccines from them." (Gama-B) In particular, respondents offered examples of how their involvement has changed or improved the quality and nature of service delivery.

- *CPH influences the LGA. Involvement of youths in immunization. Before they were not using the youth of the community, but CPH advised that youth be drafted as local guides and this was affected by the LGA. (Gama-B)*
- *(We helped with) Collection of vaccines from WHO cold store. Before they (LGA) waited on the states and where state could not supply, no immunization took place. But after talking with them, we informed them they could get through out help vaccines from WHO cold stores. They accepted this option and when state failed to supply them, they come to us for the WHO vaccine. (Gama-B)*
- *They have always been asking us to help them in NID mobilization because we made them to realize that we are closer to the people than them. They saw and accepted that it is true. (Gwale)*

Other examples of health collaboration include the following:

- In the Yakasai Health Clinic we have staff whom are sent by the LGA and are being paid by *the LGA.*
- *(We have) collaboration with LGA during environmental sanitation. The LGA gives labourers to clear gutters. (Sheshe)*
- *During sanitation the LGA gives either money or materials. During general sanitation our 12 wheelbarrows are not enough so the LGA supplements. It is not always easy to convince the LGA on many matters. (Gwale)*

Two facts become evident in Kano CPH response. First, not all CPH members are in agreement or are aware

that they have a productive dialogue with the LGA. "We have been approaching them but they have done anything." Secondly, efforts to collaborate on core child survival projects have not been uniformly successful. "In 2000, we organized NID programme. By the time we went to the LGA for the vaccine, the chairman said the time was over, but we've tried our best. The HOD (PHC Department) said it was too late that we should come back for the other time." (Badawa)

The experiences of Aba CPHs with LGA are limited not only by the short time that they have been in existence but also by the fact that they are all basically located in one LGA. There is some skepticism about working with the LGA. "The LGA is very self-centered and insensitive to the needs of the NGOs. No (resources have been received) from the LGA. They give excuse of financial constraint. They see us as competitors." (Eziukwu II) "The LGA staff very often become jittery because they think the CPH wants to usurp their functions." (Eziukwu I) " "From all indications, the LGA in our area of domain is not just bothered about our plight." (Aba Ukwu)

At the same time, the CPHs have made efforts to ensure that the LGA is aware of their existence in hopes of future collaboration. "We have made efforts to link up with the LGA by first registering with them." (Eziukwu II) "The CPH, actually wrote proposal to the LGA for assistance and to intimate them of our planned activities." (Ohazu) They have also used political channels to gain access. "It was through the political leaders that we were able to have access to local government authority." (Etiti Ohazu) "The councillor representing us in the LGA is fully with us." (Ohazu) Some respondents see that the relationship is slowly evolving in a more positive direction. "We have not been able to influence them much in health matters because the LGA health officials feel that we are not professionals, though this is changing now.

As in Kano, some respondents also see that the presence of the CPHs has made a difference in the way services like immunization are delivered. "Before we know that the LGA staff used to throw away vaccines, but with the involvement of the community people who feel that these children belong to them, such practices have disappeared." (Eziukwu II) Other positive experiences follow:

- *In the case of environmental sanitation exercise, an advocacy visit was paid to the local government soliciting resources, which brought about the donation of two trucks for the clean-up exercise. The CPH also have been able to link up with the local government on the national immunization programme leading to the employment of members of the CPH as local guides. (Eziukwu I)*
- *During the last immunisation the LGA invited the CPH, which is unlike them before. (Aba Ukwu)*
- *The CPH has been able to affect the decision of the LGA on intensive immunization. Before now, most of LGA health workers don't actively administer the immunization days programme at the interior areas of the town, but now our CPA has been opted to assist the LGA in carrying out this immunization exercise. (Etiti Ohazu)*
- *During immunisation we advise them to give to the actual age not over-age children, because we found out that is what they were doing. (Aba Ukwu)*
- *Like during sanitation they gave us tipper. They do come to supervise our work. It is always done by the Chief Environmental Health Officer, Aba South LGA. (Etiti Ohazu)*
- *During one of our environmental sanitation exercise, we did approach the Aba South LGA, for assistance, and they readily came to assist with a tipper and some small amount of money. (Ohazu)*

Though not frequently mentioned as in Kano, the Aba CPHs have brought other social and development concerns to the attention of the LGA. "CPH brought to the notice of the LGA on a particular flood incident at OHAZU CPH, which the local authority acted promptly on."

3.5b *NGOs, IPs and Donors*

The CPHs in Lagos have made contacts with donor agencies (including other USAID Implementing Partners) and local and international NGOs over the past five years. Some contacts have been geared toward getting grants to run specific programs. Other links are more general and have consisted of sharing ideas and encouragement. Some CPHs have registered themselves with local and state government so as to network better with similar NGOs. The description of these activities by the former chairperson of Lawanson (Surulere) CPH exemplifies this process.

We are also networking with and learning from other NGOs, for example, Action Health (in Lagos). We have registered with the Lagos State Bureau of Women Affairs. Nothing has come of that yet, but by registering we may have opportunities in the future. We also registered with the Lagos State Youth Forum so we can network and get help with projects. We have networked with ARFH (Association for Reproductive and Family Health, Ibadan) and COWAN (Country Women of Nigeria, based on Ondo State) In fact when COWAN shared their vision at a workshop at the time we were starting the Initiatives Project, we had doubts, but COWAN encouraged that it could work.

Several CPHs benefitted from grants from the OTI (Office of Transition Initiatives) of USAID who gave money so workshops and public meetings could be held on democracy and governance issues. These often brought CPH and community members together with government officials who were asked to account for their policy and program decisions. Another common source of funds and programming has come from the USAID partner, CEDPA (Center for Development and Population Activities, a Washington based NGO), to develop community based family planning and population education programs. CEDPA's training and assistance to both Ajegunle and Amukoko CPHs have led the Ajeromi-Ifelodun LGA to recognize these CPHs as a focal resource for family planning in the community. This project also enabled youth in the Ajegunle CPH to develop their skills and talents through organizing a family planning drama entitled "I am Pregnant." In contrast, Makoko who did benefit from the OTI grant, has been unable to locate and recruit a health care facility partner that meets BASICS' criteria of quality, and therefore, lost out on the opportunity to work with CEDPA.

Most respondents did not have an idea of links with other NGOs. A few examples of links with local and donor agencies that were recalled follow:

- *We have a good working relationship with the Home Makers Club. (JAS/Mushin)*
- *We also collaborate with other NGOs such as WIN (during the NIDs). (JAS/Mushin)*
- *We have also linked with NGOs like EMPARC on women's empowerment. (Lagos Island)*
- *We are also in touch with some local NGOs like EMPARC and WIN. They write us to their meetings and we attend. (Lagos Island)*
- *The CPH gets IEC materials and condoms for its program from the Society for Family Health. (Amukoko)*
- *UNICEF is also working together with our CPH on child matters. (Amukoko)*
- *Our collaboration with MSF (Doctors without Borders) - wells and toilets were provided in some locations within the local government. (Amukoko)*

These examples and the foregoing comments from Surulere show that only two CPHs, Lawanson and Amukoko appear to have made much effort to seek organizational linkages outside the community and beyond the available USAID IPs. It should be recalled that during the 1997 CPH Documentation exercise that Lawanson was reported to have taken the lead to get the CPHs registered with UNICEF and thus enabled them to receive supplies or oral rehydration salts (ORS) to combat a cholera epidemic in the city at that time.

In Kano, there were few mentions of links beyond the ones with OTI and CEDPA described above. In Badawa one respondent observed that, "Pathfinder, a humanitarian organization, have worked with us; they facilitated some lectures." Discussions with BASICS staff revealed that AVSI (Volunteers Association for International Service), an Italian NGO, had expressed interest in the TBA training program in Kano and wanted to send a person to study the activity, but it was not clear that the NGO would actually provide any assistance to the CPHs.

Although the CPHs in Aba are young, they have made some contacts within and outside the community with other NGOs. They too, benefitted from OTI grants, but have yet to be approached by CEDPA. At Eziukwu II CPH, "We are working with International Federation of Women Lawyers, the Presbyterian Synod, and the National Council of Women's Societies." Members of Eziukwu I CPH "made out time to see the members of such CBOs like Obolo Town Union." At Ohazu CPH, "During the Youth Rally, we got assistance from other NGOs like FHI (Family Health International, another IP). FHI assisted us by giving lectures, film shows, leaflets on HIF/AIDS prevention ."

3.5c <u>*Linkages with the Mass Media*</u>

Linkage with the mass media is an important resource for community coalitions on several fronts. It is part of advocacy with policy makers. It can attract the attention of potential donors. It enhances a sense of identity and accomplishment within the CPH and it plays a role in community education on CPH program issues. As can be seen below, generally CPH interactions with the media have not been fruitful. This may be due in part to the fact that many respondents equate the media primarily with television, which is the most expensive and least accessible of the options available. Examples below show that there have been successes with television coverage, but more importantly, that CPHs have identified and tapped other media outlets including radio and newspapers. The concept of media advocacy does not appear to be fully developed wherein the CPHs actually create news and the media competes to cover it. At present the media functions more as a commercial business, selling its coverage to the highest bidder.

Many respondents in Aba and Kano give similar and generally negative responses when asked about media involvement in their activities as seen below:

- *They don't give us attention because the money is not there.*
- *(Relations with the media are) very poor because they are interested in money. NTA (Nigerian Television Authority) for example, said we should bring N10,000 ($80) for them to announce our sanitation days.*
- *No media coverage yet, because we need fund, for the media to publicize you must pay N18,000 ($145) to N20,000 ($161).*
- *We do not have enough money to pay media men.*
- *There is no usage of the media by the CPH. A for me, I have never heard the name (of the CPH) on radio or TV.*
- *You know they are very expensive. There has not been much media coverage because of the finance.*
- *It has been a difficult one (relationship with the media). When we wanted them to carry our Commonwealth programme, we approached them, but they charged us high.*
- *There has not been access to media due to financial constraints. We cannot afford the exorbitant cost.*
- *During our enlightenment and awareness campaign, we paid visits to the media, the cost they gave us was too much and so we forget about it completely.*

There has been some use of the media in Aba, despite the complaints about finances, but these events have been few as seen below, and did require some expenditure. As mentioned previously, greater attention has been paid to television.

- *We have only been able to get media coverage twice, during our advocacy visit to the NTA and during our mock parliament. We went to visit them in the NTA office. (Eziukwu II)*
- *The CPH does go to NTA Aba sometimes during sanitation exercise to cover our activities as this gives our activities the much needed publicity, although they usually demand for money. (Eziukwu II)*
- *During the time we organized our first sanitation day, we went to the NTA, paid and they did the coverage. (Aba Ukwu)*
- *We've been on air about the immunization. We went to Broadcasting Corporation of Abia State pm an advocacy visit. They sponsored the programme. (Etiti Ohazu)*
- *Fortunately for us our chairman worked formerly with the BCA so when I told you we brought the NTA the person there was working under him so it was easy so also when we went to BCA it was easy for us to get to the media people. (Ohazu)*
- *Our youths publicized the activities at the NTA during the Youth Rally. We were charged some money which we paid. (Ohazu)*

Aba CPHs have tapped into other media sources. “The media, the radio, is quite aware of our activities, and it does give our activities a wide coverage and publicity.” They have also realized the political nature of media coverage. “The media are commercial. It is only when our programmes involve political leaders that they cover.” Finally, given the aforementioned constraints to media access, it is not surprising that alternatives are sought. “ We only use our town crier locally.”

Alternatives to the electronic and print media exist in Kano also. “We rely only on our youth. We have a

meeting with them that we want them to mobilize people for us on our programmes." They are also aware of the role of politics. "There was once a ward head came and the media covered our programmes." But politics does not always work. "No, we had only visited the governor's wife, and it was not covered." Some positive media experiences were also outlined in Kano. Although nor very frequent, these examples show use of a greater variety of media.

- *Any time we execute any major project in the community, radio people come to interview us. Television people also come sometimes. We have granted interview to newspaper journalists only once. (Badawa)*
- *We have only used radio to announce some of our activities. (Badawa)*
- *Some members of the CPH belong to the media so they are used to disseminate information on the CPH. (Yakasi)*
- *Yes, (we have coverage) in the radio. We do this by going to the Radio house to invite people for our activities. (Yakasi)*
- *From time to time we invite the state television to come and record our proceedings and put it on the news. We pay something for this service. (Gwale)*
- *Our last meeting, it was announced on the CTV and in Triumph who publicized for us. (Gwale)*

Media use by Lagos CPHs appeared both more common and of wider variety than in the other two cities. Also, while respondents in Lagos noted the expense of media coverage, they appeared more likely to accept this and find the funds. As one respondent observed, "Gaining access to the media has been very easy, but it costs money." Another explained, "We invite them for a programme, give them brown envelope, and they publish us."

Lagos experiences are likely influenced by the fact that the city has a great variety of both public and private media outlets and that the CPHs themselves appear to have great access to funds to purchase these services. Lagos CPHs take the media seriously, and some even have publicity committees and Public Relations Officers to handle this task. All Lagos CPHs use the media, and some of the Lagos experiences are outlined below.

- *During the breastfeeding seminar it was publicized in the newspaper. Our chairperson should still have her own copy and we invited the press. (Lawanson)*
- *All groups know about the CPH because its activities are popular. The newspapers, radio and television cover our programmes and we read them all and watch them often. (Lawanson)*
- *Our programmes are usually covered by the media, especially TV and newspapers. We just approach them and they come to cover them. The NTA,MTV, Concord and Guardian newspapers all come to cover our programmes. (Makoko)*
- *We have had some good rapport with the media. They covered some of our programmes, Aiyelodun Programme which was covered by Radio Lagos and Oyo. (JAS/Mushin)*
- *We have heard good relationship with the media, print and audio-visual. They have come to cover some of our events. We only need to send invitations and they will come. (Ajegunle)*
- *For example the last seminar we had child Survival Programme at CAC Church. The Commoners, an Ajegunle paper was invited to carry the news.*
- *We invite media houses and they cover our activities. We pay them some money before they publish any information concerning us. (Lagos Island)*
- *Whenever we want to hold programme, we usually invite the media. The programme on Civic Education was published in the newspaper. Through on publicity committees we get to them.*
- *We have approached The Guardian, The Commoner and The Vanguard - all print media. We went to their offices to inform them of our activities and we paid stipulated prices for coverage. We use The Guardian mostly for advertisement.*

Even in Lagos, alternatives to the mass media are used, but unique to Lagos, these alternatives are hired. "Whenever the CPH wants to mobilize people, they employ a band. They use banner. They provide music and sound through the community and this makes people to come out and at least to know what is going on in the area. They also use van for public address system to inform the people around."

Ultimately, one must consider the actual reach of the media. The CPHs are located in urban areas and the

combination of higher incomes and possibly more regular power supply mean that televisions are common in homes. Radios are still essential, especially during power outages. Both national and local newspapers have wide circulation, but many people in the CPH communities cannot read. Of course, much of media coverage about CPH activities, from an advocacy viewpoint, is aimed at policy makers, program managers and donors. It was only in Lagos where the advocacy role of media use was apparent.

> *I used to publish our problems in the newspaper. There was a time we didn't have a good road. A pregnant woman wanted to deliver and there was no good road. They have to use a wheel barrow to carry the woman. The woman fell down from the wheel barrow. I publicized this in the Vanguard. See this National Concord of 30th March 2000. This is what we published during the women's rights programme. I have talked in more than 14 newspapers. The title here is "Group seeks better life for rural dwellers." (Makoko)*

4. PERCEPTIONS OF IMPACT - QUALITATIVE DATA

This section looks at CPH achievements from the perspective of the participants in the program, the CPH and CBO leaders. They talked generally about two categories of program impact, health issues and social development. The most common response about perceived benefits, though the least easy to document, was the perceived gains in knowledge by participants. This ranged from knowledge on health issues to better understanding of organizational and management processes, as seen below. In fact, knowledge, awareness, enlightenment and exposure were among the most common benefits listed by Aba respondents, which is not surprising since their CPHs are relatively new, and training programs have been the major interventions so far.

- I have acquired a lot of knowledge about adolescent sexual behavior.
- I invited the women there and talked to them to organize themselves as a group. This is through the knowledge I acquired from CPH and BASICS activities.
- Through participation in seminars our members have acquired relevant knowledge to handle everyday affairs of life.
- Members are more knowledgeable on various aspects about their health.
- Our women have gained basic knowledge which they were not taught before.
- Definitely, I have personally benefitted. I have increased and renewed my knowledge through many of thee workshops.
- I have benefitted a lot through trainings, e.g. leadership training and proposal writing training.
- Yes, I have seriously benefitted in terms of exposure, enlightenment, understanding my community better, understanding health issues. I have acquired more capacity.

4.1 Perceptions of Health Achievement

More specific concerns among health issues were immunization, environmental sanitation, breastfeeding, and HIV/AIDS, all issues for which all CPHs had organized programs over the years. Social issues centered primarily on democracy/governance and microcredit/cooperatives. These and other issues where perceived achievements were said to have occurred are described below.

4.1a *Immunization*

Promoting immunization has been an initial and continual activity in all CPHs. The nature of immunization programs have changed over time. At the beginning there was attempt to enhance the ability for HCFs in the CPHs to deliver regular immunization services to children using all six antigens. In the past few years, the emphasis has been on supporting the National Immunization Days (NIDs) program of the government as part of polio eradication efforts. Generally in the country, NIDs have had the effect of detracting from regular immunization coverage in favor of polio.

For example, the BASICS II ICHS in late 2000, documented that among 7432 children aged 12-23 months

(i.e. the age group that should have been fully immunized by their ninth month of age) only17.7% had received DPT3 (their third and last diphtheria, pertussis and tetanus vaccination) and 10.7% had received measles immunization as documented on an immunization card carried by mothers. Although the survey also asked mothers whether their children ha received these vaccinations, the ownership of the vaccination card is the best indicator that they have actually come into contact with the formal health service where regular vaccinations are offered. Even when both sources are considered, coverage was only 51.8% of children had received DPT3 and 42.3% had received measles vaccine.

The two programs even have different age group targets. The regular, expanded program of immunization (EPI) provided all appropriate antigens at both facilities and during special days to children aged 0-24 months. NIDs is focused on all children 5 years of age and younger only during special outreach days where homes are visited by volunteer vaccinators. The comments by respondents from the CPH and CBOs should therefore, be interpreted in the light of the immunization program structure.

As with other topics in this section of the report, CPH respondent comments on the nature of their achievements fall roughly into four categories.

1. Perceptions of good aspects the process through which the organized the program,
2. Perceptions of community awareness and acceptance of the program,
3. Perceptions of community response, which in this case is parents getting their children immunized, and
4. Perceptions of the effect of the foregoing efforts on child health, an indicator that the ICHS was intended to quantify.

Some of the process issues have already been presented in the section above on linkages between th CPHs and the LGAs since immunization was probably the main program that required CPH and LGA collaboration, especially in the area of obtaining the vaccines to b used in the community. It became evident from talking with Lagos CPH members that LGA and CPH interaction over immunization has changed in some LGAs over the years. Initially, CPHs were filling a gap of LGA inactivity in the realm of providing regular immunization coverage. From an historical perspective, the former chairperson of Lawanson (Surulere) CPH observed that, “When the CPH was doing community immunization, it built up. People came in (tothe HCFs) to ask for immuniz respondent from Ajegunle made a similar observation. “The turnout of children is always impressi before the coming into power of Olusegun Obasanjo in May 1999" (after which the focus on NIDs

Once NIDs became prominent, LGAs began to tak a strong Where in the past, some CPHs had leadership roles in imr sometimes became just another source of volunteer vaccinators, remuneration with those favored by the LGA politicians. This tu from [illegible] the NIDs program, [illegible] Tj159.4400 0.0000 TD(Lawan)Tj24.7200 0.0000 TD(ns)Tj9.12 the involvement of LGA who wants at all cost to push aside the CPH's so as to maximize their financial benefit. The LGA nominees (volunteer vaccinators) usually abandon the program before the end of the program.” Thus same respondent explained further that, “The political environment has had a negative impact on the CPH. This is because the LGAs ha over th

- *We organize social mobilization on NID. That is our target in Makoko here. We started awareness for people to know their right on immunization. Now they know this. Our people participated fully.*
- *The CPH made the community to now the value of immunization. People are now very eager to immunize their children. (JAS/Mushin)*
- *The awareness for immunization has increased significantly, mothers now bring their children for immunization regularly. (Ajegunle)*
- *The spontaneous and enthusiastic response of people to the awareness programme is an indicator for success. (Lawanson)*

Positive perceptions of coverage below differ from what has been found in the ICHS as analyzed. What these findings likely represent is perceptions of coverage within immediate neighborhoods and CBOs of the respondents, and not necessarily that of the entire community.

- *We had good immunization coverage for the community. We had some impact. (Lawason)*
- *The awareness of the people about their health and that of their children has increased. Their has been an increase in the number of mothers who immunize their children. (JAS/Mushin)*
- *We have improved the coverage level of immunization programmes. These things have been successful as evidenced by available statistics. Statistics on immunization shows a reasonable improvement. (Amukoko)*
- *The percentage immunization count as at 1998 has increased from 27.7% to 50%* (according to the former chairpersson of JAS/Mushin CPH).

Impact of CPH participation in the immunization program was generally perceived as positive. While data may not may not corroborate the positive perceptions that follow, the feelings of accomplishment that follow are essential for sustaining an voluntary organization like a CPH.

- *Immunization was very successful because there is not much illness among the children as it used to be. (Lawanson)*
- *The immunization campaign has led to a reduction in infant mortality. Since the campaign of NID started we have not encountered a new occurrence of polio. (Ajegunle)*
- *The children are no longer dying as before, through immunization. (Lagos Island)*
- *Almost all the children in this community are fully immunized. (JAS/Mushin)*

Process achievements were also noted in Kano. Their youth wings played important roles. "CPH influenced the LGA to nvolve youths in immunization. Before they were not using the youth of the community, but CPH advised that youth be drafted as local guides and this was affected by the LGA." (Gama-B) The same respondent also noted how the CPH was instrumental in guiding the LGA in locating vaccines. "Before they (LGA staff) on the states and where state could not supply, no immunization took place. But after talking with them, we informed them they could get through out help vaccines from WHO cold stores. They accepted this option and when state failed to supply them, they come to us for the WHO vaccine." Gwale members also commented on how the LGA has come to see them as a valuable resource. "They (LGA staff) have always been asking us to help them in NID mobilization because we made them to realize that we are closer to the people than them. They saw and accepted that it is true."

Community acceptance of and trust in the CPH members is viewed as a key element of success in Kano. Another respondent from Gama-B explained that without the CPH and its relationship with the community, the NIDs would have failed at one point. "When the government workers were on strike, our CPH single-handedly conducted the exercise. The health of our children and the acceptance of thee CPH by the community are indicators of the success Trust of our members of the community to the CPH members contributed to success." A respondent from Yakasi explains community awareness thus, "People have realized that these immunizations help them tight against common child diseases." This trust has been instrumental in overcoming local beliefs and fears. "Even though they (community members) believe, and they say it, that immunization is an integral part of family planning, and they try to resist it, some are coming up." (Gwale) Another respondent in Gwale linked immunization awareness with their campaign for democracy and governance. "The D&G enlightened many. More people now immunize their children"

In the area of coverage, another respondent from Gama-B explained how their mobilization paid off. "The NID is a great success. Many people now bring their children for immunization because the mobilization that the CPH send people to do has made very many people in the community to be aware of the health of their children." At Sheshe a youth member of the CPH explained that, "Women take their babies for immunization. They ensure that it is done." Another Sheshe respondent confirmed that, "People were bringing out their children to be immunized. People have answered the call for the immunization." Only a few comments on perceived impact were received such as this one from Gwale, "(through) immunization, the rate of mortality is reduced."

While the Lagos CPHs experienced a time when they were among the few major players in guaranteeing childhood immunization, the Aba groups formed after the NIDs for polio eradication were well underway. There experiences therefore, were not that of feeling relegated to the background by the resurgent LGA immunization efforts, but those of facing a challenge to become included as new players in the field. Their successes in gaining entry to the NID process are exemplified in the following comments:

- *The structure of the NID program has changed as the LGA now gives us vaccines directly, while we can make sure we administer it effectively. (Eziukwu II)*
- *We have been able to influence (the LGA) during the last NID when we asked them to use 50 (volunteer vaccinators) instead of 30 to facilitate the work and get to everybody. (Aba Ukwu)*
- *In the area of immunization we have made impact because before the CPH used to hear that there was immunization, but we never saw them. But now, CPH has brought immunization into the community down to the people because they know the people, where they live and now there is a big difference in immunization coverage. (Eziukwu II)*
- *It was as a result of the CPH's efforts that the local government was able to train some members of our community as local guides and vaccinators during the immunization exercise. (Etiti Ohazu)*
- *The CPH has been able to affect the decision of the LGA on intensive immunization. Before now, most of LGA health workers don't actively administer the immunization days, at the interior areas of the town, but now, our CPA has been opted to assist the LGA in carrying out this immunization exercise. (Etiti Ohazu)*

The effect of the CPH in the LGA has been two-fold, increasing outreach capacity because members are known in the neighborhoods and increasing accountability. "The contributing factor are the mobilization and the involvement of the CPH. Before we know that the LGA staff used to throw away vaccines, but with the involvement of the community people who feel that these children belong to them, such practices have disappeared. Accountability of LGA staff was also addressed by Aba Ukwu CPH. "During the first immunization our CPH participation there discovered a lot of a atrocities by the health personnel involved in NID, so the CPH forwarded the discoveries to the LGA and changes were made." Other examples of community awareness and acceptance of immunization follow:

- *(The CPH) has helped people understand the importance of immunization. There have been increasing requests by the people on information about immunization dates. (Eziukwu I)*
- *Women now know about diseases like polio. We have convinced people who were not doing it before, especially some churches who do not allow the member to receive such immunization. (Ohazu)*
- *The entire community is aware of the CPH activities because now they allow health officials to visit their homes, e.g. giving polio vaccines to their children. (Eziukwu I)*

Coverage improvements have also been perceived in Aba even though their involvement in the program has been the shortest.

- *The increased immunization coverage has happened and become very conspicuous in the last one year because before the NID we had advocacy visits to the many places - the LGA, schools, traditional leaders and opinion leaders, as well as religious institutions and the impact was always very clear in the turn Doctors have even confirmed it that their hospitals have witnessed more immunization in recent times. They also expect more increase. (Eziukwu II)*
- *For the vaccination, we how cover a large area in the community. (Aba Ukwu)*
- *They (parents) are now encouraged to vaccination like tetanus. Also they now take children to hospitals and*

health facilities/clinics for immunization. (Eziukwu I)

One respondent in Aba was realistic about the likelihood of experiencing health benefits so soon. "We have just started, so no indicators yet, but hopefully it will yield positive results." Perceptions of others in Aba on health impacts were more definitive.

- *In fact, mortality rate have been drastically reduced via immunization. (Aba Ukwu)*
- *Ever since we started the immunization, our children do no longer fall the victim of the Six Killer Diseases. (Etiti Ohazu)*
- *Children don't die anyhow these says, and we don't see children with polio unlike before. (Aba Ukwu)*
- *(The CPH) has helped in reducing infant diseases and infant death through the application of immunization and health talk (Eziukwu I).*

The foregoing narratives were not intended to show CPH impact on actual immunization coverage and child health, but they do offer evidence that the CPHs have bought important procedural and structural changes in the immunization program that make higher coverage possible. These changes include playing a direct advocacy role to make the LGA more accountable, their reaching out to reluctant and isolated community members because of trust and familiarity, and their providing knowledgeable and skilled human resources to augment the program.

4.1b <u>*Environmental Sanitation*</u>

A focus on environmental sanitation is another program that is common to all CPHs. At the time BASICS started forming the CPHs, a Federal Government decree was still in operation that declared the last Saturday of every month as a day for cleaning up the environment by all citizens. It was expected that all other business would stop during that morning while people worked on their own surroundings or came together for cleaning up public areas like markets. Some states subsequently adopted their own cleanup days. For example, Lagos State held market cleanup on selected Thursdays every month.

The CPHs decided to contribute their part in community sanitation, not from a feeling of being pressured by government authorities, but from a realization of the health benefits of a clean environment. BASICS provided all CPHs with some simply equipment including wheel barrows, rakes, shovels and boots to enhance their participation in the monthly exercise. In Kano, "We use the equipment given to us by BASICS, such as wheel barrow, etc., in ensuring cleanliness." This equipment was just recently delivered to all CPHs in Aba. As seen above, CPHs in Kano have even used this equipment in a fundraising capacity.

The Lagos CPHs began their work on cleaning up the environment at the time when government decree made this activity mandatory for all citizens and have continued to this day. "Even though the Federal Government stopped Saturday environmental cleaning, through the CPH many are still doing it. Mushin environment is much cleaner than before." (JAS/Mushin) In fact some CPHs have taken an advocacy role to ensure that the LGAs actually live up to environmental standards as evidenced in responses from Amukoko and Makoko. "We have also improved the quality of the environment through environmental sanitation. We call the attention of the local government to refuse dumps and they come and quickly clear it." (Amukoko) "This area used to be a swamp, neglected by the government, but with the CPH came the consciousness to take out destiny in our hands. We embarked on environmental sanitation and today our community is the better for it. we have also been able to attract the attention of the local government to the community." (Makoko)

Financial issues in the CPH have also played a role in continuation of environmental sanitation activities according to a respondent from Makoko. "Because of the level of poverty among our people, we have only been able to initiate and implement projects that do not require funds such as environmental sanitation, clearing the canal, etc." Although this respondent and others may wish their CPH could organize more expensive and attractive projects, his comment shows that the CPHs can actively plan valuable community projects with minimal financial backing.

Awareness on the need for and benefits of environmental sanitation by community members has been a stated

achievement of the CPHs according to many Lagos respondents like those quoted below.

- *The people were also educated on the need for clean environment. All these were quite successful. The worldview of people, their attitude towards their health and environment changed positively, and this has brought about improvement in our physical environment and in our health too. (Ajegunle)*
- *The CPH went everywhere pleading with people to clean their gutters, taught us about types of mosquitoes and their effects. (Makoko)*
- *The awareness about the need to keep a good environment has increased, people now organize regular environmental sanitation activities in their communities. (Lagos Island)*
- *Our environment is today cleaner courtesy of the CPH activities. More and more people now know of the dangers of dirty environment. (Ajegunle)*
- *We are now more enlightened about the need to maintain a good environment to avoid the spread of malaria through mosquito's bite. (Lagos Island)*

Outcomes of these activities on the physical environment have been perceive by many respondents as seen below. Among the outcomes there is evidence that this activity has in some cases elped forge cooperation between the LGA and the CPH. The last quote below does offer a note of caution that human beings still pollute their environment and constant effort is needed to keep the environment clean.

- *The CPH joined with the LGA to rebuild the gutters. There has been improvement in environmental sanitation. The area is cleaner than before. (Makoko)*
- *A cleaner environment physically. There is no more refuse as before. (Ajegunle)*
- *People now clear their gutters and dispose their refuse very well. Lawanson/Surulere)*
- *Their has been a remarkable improvement in the physical environment in that people now take care of their refuse in a responsible manner. Dumping of refuse almost every where has reduced. (Amukoko)*
- *There is a lot of changes in physical environment through the efforts of sanitation campaign. Though there is still a lot to be done because people still dump refuse indiscriminately and with little rain around, one can see that there is going to be flooding if care is not taken this year. (Amukoko)*

Impact in terms of health improvements have also been perceived in Lagos. Some responses are very general, while a few people specifically point to the disease, malaria. As seen above, a few respondents linked environmental sanitation with removing mosquito breeding sites. Ironically, a joint BASICS and EHP study of urban malaria transmission in Lagos during May 1998 failed to make a case either epidemiologically or entomologically for major malaria transmission in the CPH communities, in part because potential Anopheline breeding sites did not exist. While it is true that Lagos does have backed up gutters and clogged canals, these are highly polluted and provide better breeding sites for Culecine mosquitoes. The same 1998 study did document from a social-cultural perspective that people perceive a high prevalence of febrile illness, which they term "malaria," and for which they spend thousands of dollars collectively each week to treat. Therefore, perceptions that an impact of environmental sanitation has been a reduction in malaria cases should be read with the above limitations in mind.

- *Environmental sanitation is of most general interest to all CBO members because it brings good health to all. (Makoko)*
- *Yes, people are involved in environmental sanitation, once in a month and this had improve the health of people. Right now the came of malaria is reduced. (Ajegunle)*
- *The people's health are improved as a result of clean environment. (Lagos Island)*
- *Environmental sanitation helped a lot. When the gutters are cleared, this leads to the reduction of malaria, which is the major health problem of this area. (Makoko)*
- *Yes, the surroundings are cleaner through the environmental sanitation exercise and this also led to the reduction of malaria cases in our hospitals. (Lagos Island)*
- *There has been reduction in health problems like cholera. (Amukoko)*

Respondents from Kano show that they too take the issue of environmental sanitation seriously. In some cases, making it a continuous activity. "Drainage are opened up when blocked. This is an everyday affair. This reduces

the incidence of malaria and cholera. People cooperated." (Badawa). Kano respondents indicated different schedules for their environmental activities. The former respondent implied action took place as needed, another mentioned twice monthly exercises (Badawa), a third said the activity takes place at the end of each month (Yakasi), while a fourth talked about four times a year (Sheshe).

Another respondent from Badawa summarizes their experience below showing a broader view of environmental needs that simply garbage removal and also demonstrating the social effect of working together on such projects. The latter probably occurs because, as another respondent noted, "We work as a team." Echoing experiences in Lagos, he also talks about the transformation in perception about the activity since the CPHs were formed.

> *Also, there is the monthly environmental sanitation programme, digging of wells for provision of water for the community. Environmental sanitation is every month even up till now. Gutters are dug by the CBOs; we have a cleaner environment. The unity of members of the CPH and the spirit of self-help are well have been an achievement. It (environmental sanitation) has started since a long time before BASICS came into the community, but BASICS came in and contributed a lot to make it successful.*

Kano CPHs have used the environmental sanitation activities not only to create awareness about health hazards but also about the CPH itself and the need for self-reliance.

- *Community is very much aware because they have all seen how hard we work to clean their environment. (Gama-B)*
- *Sanitation was done throughout Last year. It was successful because all dirt in the area was removed. People have realized that they need to help themselves. (Yakasi)*
- *The environmental sanitation impresses the community members. They usually come out asking some and help us here. (Gwale)*

Examples of perceived outcomes of their activities follow:

- *Drainage are clean unlike in the past. (Badawa)*
- *There are changed in the physical environment because their sanitation has changed now our places are neat. (Gama-B)*
- *More trees are planted during rainy season. More drainage channels are built. (Badawa)*
- *Our areas are clean due to environmental sanitation. (Yakasi)*
- *There are no more mosquito disturbing us. (Badawa)*
- *Women have also changed because they are neat in their physical environment and everywhere is becoming neater. (Sheshe)*
- *Refuse has reduced from what it was before. (Gama-B)*
- *There is no refuse around and gutters run freely. (Sheshe)*
- *Our environment is very clean and no mosquitoes. (Gama-B)*
- *The environment cleaner. There are no refuse heaps, and gutters are running clear. (Sheshe)*

Claims of health effects were less common among Kano respondents. Kano had experienced cholera outbreaks in the recent past, which may have accounted for the observation that, "The most important thing is the fact that their environment is now clean, episodes of cholera, etc. has been very much reduced." (Badawa)

Efforts to engage more directly with the LGA on environmental sanitation were much more in evidence in Aba than in the other cities. "In the case of environmental sanitation, our CPH sent a team to the local govt chairman in order to harmonize the activities of both groups. The environmental sanitation, which we conducted on the last Saturday of May was so well conducted that the local government promised to give trucks for the subsequent exercises." (Eziukwu I) As described previously under linkages with the local government, some CPHs actually did get tipper trucks sent by the LGA and others received cash to hire their own trucks. The challenge of course, is that all five CPHs are approaching the same LGA, Aba South.

Below is a description by one respondent of how the exercise is organized in his CPH. A second quotation shows how the Aba CPHs are also thinking beyond simple garbage removal in their definition of a healthy environment.

> *Community members are encouraged to keep their environment clean and are made aware to note its importance to their health. It commenced this year, 2001, when the white man came from BASICS and donated some sanitation equipment to us. It is always compulsory. It is done every last Saturday of the month and each dyad brings from 12-15 members for the sanitation including the youths. The equipments for the sanitation have already been made available. The members also turn up often.* (Eziukwu I)

> *We are also working on the project of siting toilets and bathrooms within the community and also trying to get machines that can recycle waste.*(Aba Ukwu)

Creation of awareness was again framed, as in Kano, in terms of both community awareness of the need for environmental sanitation as well as using the exercise to create awareness about the CPH and its activities. As in the other towns, Aba respondents also note that the environmental sanitation exercise has taken on new meaning and is more acceptable that wen it was simply required by an unpopular government decree.

- *The environmental is very important part of our activities. We are doing it with the help and support of BASICS through the equipment given us. People were asking questions on the last special clearing day which we did in honor of the Eze (chief) who was celebrating his 115th birthday. Everybody was there, and they saw us as we cleaned up the whole area. (Eziukwu I)*
- *People have now been educated on the importance and need for a cleaner environment; thus, the massive participation of the members in clean up exercises. (Etiti Ohazu)*
- *We have been able to enlighten people on how to take one of their environment via sanitation exercise. (Aba Ukwu)*
- *Before, community members do not partake in serious environmental sanitation, but since the CPH started its operation, people come out in mass and participate actively. (Etiti Ohazu)*
- *Sanitation exercises are now being observed more than ever before. (Eziukwu II)*
- *The CPH is attracting new CBO members up till today. Like there was a day the CPH organized a sanitation exercise in the area of their operation, some people started asking question about who we are and from their indicated willingness to join. To an extent, I feel the new CBOs are attracted because they have our sincerely of purpose and our sense of dedication in our ideals. (Aba Ukwu)*
- *We've held advocacy visit to change their (community leader) attitude towards environmental sanitation. (Etiti Ohazu)*
- *The people were very happy during sanitation. There was even video coverage. The place is now clean. (Ohazu)*

Observed outcomes of the activity were mentioned by many respondents. They vary in their claims of success from modest to highly enthusiastic.

- *For instance, before now, the areas we are operating used to be one of the dirtiest area in Aba, but since this enlightenment training of our member, the area is wearing a new look, it is cleaner than ever before. (Aba Ukwu)*
- *As you can see now our environment is a little bit neater unlike before. (Etiti Ohazu)*
- *There are positive changes in the environmental situation where there are no more mosquitoes in our environment and women now play a strong role in the exercise in the homes. (Ohazu)*
- *The areas we are working with now are more cleaner than other areas. (Etiti Ohazu)*
- *There is also an improvement on sanitation of the community because before during this season people usually after eating have thrown the cobs into the gutters thereby causing the drainage to fill up and breed mosquitoes, but now such practices have been stopped , and the people are no longer complaining about malaria as before. (Ohazu)*
- *Environmentally, the whole community is glittering, and sparkling clean compassed to before, this is due to the regular environmental exercise. (Etiti Ohazu)*

- *We did sanitation in Iheforji market which is now clean. (Ohazu)*

Claims of health impact include both mortality and morbidity. Again, one sees claims about malaria. The environment of Aba is different from Lagos as the city has expanded around many small villages, so it is likely that there is urban malaria in this environment. Whether CPH efforts have caused it to reduce is a question that neither this documentation exercise nor the ICHS could answer.

- *The cleanliness of our environment has helped reduce the spread of malaria in our community. (Eziukwu II)*
- *Our environment is better, neater than before. Some heaps of dirt have been cleared, which reduces the rate of illness amongst community members. (Eziukwu I)*
- *The environment was polluted and so it brought health hazzard like malaria, diarrhea, and typhoid fever, and so it was felt that the cleanliness of our environment would help curb these health hazzards. (Aba Ukwu)*
- *It has changed them (community members) in the sense that before everywhere use to be dirty, so now there is a bit of cleanliness, and we can see that infant mortality has reduced. (Aba Ukwu)*
- *Due to the regular environmental exercise. Our Children in our various homes no longer die in their infancy (Etiti Ohazu)*

Overall, people's responses about environmental sanitation show that it is still a popular CPH activity, even in Lagos where the CPHs have existed for over five years. It is a low cost but highly visible activity that the CPHs can maintain. The donation of equipment by BASICS probably served more as a means for boosting CPH confidence than as an essential resource to conduct the program, but its value is important none-the-less. The level of enthusiasm evident in the Aba responses along with their efforts to link with the LGA on this exercise demonstrate the importance of young organizations to experience simple and tangible successes early.

4.1c *Breastfeeding Promotion*

Campaigns were organized in all CPHs to promote exclusive breastfeeding. Lagos respondents were more enthusiastic and vocal about EBF. Some respondents in each Aba CPH talked about the program, but they provided few details on how the program was organized. Only a few women in Kano commented on their CPH's breastfeeding activities.

In Aba, representatives from all CPHs mentioned that they had organized the program. Some further noted perceived changes in knowledge. "Our women now know better methods of taking care of their children via exclusive breastfeeding ." "Public have known that exclusive breastfeeding is very essential." "Mothers now understand better that EBF is healthy for the child and helps to prevent unwanted pregnancy. It also helps to reduce the pains that follow child delivery."

Some made claims that the program resulted in changed practices. "Women exclusively breastfeed their babies now." "We now practice exclusive breastfeeding, quite unlike before." "People are now breastfeeding their babies exclusively for six months." "We have made them to know that it is cheaper and children brought up that way are healthier and now mothers are how practicing it." One shared personal observations about changes in health because of the EBF program. "In fact, mortality rate has been drastically reduced via immunization, exclusive breast feeding."

Although the overall community response was said to be positive, there was some skepticism recorded. "Exclusive breastfeeding (discourages CBO members) because they say they cannot give their children only breastmilk for six months." Another respondent expressed concern because the promotional campaign has not been continuous. "Women have lost interest. Even the women who were practicing the exclusive breast feeding have now stopped because of lack of information."

Lagos respondents provided more details on how they conducted the campaign. Although BASICS supported the program, it is important to note that the CPHs had to submit a proposal, which honed their planning skills. "Breastfeeding promotion was on August 3rd 2000. Women turned out in full force. We all went on a rally in Surulere." "The program on breastfeeding took place from 31st July to 2nd of August, 2000. All the local

government officials, excluding the chairman, who was out of the country, attended." (Makoko) "The CPH organized the breastfeeding week in August year 2000. we submitted our proposal to BASICS and it was approved. The governing board initiated it and BASICS provided the funds." (JAS/Mushin) An example of how the promotional activities were ongoing was provided from Ajegunle.

> *Committees were formed in 1999 in the CPH and dyad to promote exclusive breast feeding. This has led to an upsurge in the number of women breast feeding their children for a longer period. We had intimate discussions with mothers about the need for breast-feeding. We also visit health facilities on the ante-natal days.*

A respondent from Lawanson noted that further action was needed by her CPH. "They have not yet organized breastfeeding support groups."

Lagos CPH female respondents were more vocal in describing how the program worked, giving testimonials like the following:

> *Awareness of breastfeeding was done effectively in the year 2000. If you come to the members of our CBO, you will discover how much they know now on breastfeeding practices and this knowledge has affected many women generally in the market because we speak to the, I have told you my own experience about exclusive breastfeeding. I do six months without mixing anything and year before I stop, and my child is wonderfully healthy.* (Lawanson/Surulere)

Other general responses from Lagos include -

- Members are aware that exclusive breastfeeding is good for their children because they have seen the outcome that their children are healthy. (Makoko)
- Percentage of women breast-feeding their children has increased. (Ajegunle)
- More mothers are taking to breastfeeding. The children are looking better with the natural milk. (Makoko)
- There has been a gradual increase in the level of women breastfeeding their children for more than six months in the community since the commencement of the programme. (JAS/Mushin)
- Mothers now breastfeed their children up to a year presently unlike some years past when they only do it for a maximum of three months because of the erroneous belief that if you breastfeed a child too much, the child will become an imbecile. (Lagos Island)
- Our women know now what they did not know about breastfeeding, and they discuss it even in the mosques and among themselves. (Makoko)

Some women described their personal experiences in detail as seen in the response from Makoko below.

> *I, as an individual, I used to stop breastfeeding at the age of five months before, but now through all the enlightenment and training, I now practice breastfeeding exclusively, and I have seen great improvement. All of us now discover that we don't see sudden death of children now.*

Finally, Kano respondents rarely mentioned EBF efforts. The few exceptions did describe the activity in a positive light. "There are a lot of changes. We now do exclusive breastfeeding. " (Sheshe) "The EBF workshop for the women was successful. One women was telling me that she did not know what EBF was all about. Since she took to EBF, her baby looks bouncy and healthy now." (Badawa) Unlike in the other towns where both women and men talked about the EBF program, no male respondents in Kano described this activity.

4.1d *Health Care Access*

Accessible and affordable health care, especially for sick children, from the HCFs in each CPH was a standard feature of the Memorandum of Understanding (MOU) of all CPHs. A respondent from Lagos Island spoke on the justification behind this. "The fact that there is a big vacuum created by the inefficiency of government facilities in the community, and the high cost of medical care by private sector providers justifies the existence of the CPH."

The personal experience of one mother from Lawanson/Surulere demonstrates the process in action.

> *For me in particular when my child was sick, I brought her here (Royal Health Care) to the CPH through dyads. I didn't have money, but my child got treatment. It was a week after discharge that I came to pay the remaining balance. It is a big benefit. The way they charge the CBO under the CPH is quite different from non-members. They treat us better than non-members.* (Lawanson)

Other perceived financial and health benefits of this system in Lagos are described below from the consumer perspective.

- *Anytime our children are sick and our husbands are not around, we just bring the child here (Royal Health Care) for treatment. (Lawanson)*
- *The major achievement of the CPH is that it has all the necessary facilities in all the HCFs, for child survival. There is enough drug for the children. (Ajegunle)*
- *There are a lot of changes, through our Health Facilities, because, if you have no money members will be treated first and pay later. (Lagos Island)*
- *The members are treated with some discount or get treated now and pay later. Yes, I have enjoyed subsidized treatment. (Ajegunle)*
- *People now bring their cases to the hospital on time. (JAS/Mushin)*
- *Members in the community are very sensitive to child health. Now there are cases when members bring children and mothers whom they observe to be ill or unhealthy to the HCFs. (Lawanson)*
- *Mothers who have no immediate financial resources have their children treated with just 50% payment of the total cost of their hospital bills. The remaining 50% is later paid. This has led to a reduction in the level o infant mortality in the community. (JAS/Mushin)*
- *The facilities do assist in treating our sicknesses on credit. This is a good source of encouragement to me especially treatment of my children. (Ajegunle)*

Health workers have noticed changes too. "Yes the HF has changed since joining the CPH tremendously. The patient workload of children has increased. The community are now more aware of the existence of the facility and we are seen as a child friendly hospital." (Lagos Island) "We have also had increase on the number of children turning up for treatment and immunization." (Amukoko)

One specific and one general problem have been identified with the model of health care described in the MOU. The specific problem is in Makoko. "Our aim is to provide treatment for mothers and children, but the clinics we invited did not yield. Community people really gave support and we had about 30+ CBOs, but hospitals don't cooperate, even the BASICS themselves came to talk to the hospitals, but they don't listen, and that has been the reason why we don't have dyads till today." Fortunately, there is one clinic that has been cooperating with the CPH, but it does not meet the criteria for inclusion set by BASICS. "Someone I know who attends the hospital said she was treated on discount as a member of the CPH." According to the chairman of Makoko CPH, "Even if a member is sick and came here, I can just give her a hand written note to St. Daniel Health Care to get treatment without paying a fee or with little payment."

The general problem of misuse of the system has been noted, especially by some of the HF representatives. "There was change (in the delivery of health care) but now the opportunity is freezing because the people misused the opportunity." (Lagos Island) The former chairperson from Lawanson CPH speaks of the problems for the six HCFs in her CPH.

> *Some doctors think it takes too much out of them. We tried getting people to come to the hospital, but not many have come. We tried to reduce the price for members, but people think it should be free because of USAID's involvement. We have thought of different angles such as giving credit if people belong to the cooperative. Some health facilities think that the CPH eats into their profits. The CPH has helped people become aware of our services, but the response has not been fantastic because the average Nigerian thinks everything should be free. In the CPH we had reduced fees for members who paid their dues. But patrons did not pay because some people still don't want to pay the reduced charges.*

On a positive note, the Lawanson CPH has organized other health care enterprises. "We have a drug revolving scheme through joint ownership in the CPH. We share profits. This is better patronized than the health facilities. Prices are same as medicine shops, but CPH gets the profits."

Kano presented a special challenge for the CPH model because there were fewer private health facilities to involve in the program. An alternative was to involve patent medicine vendors (PMVs) leading to the concept of "triads" as described previously. One PMV described the benefits of their membership in the CPH as follows:

> *Our PMVs has been particularly singled out for some seminars on malaria control and NID. There is also an ongoing arrangement for the PMVs to buy directly from the genuine drug companies and at cheaper rates. Staff of PMV have become more confident. They (community members) see us as better drug sellers now. The local govt and the state government are even now encouraging us to extend our sales to the rural areas. Our clients get better services and are more confident about our drugs. We now have increased patronage at about 30% increase. We have records of sales.* (Badawa)

Another PMV from Gama-B explained, "Many people come to my chemist because I give medicine as well as advice on what to do in cases of diarrhoea, vomiting, etc., and all these I learnt from the CPH. Relations with the community are cordial. They are more receptive and understanding."

Another difference in Kano is closer cooperation with some of the LGA health facilities and the CPHs. At Yakasi, "The CPH has provided a health clinic which helps the community get better access to health care. We have (professional) staff who are sent by the LGA and are being paid by the local government authority." One of the health staff a that clinic explained that, "CPH gives us N1,000 as impress every month. CPH pays two of our (non-professional) staff members their salaries (one card issuer, one sub-staff). The CPH sells the drugs within the HF premises. The CPH gives money to HF for buying drugs which money is returned after sale."

The LGA facilities are not always a good alternative. This example from Gwale illustrates the problem with LGA facilities and how PMVs fill the gap. "Our (LGA) health facility has no drugs. They send out members to PMVs belonging to the CPH for the purchase of drugs."

Consumer views on the effects of these health care interventions follow. There are fewer examples of reduced cost and care on credit as was the case in Lagos.

- *CPH has brought changes in health most especially. Because before our women are not interested in going to hospital, but now they fo go to hospital immediately they have any illness. (Badawa)*
- *They (women) now attend antenatal clinics and go to hospitals and chemists for treatment. (Gama-B)*
- *Healthwise, there is more access. We have drugs in our hospitals, our environment is cleaner. Marmara clinic has good drugs. (Sheshe)*
- *Our members carry the card of that clinic. The clinic charges us only 50% of the actual amount of treatment. And sometimes out members are treated on loan. (Gwale)*

Aba has the most health facility members among the three sites. Several observations were made on how the presence of the CPHs has changed the health care seeking behavior of community members. Improvement in quality of care was also noted.

- *Men now cooperate with their wives. They allow them to visit the clinics instead of visiting prayer houses and native doctors. (Eziukwu I)*
- *Subsidized treatments have made more people to come to the hospital. (Eziukwu II)*
- *Community members can not go to clinics to treat themselves instead of indulging in self-medication. (Eziukwu II)*
- *Members of the CPH are now able to have free access to the HF. The staffs are better enlightened,. The HF is now witnessing a higher number of patronage from patients. (Aba Ukwu)*
- *I now have access to health facilities trained in so many areas. (Aba Ukwu)*
- *They (members) are interested in the HF's subsidized treatment because it reduces cost on their part. (Ohazu)*

- *D&G makes mothers to know their rights. Mothers are now able to take, decisions to go to the hospital without seeing the fathers. (Aba Ukwu)*
- *The dyads is a live-wire between CBO and CPH, they have helped on hot in the sense that you don't have to pay deposit to the HF before you are treated, you can be attended to without money. (Aba Ukwu)*

Health facility representatives have also observed some change in awareness ad patronage. Some see that their participation in other CPH programs has affected their own clinics in a positive way. Unlike in Lagos and possibly because the CPH model is new in Aba, none of the health practitioners made any negative observations about the arrangements specified in the MOU

- *The community people are now interested in the clinic due the part I play in activities of the CPH. Yes, it (arrangement for subsidized care) hasn't been very functional with adults, but children have been brought. (Eziukwu II)*
- *They see it as one of the clinics where qualified midwives work. The community also knows that after delivery and the patient has not enough money, the patient will still be discharged. There is increase in patronage. All age groups now patronize us.(Eziukwu I)*
- *There is an increased patronage on the part of staffs and patients more than ever before. There has been an increase of pregnant women and young infants because of the immunization exercise and the exclusives breastfeeding exercise. (Aba Ukwu)*
- *Initially, people were scared because of hospital bills, but now because of our memorandum understanding we now given them some days of grace and encourage them to visit health facilities which was not in existence before. Also, people are no longer shy to speak out on certain personal health problems. (Aba Ukwu)*
- *My HF has been trying to subsidize treatment for members to maintain what is written in the memorandum of understanding between HCFs and CBOs. (Eziukwu I)*
- *They now know that we have tried to maintain a low bill since the inception of our CPH and hence the community members now patronize as. (Aba Ukwu)*

4.1e <u>*Other Health Concerns*</u>

(i) HIV/AIDS

Among the other health issues addressed by the CPHs were HIV/AIDS, maternal health and diarrhoeal diseases. From the responses noted below, it appeared that the issue of HIV/AIDS was more thoroughly addressed in Lagos. MCH issues, particularly the training of traditional birth attendants (TBAs), was a major feature of the program in Kano. Although there was much technical training provided by BASICS on oral rehydration therapy (ORT) for diarrhoeal diseases, this topic was not often mentioned by respondents.

In Lagos, AIDS awareness activities appeared to be a particular responsibility of the youth wings of the CPHs. In JAS/Mushin CPH, "The youth of the CPH organized a programme on HIV/AIDS and it was very successful." Specifically, "The seminar about HIV/AIDS was organized last year." (JAS/Mushin) Subsequently, "There is periodic rally and campaign about HIV/AIDS."

Mobilization for AIDS awareness in Ajegunle focused on boh community and individual levels. "For the AID's awareness campaign, we were many and we hired vehicles. We helped to mobilize and acted as volunteer health workers to counsel members of the community to avoid risky sexual behaviour." In addition, "The CPH still organises rallies to promote the use of condom to prevent STI and HIV infection." The youth in Ajegunle organized, "a programme (drama) called 'I Am Pregnant.' It was recorded on video cassettes and is being played in schools in the community to educate the public about evils of early and unplanned pregnancy which the CPH initiated." As a result, "Awareness about AIDS is now widespread," and "People's sexual behaviour has changed, and they find it very easy to visit health facilities now through the referral method."

Likewise in Amukoko, "Through our youths, we have improved the preventive rate of HIV/AIDS acquisition." This "has improved knowledge concerning HIV/AIDS prevention." The Lawanson youth, like those in other CPHs, "They mobilize people to avoid AIDS."

In Kano, there was mention of specific plans for activities in Badawa CPH. One PMV representative said, "The CPH is just about to execute a project on HIV/AIDS control. Our PMVs will be responsible for marketing of the condoms and offering these to CBD agents. We had a written [proposal through the project coordinator. We have set up a committee for the implementation of the project." Another CPH member added, "We are making an arrangement for the peer health. The youth were taught how to be careful for HIV/AIDS and to concentrate on their schooling." At Gama-B it was noted that their, "Programmes have included a campaign against HIV/AIDS." Little other mention was made of the issue in Kano.

Examples of HIV/AIDS activities in Aba follow. Their activities have considered a variety of issues of concern to youth, not just STIs. "We held talk with two schools on creating awareness of HIV." (Eziukwu II) "The youths can now carry out campaign on alcoholism, sexually transmitted diseases and the impact of smoking on health." (Aba Ukwu)

In Ohazu, "Enlightenment campaign on AIDs was equally initiated by our CPH. In fact we are on that campaign presently." Another CPH member gave more details. "The Youth Rally was organized by the youths where we organized a lecture, film-show and invited other NGOs and FHI." "Community members are aware of what AIDS is all about and its prevention."

(ii) Maternal Health

Kano had the most direct programming on MCH, because as explained earlier, their access to orthodox care is poorer and because the TBAs are seen as an important community asset by the people. "TBAs were taught how to adequately handled the pregnant women. Because such activities are very important to the lives of the people." (Badawa) One of the trainees from Badawa outlined the rationale for the training and their subsequent roles.

> *The fact the TBAs were old and have the tendency to make mistakes due to their age and their mode of practice so we decided to form (an association) in order to have younger participants who will learn new methods and administer them at home. The young TBAs are more aware of the diseases that are associated with giving births and pregnancy. We receive births and look after the babies until they have finished the 40 days bath but in the case that the woman is doing well and have no slight problem then we leave after the 7th day. We advised them on going to the hospital for immunization and breastmilk only for the first six months of life. We show how the mother should look after her baby and the general welfare of both, health and all. We put emphasis on the bath and covering of their foods and whole body for health purpose. We tell them not to eat all sort of foods in order not to affect their children. The CPH taught us how to look after the pregnant women and insist that we advise them to attend antenatal and hospital birth unless we are called when it is already too late to move the mother. They informed us of the immunization especially measles, we are told to insist on immunizing both mother and the child. Also women who give birth at very little time interval, we advised them to go for family planning in and we have to include the husbands in this as well. Because of all the training we received from the CPH we are able to know the impact of using a single razor blade for many babies. We have drawn a lot of members. We have been given a tape with which we measure the health of the babies by the CPH. We put it on their arms and mark the number and on our next visit we do the same and see, if the number is moving forward then the baby is healthy but if otherwise we advise the mother to take the baby to the hospital.*

Responses from other CPHs confirm their perceived value in the training program.

- *Women are being taken care of through the use of trained traditional birth attendants. (Gama-B)*
- *TBAs had been trained with modern style of birth attendance and in clean conditions using sterilised equipment." (Gama-B)*
- *The workshop on the TBAs (has been organized). Birth has been a major problem in our locality people can not afford hospitals, majority of the women give birth at home. (Gwale)*
- *In terms of health, it (CPH) assists in giving special training to our local birth attendants. (Yakasi)*
- *Our mothers have not much problems during and after pregnancy. (Yakasi)*

- *The TBA's have been trained in hygiene to conform to modern practices. (Sheshe)*
- *Six of us have gotten a training and a certificate We know how to assess a delivery if a woman would be able to deliver herself or if she needs medical attention. We know how to assess the health of a baby and advise accordingly. (Sheshe)*
- *(Since the training) clients give us more respect, they listen to us and take the advice we give them on health care." (Sheshe)*

In Lagos a family planning education programme has been organized in Ajegunle and Amukoko CPHs with the help of CEDPA. In addition a respondent from Ajegunle opined that, "Within the past two years, I can confidently say that maternal mortality has reduced significantly. This to me has something to do with the safe motherhood campaign periodically organised by the CPH in this community." In Amukoko, "We have know that these were successful through the increasing number of people participating in our family planning projects, (CEDPA's) Enable Project. Family planning is being accepted, but as one member from Amukoko pointed out, it is not always easy to promote te concept. "I was suspended from my church, because, they though I brought immorality to church by teaching my church members about family planning. That issue was resolved and there has not been any other problem."

JAS/Mushin CPH become involved in family planning promotion and has also related it directly with TBAs. "It (CPH) has recorded achievement in family planning. The TBA's have been educated about referral system anytime case is getting out of hand. They relate freely with the CPH."

Safe motherhood promotion in Aba appears to take the form of enhancing utilization of the HF members of the CPH through community development activities. "There is great impact on the health of people as women no longer die so much during pregnancy. Since BASICS started assisting the CPH in terms of roads, women can now go to hospitals, health centres for delivery instead of delivering at home." (Eziukwu I)

(iii) Diarrhoeal Diseases

Oral Rehydration Therapy (ORT) as a child survival strategy was launched in Nigeria in 1984 at the same time that the Expanded Program on Immunization (EPI) was revitalized under the leadership of UNICEF and later enhanced through USAID's Combating Childhood Communicable Diseases project. ORT has often appeared as the step child in child survival with the more glamorous and visible EPI taking the forefront. BASICS did include ORT/diarrhoeal disease control activities in sub-project proposals from the beginning and provided technical input and training to CPHs on ORT. Such activities are recalled in Lagos and are still being planned in Aba according to responses seen below. The involvement of PMVs in Kano has included a specific ORT component, and ORT was a component of local efforts in Kano to deal with a cholera outbreak. Generally though, few people mentioned ORT.

- *In case of children's health mothers can prepare ORT, thereby relieving their children from dehydration. (Ajegunle, Lagos)*
- *The diarrhea campaign held some time last year. It become successful because the CPH undertook a house to house campaign, our women were also given special training. Now everybody knows ORT. (Gwale, Kano)*
- *I sell ORT and educate mothers on ORT corner. (PMV Member, Gwale, Kano)*
- *ORT (campaign) was done in 2000. our women take care of their babies in the absence of a doctor in cases of diarrhoes. (Eziukwu II, Aba)*
- *Mothers, community members now know the importance preparing ORT (Aba Ukwu, Aba)*

4.2 Perceptions of Social Action Achievements

4.2a *Democracy and Governance*

The unique political situation in Nigeria when BASICS was starting compelled it to become involved in USAID's efforts to promote Democracy and Governance (D&G). All IPs found ways to integrate appropriately

into their programming. For example, the issue of reproductive health rights fit naturally into family planning programs. BASICS developed ways to make D&G part of child survival. The experience of staff in the beginning years showed that many of the changes they hoped to promote at family and community level required that parents generally, and mothers in particular, were empowered to take decisions that would affect health. There were clear indications at the family level, for example, that many mothers did not feel they had the right to seek health care for their children without the father's position, even when the father was not present when care was needed. Other issues, like the provision of immunization and sanitation services by local governments had neglected poor sections of the CPH communities. These were al issues around which D&G activities could be organized. Various leadership training and D&G workshops as well as the holding of mock parliaments were some of the activities that took place in all three sites.

Help also came from USAID's Office of Transition Initiatives (OTI). "A specific achievement? Yes, the 'Responsiveness of the Government to the Electorate' programme. How it came about was that BASICS introduced us to OTI. Then OTI provided the fund. The Governing Board brainstormed to work out a proposal that will benefit the community. So we came up with that program." (Lawanson, Lagos) A similar process in Mushin, Lagos netted the following reported results: "The politicians are invited to our Democracy and Governance Seminars. They now know their responsibilities to the community who elected them." In Yakasi, Kano the CPH not only organized an OTI-sponsored workshop, but feels capable of continuing the process. "The one organized by Yakasai through the assistance of the OTI enlightened people on their rights through the democratic dispensation, made to choose the right leaders. Yes our CPH is capable to organize such workshops."

All respondents had positive views on th inclusion of D&G into the activities of their CPH, but many were non-specific, making comments like the following: "Members of our community can now stand on their rights and defend themselves." (Etiti Ohazu, Aba) "There is more political awareness, more enlightenment in health and more cooperation among members of the community." (Badawa, Kano) "They also taught our women their rights without jeopardizing the interests of men. They also taught us how to legitimately pursue and claim our political rights." (Makoko, Lagos) Some respondents did give more detailed or personal stories of how training in D&G affected their political lives and especially how D&G concepts entered into various other aspects of their lives including health care and economics. They have also applied the lessons to running the CPHs. Examples are provided below by women from different CPHs.

> *First and foremost our women are exposed a good number of families now rub minds together since the democracy and governance workshop and they participate in most activities of the CPH and there is improved attitude to personal hygiene. Women are now actively involved in polities myself for instance has been reluctant over Nigeria polities I have not gone to the polls since 1983 elections but today I think otherwise and I am willing to exercise my franchise come 2004 and so for must other women.* (Etiti Ohazu, Aba)

> *Also the women in the CPH are now very much empowered economically, in understanding and standing for their rights. I am part of the success story. Today, our women boldly walk to the local government to ask for vaccines for immunization because it is their rights.* (Lawanson, Lagos)

> *We can now come out among men to vote and be voted for.* (Sheshe, Kano)

> *Many women know their rights more. CPH women sometimes sent for the member of the House of Representatives to come and tell them what they are doing for the country.* (Mushin, Lagos)

> *D&G aspects have been a success. People are more aware now. We successfully brought together LGA elected representatives and the people in the community together with all our CBOs in a forum where the people were free to ask the LG Chairman and Councillors what they have done and will do for the people of Surulere. We had this program January 11th, 2000. We also have another coming up on 19th of April, 2001 at Local Government Council Hall.* (Lawanson, Lagos)

> *The effect is has is that people have gotten knowledge of their rights. People have known procedures of*

conducting a meeting. People have learnt to work with their conscience - i.e. doing their work as expected. We do out environmental sanitation. Like most of us have known how to campaign during political or somebody wants to contest, the kind of question to ask the person in order to know whether he or she has come to stay or to dupe. It has helped us to know the post that matters in an organization. (Eziukwu I, Aba)

The Governance and Democracy programme was very successful, even during the military era. It was institutionalized here; we imbibed it here. We have learned how to bring people together. We know in this CPH that we must elect leaders every two years. We have learned accountability and transparency. (Lawanson, Lagos)

In the political environment because of social/political mobilization project, people know that they can question the activities of elected members and they can go to them straight ahead for assistance. (Gama-B, Kano)

It made me have confidence in myself. I can face a crowd now. I can now ask for my rights. Anytime a child has temperature, I now know how to cool down such child's temperature. I attended seminars on democracy and governance, on women's rights. (Makoko, Lagos)

The process of D&G has even been institutionalized in the Women's Empowerment Committees (WEC) of some CPHs. "In women empowerment, we hold monthly meetings where women are taught the need to know their rights, educate themselves and take care of their families." (Ohazu, Aba) In Badawa, Kano the chair of the WEC explained that, "My CBO members bring suggestions whenever they come to meeting. One of the interesting activities of the CPH is adult (literacy) classes). They complained to me that they want these classes to continue."

D&G activities have encouraged some CPH leaders to become involved in politics. "Yes, we use to discuss about political among ourselves in the board meetings. Our CPH chairman is contesting for ward chairman in their APP party." (Badawa Kano) "In the political environment most of our members now hold position in the political party." (Etiti Ohazu, Aba) And as mentioned, the internal politics have in many instances have been made more democratic. "Members are more democratic in dealing with each other at meetings." (JAS, Lagos)

Men were not left out of the D&G process. Some personal experiences were shared with the interviewers that showed how D&G and related training enhanced the self-confidence of several CPH leaders. They have applied this new confidence in seeking improvements for the community.

Alhamdulilah! I have benefitted a lot from the CPH. There are some things I don't know before and now I know them. For instance, I have attended workshops and seminars on D&G, conflict resolution, management, and leadership and citizenship. All these gave me more highlight and made me to relate more with government from Local to State level. Because this road from Adekunle to Onike was tarred through my activities. Also Gariyu and Sabo Yaba Road wants to be tarred through my efforts. It is through this CPH that these were achieved. The CPH made me know people like Buba Marwa (former governor) and the like. I claim myself as a community leader. Through this CPH, I was elected as a project coordinator at CDA (community development association) level. Even it made me speak in the public even with my low level of education. (Makoko, Lagos)

4.2b <u>*Cooperatives and Microcredit*</u>

Two major credit systems are operating in the CPHs today. The first arose through the efforts of CPHs themselves, i.e. Savings and Thrift Cooperatives. The second, the Microcredit scheme, was established by BASICS. The first cooperative was set up by the members of the JAS (Mushin) CPH in 1997. Soon thereafter, other Lagos CPHs began their own cooperatives.

Cooperatives have long been a central feature of personal financial life in States that comprised the former Western Region of Nigeria. The Parliament of the then Western Region enacted its Cooperative Law in 1959

(Adesina, 1997). It was revised in 1978 and serves as the basis for all subsequent state law on cooperatives in the six States of Ogun, Ondo, Osun, Oyo, Ekiti and Lagos. While there are a variety of cooperatives including those focused on farmers, building societies and transport, the form that is of interest to the CPHs is the Cooperative Thrift and Credit Society (CTCS). According to Adesina (1997) "When ten people have interest in starting a CTCS, they send a letter of invitation to the nearest branch of the (State) Ministry of Commerce and Industry, Cooperative Department for initial cooperative education. An Inspector is then allocated to the prospective Society to nurture and supervise it to the stage of registration." Although Adesina (1997) traces the roots of the cooperative movement back to Manchester England in 1844, he shows that Cooperative Societies have clearly become indigenous institutions in western Nigeria.

One of the justifications for these financial schemes is that parents, especially mothers, who have some economic independence will be in a better position to meet the health and other needs of their children. These schemes also provide a visible benefit of CPH membership. The challenge is to keep the schemes from detracting from or conflicting with the central purpose for establishing the CPHs, i.e. the formation of strong coalitions that can advocate for and meet the needs of children in the community. One might take caution from the experiences of another NGO, World Vision, when it set up income generation schemes for the volunteer village health workers in its PHC programme based in the Ogbomoso area of Oyo State. The intent was to ensure that the VHWs saw some personal benefit from their work, but ultimately, income generation took precedence over their PHC community service duties.

So far it appears that the cooperatives are not detracting from CPH functioning. This may be due to the fact that these schemes have a long history and are culturally acceptable and understood. Unfortunately, there are examples that the microcredit system may be undermining the cooperatives in some CPHs and may be becoming a source of conflict in their own right.

Cooperatives in the CPHs followed the established procedures for running cooperatives common in southwestern Nigeria. All cooperatives are registered with the State Government. The Ministry of Commerce has technical officers who provide assistance and monitor the affairs of the cooperative. The basic rules of a cooperative are that people buy shares by making monthly contributions of a fixed amount decided by each member. After six months when a member has demonstrated that he/she can contribute regularly, the member is allowed to take a loan from the cooperative up to double the amount already saved. Cooperative accounts are kept with a local bank. The member who takes a loan must start monthly payments beginning from the month after the loan was disbursed. The interest paid on the loan (1.5%), plus fines charged to members, form the profit to the cooperative, and in this case to the CPH. People who take loans must have two other members stand as sureties. Because the CPH has a stake in loan repayment for its income and the sureties have a financial threat if a member does not repay, there is inbuilt social pressure to keep the system running.

The microcredit scheme idea grew out of a consultant's visit to Lagos in 1996, and also grew our of the USAID's Initiatives Project which had intended to start microcrdit in Lawanson before it was closed down. For several years, BASICS weighed the costs and benefits of establishing a microcredit system, and during the 1997 documentation exercise, many CPH members recalled the consultant's visit and were disgruntled that they had not received any money yet. The system was finally implemented in Lagos only between 1998 and 1999. The microcredit is basically the loan side of the cooperative without the savings component. While the Cooperative Society is built on indigenous resources, the savings of the members, the microcredit scheme is an external infusion of cash in the form of a special one-time grant from BASICS. Ideally microcredit schemes are not simply a matter of handing over money to poor people, but need a well-thought-out structure as explained by Nirschl and Sticker (1994).

> *Small sums of money are involved, but the management of these small sums requires just as much planning and care as the management of millions. The target groups in development cooperation generally need very little credit in order to create conditions which either ensure a regular income or increase a low income. Poor people often have no access to banks and commercial credit institutes. … the questions are not limited to those about how to give and manage credit. Borrowers must be counselled and cared for in their investment in small*

businesses, and in their training in financial planning and management.

The Gameen Bank in Bangladesh is one of the best known examples of a microcredit system (Rahman, 1999). In a quantitative sense, the Bank was quite successful in giving loans primarily to poor women. Qualitative investigation learned that the actual effects of the scheme were not what was intended.

> *Despite the success of the Gameen Bank in delivering loans to poor women and bringing socio-econopmic changes to many of these women's households ... there are still many borrowers who become vulnerable and trapped by the system; they are unable to succeed. At the level of grassroot credit operation, bank workers and peer group members inflict an intense pressure on borrowers for timely repayment, rather than working to raise collective responsibility and borrower empowerment... Many of the borrowers maintain their regular repayment schedules through a process of loan recycling (paying off previous loans by acquiring new ones) which considerably increases borrower debt-liability. The institutional debt-burden on individual households in turn increases anxiety and tension among household members and produces new forms of social and institutional dominance over many women clients in the program.* (Rahman, 1999)

The foregoing is not a pretty picture, and the CPHs can hopefully learn lessons form the experience of others. Concerning the preparation and training angle, BASICS has provided general training in financial management to all CPHs, and respondents have noted how this training, while geared to improve the running of the CPH, has also been of great personal benefit. One respondent from Amukoko in Lagos recalled a workshop held specifically on microcredit management. This is different from training focused on specific recipients of credit.

Each Lagos CPH was given an average grant ₦365,000, with some of the larger ones (e.g. Ajegunle) received more as seen in Table 5. The CPH keeps microcredit funds in a local bank, for example Union Bank in Mushin for JAS CPH. A committee within the CPH manages the fund and screens applicants who are primarily, but not exclusively, women. Each CPH microcredit back account has three signatories, one of whom currently is a BASICS staff. The account is a "current account," i.e. a checking account. These do not give interest in Nigeria, and therefore, growth of the microcredit duns is dependent on interest generated from loans.

Table 5: Total Microcredit Disbursements per CPH

CPH	Amount in Naira
JAS/Mushin	360000
Lawanson/Surulere	486000
Lagos Island	270000
Ajegunle	500000
Amukoko	360000
Makoko	215000
Total	2191000

Applicants must purchase a form from the CPH, and this serves as an additional source of CPH income. Loans are usually in the ₦10,000 range. Since there is a limited amount of money, CPH members who did not receive initial loans must wait until others have repaid before they can have their own turn. The pressure by those waiting for loans on those who received is probably the main form of sanction to keep this system running. As explained elsewhere in this report, the 10% interest paid on loans is used in part to help finance the CPHs, run projects and built up the capital of the credit scheme. Recipients have one calendar year to repay the loan, with the first month being a grace period. If, for example, a recipient gets a ₦10,000 loan, she would pay back for 11 months in ₦1,000 installments.

The former chairman of JAS CPH explained that 149 microcredit loans were given during his second term two-year tenure. This would indicate a good turnover and repayment rate as only 50 members could receive a loan at a given time. He estimates that in the intervening one and a half years since the new executive took over that a minimum of 250 total loans have been given by the CPH. He could not recall any defaulting, although some delays were noted, and explained that CPH members do put pressure on loan recipients to ensure a timely return of the investment.

As mentioned, the cooperatives took off first in Lagos. In Lawanson (Surulere) CPH respondents explained that their system I organized on a dyad basis. "We have institutionalized cooperative and thrift societies in all the dyads and these are registered with the State." Other aspects of cooperative management were explained by a respondent from Mushin. "The cooperative society, is to support members through the loan they can obtain which will double the amount they have in the savings. Two people should guarantee the member before loan can be granted."

In Mushin where the first cooperative was established, a respondent explained the benefits. "Through the cooperative societies, the less privileged members have access to loans which helps them in their business. I have met a lot of people who are very successful today through loans given to them by the cooperative society." The cooperative has been institutionalized in Mushin. "Through the Cooperative Committee, many women have been empowered to set up businesses and because of that there are many who are committed to the CPH." The chairman from Makoko CPH explained how the CPH itself was benefitting. "We borrowed from the cooperative money to rent this office" for the CPH secretariat.

Views about the microcredit system from Ajegunle were mixed, varying by dyad. On a positive note, a member from Ajegunle explained how the cooperative does serve to help members see benefits in their CPH. "The cooperative is an ingredient to motivate the people. We continue with our cooperative scheme. We can use cooperative money to trade and make profit." Another positive perspective was, "The microcredit is a major step towards sustainability." A WEC leader observed that "Members are now economically independent and they are engaged in small scale business."

A less positive view from Ajugunle was, "The microcredit was partially successful. Many people have not been able to pay back." The microcredit was a source of conflict in another dyad. "Some CBOs stopped attending meetings because they did not get microcredit."

As explained above, the idea of cooperatives is not new in southwestern Nigeria. This fact may have affected the ability of Amukoko CPH to establish a new one. "Our cooperative society in yet to pick up fully. This is because there are many other cooperative society in the environment. Response has therefore been low."

The advent of the microcredit scheme that does not require an initial investment like the cooperative has detracted from the formation and maintenance of the cooperative in Makoko according to this respondent. "The cooperative is there only in name. Only the executives attend meeting. It was active initially, but now they are no longer active. People are not showing interest anymore." Another member explained, "We did not benefit much from the cooperative because some people do not want to contribute."

A similar picture was painted in Lagos Island. "The turn out in cooperative meetings is very low, because they don't save regularly." On the other hand, another respondent from Lagos Island CPH viewed the two schemes are functioning well side-by-side. "Many of our members have either taken cooperative or micro credit loan and this has improved their businesses a lot."

From the foregoing, it appears that the cooperative scheme was successful primarily in Mushin and Surulere. These are the two Lagos CPHs that have more lower middle class and middle class residents compared to the poorer residents of the remaining four Lagos CPHs. The economic status of these two CPHs may enable them to establish and maintain a cooperative that requires regular individual savings than in the poorer CPHs.

The microcredit scheme appears to make fewer demands on participants, although its coverage (loans available at any given time) is relatively small. Respondents were generally positive about the actual or potential benefits perceived. At the same time, the microcredit scheme appears to have a greater potential for generating conflict within the CPHs.

A member from Ajegunle outlined the basic philosophy of the microcredit system as it relates to CPH goals. "The major achievement of the CPH is in the granting of micro-credit loan. We received the first loan in 1999. The programme succeeded because its targeted mainly on women. The essence of the loan is to promote child

survival." Another Ajegunle respondent thought that the scheme was having a positive effect on membership. "New members are coming because of micro-credit. They believe financial assistance will be easily obtained."

A respondent from Makoko explained both the benefits and drawbacks to the microcredit scheme demonstrating the concern that access to the funds is rotational.

> *Economically, the lives of the members have changed for good through the help of the microcredit. Many are able to have a small house of their own. They are able to get enough money to educate their children, and some of these children have graduated from universities and polytechnics. The CPH is capable, but at times it is not doing enough. Like the case of the microcredit. It does not reach many people. Very few people enjoyed this.*

Another Makoko member explained how the number of recipients is determined. "For example, in a programme that would need 200 people and we have 22 CBOs, so we would need to pick them randomly from all the CBOs. Like the microcredit, about 5 members participated from my CBO and 5 each from other CBOs." Further explanation was given on how the continuation of the microcredit scheme depends on people repaying their loans. "We give out money to members. We give it out on getting payment from members who have received their own." When the system is perceived to be working correctly, respondents gave positive assessments of the scheme as seen below. Perceived benefits are both economic and social.

- The microcredit they have received from the CPH is very useful for my CBO members and they like it. (Lawanson)
- Though the microcredit our people's poverty has been alleviated, and our people now know how to manage and sustain themselves. (Makoko)
- Members are now economically independent and they are engaged in small scale business. (Ajegunle)
- The women benefit from the micro credit and this improve the welfare of the children. This is a source of great encouragement for me. (JAS/Mushin)
- Micro-credit which started about 1999 by BASICS, Many beneficiaries about 50 members have benefitted from it and it has improved their lives and their trades. The idea came through BASICS. (Ajegunle)
- People are able to take care of their children through the gains they make from the micro credit. (Lagos Island)
- The micro credit scheme has also reduced the incidence of poverty in the community, this is because women have opportunity of taking loan to start small businesses. (JAS/Mushin)
- Since the starting of the micro credit scheme, our meetings are now regular and the level of social interaction has improved. (Amukoko)

A respondent from Makoko waxed philosophical and noted that there were positive lessons to be learned about savings, ever though members of his CBO did not receive loans. "Even though the CBO has not benefitted directly from the microcredit scheme, they now encourage thrift collection among themselves - a lesson that they learnt from the CPH."

Not all comments are positive. The problems of defaulting on microcredit loans is already a source of conflict in some CPHs as seen in the following example from Makoko:

> *The issues of money, concerning the microcredit (was a source of conflict), some CBO leaders did not take it lightly with their members. The case was brought to the CPH and was resolved. It happened in my own CBO, but when I talked to the person involved, she complied. Eventually the money owed by the members was paid back. A five-person committee was set up to find solution to the problem. It took about two months to solve the problem.*

Problems of defaulting were also highlighted in Amukoko. "One of our weaknesses is, I think, that we haven't done well is in the area of the recovery of our micro credit loan. About 25-30 percent have become bad debts." Another respondent in Amukoko noted the same problem, but did not see it as threatening to the CPH yet. "This has not adverse effect. We still relate well with the CPH."

The situation in Makoko actually deteriorated to the point of members who did not repay withdrew from the CPH and found that a government credit scheme that promised easier and more generous terms was becoming more popular, as explained by the Chairman of Makoko CPH.

Just as we have succeeded so far, we have little problem since August last year. The case of microcredit system caused it. Many members who received the credit could not pay back, and they started withdrawing. They were supposed to return the money by June 2000, but they could not. Any time we asked for the money, members think we are threatening them, but the money was from BASICS and has to be refunded. But members don't want to return it as agreed. Later they went to join Obasanjo Support Programme. They said they would be giving them credit in that political group. You know women would like that. They started joining Obasanjo Support Programme last year. They borrowed money like N15,000, another N18,000 and they are processing N25,000. They are even deceiving them that they would give them N70,000 each. With this, they don't come to our CPH again.

A similar experience was narrated by a WEC representative from Lagos Island.

We have poor turn out of members at meetings and their inability to pay back the micro-credit loan. This happened between 1999-2000. Many of them thought that BASICS is money spraying (giving free) the organization, and when they realize that, it is not, they stop attending meetings. As for micro-credit loan, many of them took the loan and divert it into non-profitable venture and at the end of the day, they would not be able to pay back. WEC went into the problem, investigated and saw what can be done.

It is interesting to recall from the 1997 documentation exercise that the microcredit scheme was causing controversy within CPHs even when it was still in the planning stages, as seen in a quotation from a JAS CPH member in 1997.

The people complain about money/credit facilities that BASICS has promised to give. Some CBOs are eager to get monetary reward through credit facilities, and this made them to be grumbling when money was not forthcoming. They believe that BASICS has disbursed some money and that the Board members have collected and shared it (among themselves).

It is clear from the foregoing that while the microcredit scheme is perceived of as an actual or potential benefit by many respondents, it has also been a source of social conflict at least at the CPH level, though not as yet at the level of problems observed in Bangladesh (Rahman, 1999). Further detailed research on the household dynamics and consequences surrounding the scheme would be valuable.

Finally, JAS (Mushin) CPH women organized an alternative financial project as described below.

The CPH specifically initiated an educative programme on soap and snacks. Women who were jobless were taught how to make detergents and snacks so that they could find something to do. This was sometimes in August 2000. it was successful. Many of our members are now doing it commercially and earning something. It was successful because of the knowledge and commitment of the leaders. It was planned by the WEC and was executed by them. Again the WEC is planning another one. The tie and dye to teach women how to refurbish faded clothes.

The factors that made the cooperative fully functional in only two Lagos CPHs also likely account for the general inability to establish that scheme in Kano. "The cooperative society has not been up and doing because they (members) have no money." (Badawa) Likewise in Gwale, a respondent noted that, "There is the cooperative society played an important role, but it is now dormant." An additional comment from Gwale showed that there was misunderstanding about the purpose and functioning of a cooperative. "We had some promises which were not fulfilled. For example, he cooperative. We were told that some loan would be given us. When people started contributing into the cooperative and the loan did not come, they called us deceivers and rogues in the community. They don't believe us any more." The only positive view on cooperatives came from Yakasi. "We established a cooperative society which at this time is performing excellently."

Kano has taken a different tack in terms of financial empowerment. Whereas in Lagos, only JAS CPH trained women for income generating activities, such was the norm in Kano CPHs. In Badawa, the female respondents noted that income generating activities have been organized wherein women are taught to make pomade and knit children's clothing and sell these. "During the harmattan, women used to come to our WEC to buy pomade, not using Vaseline." "The WEC normally makes clothes for the children. They made it and sold it. I get the wool for them. We put the profit we make into out account, and weuse some of the profit for our programmes." Similarly in Gama-B, "Under the Women Empowerment Committee they teach women how to knit, sew, pomade making, soap making, etc." Once training has been completed, "They are being assisted through micro credit loans" to establish their businesses.

A woman from Yakasi explained how the income generating projects not only help individual members, but enable the group to undertake programs in the community. "Yes, we are very able because we produce pomade, chin-chin (fried dough snacks), soap, drinks and sell at our cooperative shop and use the proceeds to execute projects e.g. sanitation, etc." After the first round of training, women in Sheshe have been complaining about "lack of (more) training and loans to produce things like soap, Petroleum Jelly, etc."

There was little mention of functioning cooperatives, credit schemes or income generation in Aba. The chairman of Eziukwu II CPH, a medical doctor, explained that, "Our health facility has provided the leadership for the CPH, and we have been the driving force and the first to form a cooperative society." A respondent from Etiti Ohazu described their efforts as follows: "We now have cooperative farm and *esusu* (rotating contribution/savings club). The cooperative farm now made us to focus on helping ourselves."

A respondent from Aba Ukwu described her CPH's intentions, which sound more like a setting up cooperative that the running a microcredit scheme. "We plan by asking people to come together. For example, there is the micro-credit that people should contribute little amount to start off." This implies that people in Aba have heard about the microcredit activities but may not be clear on what is involved. She continued by expressing hope that, "BASICS can train us on micro credit scheme, then we continue to work." Her views were confirmed by another respondent. "The facilitators should help us train more personnel and help us set up microcredit scheme and cooperatives."

Respondents from Eziukwu I CPH also talked about credit activities in the future tense. "Forming a cooperative societies may make us have enough funds to run activities." Those in Ohazu also were looking forward to such programs. "They (members) are also very interested in the microcredit/cooperative scheme." Another person from Ohazu mentioned "loans for microcredit scheme" as something they were still expecting from BASICS." The foregoing responses indicate that there is still time to avoid the pitfalls experienced in Lagos concerning cooperatives and credit schemes in Aba.

At present there is no plan for extending the microcredit scheme to the other two towns. This could certainly be a role for other donors who wish to help the CPHs in future, and the amounts needed would be relatively small, i.e. in the neighborhood of US $25-30,000. The main caution would come from the Lagos experience and is in fact an irony, the communities that could benefit most from credit schemes, e.g. Makoko and Amukoko, are the least able to maintain the schemes for the very reason the schemes are needed, i.e. poverty. While there is little complain about bad debts and conflicts in the more lower middle class JAS and Lawanson CPHs, the poorer communities like Makoko and Amukoko have not performed as well on either credit program. Again, this lesson is confirmed from the Kano experience with savings cooperatives. There also does not appear to be a cultural basis for cooperatives in Kano.

4.2b *Other Social and Development Issues*

Some CPHs in all three sites planned and executed a variety of community development and improvement projects on their own initiative. Some of the activities focused on youth or women, while others were aimed at the community as a whole. On an individual basis, "A child got scholarship to the College of Technology through the CPH," in Mushin. Such activities demonstrate the ability of the CPHs to function in the context of health as part of development, a goal of the national Primary health Care policy. These projects also show the capacity of the CPHs

to respond independently to felt needs of the community beyond the formal agenda of USAID child survival.

Makoko is possibly the poorest and least developed community among the six CPHs in Lagos. It lies off major thoroughfares and is flooded much of the year. Mabojunje (1968) described the founding of the broader area of Yaba East within which Makoko could be found.

> *The area labeled Yaba East was developed because of the need to provide cheap accommodation for the low-income population serving educational and other institutions around Yaba. This unplanned, low-grade suburb was, until the 1930s, considered unsuitable for development because of the threat of seasonal flooding. The street connections between the hamlets were poor. Quality of housing varied from cheap, mud bungalows to cement block storied buildings. The proximity to Yaba ensured some amenities. Initial inhabitants were largely cooks, gardeners, artisans and stewards who could not afford the rents in Yaba proper.*

Unplanned growth in the area only heightened the problems of flooding, drainage, waste disposal and poor roads. The Chairman of Makoko CPH described their efforts to address the problem of roads.

> *There was a time we didn't have a good road. A pregnant woman wanted to deliver and there was no good road. They have to use a wheel barrow to carry the woman. The woman fell down from the wheel barrow. I publicized this in the Vanguard. All these (workshops by BASICS) gave me more highlight and made me to relate more with government from Local to State level. Because this road from Adekunle to Onike was tarred through my activities. Also Gariyu and Sabo Yaba Road wants to be tarred through my efforts. It is through this CPH that these were achieved. Our plan is to fashion out how to develop our community since this place is rural. Like if the road is spoilt here, we use the CPH to renovate the road and provide water and settle conflicts through the CPH.*

A community crisis in Makoko led the CPH into the role of conflict resolution. The chairman, in describing the situation belw, attributes the ability of the CPH to respond on the leadership and democracy training provided by BASICS.

> *The case of the woman who died from the stray bullet made people to know the existence of the CPH. A policeman killed a woman in this community, and out CPH reacted. We went to the woman's house to mourn. We 'conscientize' other women to rise up against the issue. It happened when the police tried to arrest some boys in our communities as armed robbers, and we rose to take up the case. We went to the local government chairman, Alhaji Bashir Bolarinwa, and went to the Assistant Commissioner of Police with 10 delegates from the LG including me. The case was taken to court. The CPH was involved fully, and we were into the case about 7 months. It happened on Tuesday 30th May 2000, and the case was taken to court on the 2nd of June 2000. I went with the chairman of the LGA on the 7th June 2000, and we bailed our community boys who helped us to react to the accusations of the police. The CPH was responsible for the bailing of the community people arrested. CBO members are my supports. I made financial contribution. I don't want policemen to come and cheat my people in my area. I learned this through the women's rights programme.*

A female respondent from Gama-B described a program in adult literacy for women that was a common felt need in all Kano CPHs.

> *Major achievements of the CPH include training women to get basic education. It was done in 1998. About 40 women were trained. In the second training about 60 women were trained in the year 2000. There are some women who have got admission to secondary school after the initial training. The need for women to be involved motivated them to seek for higher education and through our enlightenment campaigns. Now we can do many things ourselves.*

Another woman from Sheshe CPH reported that 20 of her colleagues received the adult literacy training. A man from Yakasi pointed to his CPH achievements as follows: "The CPH intervened in female adult literacy in the

community which is one of our organizational objectives." Likewise, a woman from Gwale CPH explained, "The adult literacy programme trained especially women. It was for about 6 months. Many of the women, especially the TBAs can now read and write."

A man from Gama-B explained how the CPH started to tackle thee problem of electricity in the community. As in the example from Makoko before, the Gama-B respondents felt that the training on democracy and governance gave them the confidence to confront local authorities with their needs.

> *In terms of activities, we now know out rights as a result of the training by the CPH. We get together a lot of the time now. We discuss what we want from the government and we meet them. We did not know how to do this before. For example, we got together sometimes. We gathered about N120,000. We took it to NEPA (National Electric Power Authority) and we told them about the problems of electricity in our community and they are doing something to give us more transformers now.*

Respondents from Eziukwu II CPH in Aba were enthusiastic in their reporting of an essay context they organized on Commonwealth Day. "CPH celebrated the last commonwealth day. Lectures were given, essay competition was organized for secondary schools in Aba and scholarships were awarded to the first three students. Announcements in the churches. They donated during the commonwealth day."

4.3 Medical Staff Perceptions of the Impact on Their Health Facilities

The health worker, particularly the physician, and the private health facility play a central organizing role in the CPH as designed by BASICS. This focus on private health care has been appropriate for two main reasons, first that private care is not only primarily urban based, but also contributes a major portion of the health care received by urban residents, and secondly, that the quality of private care needs improvement. Alubo (2001) described Private Medical Enterprise (PME) as both formal and informal medical care that ranges from registered businesses with identifiable premises to itinerant hawkers of drugs and injections. Broadly they can be classified as hospitals, maternity homes, clinics, diagnostic centers, pharmacies and medicine shops. PME hospitals are typically located in high-density areas and run the gamut from 3-4 room apartments to large buildings. Generally they tend to be poorly equipped, and they may resort to quackery as in the recent cases of practitioners who claim to have a cure for AIDS. (Alubo, 2001).

Ogunbekun *et al*. (1999) offered the following insights into the conduct of PME. PME may account for up to one-third of health care facilities in the country. It is generally solo practice and urban oriented. In 1991, 80% of private medical practices were located in six of the then 21 states, Lagos, Oyo, Kaduna, Imo, Anambra and Bendel. These are the more urbanized States and contain the cities of Lagos, Ibadan, Enugu, Kaduna and Benin, in which are located the oldest medical schools in the country. Within Lagos and Oyo States over three-quarters of primate medical facilities are located in metropolitan Lagos and Ibadan. In 1995, fees for services in private facilities were generally 4-5 times higher than in the public sector, and yet during the past decade of crisis in the public sector, private facilities have been credited with 1) contributing to the 60% increase of access to orthodox health care between 1985 and 1995, 2) providing half of family planning services as documented by the Federal Office of Statistics in 1992, and 3) playing a major role in the doubling of childhood immunization that was witnessed between 1981 and 1991. (Ogunbekun *et al*., 1999)

BASICS' own Malaria Rapid Assessment in 1998 revealed the following information about malaria care seeking for children in Lagos, sowing that PME's most prominant player was the PMV, but that private clinics too have a role, athough an expensive one. The most common form of treatment for recent perceived cases of malaria in Lagos was going to chemist/drug shop (35.6%). Government clinics accounted for 28.9% of treatment choices, followed by 22.2% for private clinics. Few either used herbs at home (11.1%) or went to a herbalist (1.1%). Other sources of care included drugs already kept at home, a health worker living next door, and even some included the free treatment they had just received from the nurses employed for the study. During the study period US $1.00 was equal to 80 Naira. Overall, the median cost of treatment reported by 137 who could remember was ₦150. This varied by source, with a median of ₦300 at private clinics, ₦208 at government clinics, and ₦120 at medicine shops. (Brieger *et al*., in press)

BASICS has tried to address some of the inadequacies in PME through training and provision of basic equipment to deliver child health services, especially immunization. The comments from providers seen in this section attest to their appreciation of these efforts. At the same time, caution is needed on the impact of the CPH program on improving the quality of PME in Nigeria. During the original UPSI in Lagos, 330 health facilities were identified, with 144 said to be located in the target communities. Of these 74 were adjudged to be suitable CPH members due to their provision of MCH and related services. In reality, only 12 private HCFs became members of Lagos CPHs in 1996. Although new facilities have joined since the inception of the CPHs, the overall influence on the private sector would appear to be small. Of course, what is more important in the context of the CPH program is the potential role of better trained and socially aware physicians on the community, regardless of their absolute numbers, in promoting health.

Examples of the role of physicians and private health facilities abound in the constitutions of the CPHs. Dyads are founded around only one HF but at least five CBOs. The Chairperson of the dyad must be a physician. The position of Project Coordinator has been specified, and at the dyad level this appears to be synonymous with the chair, although at the CPH level, the positions of chair and coordinator may be different people if the chair is not a physician, in which case the coordinator must be one. Also the health facilities themselves are central in achieving the CPH's constitutionally stated objectives of reducing childhood morbidity and mortality by providing "good quality health management services to members of that Health Facility's Dyad even when such members are unable to pay for such services, provided such members have been duly referred by their CBO leader" who guarantees the bill will be paid within 30 days.

As noted previously, Makoko CPH in Lagos and a all CPHs in Kano do not have functioning dyads because of the dearth of interested and qualified HCFs. That is an issue that is addressed further on in this report. At this point it is important to present the viewpoints of the medical and health staff of the participating HCFs to learn how membership in the CPH has affected their functioning.

4.3a *Perceived Benefits*

Lagos Health Facility staff identified several benefits of CPH membership for their facilities and themselves personally. The former include increased patronage, enhanced reputation, improved staff skills, a new public service orientation, expanded type of services, better management practices (e.g. record keeping), access to new resources and improved relations with other bodies including the LGA. Respondents see a link between the training opportunities leading to an enhanced reputation and greater numbers of clients, as explained by a medical staff member from Ajegunle, who said that the CPH has encourages community members to be "patronizing us better than before because of the renewed confidence of members in our ability to deliver to them good health services." Overall, respondents believe that the CPH has led to improved quality of care in their facilities and attention to services like maternal and child health that were not a regular feature prior to the CPH formation. A more detailed description of what has happened in another facility in Ajegunle follows:

> *The hospital has changed for sure. The membership and staff strength has increased as a result of the activities of the CPH. Our services have also improved. Many people now patronize us as a result of the fame brought to the hospital by the CPH. We also now have more equipment such as a computer and ambulance. Just this Saturday we graduated about 20 nurses who were trained by this dyad as community health educators. This service was never part of our activities before. It has made the hospital known. My hospital now has more clientele; the quality of services has improved through training, exposure, and improved equipment coming to the hospital. The community now sees the hospital as the peoples' hospital. The hospital is now known to the local government. There is no disadvantage to this hospital at all; if any thing the hospital has become popular and known throughout the community.* (Ajegunle)

- We receive family planning items at cheaper rates. We were given cold-chain equipment. The members of the community now see our facility as a baby friendly facility because of immunization. The relationship with the local government authority's has improved considerably. (Ajegunle)
- Our staff have benefitted from training. They have been empowered through this. They play new roles,

preventive.(Lawanson)

- Through the seminars/workshops, we acquired knowledge, which assists us in the delivery of our services in the community. The new knowledge acquired about our health and the modern way of doing things. (JAS/Mushin)
- The hospital has witnessed expansion since it joined the CPH. This is in terms of the physical structure, patients inflow and staff size. Activities of the hospital has also changed immunization programme has become more regular. Our services have also improved because of the acquisition of more equipment. We were also able to get some equipment like the weighing scale. Our function/purpose has also changed. Initially we were all out of profit. Today we now provide free services in some areas of our operation.(JAS/Mushin)
- The HF has changed since joining the CPH. Our medical practices have improved. Now we have access to the local government from where we collect vaccines for immunization that we are sure of. Our record keeping and documentation process in the hospital has improved. Our management practices have also improved. We have been introduced to management systems that are more practical and result-oriented. The confidence level of my staff has increased because they have more knowledge and skills from the trainings. (Lagos Island)
- The health facility has become more popular; staff have undergone a number of trainings and some now have increased performance and productivity. Our patronage has also increased. We got some equipment - deep freezer and a weighing scale. (Amukoko)
- The activities have also changed. We now try to give health talks on child health and survival. Our function/purpose also changed to include maternal health. (JAS/Mushin)
- The CHP has also improved our documentation system and the computerization of activities. (Amukoko)
- The hospital has benefitted so much from participation in the CPH because of the level of health awareness of members of the community that has increased and the supply of equipments by BASICS to the LICPH especially the cold chain equipment. The ice packs are changed every morning. The availability of this equipment enables us to store vaccine. (Lagos Island)
- Before, we were not running family planning clinic have, but after a member of staff here had been trained, we have a day for family planning clinic. we are actively involved in campaigns for HIV/AIDS, immunization, and child and maternal care. (Ajegunle)
- The hospital has experienced some changes in terms of increase in patronage. The hospital's relationship with the people has improved. Before the CPH, people were scared of our place because they feared out cost will be exorbitant. But since we joined the CPH, the perception has changed. We have also taken delivery of various IEC materials from Basics plus other equipment. And these have helped to improve our services (especially the weighing scale). We were not really into child welfare and health education before. Now we do all these. (JAS/Mushin)

One medical staff member from Ajegunle explained that they are not simply on the receiving end of training from BASICS. "The level of our activities has increased. We now regularly organize in-house training for our staff." This person also reported that he had served as a trainer in some of the workshops organized by BASICS.

In addition to perceiving benefits for the facility, some respondents talked about value of the health facility to the CPH. "My hospital has been the backbone of the CPH. The whole idea of a CPH began in this hospital." (JAS/Mushin) This observation is in keeping with the way dyads were structured by BASICS with health facilities at the center. Another observation from the same respondent gave a comparative view of his hospital and others in the community. "The clinic has become highly acceptable and envied by the other hospitals." This contrasts with initial efforts to establish the CPH in Mushin and other communities where most facilities ignored the call to join thinking the CPH would waste their time and cost them money. Ironically, the opposite appears to have happened in Amukoko. " We have been able to generate more income through increased patronage, w are now undertaking a major expansion in our facility." Recent years have seen an increase in health facility members as some now start to see the value of the program.

On the personal level, more respondents talked about the training opportunities they received. It has been documented elsewhere in Nigeria that staff of private health facilities have significantly fewer opportunities for continuing education than do those in the LGA health services. (Onuoha and Brieger, 1992-93) Their appreciation of the BASICS workshops is therefore, not surprising. Other personal benefits include recognition and

opportunities to serve at higher levels.

- I have personally benefitted from the seminars and workshops organized by BASICS Nigeria through the knowledge I have acquired. (Ajegunle)
- Myself, I was on the social mobilization committee of NID for the State, and am now a facilitator and also a master trainer for IMCI with USAID. (Lawanson)
- It has expanded my knowledge. This is because I have been forced to read, and because we have to organize seminars. (Amukoko)
- My participation in the CPH has not affected my work adversely. If it ever did, I would have left since. Rather it has enhance my performance on my job. I was nominated to attend a workshop in Washington organized by CEDPA, courtesy of the CPH. I have undergone a lot of training leadership training, democracy and governance, institution building, proposal writing, etc. (Ajegunle)
- I benefitted from meeting at seminars and workshops people from diverse backgrounds and senior professional colleges who lift me up morally, socially and intellectually. (Lagos Island)
- I have personally benefitted from the CPH. The hospital is now more popular. I have benefitted most from training workshops. I have received important visitors, even from outside this country, visiting this hospital on account of the CPH. (JAS/Mushin)
- I benefitted, because I have been trained as family planning provider. (Ajegunle)
- I have benefitted personally from the CPH. It has broadened my knowledge in immunization, care of the child, and financial management. It has also improved my interaction with the community people. It improved my knowledge of the computer. It has also helped in conflict resolution. (Amukoko)

No all perceived benefits are medical. A medical staff member from Ajegunle explained, "I have benefitted in no small measure. I have benefitted materially and socially. For example, some donors from abroad gave us some equipment. While socially, CPH has been able to increase social interaction among the various groups." Another health worker from Ajegunle was pleased that the CPH "has afforded me to know more people in the community." A few medical staff members, like this one from Amukoko commented on the "financial benefits from workshop attendance by my staff." As explained elsewhere, a portion of the per diem has been donated to CPH coffers, but this is not a sustainable benefit to either individual CPH members or to the CPH itself.

The picture in Kano is influenced by the fact that there are few medical personnel involved in the CPH. The Chairman Gama-B, a physician, provided the following description of the role of his HF in the CPH and outlines the benefits of the programme to the HF as well as to himself personally. These comments are similar to those offered in Lagos, but show a more pivotal role played by the sole physician in the CPH.

> *Since I joined the CPH, my health facility has achieved greater turn out of patient from the community because of special services offered to the respective members of the CPH. That is to say members were being offer services even in obvious financial constraint believing that whatever bills incurred by the patient would be recovered. Furthermore, members were being given special charges, which are usually 50% less than that of non-members patients. The HF also has improved because of the technical assistance in form of capacity building which resulted into greater quality services. I personally offered the premises for the CPH for executive meetings. Our CPH secretariat was not habitable/conducive so we use my HF as our secretariat. My HF has benefitted from membership of CPH because we have been offered opportunity to attend workshop with a view to expand our capability. We have also received some equipment as free gift from BASICS and CEDPA. We have also been given funds to execute projects by OTI and CEDPA. Of course yes, HF staff benefitted like myself. I have acquired skills in reproductive health. My staff have acquired greater skills. The number of staff increased because of the rate of turn-out of our patients. Some equipment were donated to us. I also gained recognition by respective CBOs.*

The nurse in charge of a LGA clinic serving Yakasi CPH had little to say about the CPH. Her only positive comment was "The number and quality of staffing has improved." Instead she complained about the lack of bed sheets, drugs and benches; the latter were said to have been removed by CPH members for their meetings.

The PMVs, who were supposed to form the third leg of the "triads" in Kano, saw some benefits to their

businesses and themselves. A good example came from Gama-B on how the PMVs have benefitted. "Because of our affiliation with the CPH, we have learnt about children's diseases that we don't know before now. I have benefitted because I attended and participated in a lot of their workshops and seminars. We are very much aware of sickness that can kill or harm our children and have learnt how to cope with them, for example, with ORT. Many people come to my chemist because I give medicine as well as advice on what to do in cases of diarrhoea, vomiting, etc, and all these I learnt from the CPH." A PMV from Gwale also saw benefits. "My benefit is the ORT corner and if there is a call to attend a workshop. I attended three workshops. My advantage is the training and linkage with more people" A PMV from Badawa observed that membership of their PMV Association in the CPH has resulted in a membership increase within the association from 17 to 40. He thought that they have benefitted by doing new activities such as mobilization for immunization, training on malaria control and helping conduct a community census.

A TBA from Sheshe offered her views on how the CPH has benefitted her work when she said there had been "tremendous benefit from membership in the CPH. We have been educated on how to conduct our job effectively. We know how to assess a delivery if a woman would be able to deliver herself or if she needs medical attention. We know how to assess the health of a baby and advise accordingly. Six of us have gotten training and a certificate. We have gained more recognition and are more useful as we ensure safe deliveries."

In Aba perceptions of benefit focused primarily on training and opportunities for interaction with new and different people. "Some of the training programs have been quit useful. We are learning every day, and we are getting involved with different people - interaction. The health facility is lucky to produce the chairman of the CPH. The experience I have now, I might not have the opportunity if not for CPH, especially interaction with the community. I enjoy any opportunity to serve without reward. The trainings have been quite beneficial. I had an opportunity to represent the CPH during Clinton's visit to Nigeria, at Abuja." (Eziukwu II)

Unlike the benefits of resources and equipment reported by Lagos medical staff, a physician from Eziukwu II experienced some disappointment. "We were given the impression that something will be done to improve the HF, but no such development." A medical staff member from Etiti Ohazu was still hopeful. "I believe the feel that they will benefit more from the activities of the CPH in future."

A medical director from Eziukwu I CPH agreed that the training was a major benefit, but indicated that the skills and recognition acquired from the CPH program enabled him to improve his business without receiving equipment and resources from BASICS.

> *The benefit lies in various invitations to trainings from BASICS through the CPH. The various lectures create awareness and educate our staff on various issues like immunization, women's empowerment, and breastfeeding. My staff have acquired a lot of knowledge from the CPH program. From there they pass it on to their families, friends and well wishers, thereby creating total awareness to the citizenry. I have benefitted so much from their lectures and seminars, and therefore, I practice what I learnt and teach other people as well. I now know how to use and manage my equipment effectively. My staff also can use those equipment well. Through those CPH programmes, I was able to add more buildings to my clinic. They (clients) see it as one of the clinics where qualified midwives work. The community also knows that after delivery, and the patient has not enough money, the patient will still be discharged. We are specialists in circumcision.* (Eziukwu I)

One physician from Aba Ukwu explained his personal gains from the programme. "I have been exposed to some social activities. I have also acquired more knowledge in terms of research activities and better ways of conducting meetings." Another from the same CPH documented how the functions of his HF have changed because of the CPH. "We are now more involved in (NID) immunization and advocacy visits on immunization. We are also involved in sanitation for the eradication of malaria. We are also involved in campaigns to improve knowledge on HIV/AID STDs their prevention and improve prompt seeking of medical attention and improved utilization of the health facility by the community. The health facility has always been geared saving lives, but now there is more emphasis on health for under five year old children and health for women of reproductive age and on exclusive breast-feeding and immunization."

A physician from Etiti Ohazu not only recognized that they now have the ability to organize their own in-service training, but also that the training provided by BASICS is quite valuable if one had to undertake such courses privately. "We have benefitted through the training, CPH membership helps in the in-house training of my staff. Individuals and staff now know the value of health education such as exclusive breast feeding the need for immunization and cleanliness in general. The last workshop on proposal writing was marvelous, it changed my orientation. I would have had to pay a large amount to get such. I have also benefitted through interactions with people I wouldn't have seen on a normal day, e.g. the BASICS staff, and the network is wonderful."

A physician from Ohazu commented on the changing roles of his staff and changing perceptions of the clinic by the community. "The attitude of the health workers forwards health talk and the health care delivery in general had greatly improved, and the turn up of patients is now on the increase, because of the awareness being created in the community. We now go out for home visit formally we stay at a particular place, to carry out our activities, but now we've known the importance of going from house to house. Formerly, people were more interested in self-medication, but now through the existence of the dyad they now know the importance of ourr medical centre."

4.3b *Perceived Costs*

The Lagos CPH health staff have had a longer time to see both the benefits and costs of the programme. Although the comments on benefits far outnumbered those on the costs by nearly three to one, there were some notable difficulties that the HCFs faced. The former chair of the Lawanson CPH outlined these problems including non-payment for services by CBO member clients and the disproportionate contributions of time and resource the HCFs make to the running of the CPH. They confronted BASICS with these issues, and received some help.

> *The CPH has helped people become aware of our services, but the response has not been fantastic because the average Nigerian thinks everything should be free. In the CPH we had reduced fees for members who paid their dues. But patronage did not pay because some people still don't want to pay the reduced charges. The benefits of the CPH are lopsided. We keep hearing from the doctors who are members that they provide space and time for the programmes, but with little gain and some costs. We communicated that to BASICS and they gave each hospital something across all dyads to encourage the health facilities. They realized that the health facilities are doing more and getting less than the CBO members. The cold chain equipment we were given is really the property of the CPH.*

The problem of non-payment for services was echoed in Ajegunle and Mushin. This may be because many CBO members believe the CPH was founded on "dollars from America." Another physician from Ajegunle blamed the problem on the fact that "the members of the CBO's don't really understand the aim of the project."

A physician from Ajegunle observed that the central leadership role played by the HF in a dyad and in the CPH comes with its own special costs. "There are costs financially every day. A lot of money goes for hospitality of visitors from Basics, money for stationery, bills from the CPH secretariats are sometimes paid by me as the chairman. I have also been paying for the rent of the Rikky dyad. My time also affected as I have to attend meetings after meetings of the CPH. But I am not complaining. It is service to humanity." This was also the experience in JAS/Mushin. "I bore the cost of running the dyad. I also make financial contributions to the CPH." In Amukoko too, a physician explained that he does "spend money sometimes to keep the dyad going." These costs of leadership may also be the price to pay for the benefits mentioned above like recognition, increased patronage and a feeling of service to humanity.

A doctor in JAS/Mushin CPH expressed concern about time costs. "The meetings consume a lot of time that could be better employed into ones' job." A colleague from the same CPH had the same view. "I also lost a lot of time to CPH programmes. One cannot quantify this. My involvement in the CPH activities me compels from time to time to leave my own official duty post." Another physician from Ajegunle expressed the same sentiment. "Our time is also infringed upon by the CPH activities like the interview that I'm granting you now." Similar comments came from Lagos Island. "It takes a significant proportion of our time, the time is used mainly in meetings and deliberations which has no direct financial compensation." A blunt response came from an Amukoko physician. "In the service industry, time is money. Too much of our precious time is wasted in lengthy deliberation and

boring discussions."

Another doctor from Mushin agreed that time was consumed, but did not see this as a serious issue. "My time is also involved, but I do not regard this because of my interest in the programme." This appeared to be the more common opinion as most medical staff agreed that, "Our participation in the CPH has not in any way affected our own functions and activities." A medical staff member from Ajugunle explained how they cope with the time demands. "We arrange ourselves in such a way that the activities in the CPH don't clash with our own. We send delegates to represent us at the CPH."

A comment from an Eziukwu I CPH doctor demonstrated that the perceived costs are few since the program is relatively young in Aba."There is no specific problem presently. No, it has not caused any problem yet." A physician from Aba Ukwu said, "The only disadvantage is that it is time consuming," implying that this was not a major concern. In Aba Ukwu, a physician saw these time demands as an expected sacrifice the clinic should make for the success of the program. "A well focused program demands sacrifice, so we sacrifice our time and members of staff when necessary. Usually when the staff are called up for the CPH activities is a set back but it is not for long."

A physician who is also a CPH leader mentioned specific costs related to time issue, but was willing to endure the expenses in order to serve the CPH. "No problem, but just leaving your hospital to attend meetings costs getting another doctor when I am not around. They all (the staff) don't leave for activities at the same time." Another physician from Etiti Ohazu also mentioned the costs of hiring someone to handle the clinic when he attends CPH functions. This approach of hiring extra hands was not mentioned in Lagos.

One physician in Eziukwu I who allows the CPH to use his facility for a secretariat and meeting hall complained about wear and tear. "My carpets have worn out by the series of the dyad meetings. The noisy environment on the days of meeting disturbs the patients. Observation beds at reception have suffered due to bending (when people sit on them during meetings)."

Finally, in Gama-B CPH of Kano the same physician who was proud to serve as chair of his CPH also found room to complain. "The contributions I'm making are greater by far to the dues I'm to pay. I'm giving my time, I'm giving my HF and services and yet the community are not giving us enough encouragement."

4.4 Perceptions of Local Government Officials

Interviews were completed with LGA health staff in all three towns. It was possible to find political representatives in only Lagos and Kano. The first area of interest was whether respondents would spontaneously mention the CPHs in reference to general questions about health and development programs for children and women in the LGA. The second area focused on specific feedback and observations about the functioning of the CPHs, assuming the respondents were aware.

4.4a *Health Department Staff*

The six Lagos CPHs are located in five different LGAs. Except for Mushin, most Lagos health staff were initially aware of the CPH and quite supportive of CPH activities. The Medical Officers of Health seemed to be the best informed about the nature and diversity of CPH activities, and had actually participated in CPH programs. The divergence of opinion about the CPH within a particular PHC department is disconcerting, especially when it is that actual program managers who are sometimes less aware or have a less than positive opinion about the CPHs. Generally, respondents recognized the strong mobilization and communication role that CPHs play in the community.

Concerning spontaneous awareness of the CPHs, the Medical Officer of Health (MOH) in Ajeromi-Ifelodun LGA mentioned the CPHs among groups active in promoting health in the LGA. "We have many NGOs promoting child health here. We have AMCPH and the AJCPH. We also have a group called Doctors Without Borders. The AMCPH and AJCPH have been working with this local government since the American government,

which funds them, stopped working with government during the military days. These CPHs are a group of volunteer health workers who have gathered themselves together under the supervision of medical doctors. They do child immunization, control of diarrhoea, treatment of minor problems, health education and enlightenment. The New Era Foundation has been helpful in the area of mobilization, sensitization and campaigns on HIV/AIDS. The AMCPH and the AJCPH have been involved in all aspects of health including family planning, HIV/AIDS and education for mothers."

The MOH from Surulere LGA singled out the CPHs in both child and women's health action. "It is only the CPH that are carrying out notable programs to promote child health within the LGA. The CPH receives vaccines from us. They do carry out their own routine immunization programs and work with us during NIDs. We work closely with them. Their officials visit us regularly, and we them to participate in our programs. It is only the CPH that organized seminars/workshops on women's health and tights within this LGA. They have been there for the past five years. They organize rallies and campaigns to sensitize them on all health issues." Likewise the Chief Nursing Officer said, The CPH is the only organization that is carrying out programs to promote child health in this LGA. They collaborate with us in carrying out immunization programs and they also organize seminars and trainings to create awareness in the community." On the other hand, she was not aware of the CH's efforts on women's health and empowerment, but instead mentioned a group called the Nigerian Youth AIDS Program in th context of reproductive health action in the community.

Although the MOH in Mainland LGA where Makoko is located had only been in the LGA for two years, he said of the CPH, "I may not be in a position to say how long they have been working here, but I know that they perform primary health care activities. They run their own clinics, teach their women on how to take care of their children, (give education) on environmental cleanliness and the like." In addition to mentioning the CPH, he also mentioned Health Matters, Red Cross, Society for Family Health, and Rotary as other NGOs working in the area. He saw NGOs, including the CPH, as "only providing supportive assistance" to the PC Department.

The MOH in Lagos Island CPH mentioned two "prominent" NGOs in the immunization program, the Rotary that "helps with mobilization of the community ... through provision of face caps (baseball caps), banners, etc." and the CPH who "take an active part in the NIDs as local guides and vaccinators." Concerning women's issues, he mentioned the MPH mentioned Women in Nigeria, STOPAIDS and the new Era Foundation as NGOs involved within the LGA. Later he recalled that the CPH, "in conjunction with BASICS organize seminars on a wide variety of issues like democracy and governance, women empowerment, capacity building and home treatment of diseases."

In giving feedback about the relationship between the LGA and the CPHs, the MOH of Ajeromi-Ifelodun LGA described a high level of interaction between himself, his department and the two CPHs in the LGA. The relationship appeared to be reciprocal. He also recognized the unique ability of CPHs to reach the community. "I have met their leaders and members several times we meet each time we are planning for our NIDS and also when they hold their annual lectures or other program. I have participated in their programmes before. They write me to some of their programmes. I gave a lecture on material health in one of the programme of AJCPH. This is also true of the AMCPH. We have involved them in the NID programmes in the past. We just concluded one last week and their members took active part. We have also involved the CPH in AIDS control, school health programme and disease control. They play the role of public motivation, mobilizers. Sometimes they act as vaccination local guides. They have helped to disseminate and decentralise health information to the communities ever beyond what the local government can do. We have had a very good and remarkable experience working with the CPH. They created a lot of awareness on breastfeeding, HIV/AIDS and immunization in the community." The LGA's EPI/NPI Manager agreed. "We have had a pleasant experience working with them. We see them as people who have the same goal as we, which is to improve the health of our people. AJCPH gave us 30 nominees and AMCPH brought 40 nominees to take part in the immunization exercise that just ended last week."

The MOH in Surulere also have regular interaction with the CPH. "I meet some of their leaders regularly to invite them for trainings in preparation fort the NIDs. When they have a program, they too, invite us. I have participated in their democracy and governance programs as a representative of te LGA. The CPH is deeply involved in our NID programs." Although the NPI manager in Surulere said she had never participated in any

CPH activities, she did reply that "We integrate them into our NID program." She further stated that, "The Federal Government asked us to involve them in the NIDs. As long as that remains, we will continue to involve them. They are doing a good job."

The experience in Makoko also shows variability of CPH awareness and interaction among LGA health staff. In this case the head (MOH) appears to be the most knowledgeable. When asked directly about his views of the Makoko CPH the MOH of Mainland LGA said, "The Makoko CPH helps to disseminate health information within the community. They are a very hard working group with a very good leader. They inform us about their programs and get involved in ours too. They help us in primary health care. They are trustworthy people. I have met their leaders and members. I attended their workshops, and some them are members of our management committee here. I serve as one of their resource persons (at workshops). There were several of these I attended. In the NID, which is currently going on, some of them serve as vaccinators and local guides. Our working relationship with them is cordial. We see them as a supplementary partner helping us to actualize our goal." The involvement in the LGA's PHC Management Committee is a positive step toward integration of the CPH into the wider community.

The MOH further listed the achievements of the CPH "within the Makoko community where they have been able to improve awareness about health, empowered women through skills training and small loans. They have improved the economic status of the women and enhanced the stability of their homes. With the leadership they have now and their programs, I think the sky is their limit." The Chief Nursing Officer in Mainland LGA as less forthcoming. "I am familiar with their involvement in the immunization program. I do not know of other programs of theirs." Ironically, the EPI Manager mentioned only the Lionesses when it came to NGOs involved in child health and further noted, "I don't know any other group that is carrying out programs to promote women's health and rights within the LGA." Only when asked directly did she recall that the CPH "do organize routine immunization in the community. They also organize seminars to create awareness about health, most especially child health in the community." Eventually she said, "I have participated in one of their rallies to sensitize the community on the need to immunize their children. The CPH do participate actively in the NID programs. Their nominees are knowledgeable about health."

The MOH in Lagos Island, while aware of the CPH, appeared to have less interaction with them than did the three other MOHs just mentioned. He said, "I know hat they do organize rallies and campaigns on very sensitive health issues like HIV/AIDS. They also provide routine immunization at the health facility. They also collaborate with us during the NIDs. Their activities have led to a significant increase in health awareness in the community. I met Dr. Randal, one of the CPH leaders, during one of their workshops." In contrast, the Chief Nursing Officer said, "there is virtually no other group that are carrying out programs to promote child health within the LGA. I could have mentioned the CPH, but their impact is not felt within the LGA. They have not contacted the LGA nor involved the LGA in their programs. I have never met any of their leaders." She did admit that, "They participate as vaccinators and local guides in the NID programs." The actual NID program manager had a more positive opinion. "They help a lot in immunization. I gave a lecture on the importance of immunization during one of their seminars. They have a very powerful forum fo mobilization. They have assisted greatly in creatingawareness about health problems, most especially children's problems."

In contrast to other MOHs, the MOH from Mushin said in a very brief interview, "We involve them now and we hope to continue to involve them." He did not mention the CPH spontaneously in discussing health activities in the LGA, and neither did the head of MCH in that LGA, who instead listed the Rotary Club, Red Cross, New Era Foundation and Empowerment and Action Research Centre. She was happy that these NGOs "have been supporting us financially." She later talked about JAS CPH as "a private hospital. They usually send their nurses to help during immunization. They also have a cold chain where we store our vaccines. JAS clinic provides antenatal care and gives tetanus toxoid to pregnant women." She further noted that, "I have not participated in any of the CPH activities, and I am not sure hat I have met any member of the CPH." Aside from the afore mentioned immunization and antenatal care contributions, she explained that, "They have helped in creating awareness on diverse issues of health."

The two interviews from Mushin just described were fortunately not completely representative. It would appear that opinions and comments about the CPH vary depending on how closely a health worker's activities correspond

with CPH programs, in this case immunization. The EPI/NPI Manager for the LGA knew immediately that, "Organizations that carry out programs to promote child health within the LGA are the CPH and the Rotary Club. The CPH has been with us for the past five years." She also recalled that, The Women's Empowerment Committee had organized a seminar on breastfeeding. The CPH helped in the area of family planning and immunization ... campaigns on HIV/AIDS." She opined that "JAS CPH is very close to us. I had been to their breastfeeding program together with out Nutrition Officer, who gave he key note address. Their programs are in line with the LGA plans for its people."

Kano LGA PHC staff also recognize the value of the CPHs when it comes to mobilization. Generally there was less awareness and involvement by LGA officials in Kano CPH activities than their counterparts in Lagos. Also there appeared to be a lack of awareness of specific CPHs and a greater perception that the programs belonged mainly to BASICS.

Even though the NPI manager from Gwale LGA had only been in the LGA three months prior to the interview he was aware that, "We have had cooperation between LGA community leaders and CPH leaders in helping mobilize people and enlighten them about immunization. The CPH enlightens and mobilized the community and carries out sanitation exercises each month. They come to the LGA chairman and present their program and problems and seek help." The PHC Coordinator added that, "The CPH is a welcome idea in the LGA. They have helped us a lot. I know they are involved in health education, environmental sanitation, antenatal care through the TBAs and immunization. Have participated in their enlightenment campaigns. We have involved the CPH in the activities of the LGA."

Kano Municipal LGA covers both Yakasi and Sheshe CPHs. The EPI/NPI Manager did not initially talk about the CPHs by name, but instead commented on "BASICS' programs." He was aware that BASICS had sponsored TBA training and adult education for women. He also noted that several LGA health staff had attended workshops organized by BASICS, and that, "They contacted the LGA by introducing their programs to us. It has been highly appreciated the way they conduct their programs. We are happy working with them." Finally, when asked directly, he recalled that the CPH helped renovate the Maramans Health Clinic, constructed roads and improved the drainage system. "I have met some of their officials," he later added. "I know the secretary general. They used to come to the LGA whenever they have a program to ask for advice and support. We always involve them during the NIDs. They work with us in mobilization. They have made a lot of contribution in health education, self-help activities, assisting in immunization and assisting the needy."

Nasarawa LGA includes both Badawa and Gama-B CPHs. The PHC Coordinator was aware of several NGOs helping with health programs including the Red Cross, Rotary and MSF. He also mentioned receiving assistance from several local hospitals, including San Bell Clinic, the base for Gama-B CPH. When asked directly about the CPHs he said, "We have met some of their members but not the leaders. BASICS sponsored one seminar on HIV/AIDS and strategic planning. They came to visit our chairman. We have not been invited to attend any of Gama-B CPH's activities. The PHC department has not yet extended any invitation to Gama-B CPH. Questions about the CPH should be referred to the Community Development Department."

All five ABA CPHs fall under Aba South LGA. Only a small portion of one CPH stretches over into Aba North LGA. The awareness of the specific CPHs by some LGA staff in not spontaneous, and this could be due to the fact that there are so many. The program is young in Aba, and the CPHs may not have yet been able to distinguish themselves from the umbrella of BASICS. On the other hand, it is unique in Aba that some of the health department staff belong to CPHs in their neighborhoods and are thus quite aware of the functioning and needs of the CPHs.

The PHC Coordinator/Head of Department of Aba South PHC Department mentioned the following organizations involved with child health and women's issues in her LGA: Motherless Babies Homes, Private Hospitals, MacArthur Foundation, BASICS, Family Health International, and Assembly of God Church. She mentioned no CPHs by name, but stated that, "The CPHs, which are BASICS babies, have made a series of useful contributions." The NPI manager mentioned contributions to his program from churches, private hospitals, BASICS, Red Cross, Boy Scouts and the Rotarians, and said, In the case of the CPHs, we contact them through

Mr. Uche of BASICS or some of them came on their own voluntarily when they heard the announcements on the radio." Likewise, the Cold Chain Manager did not spontaneously mention any CPHs by name but listed BASICS, UNFPA, UNICEF, Rotary and USAID as organizations contributing to child health in the LGA.

When asked directly about the CPHs, the PHC Coordinator o Aba South LGA offered the following observations:

I know that the CPHs are organizations which BASICS has created to reach down to the grass root in the communities. I know they have dyads which help to get the people more involved so that they can see these programs as their own program. The CPH members feel they are part and parcel of the program. In the last sanitation exercise, they were out with all their sanitation equipment. However, some of them complain to me that some Nigerian factors are now entering with the CPH. They want the CPH to remain as it was introduced. We have been attending their meetings. We are very close to them. Some of our team members for the NID are from their CPHs. We have been collaborating on immunization. I know Chief G.E.A. Egbulefu, one of their leaders and Chief Ogbona and Hon.Chima Obi Nkaru. The Supervisor for Health is a member of Eziukwu II CPH. We have involved them in the NIDs. They have succeeded in helping us to create awareness on ongoing health programs. They have helped us towards manpower development. They have been helping in the area of sanitation. They have also facilitated some collaboration between the NGOs. They donated sanitation equipment to LGA.

He Assistant to the Essential Drugs Officer of the LGA said that he was personally involved in the CPH and thus, had first-hand knowledge of their activities. He also offered insights into some of the conflicts experienced by the CPHs as seen below.

They have organised women empowerment programmes, democracy and governance and gender. They went to the chairman of the local government gave him a rundown of their activities they want to carry out, and the chairman then involved us. We know about it proper in 2000. It has been a very nice experience e.g. when a CPH member from Ohazu came to meet our chairman, we provided them with a lorry for refuse disposal. The CPH is the community partners for health. It is a big body that comprises of the Dyads down to the CBO. In Aba we have five CPH that work along with BASICS. They have been involved in the "kick-out polio" programme, and they conduct environmental sanitation, then the referring of patients to health facilities. I have met them because I am part of the CPH. Yes, I have participated in all their activities like the clean up exercise which we did on the last Saturday of May. We all came out in mass to clean our secretariat and the palace. In the routine immunization I involved the CBO members. They have helped to enlighten the women and the youths to know their rights, like they have involved us in continual education programmes and the supply of equipments that we use for clean up exercise and the coolers that we use to carry vaccines. When the BASICS first came they promised to supply equipments to health facilities and those equipments in the early work plan we are still expecting them, them some people who are CBO members thought when they go to the Dyad facilities they will receive free health care but they are now discouraged, also some of the workshops, everyone is not involved, so some people are discouraged.

The NPI Manager talked about CPH accomplishments generally. "They contact us and involve us with training for CPH people. My experience is that women now know more about their rights than before. They now bring out their children readily for immunization. Eziukwu I CPH and Ohazu CPH, they came here to join us for immunization during NIDs." Upon prompting the Cold Chain Officer mentioned that the Eziukwu I and II CPHs, and said "They are involved in the environmental sanitation program and NIDs. The CPHs send their trained supervisors, vaccinators and local guides who participate during NIDs. Their Governing Board came to the LGA on a courtesy call. I always attend CPH meetings and Eziukwu Dyad meetings. I am PRO of Eziukwu Dyad. I have been involved in the training and retraining of the nominated supervisors, vaccinators and local guides and the working relationship was cordial. They have trained women on the strategy for child survival and women empowerment. They have trained the vaccinators and local guides. There is every likelihood that the Eziukwu CPH will be active in 10 years time because there is community involvement as they have passed the participation stage. The LGA is very willing to continue involving the Eziukwu CPH in its health and development program because

of the dividends of the past involvement." He also saw a particular value in a grassroots organization like the CPH for creating awareness and providing education the community because urban areas are so "densely populated."

4.4b *Political Leaders*

Political leaders interviewed consisted LGA chairmen, vice chairmen and/or supervisory councillors for health. All had been in power at least three years at the time of the interviews.

Information was obtained from political figures in four Lagos LGAs. They were nearly equally divided concerning their awareness of the CPHs. The Vice Chairman and Supervisor for Health of Mushin LGA said, The NGOs are certainly supposed to be working here to promote child health, but unfortunately, I do not know of any one right now." He added that, "There was a particular NGO that came to the local government to create awareness about AIDS, but I can not readily remember its name." He also claimed not to have heard about the CPH and referred the interviewer to the MOH. The Vice chairman of Lagos Island LGA likewise said, "I know nothing whatsoever about th CPH." NGOs and donors known to him were UNICEF, Rotary and the National Council of Women's Societies (NCWS). In contrast, the Supervisory Councillor for Health in Lagos Island LGA was aware. "The CPH carries out rallies and campaigns to educate people about their health and that of their children. They have been in the community for the past five years. They do invite us to participate in their activities. There was a breastfeeding seminar. Our nurses were invited and they gave a health talk to the people. They are usually invited for the NID program organized by the LGA. They are well known in the community. We will continue to invite them for our programs because they have good, credible and capable leaders."

In Surulere LGA, the Supervisory Councillor for Health recalled Lawanson CPH among the two NGOs with which he was familiar, the other being the New Era Foundation. Concerning the CPH, he said, "I know the Chairperson, Mrs. Tejumola. Even today we men on the HIV/AIDS program. We have met in many health programs. They are involved in immunization and also in environmental sanitation. Their contribution is immense in cooperating with us on health matters, e.g. immunization." Awareness of the CPH was fair in Ajeromi-Ifelodun LGA. The Vice Chairman said, " the AJCPH and the AMCPH have been here for a very long time." He was not very conversant with their activities and referred the interviewer to the health department, but id add that, "I have met many of their leaders and members. They lessen our burden."

The Supervisory Councillor for Health in Ajeromi-Ifelodun was more familiar with the two CPHs. "I met these two existing here when I assumed office in 1999. They are involved in education on child health and participate quite actively in immunization. They are also involved in other related programs like women's empowerment. When I talk about education, I mean educating mothers on child health including the benefits of breastfeeding and family planning. They send representatives to me if they want to do anything, and they follow it up with letters to the Chairman and council representatives. I am always present at their occasions." Concerning immunization, he explained that, "We have involved them a lot in the NID. They give us nominees. We also give them vaccines, and we use them as outlets for continuous vaccination."

Although, not a politician, the head of the Community Development Department in Mainland LGA was available for interview. He was aware that, "Makoko CPH is involved in mass immunization. The CPH members have been trained as volunteers. The CPH has been here for the past five years. The CPH also helps mobilize our people on health matters. Whenever the CPH has any programme they will write the MOH. We on our side work together with the CPH to make its program a success. It is the only group in this LGA working on child health. Through their activities, mothers in our community have known the importance of breastfeeding. I attended the CPH workshop on breastfeeding."

In Kano there was awareness of the CPH in all three LGAs, but this varied in intensity. As discussed below, Kano CPHs did involve their indigenous leaders, and this strategy seems to be form a valuable bridge between the LGA and the CPHs.

The Vice Chairman/Supervisory Councillor for Health in Kano Municipal LGA explained spontaneously that, "The CPHs are the main group who provide child health care. As community based NGOs they help in running

and refurbishing clinics, and they provide advice to our women on maternal and child health. They invite us whenever they have a project at hand." The two CPHs in the LGA undertake "adult literacy classes, renovation of hospitals, sanitation exercise. They also contribute tables and chairs to our primary school." He believed that the CPH would continue in the future but was cautious as, "I really don't know who supports them." He also shared concerns that some community members believe the CPH is associated with family planning and HIV/AIDS, which as explained earlier, are threatening topics culturally. The presence of the Emir (King) at a launching of the immunization program recently was said to allay some of the community fears about the CPHs.

The Vice Chairman of Gwale LGA did not mention the CPH spontaneously, but when asked directly he recalled that thee CPH leaders had met with the LGA authorities and the LGA had encouraged them "to look after the immediate health of the community." Concerning CPH activities, he explained that, "Environmental sanitation is another aspect" of their work. "We enlighten the public together on the dangers of meningitis."

Both the Vice Chairman and the Supervisory Councillor for Health in Nasarawa LGA, where two CPHs are located, were aware of BASICS role in maternal and child health, but did not mention the CPHs specifically until prompted. The Vice chairman was aware of the trained TBAs but did not associate them with the CPHs. Concerning the CPHs he said, "The assistance they have been rendering is vividly clear in the distribution of wheelbarrows and brooms and seminar attendance for the various strata of the community, which in my position as Vice Chairman from Gama Ward, I witness vividly." He also recalled a workshop that Gama-B CPH had organized that brought elected officials together with the public to discuss democracy. The Supervisory Councillor was less certain about the CPH role. "I am not quite familiar with the CPHs in Nasarawa, although I have heard of such a thing."

One of the early strategies of the CPHs in Lagos was involvement of indigenous leadership in the form of Ward Heads. Four o these were interviewed. Not surprisingly, these respondents were very much aware of the CPH and often involved directly in CPH activities. One in Sheshe community described CPH activities as follows: "They organized the polio immunizations. They have been working for the last five years. They have been mobilizing people to come get their children immunized. They also advocate for women to attend antenatal and postnatal clinics and even political meetings and rallies. We have been helped by the CPH because during our cleaning exercises they give us wheelbarrows and even megaphones to use in informing our people of anything happening. I am always in contact with the chairman because he is the boss in my working place. Then we also meet during meetings and activities. I am very much involved. In fact, I am the one who gives instructions for the town crier to go round and invite people. I generally oversee all the activities from inception to finish. They have also been training TBAs"

The Ward Head in Gama-B said, "I know this CPH very well, and I am a member of the CPH. I am a father or patron of the organization." The Ward Head apperars to serve a useful role as link or go-between with the CPH and LGA. "I used to advise the leaders on the need to be linking with the LGA. I know that the CPH leaders have visited the LGA on a number of occasions. I have led Alhaji Sani Bello, Chairman of Gama-B CPH to the chairman of Nasarawa LGA a number of times to discuss issues pertinent to health and to development in our community." He also observed that, "People of the community are so interested in the activities of the CPH," which he listed as immunization, environmental sanitation, clearing of drainage, female education, vocational training for women, and ensuring that the drugs in the PMV shops are genuine.

In Badawa, the Ward Head who had inherited the post from his father about two years before, also mentioned the same CPH activities as outlined above. He also called attention of democracy and governance and women's rights. He explained that he has close ties with CPH leaders and members. "I have met most of the CPH leaders at various levels. Some are even my own relations. The chairman is one of my elder brothers and as ward head I get to know most other leaders of the CPH as we live in the same community." He talked about the cultural problems facing the CPH. "It has not been easy to establish a CPH in this community. We thought that BASICS came to promote family planning. But with efforts to sensitize people, they finally saw the advantages of the CPH and child survival. Sometimes there are problems with what people believe, e.g. that immunization is for family planning, but traditional leaders are powerful to convince people otherwise, so the CPH needs to continue to work with traditional leaders."

The Ward Head from Gwale also had a positive view of the CPH. "We enjoy working with them. The LGA knows that the CPH helps them." He was mainly aware that, "They give vaccines. They provide sanitation exercises," and indicated his own involvement by saying, "They always invite me to all their activities. I am always involved."

5. QUANTITATIVE DATA

5.1 Secondary Analysis of Survey Data

The ICHS preliminary analysis pointed out that 27.1% of 2126 women living in CPH areas of LGAs with CPHs had heard of the CPH compared to 9.1% of 1390 living in non-CPH areas of the same LGAs. This by itself should not be a surprising finding. What is of greater interest is within the CPH areas, what levels of awareness existed. This ranged from a low of 7.6% of 131 in Surulere LGA, Lagos, to a high of 63.7% of 240 respondents in Municipal LGA in Kano. Factors that could have influenced these results include size and population of the area, number of CBO members and sample size. Overall in the three cities, significantly more (42.6%) respondents in CPH areas of Kano had heard of the CPH compared to 20.5% in Aba and 20.4% in Lagos. These figures do not seem to correspond with estimated individual membership totals for the CPHs in each city as seen in Table 6.

Subsequent secondary analysis of the data could have proceeded along three approaches, 1) comparison of respondents in CPH and non-CPH LGAs, 2) comparison of respondents living in CPH areas of LGAs and those in non-CPH areas of the same LGAs, and 3) comparison of those who were aware of the CPH in CPH LGAs and those who were unaware in the same CPHs. While the latter would have been preferred, data were made available in tabular form using the second approach to analysis.

Table 6: Awareness of CPH from ICHS Data

City	Number Interviewed in C CPH Area	Number Heard of CPH	Percent Heard	Estimated Individual CPH Members
Aba	664	136	20.5	48958
Kano	640	273	42.6	15880
Lagos	882	168	20.4	21541
	$X^2 = 111.48$	d.f. = 2	$p < 0.0001$	

The ICHS sought information on several behaviors that could serve as outcome indicators for child survival programming. The next set of tables considers the reported behaviors concerning breastfeeding. The CPHs were active during 2000 in promoting breastfeeding awareness in all three cities, and this included seminars, rallies, and outreach. Three behaviors presented below include initiating breastfeeding within an hour of birth, giving (or not giving) other fluids besides breastmilk in the first three days of live, and practicing exclusive breastfeeding within the first four months of life.

Table 7 looks at whether mothers actually initiated breastfeeding within the first hour after the child was born. In Aba, significantly more in the non-CPH areas started breastfeeding within a hour, while the opposite was the case in Kano. Although a greater proportion reported initiating breastfeeding within an hour in CPH areas of Lagos LGAs, the difference was not significantly different from reports from non-CPH areas of those same LGAs. In the three sites combined, a mother was more likely to initiate breastfeeding within an hour if she lived in a CPH area of a CPH LGA.

Table 7: Reports of Initiating Breastfeeding within an Hour of the Child's Birth

City	CPH			Non-CPH			p value
	% start	Num Start	Number	% start	Num Start	Number	
Aba	52.2	343	657	63.7	183	287	<0.0001
Kano	77.1	480	623	59	229	388	<0.0001
Lagos	50.4	405	804	47.8	329	688	0.35
ALL	60.8	1267	2084	54.4	741	1363	<0.0002

Table 8 compares reports of whether mothers gave anything else to their last-born child than breastmilk in the first three days of life. In all three cities the differences were not significant with most women giving an additional fluid to their child. The actual figures ranged from a low in Mushin of 54% for CPH areas and 52% for non-CPH areas to a high of over 90% in both areas of all three LGAs in Kano.

Table 8: Reports of Giving Fluids Other than Breastmilk in the First Three Days of Life

City	CPH			Non-CPH			p value
	% give	number give	Number	% give	number give	Number	
Aba	73.4	482	657	71.4	205	287	0.55
Kano	94.1	586	623	93.3	362	388	0.58
Lagos	73.6	592	804	73.7	507	688	0.69
ALL	79.7	1661	2084	78.8	1074	1363	1.00

Data on exclusive breastfeeding was broken down by age group in the tables provided. It was not possible to discern whether this meant that children in the particular age group were currently receiving EBF or ever had received EBF. Therefore, secondary analysis focused only on those children currently less than four months of age to ensure that responses were appropriate and that recall did not bias the answers. Although 12.4% in the CPH areas of CPH LGAs reported practice of EBF compared to 8.4% in the non-CPH areas, the difference was not significant, due in part to the small sample size (Table 8). The data in Table 9 call into question the validity of even these small proportions of EBF practice.

Table 9: Exclusive Breastfeeding of Children Under Four Months of Age

EBF	Location in LGA				Total	Fisher's Exact p value
	CPH Area		Non-CPH			
YES	32	12.4%	12	8.4%	44	
NO	227		131		358	
Total	259		143		402	0.247

Living in a CPH area of a LGA did not have any positive effect on survey respondents' reports of having received advice on EBF. In fact 81% of 2084 living in he CPH areas reported receiving advice compared to 84% of 1363 living in the non-CPH areas of the LGAs (X^2yates = 4.610, p = 0.32).

Three issues arise from this breastfeeding analysis. First, it would appear that using the approach to analysis that compares CPH and non-CPH areas of CPH LGAs shows little or no positive effect of the CPH on breastfeeding behaviors. Secondly, there are inherent limitations in including women with children older than 1-2 years since the Aba CPHs had not even formed when the older children were born, and even in Lagos, breastfeeding promotion as a specific CPH activity did not get well underway until the year 2000. Finally, when one does try to analyze with a

more appropriate age group, the sample size is quite small ad may not be representative.

Several questions were asked about immunization behaviors for both mothers and children. These are presented next and include whether the mother received at least two tetanus toxoid injections during her last pregnancy, whether the child had a vaccination card that showed he/she had received required immunizations and whether the child had been vaccinated during the most recent NIDs. Table 10 shows that a women living in CPH areas of the LGAs in Kano were significantly more likely to have gotten their two TT than those in the non-CPH areas. The Kano results plus he slightly positive effect seen in Lagos produced an overall positive association between living in CPH areas and having received the two injections during thee last pregnancy.

Table 10: Women Who Received at Least Two Tetanus Toxoid Injections During Last Pregnancy

City	CPH			Non-CPH			p value
	% received	num recv.	Number	% received	num recv.	Number	
Aba	91.5	601	657	93.1	267	287	0.69
Kano	70.3	438	623	61.1	237	388	0.0031
Lagos	81.3	654	804	78.4	539	688	0.15
ALL	81.2	1692	2084	76.5	1043	1363	0.0011

Table 11 presents data on childhood immunization coverage for DT3 vaccination from three sources, 1) viewed on the child's immunization record card, 2) recalled by the child's mother and 3) a combination of the two. Children aged 12-23 months were analyzed for this table. Where there were significant differences, they favored the non-CPH areas, particularly in Aba and Lagos. Of equal interest is the fact that coverage for this routine vaccination is generally low being in the mid-70% range in Aba and Lagos, but less than 30% in Kano with both sources of information combined. It is also of concern that many children did not possess immunization cards.

Generally, routine immunization in the country has suffered from lack of attention during the NIDs. Also CPH efforts to establish routine vaccination centers in their HCFs has not been very consistent.

Table 11: Comparison of DPT3 Immunization Coverage among Children Aged 12-23 Months

City	Data Source	CPH % recv	CPH numrecv	CPH Number	Non-CPH % recv	Non-CPH numrecv	Non-CPH Number	p value
Aba	card	21.4	247	1151	32.9	164	497	0.0001
	mother	45.2	520		41.2	205		0.14
	either	66.6	767		74.2	369		0.002
Kano	card	3.1	31	1021	3.9	23	600	0.39
	mother	26.7	273		23.9	143		0.22
	either	29.8	304		27.7	166		0.39
Lagos	card	30.6	345	1128	29.5	277	940	0.61
	mother	42.4	478		47.1	443		0.034
	either	73	824		76.6	720		0.073
ALL	card	18.8	620	3300	22.7	462	2037	0.0007
	mother	41	1353		40.8	831		0.014
	either	59.8	1973		63.6	1296		0.006

Table 12 compares actual possession of an immunization card such as would be supplied to mothers and children less than two years of age who had attended regular immunization services at a health facility. Overall, there is no difference between CPH and non-CPH areas of the CPH LGAs. In Aba, there were significantly more having the cards in the non-CPH area. It should be recalled that the program had recently started in Aba and the

CPH HCF role in offering regular immunization had not yet been fully established. In Lagos where HCFs had been involved, there was greater chance of having a card if one lived in a CPH area, though this was of borderline significance.

Table 12: Possession of an Immunization Card for Children Under 24 Months of Age Compared with Living in a CPH Area.

Location		CPH area		non-CPH area		Fishers exact p value
		No.	(%)	No.	(%)	
Aba	Have Card	281	(56.4)	141	(72.3)	0.0001
	No Card	217	(43.6)	54	(27.7)	
Kano	Have Card	90	(25.4)	54	(23.2)	0.56
	No Card	264	(74.6)	179	(76.8)	
Lagos	Have Card	351	(67.1)	274	(61.4)	0.07
	No Card	172	(32.9)	172	(38.6)	
Total	Have Card	722	(52.4)	469	(53.7)	0.26
	No Card	654	(47.6)	405	(46.3)	

Of note was the low level of card possession in Kano. From the CPH point of view, there were few HCFs available in the CPHs even to offer regular immunization. Secondly, as respondents said, Kano people have a great suspicion of immunization as a surreptitious family planning device.

Finally, information on mothers' reports that their children under the age of five years had received vaccinations during NIDs were tabulated from the ICHS data. Specifically, information was obtained for the 1998, 1999 and 2000 NIDS. There are variations from year to year that suggest some problems with the way the questions were asked. An overall increase of about 35% from approximately 15% in 1998 to 50% in 1999 may be partly due to the fact that some of the children in question had not been born in 1998. The low CPH coverage of 38% in 2000, particularly in Lagos (1.2%), shows that the exercise had not been undertaken everywhere prior to the ICHS. Possibly the reduced 2000 coverage in Kano could imply that the exercise had not been completed prior to the survey. The increase between 1999 and 2000 in Aba could also be due to the fact that some children would not have been born in 1999. Table 13 contains the ICHS primary analysis, as the limitations and concerns expressed herein do not favor additional comparisons.

In Aba, significantly more ($p < 0.0001$) in non-CPH areas (88%) reported receiving the vaccine than in CPH areas (76%). The reverse was true in Kano, as seen in Table 10. There, significantly more ($p < 0.0001$) in the CPH areas (36%) received vaccines than in non-CPH areas (26%).

During the last NID in 2000 Vitamin A was also distributed. Table 14 shows reports of having received Vitamin A in the past year. These results seem somewhat at odds from those in Table 13. In short, if Vitamin A was distributed during NIDs, one would have expected more Kano and Aba people saying their child had received it based on reports of having participated in the last NIDs. In both Aba and Kano, a greater proportion of respondents in CPH areas reported receiving Vitamin A. This difference was significant in Kano, but there is concern that the proportions receiving in Kano were approximately half of that in Aba.

Table 13: ICHS Data on NID Coverage

AREA	State	Percent of children 0-59 months who received:					
		Any vaccines during any NID	Vaccines during NIDs			Don't know	Number of Children
			1998 NIDS	1999 NIDS	2000 NIDS		
CPH	Abia	86.8	7.8	48.1	75.6	0.1	1151
	Kano	69.3	17.4	46.6	36.3	0.2	1021
	Lagos	61.3	21.4	54.9	1.2	0.3	1128
	Total	72.7	15.4	50.0	38.0	0.2	3300
Non-CPH	Abia	95	12.5	58.6	87.9	0.4	497
	Kano	63	10.7	42.8	25.7	0.8	600
	Lagos	63	17.7	56.8	1.4	0.1	940
	Total	70.8	14.3	53.1	29.7	0.4	2037

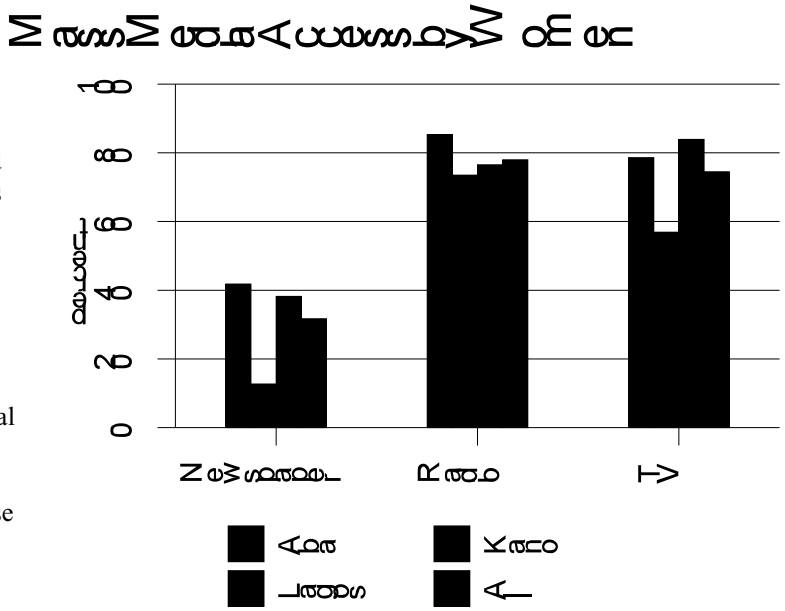
Table 14: Comparison of Vitamin A Received in Past Six Months

City	CPH			Non-CPH			p value
	% recv	Num Recv	Number	% recv	Num Recv	Number	
Aba	57	657	1151	51.9	258	497	0.06
Kano	29.9	305	1021	22.7	136	600	0.002
Lagos	23.1	261	1128	26.6	250	940	0.08
ALL	37.1	1224	3300	31.6	664	2037	0.0001
Aba/Kano	44.3	962	2172	35.9	394	1097	0.0001

Another item of interest that was provided for secondary analysis was health information sources. One question asked generally what type of mass media mothers had accessed during the previous week. A second question focused specifically on EBF and asked whether women had received information on that topic from a health care provider during last pregnancy and childbirth. Neither summary table provided for analysis distinguished the number of women who may have accessed no form of mass media during that week nor had no information from any provider during the last pregnancy. Also the EBF question did not ascertain whether information had come through non-provider sources.

Overall, there was not much difference between CPH and non-CPH areas of the same CPH LGAs, and this would not be expected since they would be in the same catchment areas for health services and mass media. What was interesting was the difference between types of mass media accessed, and for newspapers/magazines, between different communities. The adjacent figure shows that newspapers/magazines had the lowest access rate (31.7%), while radio (78.0%) and TV (74.5%) had similar rates. Newspaper access would obviously be linked with literacy skills, and the lower rates in Kano are not surprising since one of the first CPH expressed needs there was for adult education classes for women. TV access in Kano was also lower than in the other towns, reflecting possible economic differences in the populations. Caution about the high reported rates of radio listening is needed. Previous study has shown that when poor Nigerian women listen to radio, it is more likely used as background noise, and hey are less likely to recall health messages from radio than men. (Brieger, 1990). In contrast, women were more likely to recall health messages from health care providers, not the media (Brieger, 1990). A look at the five LGAs in Lagos also shows newspaper reading variations, with lower rates in Lagos Island (24.4%) and Lagos Mainland (28.5%), the poorer communities, than in Ajeromi-Ifelodun (40.9%), Mushin (43.4%) and Surulere (52.8%). This internal variation in Lagos is reminiscent of the differences between Kano and the other towns.

The role of health care providers in giving EBF information showed little variation between CPH and non-CPH areas, but revealed that qualified nurses/midwives are the major source of EBF information among providers. The sources for CPH and non-CPH mothers respectively were doctors (13.6%; 13.9%), nurse/midwife (71.7%; 72.9%) and others including auxiliary nurse/midwife, TBA, and other health staff (5.0%; 5.9%).



As described earlier, the CPHs attempted to use both mass and interpersonal communication media to make the public aware of their activities and the goals of specific programs. The implications of these reports on information accessing and CPH program outcomes are discussed later.

5.2 Other Quantitative Data

In the process of collecting information for this study, the consultants looked for other existing sources of data. What became evident was that an ongoing information system about CPHs was not in place. This is not surprising as BASICS staff said that for the previous year they believed that their job descriptions precluded contact with the CPHs. CPH leaders confirmed this lack of contact, although relationships were still generally cordial.

5.2a *Health Facility Data*

It had been the hope of some BASICS I staff that the participating health facilities could become a regular source of information of service provision and immunization, but this does not appear to have happened consistently. A BASICS document entitled "Community Approaches: Mobilizing Local Support to Improve Child Survival" contained a table that is reproduced below, providing evidence from five of the Lagos health facilities that patronage had increased from before the CPHs started (see Table 15). This would have been more convincing had "control" facilities been visited, because during this period of political instability, te quality of service at government health facilities had decreased drastically. Also such data could have been more beneficial if broken into age groupings, particularly showing children below the age of five years. Still, these data show the potential for facility based information systems for the future.

Table 15: Change in Patient Loads at Five CPH Health Facilities in Lagos

Type of Service	Year/Number of Patients		Percentage Increase
	1995 (pre-CPH)	1997	
In-patient	1582	2445	54%
Out-patient	3893	8021	106%
Facilities: Elizer, JAS, Pine, Rikky, Rock of Ages (5 of 12 Lagos HF members in 1997, representing 3 CPHs)			

5.2b *National Immunization Days*

Although CPHs stopped submitting annual reports to BASICS, the Lagos CPHs did compile a list of their year 2000 achievements and activities prior to a meeting called in February 2001 to discuss issues of independence and potential integration with BASICS II LGA planning processes. Some data consisted of program outcomes while other comprised program outputs. Makoko CPH was one of the few to provide quantitative data on their accomplishments and noted that in the year's three rounds of NID 19,972, 20,166 and 20,168 children were immunized against polio respectively.

It is difficult to assess the CPH contribution to NIDs for two main reasons. The first is the fact that the Lagos State Ministry of Health breaks down the returns only to the LGA level. If CPHs do not submit reports, there is no way to assess their contribution directly. The BASICS Documentation Centre had a report on the second round of the 2000 NIDs in Lagos. Lagos Mainland LGA, which ranges along Herbert MacCauley Road from Yaba to Ebute Meta and Iddo, with Makoko comprising a small out-of-the-way portion. That LGA immunized 155,440 children <60 months of age. Makoko efforts therefore contributed 13% of this total. Makoko is roughly one-seventh to one-eighth of the landmass of the LGA, and hence, their contribution to the 2000 NID second round appears proportional, but not outstanding.

The second problem in assessing CPH contribution to NIDs is the way the immunization teams are organized. Generally the LGA takes charge and various CBOs are invited (sometimes with political overtones) to send volunteers. In some cases CPH volunteers may cover their own area, and in toehrs they may be pooled. The report from Makoko implies that the relationship with the LGA was good, and that the volunteers were focused primarily on the CPH area. In other LGAs these assumptions may not be valid.

Lagos State MOH reported that a total of 3,783,872 children under 60 months of age received oral polio vaccine in the second round of the 2000 NIDs. This accounts for 107% of the estimated target population and 100% of the children in that age group found in the 807,862 houses visited during the exercise. Of the 20 LGAs, 13 were primarily urban and seven were rural or semi-urban. Five of the urban LGAs contained CPHs, with Ajeromi-Ifelodun having both Ajegunle and Amukoko CPHs. The only difference between the rural and urban LGAs was the discovery of more children who had never been immunized during NIDs in the rural ones. An average of 6.3 per 1000 children in the rural LGAs had never been immunized during NIDs compared to 0.8 per 1000 in the urban ($t = 3.300$, d.f. = 19, $p = 0.004$).

With coverage figures based only on reported houses visited and hovering around 100% in all LGAs, there was no real basis for comparing CPH and non-CPH LGAs on that measure. In the urban areas, the five CPH LGAs recorded a rate of 0.5 per 1000 children who had never been immunized during NIDs compared to 1.0 per 1000 for the eight non-CPH urban LGAs, but this difference was not significant ($t = 0.701$, d.f. = 12, $p = 0.50$). The median value was 0.3 per 1000 for both groups.

The possibility of CPHs having an influence on the volunteer pool was considered. Overall, CPH LGAs produced an average of 344 teams, while the non-CPH urban LGAs averaged 289 teams, but this difference was not significant ($t = 0.673$,d.f. = 12, $p = 0.51$). A size measure was introduced, the number of houses per team. When this was done, both sets of LGAs had a nearly equal average of houses per team visited: 142 houses per team in CPH LGAs and 146 in non-CPH LGAs ($p = 0.86$).

As explained earlier, without data such as those reported by Makoko and without a clear idea of how CPH volunteers were deployed within the LGA, it is difficult to identify a clear way to show CPH contribution to the recent NIDs. At the same time it should not be forgotten that during the years under military rule when public health services were in severe decline, the CPHs were responsible in many instances for maintaining a regular immunization service in their communities. Possibly, the full control that LGAs have over the NIDs and the politicization of the process in some LGAs make NIDs a poor quantitative indicator to judge CPH accomplishments.

5.2c *Capacity Building Exercise*

A summary of the 1997 CBE findings from 12 Lagos Dyads put together in a report in 1998 was available. The data were gathered by teams of CPH members and hired research assistants, and initial analysis using hand tallying was performed by the CPH members themselves. The summary findings from 12 CPHs and 1200 respondents are presented in Table 16.

Table 16: Summary of 1997 Capacity Building Exercise Findings

Indicator	Average (%)	Range
DPT 3 coverage age 12-23 months measured by card	43.8	31.8 - 61.8
Measles coverage age 12-23 months measured by card	38.1	27.2 - 48.0
Private Health Facility as source of immunization	39.4	4.0 - 94.1
Salt-sugar solution used in diarrhoea episode age < 5 years	50.4	33.0 - 67.0
Children with fever receiving chloroquine	43.3	28.0 - 62.5
Private HF as source of treatment for fever	43.3	0.0 - 100.0

The immunization coverage, as measured by card among children 12-23 months, while appearing low, 43.8% for DPT3 and 38.1% for measles, was much better than national rates during the same period. As can be seen, the variation is quite high for some of the indicators. There was no consistent pattern of performance among the dyads. St. Theresa Clinic performed best for DPT coverage, was second for measles, third for SSS use and 10th for chloroquine use. Royal Health Care was first for SSS, last for chloroquine, and fourth for both vaccines. Salvation Army came first for Measles, third for DPT3, last for SSS and eighth for chloroquine. Finally Elizar was first for chloroquine, eleventh for SSS, fifth for measles and ninth for DPT3.

Although the methodologies were quite different, one can observe the differences between the 1997 CBE and the 2000 ICHS and consider that a drop off in regular immunization coverage has likely occurred. This drop has coincided with the rise in prominence of polio-specific NID campaigns, which draw much energy from CPH members and LGA staff.

5.2d *Other Available Data*

Lawanson (Surulere) CPH reported that during an AIDS awareness campaign 2500 people were reached through community sensitization, and 150 youth participated in a panel discussion. Lagos Island CPH reported that 500 community members attended a 2-day conflict resolution workshops organized between October and December 2000.

5.5 Comparisons with Qualitative Data

The availability of both qualitative and quantitative data enriches the possibility for interpreting results. At one level qualitative data make it possible to avoid Type III errors that arise from attribute quantitative evaluation findings to a programme that either did not actually take place or was inadequately implemented (Basch, Sliepcevich, Gold, Duncan, and Kolbe, 1985). In this case, CPH respondents provided evidence about what programmes took place and gave their assessments about how well they were implemented. Qualitative data can therefore, help explain, why certain quantitative outcomes were observed.

Qualitative data can also help fill some of the gaps in quantitative findings. At one level, the ICHS was not designed as an evaluation too for CPH performance, but as a baseline for BASICS II activities, some of which overlap with BASICS I/CPH activities and locations. In addition CPHs undertook activities through their own

initiative that were not even part of the BASICS I objectives. The example of the NIDs being biased away from regular immunization and biased toward LGA control, shows that certain quantitative measures may not be relevant to measuring CPH activity. Fortunately, qualitative responses gave a historical perspective on the CPH role in immunization, showing that there was more room in the past fo CPH initiative, which many in fact demonstrated.

Another concern with the quantitative data was the level of analysis. Three option were available, 1) comparing CPH and non-CPH LGAs, 2) comparing CPH and non-CPH areas within CPH LGAs, and 3) comparing respondents who had contact with the CPHs with those who had none. While it was possible to do all three with the ICHS data, the consultants were provided with only the second type of comparison. The danger of not taking the third approach became apparent in a recent evaluative study of Medicins sans Frontiéres (MSF) community health interventions in Amukoko (Ekpo, 2001). Urban community health workers (CHWs) were trained by MSF between 1999 and 2000 to focus primarily on diarrhoeal diseases control, but also covered other health issues including malaria and nutrition/breastfeeding. A follow-up evaluation was performed with 296 mothers in Amukoko and another 300 in a *post hoc* control area, Agboju-Amuwo in Ojo LGA. A 14-point knowledge test was scored, and respondents in both communities averaged 7.3 points.

When Amukoko data were analysed alone, it was found that 54 respondents indicated that they had in fact been in contact with the CHWs. Though this is a low level of contact with the overall community, those women who had contact had a significantly higher knowledge score (7.7 points) than those reporting no contact (7.2 points on average) ($p = 0.04$). Furthermore, then the specific focal issue of salt-sugar solution was looked at, women in Amukoko averaged 2.5 of 3 possible points (median 3) compared to 2.3 (median 2) in the control area ($p = 0.008$). The lessons from this analysis is that there is value in verifying programme contact and content in order to avoid Type III errors.

6. TRANSITION TO INDEPENDENCE

6.1 Efforts Made by CPHs

When respondents were asked about the perceived viability of CPHs in the next ten years, they were asked to comment on what the CPH has already done to ensure independence. Although a number of respondents had talked about CPH initiatives in terms of programming, finance and governance, most could not perceive these actions in terms of specific instances of preparations toward independence. As seen within this section, there were variations among the CPHs as well as among the three towns in terms of their perceptions concerning preparations for independence. Having functioned for five years, Lagos respondents interpreted the question as being one of what additional steps the CPHs were undertaking, while those in Aba saw the basic organizational steps as a foundation for establishing sustainability. Though there were a few positive responses from Kano, most respondents were passive about this issue, displaying neither the determination of Lagos or the enthusiasm of Aba.

Many Lagos respondents, especially the CBO representatives, were unaware of specific steps the CPH had taken to prepare for independence. A CBO representative from JAS believed that, “There is nothing on ground for sustaining the CPH. We still need help from BASICS.” When asked about action taken so far, a representative from Lagos Island said, “There is none,” and another from Amukoko stated that, “There is no preparation.”

The contrast between CPH leader and CBO representative perceptions was quite evident in Amukoko. A CPH leader from Amukoko adroitly observed that the CPH has actually been functioning rather independently for some time. “We have been managing our affairs for the past one year without external interference, so what we will do is to manage affairs properly, get our members to pay their dues, its like we are independent now.” Ironically, an Amukoko CBO member did not share have this insight. “The CPH has nothing on ground for its independent as at now. We want BASICS to continue with its assistance for a little more time.”

The former chairperson from Lawanson also recognized that the CPH had, as part of its regular activities, taken steps toward independence that may not have been recognized as such by the general membership.

The CPH has been registered with the Corporate Affairs Commission, Abuja as a legal entity. We can do

things like seek grants from other organizations. We have a constitution. We have mobilized our Youth. This was not originally in the constitution. They have been very useful for mobilization. We are also networking with and learning from other NGOs, for example, Action Health. We have registered with the Lagos State Bureau of Women Affairs. Nothing has come of that yet, but by registering we may have opportunities in the future. We also registered with the Lagos State Youth Forum so we can network and get help with projects.

A few talked of what should be done, not what was actually being done as did this man from Ajegunle. "I think we have to sit down and plan new income generating activities and place less emphasis on revenue from dues from members." Similarly, a Lagos Island member said, "Conscious efforts must be made to identify an income generating activity; we must also organize fund raising in the community. Likewise in Lawanson, a respondent explained that, "The micro-credit scheme should be expanded by 100%. If this is done, the interest income will sustain the CPH, in addition if support to turn the CPH secretariat into a business centre is put in place."

A few positive responses were non-specific and indicated that discussion was underway. In Makoko, one respondent noted that, "The executive has been meeting to assess our abilities and we are still doing this. No other concrete steps have been taken in this respect." Similarly, in Lagos Island, another said, "We have been holding a series of discussions and deliberations on the issue."

A few pointed toward specific actions. A number of these focused on financial sustainability issues. Strengthening financial institutions such as the cooperatives was seen as a crucial step by some.

- We are preparing to raise funds, organizing lectures and talking to businessmen and leaders in the community. (JAS/Mushin)
- We have started sending proposals to NGOs on how to get funding. (Mushin)
- We have been orientating ourselves to do things without informing BASICS, write programmes or proposals without depending on BASIC. (Lagos Island)
- We are talking with some donor agencies like CEDPA for assistance. (Lawanson)
- The cooperative and micro-credit schemes are in place to help its transition to independence. (Lagos Island)
- The CPH has been attracting resources from outside through proposal writing in addition with an expansion in cooperative & micro-credit activities the CPH will be able to continue its work. (JAS/Mushin)

Some steps pointed toward longer term sustainability issues like this respondent from Makoko. "That is why we are recruiting new youth members."

Examples from Ajegunle are missing from the above responses. A respondent from Ajegunle indicated that there were more pressing immediate concerns. "No preparation has been done yet. We are concerned yet with our elections." Another respondent from Ajegunle agreed that, "Currently nothing has been done to make a transition to independence, sustainability."

Very few Kano respondents commented on steps taken toward independence, and those who expressed ideas were evenly divided on beliefs that either something or nothing was being done. Positive actions were reported in Gama-B, Gwale and Yakasi as seen below. These show, as did some insightful responses from Lagos, that the CPHs have been functioning somewhat independently for quite some time and have been building financial and management foundations slowly over time.

- Yes, we have begun preparations for independence. We have organized many seminars and meetings relying on our own resources. We have maintained the CPH up till now without financial assistance from BASICS. (Gama-B)
- The training they gave us has prepared us. (Gama-B)
- Selling their products, e.g. things made by members. We should continue on the same footing we are on now and never give up any task we see as hard. The fact that our members make things locally and we sell them outside and use the money to develop our community. (Gama-B)
- Already the CPH is a conglomerate of CBO's within the community and other professional bodies who existed

long before the CPH. (Yakasi)

- We have a system whereby wheelbarrows commercialization and a few others am currently thinking about. (Gwale)

One member from Yakasi did not see the urgency of the issue. "The transition period is not around the corner, so this issue does not arise." the responses below show that Kano was not without its nay sayers.

- There are so many problems, it is difficult for the CPH now to be independent, a machinery has to be put in respect of its independence. (Sheshe)
- We have done nothing yet. (Gama-B)
- Nothing has been done yet. The main problem is finance. When it becomes financially viable, it will be independent. (Badawa)

Aba CPHs were always aware from the beginning that their association with BASICS would be short, and their responses reflect the fact that they were aware from the beginning that they must make quick progress toward sustaining their own efforts. The examples below indicate both real accomplishments as well as efforts to build capacity.

- We have started activities without BASICS, e.g. the Commonwealth Day and proposals to Office of Transition Initiatives and Transitional Monitoring Group. (Eziukwu II)
- We have tried to put our house in order. We are now able to write proposals. The leaders are showing good leadership examples. (Eziukwu II)
- We have already got a permanent meeting hall. The CPH are really encouraging the dyads by visiting them from time to time, trying to know the problems and give them encouragement in order to increase our morale. All these are geared towards sustaining the CPH. (Eziukwu I)
- So far the CPH has written about three proposals to donor agencies soliciting for funds which are awaiting. (Eziukwu I)
- We have already been formally registered with the Corporate Affairs Commission to stand on our own. Most of our members have undergone so many training/workshops to better equipped in for future independence. (Aba Ukwu)
- My CPH has mapped out strategies by which it would function and sustain if self, like enlightenment campaigns, go to media for publicity and writing proposals. (Aba Ukwu)
- We are still making people to understand the need for independence by telling them of the trainings we have undergone. (Aba Ukwu)
- The CPH has written a proposal to that effect, results of the proposal will effect further action of the CPH. It will help keep us together first and foremost they also act as catalyst to members and era non-members and gingers them to action, to want to belong, and it has improved the attendance of members to meetings and other activities of CPH. (Etiti Ohazu)
- We have embanked on proposal writing to some donor agencies for support. We have been trained. we have articulate and able leaders. (Etiti Ohazu)
- We have written two proposals already, we are about starting to organize a workshop on child survival. (Ohazu)
- The moves we have made are planning are to get land, to get cassava and to get machines for grinding and get funds, and we are also raising livestock. (Ohazu)
- We have secured and paid for an office apartment. (Ohazu)

The foregoing examples are not different from the regular CPH management and program activities in Lagos, but seen through fresh eyes, these activities are seen as the foundation for building a sustainable organization.

6.2 CPH Member Assessments of Sustainability

So far, issues and processes of sustainability have been judged from responses to specific questions about governance, leadership, programming, and perceived achievements. Respondents were also asked more globally what they thought were the chances of their CPH surviving. When the question was proposed on how likely it would be for the CPH to still be functioning in 10 years, most responses were positive. Some were guarded or conditional.

Many gave concrete reasons for the likelihood, while others were more philosophical. This positive attitude persisted even though many respondents had expressed complaints and problems previously. Ultimately when put on the line, few would want their CPH to collapse.

In Lagos, most respondents were hopeful of CPH continuance, and from their comments two main themes emerged concerning why the CPHs would continue to function including structural reasons and programmatic reasons. Examples below show why respondents think that the CPH structure is strong enough to keep the organizations going. The importance of leadership and continual leadership development is stressed.

- *Our CPH is registered one for the whole Lagos state though there are branches, so by God's grace, it will continue to exist. (Lawanson)*
- *We have been trained and empowered. (Ajegunle)*
- *This is because it has got its roots now, not only in Makoko, but in Owaya and Iponri. The strength is its membership - about 23 CBOs - which are widespread. One can not have 23 children, and they all die at once. (Makoko)*
- *We have vibrant youths who can take over from the old ones when they die. Our strength lies in the quality of people we have; we have committed people who are also wealthy. (Ajegunle)*
- *The CPH is waxing stronger everyday. They manage the resources very well. We have resourceful and committed members. (JAS/Mushin)*
- *The commitment of available members zeal and determinant for the work, the will to give voluntary service. (Lagos Island)*
- *That they are still able to maintain the secretariat and membership is good. Despite the lack of fund, we have a very strong membership. (Ajegunle)*
- *With the efforts of the governing council and some of the charismatic leaders, the CPH will still be functioning even beyond ten years. The training and workshops that are being organized for the leaders are the main strengths that can help the CPH to continue.* (Amukoko)

Some respondents felt that the CPHs would continue in spite of the fact that financial resources may not be ideal. A member from Ajegunle had a more positive perspective on the resource issue. "We have the resources within the community and the knowledge and the people. It now depends on how we utilize them."

The following responses demonstrate how respondents believe that the programmatic elements of the CPH would encourage people to support and maintain the organization:

- May God help us and the CPH to continue to exist for the next ten years. With their *programme I think they should be able to exist in tem years time. Like the health treatment they are giving (Lawanson)*
- *I am very optimistic that the CPH will continue functioning in ten years time. This is mainly because of the cooperative society which has been firmly established. The people now see the organization as a rallying point to discuss issues on community development and an avenue to collect information on sensitive issues in the community. (Ajegunle)*
- *People are gaining more awareness about the usefulness of the presence of CPH to their health, therefore, the CPH will still be functioning far above ten years. (Amukoko)*
- *It cannot die. It will continue. We cherish it because it brought much help and awareness. (Lawanson)*
- *The members of the community like the programmes so much. (Lagos Island)*
- *Yes, very much, even more than ten. Members are very much interested in making it live. The cooperative and micro-credit and the health care programmes are the main strengths. The only weakness is if it becomes inactive. We organize good programmes and fundraising activities, business ventures, e.g. shares for profit. (JAS/Mushin)*
- *If there is unity among members and prayer, this CPH will continue to function even more than ten years time. The immunization programme, the exclusive breastfeeding and the general health care of the people are the main strengths of the organization that will help the CPH to continue. (Makoko)*
- *The fact that the programme is centered on child survival, people will continue to be enthusiastic about the program and will be ready to make necessary sacrifices for the sake of their children.* (Amukoko)

Very few responses depicted skepticism and some feelings or dependence on the "organizers" that raise doubts whether the CPHs could stand on their own.

- *We have to talk about today and not tomorrow. We are human beings. It depends on the organizers, depends on the head. Where selfishness or greediness comes in, there is no hope, just like the situation in Nigeria today. (Lawanson)*
- *If there is money. Everything depends on money. Lack of money can threaten CPH survival.* (Makoko)

A completely different perspective on why CPHs may not function in the future was offered by a respondent from Lawanson. "But as long as the government takes the health programme serious and government become more responsible, they may be no need for the programme again in the next ten years." Such hopes about government responsibility may lie at the heart of BASICS II efforts, but these do not negate the need for continual advocacy by groups such as the CPHs to keep government responsible.

The Kano perspective on CPH survival was also positive and emphasized the two themes of good structural support and of programming that was both accepted and desired by CPH members and the community. A respondent from Sheshe explained that they are well aware of BASICS intended departure and have been preparing for it. "Honestly, since BASICS came we know they will leave one day. So our major task is working hard to ensure we remain."

Some unique elements also emerged such as support from the local government. "This is because we have contacts with the government, and all we do is in the interest of the community, and this is greatly encouraged by the present government." (Gama-B) Also reflected in the strengths that would help the CPHs continue was mention of special development projects undertaken in Kano. "The strengths of our CPH are repair of the roads and regular immunization." (Badawa) The level of commitment, despite the impending departure was also evident in another comment from Badawa. "We will still try our best to make sure the CPH is alive. We can't allow the CPH to die, even if BASICS doesn't give us any help. If we are with our members and holding meetings regularly, 10 years is like 5 months."

There was slightly more skepticism about CPH survival expressed in Kano than Lagos, and this centered primarily around one issue, the future generation of leaders. A leader from Gama-B expressed his concern thus, "I very much doubt if we can sustain ourselves from now to 10 years. This is because if we are no longer members, others might not be able to take it as seriously." One from Yakasi added, "We can sustain discussions on family health, but we don't know if our successors can because there is every possibility that the members now might not reach the next ten years." Another respondent from Gama-B tied this concern into the issues of constitutional reform raised earlier, i.e. the desire to allow elected leaders continue to serve the CPH even after they have served two terms. "If people who have held position for two tenures are allowed to contest for a different position from what was held. This is so there would be continuity in exchange of ideas and experience. Our strengths are availability in CPH of trained and experienced hands."

Another special concern from Kano was expressed by a respondent from Yakasi who thought the CPH would continue only "If the focus remains without influencing the tradition and religious belief of the people." At the same time, other Kano respondents praise the CPH for being "progressive" and its leaders "enlightened."

Leadership was seen as a main strength for sustaining the CPHs in Aba beyond the next ten years. Such terms as competent, sincere, accountable, professional, committed, active, and capable were applied to the CPH leaders. Teamwork among the leaders was also mentioned as a strength.

Some unique aspects of the Aba set up were reflected in responses. A explained earlier, the concept of dyads was more fully developed in Aba than elsewhere, and some respondents noted that dyads were important in sustaining the CPHs. A man from Eziukwu II noted that, "The main strength are the dyads which help the CPH to stand and continue. Also the diversity of people that make up the CPH." Another respondent from Eziukwu II explained that, "There is effective communication from the governing bodies and the dyads." A man from Eziukwu I said that the CPH will continue because, "money from dyad levies will increase."

The importance of the constitution in sustaining the CPH was also emphasized. “Yes, it is because our members abide by the constitution and there has been peace in the CPH.” (Etiti Ohazu) A respondent from Eziukwu I also referred to the constitution and other management processes. “Our strengths include team leadership approach, abiding by the constitution, auditing the financial affairs - e.g. proper accountability and transparency.”

Also, there was more emphasis in Aba on the potential role of proposal writing in sustaining the CPH. “I feel will go on functioning in 10 years time. This is because as time goes on, money will be raised through proposals to donor agencies “ (Eziukwu I) “Through these proposals for founders. And if our proposals are funded and our projects are implemented, so the tendency is their for us to last for more than ten years.” (Etiti Ohazu)

During the last NID in 2000 Vitamin A was also distributed. Table 13 shows reports of having received Vitamin A in the past year. These results seem somewhat at odds from those in Table 12. In short, if Vitamin A was distributed during NIDs, one would have expected more Kano and Aba people saying their child had received it based on reports of having participated in the last NIDs. In both Aba and Kano, a greater proportion of respondents in CPH areas reported receiving Vitamin A. This difference was significant in Kano, but there is concern that the proportions receiving in Kano were approximately half of that in Aba.

7. CONCLUSIONS AND LESSONS

Several broad indicators for program sustainability were described in the introductory section of this report and guided the data collection process (Bossart, 1990; Kegler, Twiss, Look, 2000; Morgan, 2001) and included - 1) Demonstrating effectiveness in reaching clearly defined goals, including changes in knowledge and practices, 2) Integrating activities into fully established administrative structures, 3) Generating regular and broad member participation, 4) Gaining significant levels of funding from national sources, 5) Establishing a project design process, 6) Maintaining a strong training component, 7) Establishing links with external resources

Application of these indicators to the CPH situation in Nigeria posed several challenges. The first is the fact that there are different time periods available to judge the sustainability of the CPH model ranging from nearly six years in Lagos to less than two years in Aba. This time factor combines with the socio-cultural differences in the three sites that makes comparisons tentative. The third challenge, understanding the inputs and processes needed to create a CPH, also is influenced by time, in that there was more time available for experimentation in Lagos and little in Aba. Therefore, discussion of some of the indicators may rely more heavily on the Lagos and Kano experiences. At the same time, the Aba experience offers insight into how the basic organizing processes can be streamlined, and the potential to judge whether this streamlining is appropriate, at least in the short run.

Fortunately, Reininger *et al*. (1999-2000) offer a framework of community empowerment that recognized “early benchmark processes” that lead to “late benchmark processes” in a reciprocal way. The 10 early benchmarks of a neighborhood of community that is moving toward being empowered include 1) a communication system, 2) inclusive representation, participation and action by diverse groups, 3) community self-reliance that generates high levels of belonging and responsibility, 4) capacity to engage in risk-taking, creative activities, 5) building a long-term, proactive strategic plan, 6) engaging in change by implementing the strategic plan, 7) resource attainment from within and outside the community, 8) developing new leadership over time, 9) advocacy based on training, group demonstration and dissemination of political information, and 10) Changing community norms. Although some processes, such as developing a good communication system were said to take up to five years, this idea of early benchmarks makes it possible to visualize whether a younger CPH area like Aba is on tract toward empowerment and sustainability.

The eight late benchmarks do not supplant the early ones, as for example, resources must be continually sought and communication must be consistent. The late benchmarks may also be viewed as outcomes of the earlier processes. The early ones are the foundation that the community o coalition must constantly maintain. The ten late benchmarks include 1) building social and physical community infrastructure, 2) establishing capacity-building human services, 3) increasing the sense of security within the community, 4) increase economic enhancements within the community, 5) increasing educational opportunities, 6) maintaining the surroundings, 7) achieving

desired policy changes, 8) and the psychological realization that members are interconnected, interdependent.

From the foregoing, it was possible to discern three broad sets of indicators that need to be discussed, 1) early process and structural outputs, 2) process and structural outcomes and 3) behavioral impact measures at the community level. These can be further subdivided as follows:

Level	Indicator
1. Outputs	a. Changing community laws and norms ... • as embodied in organizational norms and constitution b. Integrating activities into stable administrative structure • Communication system • Leadership: accessible, representative and renewable c. Generating membership and participation • Inclusive representation and diversity • Sense of belonging - commitment to self-reliance d. Gaining significant funding from within and outside the community • developing a strong internal base for recurrent needs • seeking grants/funds from other donors and agencies e. Establishing and implementing project design • Long term planning • Plan implementation and creative action • Linking and collaborating with other agencies f. Organizing training and continuing education • Project and technical training • Management and political/leadership training
2. Outcomes	a. Building social and physical community infrastructure; maintaining the surroundings b. Establishing capacity-building human services: health and education c. Increasing the sense of security within the community d. Enhancing economic opportunities within the community e. Achieving desired policy changes f. Realizing that members are interconnected, interdependent
3. Impact	a. Changes in health behavior b. Changes in antecedent factors such as knowledge, attitudes

7.1 Outputs

Outputs, as can be seen from the list above, comprise much of what Reininger *et al*. (1999-2000) termed the early benchmarks in the development of community organizations. sustainability. These are not only the foundation upon which program outcomes, impacts and successes are built, but also embody essential processes that must be maintained so that community organizations can continue to function. Each of the six output areas is discussed below. A summary chart that assigns value to CPH performance in these areas is found in Appendix E.

7.1a Changing Community norms/laws

One of the main contributions of the CPH program to Nigeria has been changing political norms at the community level. The CPHs came into existence at a time when the rule of law in Nigeria was at its lowest ebb. The contrast between CPHs, functioning under their own constitutions, government bodies from federal to local flaunting the provisions of Nigeria's Constitution was not lost on CPH leaders and members. During its first 6-7 years, BASICS therefore, made a major contribution to building civil society in Nigeria the hard way, from the ground up. Now in at least in nine LGAs, and to in three states, there are active civic groups advocating for access to and improvement of health and social services as well as participating in the local political process. Aside from the years of military rule, the phenomenon of civil groups holding local government accountable has been quite rare in Nigeria where Guyer (1992) has termed the political process "representation without taxation." Central funding of all levels and arms of government from oil and to a small extent, other export revenues has meant that while Nigerians have over the years had many elected or appointed representatives, the average Nigerian has felt that he or she has very little at stake in a government to which they pay little or no taxes.

The prevailing attitude in Nigeria has been that government's money is meant for government officials, and that individuals must fend for themselves. Even in the former States of the Western Region where there have been expectations for free services, primarily education and health care, for decades, there is little or no protest when these are not available or adequate because people have not envisioned such services among their basic rights. In the absence of a financial stake in government Guyer (1992) pointed out that "diplomatic persuasion and endorsement of the people's own agendas are the main legitimate tools for relating government to the people." She noted that the people have only intermittently faced officials on municipal councils and boards, and thus, there is the need for "envisaging some other medium of participation and accountability." BASICS through the CPHs has changed the attitudes of community members and opened up a process of participation and advocacy that can address the issues of accountability.

1997	2001
• There is no unity in Makoko. People relate among people from the same tribe. • People are more prone to cooperate on ceremony and not on community progress.	• Our CPH is united today. Often time problems or disputes among us are settled within hours. • The constitution has stabilized the organization so that there is no conflict.

The changes in community perception arise from the process of developing, accepting and using the CPH Constitutions. These changes have been termed a "silent revolution" on community norms and values. The interviews revealed that the constitution is a working document. People debate its provisions and use it to resolve conflicts. Misconceptions exist about what is actually contained in the constitution, as for example the belief by some that the constitution describes provisions of the microcredit scheme, but even if not all such items are covered by the constitution, the responses show that people are aware of general organizational norms and have a belief that the CPH should be run by laws and not by personal whim and power. The fact that the constitution was behind changes in community perceptions of unity and norms is seen in the attached box that compares observations by CPH members in 1997 and 2001. In addition to influencing norms for running the CPH, CPH members who participated in the mock parliaments and D&G workshops found personal meaning in the concepts of democracy and shared them widely. For example, a member of the governing board in Yakassi told one of the consultants that, "When I got back from the workshop, I gathered all the members of my family compound and taught them what we were taught. Now they talk very positively about electing only genuine leaders who are actually concerned about their welfare."

The Lagos CPHs have stood the test of time, and the model has transferred with relative ease to Aba. The constitution has become a centerpiece of CPH functioning, and survived three rounds of elections in Lagos. Although not all CBO members are fully familiar with its provisions, there is a greater understanding than was found in the 1997 documentation exercise. The constitution is actually being used to resolve conflicts and plan for the future. The constitution has successfully guided several rounds of elections in Lagos, and in fact, following the constitutional provisions for elections has actually solved some leadership problems and shown members that they have the power, through their ballots, to affect the functioning of their CPHs.

There appears to be cultural differences in the norms of running an organization between Lagos and Kano. In short, Lagosians appear more westernized in their acceptance of written norms as well as in abiding by these. In Kano fewer people were personally familiar with the constitution, and simply seemed to trust the leaders to manage the organize in the best interests of the membership. The idea that leaders could not serve an indefinite number of terms seemed alien to Kano members.

The experience in Kano is reminiscent of efforts to establish a volunteer village health workers (VHWs) association in a rural community in southwestern Nigeria (Brieger *et al.*, 1987-88). The VHWs did see the need to form their own organization, an went along with the University staff who had trained and supervised them in efforts to formulate a set of bye-laws that governed issues such as being a member in good standing and elections. After a few years, the association let the bye-laws slide and stopped holding elections, being satisfied with the presence of a respected elder as chairman, even if he could not attend a majority of meetings as required of a member in good standing. Within indigenous associations survival of and consensus within the group is more important than the performance of an individual leader, and this norm seems to apply to Kano.

LESSONS: The process of developing a constitution and running an organization by its laws and norms has been a positive and essential experience in all CPHs. It is seen as a living and useful document for running the CPHs and has been seen as a guide for more active community participation in the broader democratic processes of the nation.

The fact that a standard format was used in with each town and was quite similar among the towns is both a strength and a drawback. The strength as a common denominator lies in the future when CPHs will hopefully work more closely together on their own and form a central coordinating body that can continue to guide CPH development and action after BASICS no longer serves as the *de facto* "national headquarters" for the CPH movement. The weakness is that the current constitution may not reflect cultural and structural variations in the community ranging from indigenous leadership norms to the presence or absence of HCFs.

CPHs do refer to the constitution in their regular deliberations, and this is an important process for keeping ensuring that the constitution functions as a living document. This process would be strengthened by regular constitutional review. Constitutional review has begun in Lagos, and is especially needed in Kano. Having gone through Democracy and Governance training, Kano CPH members would likely produce a revised constitution that integrates indigenous and western democratic norms in a way that is more acceptable to the local people than the present document.

7.1b Integrating activities into administrative structures

The CPHs have institutionalized several components of organizational decision making and administration including leadership executives, governing boards, general assemblies, women's empowerment committees, youth wings and cooperative societies. Special committees are set up for planning and executing programs. The constitution is followed by these subgroups when it comes to decision making and selecting of leads. As noted below, the different committees and wings offer a variety of participation opportunities for members. While not belittling the importance of these structures, the organizational structural component that distinguishes the CPHs from other community organizations is the formation of Dyads. The dyad concept has made it possible to create a large organization and yet still provide the opportunity for each constituent CBO and HCF to make a contribution.

There is strength in numbers, and with the presence of dyads, CPHs can cover large areas within an LGA and become a more potent force for health and social policy and program change. The dyads create a workable communication tree, that so far appears inhibited only by late arrival of information from headquarters. The ability of CPHs to get out the word was quite apparent by thee quick and comprehensive organization of interviews for this study by the CPH leadership once they received word from BASICS about the team's arrival. Workshops and annual general meetings provide a regular forum for exchanging information among members, and the WECs are cross cutting organizations that ensure almost monthly exchange of ideas within dyads and even CPHs. Without dyads, the opportunities for individual CBO and member participation would be low and membership would have reduced.

Places like Makoko in Lagos and Kano generally call into question the basic structure of CBO-HFC dyads and

point to the need for more flexible structures and constitutions in different cultural and socio-economic settings. The Makoko and Kano experiences show that private HCFs are not common in the poorest communities, and reliance on them for an organizational structure may put those CPHs at a disadvantage. The experiment with involving PMVs and TBAs in Kano was noteworthy, but did not work as these alternative health care providers ultimately took part in the CPH as a PMV or TBA association, that is just another CBO and not a health care provider partner. PMVs and TBAs certainly have not performed the leadership roles seen among HCF staff in other CPHs. Some Kano CPHs have tried to assist the LGA by building and/or staffing LGA health posts and clinics, but ultimately these are creatures of the LGA and have not served the leadership function seen in Aba or Lagos.

In Kano, the WECs do not perform the cross-cutting function among CBOs that they do in Lagos. Instead, they are seen as a new women's CBO in themselves. This may occur because Kano CBOs themselves are more gender based, and that there are fewer specifically for women. Hence the WEC as constructed in Kano offers a new and accepted avenue for women to participate in community affairs.

LESSONS: A coalition needs to balance size and participation. Size is needed in order to have social and political impact on structures such as the LGA. Participation, on the other hand, may be inhibited when coalitions are too small. The structures of dyads and wings/committees appear to address this balance. These structures provide a strong organizational base and an opportunity for participation by a wide variety of CBOs and individual members in an area of a LGA large enough to have a potential political impact. The reliance on having a HCF at the center of a dyad may be a weak point and needs to be reexamined in poor communities. The constitutional review process suggested above should also examine alternative ways for organizing dyads and committees such as WEC to make them more culturally and politically appropriate. All large communities have smaller neighborhoods, and as one suggestion, dyads could be based on neighborhoods based in Kano or Makoko instead of on HCFs.

From the foregoing, it can be seen that the CPHs have the potential for individual self-management, but one strength of the program has been the ability of the CPHs to act in concert. The CPH is like a national movement, and the Lagos office, with its branches, has served as a national headquarters. This arrangement is no longer feasible, and a new arrangement is needed for central coordination of the following functions:. Leadership, management training for new leaders, Bridging and follow-through with proposal writing, vetting and acceptance, Forming new CPHs, e.g. out of BASICS II micro-planning process, and Conflict resolution/mediation.

7.1c Generating membership and participation

Participation can be viewed at two levels, actual membership and then active involvement of members in CPH and/or dyad activities. The Lagos CPHs have grown in membership since 1995, a sign that the concept is accepted in the community. The presence of dyads has helped increase the potential that any given CBO can make an active and recognized contribution to both governance and programming. In fact, the dyads have proved to be a saving grace in situations, like that of Ajegunle in Lagos, where central CPH leadership is currently in disarray.

Although there has not been enough time to see whether CPHs will grow in Aba, the initial response was quite good compared to start-up in Lagos. While the early enthusiasm is noteworthy, the proliferation of dyads in may in the future show that this structure does have its limits. There may prove to be too many CBOs for full participation of all at the dyad level, and again, too many dyads to allow full representation of each dyad at the CPH level. The issue of minimum size of a dyad has been addressed in the constitution - one HCF and five CBOs - but a potential maximum limit may need to be entertained in the future. Aba CPHs are unusually large because of the eager willingness of HCFs to participate.

Kano CPHs appear to have the opposite experience of Aba. To begin with, there were few HCFs, and the number of those participating has dropped. Initial membership lists that included dozens of PMVs and indigenous healers later gave way to membership of these providers through their associations, and thus became another CBOs. This is a more realistic approach, as is seemed inappropriate to equate one CBO or HCF with a one-person PMV shop or a one person indigenous practice. While there was reassessment of the true nature of health care membership in Kano, there has also been virtually no increase in CBO membership. Kano, though a large city, is an ancient settlement, and the core of its population is indigenous, traditional and poor. This does not augur well for profit making HFCs.

There has been some support by CPHs of LGA health facilities in the area, and he combination of LGA facilities, TBAs and PMVs as available health are providers may require a rethinking of the CPH organizational concept in Kano's future.

Of special interest is the initiative taken by CPHs to develop of youth wings, an organizational structure that was not originally envisioned in 1994/5. This increased avenues for participation and has served as a training ground for future CPH leaders. The youth have taken on specific issues of concern such as HIV/AIDS awareness and have the energy, as reported by the older CPH leaders, to carry many of the CPHs' child survival messages out into the streets.

LESSONS: Membership gains are one piece of evidence that an organization or an idea has credence in the community. The slow but stead growth of membership in Lagos and the large initial enthusiasm for membership in Aba imply that the CPH is an idea that has appeal in the lower income areas of at least two major cities in Nigeria. The role of youth and women's wings are important structure for creating wider opportunities for participation by diverse community groups. Alternative health care member arrangements are needed based on the experiences in Kano and Makoko.

7.1d Gaining significant levels of funding, resources

All CPHs have been able to generate funds, but they differ in the degree to which their funding sources are adequate and renewable. One of the best examples of initiative in creating renewable and sustainable funding came from JAS (Mushin) when it created the savings and thrift cooperative. On the individual level, the cooperative society was a good way of giving members of the CPH a way both to participate in the organization and to benefit from membership. On the organizational level, the CPH gained a regular source of income from a legally established income of a fixed proportion of cooperative profits. In contrast, many CPHs in Kano still rely on out-of-pocket donations from the leaders and special contributions from wealthier community members and groups. The fact that the cooperative society is a long established and socially accepted institution in southwestern Nigeria meant that a sustainable indigenous solution was available. Similar efforts are needed to find culturally acceptable and regular funding sources in Kano.

Another regular income source, establish income generating activities and businesses has met with mixed success. JAS again has experimented with many forms from an ambulance that was bedeviled with constant maintenance problems to a set of shops that provide a regular income from rent. Some CPHs believe that the provision of one computer and one printer by BASICS may enable them to establish a profit making "business center", but more infrastructure and expertise is needed in this area than currently possessed by the CPHs.

An important source of regular funds is payment of dues by CBOs. While this source cannot support the full running of a CPH, it plays an important psychological role showing member commitment. Though often late, Lagos CBOs have accepted paying dues as a norm of organizational membership. Kano CBOs have not made this financial commitment, and the issue has so far been avoided in all but one CPH in Aba. The attitude in Kano that wealthy community members or government or donor agencies will support the CPHs does not augur well for organizational continuity, as this implies that members are only along for the ride as long as the funds hold out. This related to issues of leadership and empowerment and shows that organizations develop at different rates in different political and cultural settings.

Attendance at training programs provided a good initial source of funds for CPHs. BASICS did not fund CPHs directly, except for a small start-up grant for secretariat supplies, but indirectly BASICS provided a major financial resource for the nascent CPHs as it became the norm, encouraged by BASICS staff, that CPH members who attended workshops would donate a certain percentage of their per diem to the CPH treasury. The per diem rates and travel allowances were generous considering that most of the workshops were held nearby. It is assumed that CPH members will continue to attend workshop in the future sponsored by a variety of agencies, and the norm of individual contributions should continue, but this is unlikely to be a major source of funds in the future.

The grant writing process holds promise, but is fickle at best due to the high level of competition in the country among a plethora of NGOs. BASICS has challenged the CPHs to develop their skills, not only by organizing

workshops on proposal writing, but giving them the opportunity to practice these skills in writing grants for organizing their own EBF workshops. BASICS has also linked the CPHs with other USAID implementing partners resulting in some CPHs getting assistance to plan training and programs from OTI and CEDPA. In-house help, as it were, from the other USAID IPs has helped give some CPHs an experience of success in grant writing, but CPHs still need technical assistance in writing high quality, competitive grant proposals. So far Aba has benefitted only from grant writing training, and needs to be guided until its CPHs experience some success in securing grants.

LESSONS: CPHs need to secure reliable funding sources. Indigenous investments such as cooperatives and businesses are an important foundation. Payment of dues is necessary to show commitment, even if this process does not yield much money. CPHs can write grants and need to be guided to continue this process until they have several successes under their belts.

7.1e Establishing a collaborative project design process

The ability of CPHs to plan and implement projects is clearly linked with their ability to gain funding and their efforts to train members and the community.

Attention to the lack of HCFs in Kano is needed when considering programming issues. In Aba and Lagos, HCF staff have been trained in technical matters by BASICS and in turn have taken a leading role in training CBO and community members on current health issues. While the lack of health professionals should not deter Kano (and Makoko) CPHs from undertaking community health education, it does mean that their level of technical sophistication will be limited and in need of more regular updating. Thus there is need in Kano for CPHs to liaise with other NGOs, donors, academic institutions and health care providers to provide an ongoing source of technical training in the absence of BASICS. Also as BASICS II progresses, staff should include Kano CPHs as much as possible as regular participants.

Although the survey data was not able to discern a positive difference between CPH and non-CPH areas of the CPH LGAs concerning immunization coverage and NID participation, the qualitative findings, especially from Kano, indicate that the CPHs played a major role in building community confidence in the service. There was evidence that CPH collaboration and advocacy with the LGA was valuable. In Kano, CPH strengths recognized were by LGA for the NPI effort and included mobilization, local knowledge, and grassroots reach. Because of the trust that existed between CPH members and their neighbors, they could succeed where LGA official were stumped by overcoming fears arising from cultural interpretations of vaccinations. Rumors had spread that vaccination is a form of population control. Health workers in Kano had a hard time convincing people to participate and so threw out vaccines rather than report their lack of success. CPH members were able to communicate with people in their own communities and help them see that the vaccines were safe. Clearly, there is a long way to go in reaching immunization coverage goals in the city, but without the CPHs' ability to communicate about vaccines in a culturally appropriate way, it is doubtful that even current coverage leels could have been achieved.

In Aba the CPHs were responsible or a reawakening of the LGA to its responsibilities for environmental sanitation. In varying degrees, all CPHs benefitted from their advocacy efforts through such benefits as loans of the LGA trucks to help collect refuse on sanitation days in their communities. Lawanson in Lagos reported a similar experience in terms of cash donations for their sanitation program. Ajeromi-Ifelodun LGA in Lagos now recognized the Ajegunle and Amukoko LGAs as a valuable resource in family planning based on their performance with the CEDPA grants these CPHs received.

LESSONS: The CPHs are a valuable programming resource for BASICS II and other donor and IP agency activities. CPHs have shown themselves as capable of carrying out central BASICS program priorities as well as innovating in planning based on their own perceived needs. CPHs are an important advocacy tool for ensuring LGA accountability when it comes to delivering regular services such as immunization and environmental sanitation.

Therefore, BASICS II should see the CPHs as a valuable resource for both leadership, training and program implementation and monitoring community based activities within the CPHs' own LGAs and as resources to the new LGAs during BASICS II. Incorporating the CPHs as resource agencies into the new program will strengthen the

CPHs's skills and increase their self-confidence.

7.1f Organizing a strong training component

Training is one of the key elements that distinguished the formation of the CPHs. BASICS I ensured that training covered both the technical issues, such as EBF and ORT, and addressed organizational development and maintenance skills including management and leadership training. The focus on Democracy and Governance that characterized USAID Implementing Partners' programs in the late 1990s enabled CPH members to envision their roles in the broader society and set standards for participation and leadership within the CPHs. Thus, the role of training in organizational development is embedded in the CPH concept. The challenge of sustaining a training component is both technical and financial.

The technical aspects of training include both the skills in organizing training and the knowledge to provide content. Although generic training of trainers courses were not organized by BASICS for CPH members, there was an implicit process underway that provided CPH members with the skills to organize their own training from curriculum design through training methods to logistics. In fact, it was very common for respondents to express confidence that they could replicate the training. BASICS handed responsibility over to the CPHs to organize their own EBF workshops for the community, and OTI provided another opportunity for CPHs to organize community workshops on governance. Therefore, in line with Social Learning Theory (SLT) (Bandura, 1986), CPH members have not only been able to observe a desired behavior, but had the chance to practice it with guidance.

The content aspect of training requires having regular access to knowledge either within the organization or from outside resources. Respondents again expressed confidence that they could replicate workshops on subjects such as EBF because they themselves had received that content. Their ability to branch into new health issues or to keep pace with developments in current focal areas such as diarrheal diseases and nutrition is dependent on being able to network with organizations that possess this knowledge. While BASICS staff had been the primary source of technical training content expertise, there is evidence that some CPHs have been linking with groups like FHI, CEDPA and PPFN to receive technical input for new training and community education programs. On the other hand, there is also evidence that having once experienced training, e.g. the training of TBAs in Kano, some CPHs have not tried to replicate or expand on a technical health area.

Training has also been responsible for enabling CPH members to perceive new roles for themselves, particularly among the health staff members. As a female doctor in Aba explained to the consultants, "I also became aware that doctors need to be closer to the people, especially the women and children. The training built me up. I began to give health talks to the women ... and began to monitor the immunization of their children and show general concern. Before I knew what was happening, the women had become my advocates within the community, and there was a tremendous increase in patronage of my health facility."

LESSONS: Training has been a substantial foundation for forming CPHs and is essential for creating and maintaining new roles and functions of members. The ability to replicate training may depend on the availability of the following: 1) training guides that ensure that essential content and learning processes are outlined and thereby standardized, 2) resource people and trainers with competence, and 3) funding to cover basic expenses. Training has created a valuable community based resource. Existing CPH members are also capable, in large part, to serve as trainers and training resource people for BASICS II and other IP and donor projects.

The production of training guidelines for areas covered so far in establishing the CPHs is the responsibility of BASICS staff. As they would have drawn on existing training guides produced by such groups as the Federal Ministry of Health, CDC and WHO, what remains is either to provide copies of these to the CPHs or to synthesize these into a simpler format that could be used by community groups such as CPHs. Since not all CPHs have HCF members, linkage among CPHs and between CPHs and other NGOs and donors is essential to ensure that health staff who can serve as trainers are available.

Finally, a financial plan for training needs to be devised by each CPH. It would be normal to expect that the CPHs would fund their own management and governance training to ensure the continual production of appropriate

and committed leaders. Leadership orientation does not need to be expensive. Technical training in primary health care issues for new members and revision courses for old members does not have to be expensive and can draw on local donated materials, resources and methods and use local inexpensive venues (Brieger and Akpovi, 1982-83). Lawanson CPH medical staff also demonstrated that training does not have to be expensive when they themselves conducted workshops on HIV/AIDS for their youth wing members. Training that supports new program areas (e.g. as in the case of Family Planning in Ajegunle and Amukoko) most likely needs to be linked with the proposal development and connected to national and international donor agencies.

7.1g Summary of Output Status

In conclusion, the Lagos experience has shown that the CPH approach can produce organizations that can achieve the set of early benchmark indicators for the development of strong community coalitions. The experiences in Kano and Aba show that this approach can be replicated in different cultural settings, but that the pace of change will vary depending on the traditions of a particular community, in particular that community's history of citizen participation in the social and political processes of that community.

The Chart in Appendix E provides a brief summary of issues on each of the six output areas for each town. Although there are internal variations, e.g. the contrast between Makoko and Lawanson in Lagos, there is are historical, cultural, and socio-cultural characteristics that tied the CPHs of each town together. From the Chart, the areas that appear strongest across CPHs are changing community norms via the constitution and program planning and implementation. Structural issues including not enough HCFs/dyads in Kano and possibly too many dyads per CPH in Aba impact negatively on participation and in the case of Kano, technical competence for future programming.

The are of participation could be improved in all CPHs with particular need to address ethnic, gender and class differences that are apparent in different degrees in Kano and Aba generally, and in Ajegunle in Lagos specifically. Although all respondents complained about about lack of funds, deeds spoke louder than words in Lagos, where a greater variety of funding sources have been tapped. An entrepreneurial spirit is manifest among Lagos and ABA CPHs that is missing in Kano, hence its lower score. It is not that people in Kano do not value money, but there appears to be an expectation that donor or government funds are the solution, and in the absence of these, selfless community service will see the organization through.

Finally, training, the bedrock of CPH formation and maintenance, has been incorporated into Lagos standard operating expectations, and some examples of CPH capacity to organize training on their own exist. Aba has not really had the chance to initiate training beyond the BASICS initial activities such as EBF, but there is a wealth of health staff resources to draw on.

A simple rating system was used ranging from 0-3 points for each of the six benchmarks or indicators. Lagos was awarded 16.5 points or a score of 92%, which is considered"good." Coming second was Kano at 11 points (61%), which was rated as "fair -". Aba was given 10 points (56%) and was rated "just started +". The ordering of these scores is expected considering the relative duration of programming in each city, but the lack of a better score for Kano raises concern about the readiness of those five CPHs to become "independent." Positive signs include the involvement if CEDPA with two CPHs there. The BASICS staff should continue to involve all Kano CPHs in BASICS II activities as appropriate to ensure they gain more management, training and fundraising experience.

7.2 Outcomes: Institutionalizing Structures, Processes and Opportunities

Evidence for some of the longer term benchmarks or sustainability indicators is available, but it is too early to expect major achievements in these areas, especially in Kano and Aba. Concerning "Building and Maintaining Community Infrastructure," groups in Kano have specifically addressed community improvement needs such as road conditions and drainage and have advocated regularly with the LGA about electrically supply. In Lagos, the Makoko CPH especially has addressed the issue of roads and drainage. Interestingly, the Kano CPHs and Makoko share a similar characteristic in their lack of strong HCFs, and possibly their focus on broader community infrastructure issues reflects their need to seek other avenues of action. Environmental sanitation activities have become a regular

part of the CPH program, showing all ave interest in the quality of their environments.

In the area guaranteeing "Human Services" health and education stand out as CPH achievements. Kano in particular used education of TBAs as a means of enhancing MCH services. Adult education for women was another major achievement in Kano, but as explained above, this has yet to be institutionalized and sustained.

Provision of regular immunization services, as opposed to the NID campaigns, was an original achievement of the Lagos CPHs, and they are coming to realize the need to go back to ensuring this service is regular and operational in all HCFs. Concerning the current NIDs, CPHs no longer play major decision making roles, but their participation, especially in places like Aba and Kano where the public was skeptical about the service, has demonstrated an important collaborative role for the CPHs in this area of service provision.

The benchmark of "Community Security" has not been addressed directly by the CPHs, but in kano and to some extent in the other towns, existing vigilante CBOs have been involved as CPH members. This shows that the community had some capacity to address this issue prior to CPH formation. What the CPH adds to the process is the ability to coordinate the various local security roups and give them a common identity and purpose for protecting the community and the health of its children.

Enhancement of "Economic Opportunities" was a felt need in the early days of thee Lagos CPHs and has been a concerned echoed by all subsequent CPHs. The Lagos groups took the initiative of forming their own savings and loan cooperatives building on local norms and actual law in southwestern Nigeria. This effort was enhanced by the pilot microcredit scheme which was given seed money by BASICS. This component of the CPH program ensures that members truly see a personal benefit in membership, and has been a reason why new groups have joined.

The economic needs in Kano are more severe than Lagos, and yet efforts to organize cooperatives have not met with success as this type of financial institution is foreign to the local people. They commonly complained that they lacked the basic money to make the contributions needed to join and maintain membership in such a scheme. Requests were made through the interviewers to have the microcredit program brought to Kano. Although BASICS explained that the Lagos scheme was a one-time experiment, its success in Lagos and the special needs in Kano make it desirable for BASICS, the CPHs and other IPs to help the Kano CPHs find a seed grant to start their own credit program.

"Policy Changes" as a long term benchmark are difficult to see at present. The LGA governments are relative new and are still finding their feet. They may bring the CPHs in to collaborate once their programs have been designed, but they have yet to see the CPHs as regular partners in planning. The fact that some CPH members have recently run for LGA political office is an encouraging sign that the D&G workshops have empowered CPH members to think beyond their own organization in terms of seeking to improve the quality of life in the community. It is likely when new LGA elections come up in 2003 that more CPH members will run for office, and at that time will be in a good position to influence LGA health ad development policies.

"Advocacy and Accountability" are long term benchmarks that will be enhanced when more CPH members enter into local politics, but evidence already exists that the CPHs are able to influence the quality of immunization campaigns and environmental sanitation services by their constant advocacy visits to the LGA offices and their active participation in these programs. They are serving as a two-way communication channel between the public and the LGA service providers.

"Realization of Interconnectedness" has been expressed by many respondents who talk about enjoying seeing many people of diverse religious, ethnic and economic backgrounds coming together under the umbrella of the CPH to work for the betterment of children in the community.

7.3 Impact: Demonstrating Effectiveness in Behavior Change

The Lagos and Kano CPHs set out clearly defined goals when they developed their "sub-project proposals" (SPPs) for USAID. As noted, Aba did not develop SPPs. The original SPPs (circa 1995-7) focused on both health and

behavioral outcomes for the following issues: immunizable diseases, malaria, diarrheal diseases, HIV/AIDS and family planning. Nutritional concerns were added later (1999-2000) and included exclusive breastfeeding. Social issues expressed in CPH goals included women's participation in both the CPH and the broader political process and enhancing member economic opportunities through participation in cooperatives and microcredit schemes. These indicators lend themselves best to measurement through quantitative means. This led to the secondary analysis of the BASICS II baseline surveys and the search for other sources of such data.

Secondary analysis was hampered by communication gaps between the consultants and the MIS staff both in Lagos and Arlington. The consultants were not provided with a data set as requested so that they could perform their own analyses. Instead, they were dependent on making requests to BASICS staff to produce tables from which additional analysis could be made. These tables also did not cover all project activities as mentioned in SPPs This limited the amount and type of information available for study.

Another limitation of the survey data is that questions were focused on broad child survival and maternal health issues and programs that were not the sole responsibility of CPHs in an area. The NIDs for example were run by the LGAs under federal direction. Vitamin A distribution was not a specific CPH program, and again this was under the purview of the NID program of the LGA. Family planning programs have been run by LGAs for a long time, though maybe not so effectively, but until a few CPHs received CEDPA grants, family planning was not a major activity of CPHs. It is still possible to hypothesize that these general programs, with CPH support, might be more effective in CPH areas. To tease out such an effect, the level of analysis becomes very important.

As explained, the secondary analysis could and should have proceeded at three levels, 1) CPH LGAs vs non-CPH LGAs, 2) CPH areas of CPH LGAs vs non_CPH areas of CPH LGAs, and 3) women who were aware of, had contact with, or were members of CPHs vs those who had no awareness/contact. The first level was deemed too broad to yield useful information. BASICS staff and their statistical consultants produced tables that allowed the second level of analysis. The third level of analysis was sought because the authors' experience had demonstrated that in dense, highly populated urban areas, it is difficult for community-based programs to reach a large number of people. This approach was justified because only between 20-40% of women interviewed in the CPH areas of CPH LGAs in the three towns were aware of the program.

Limitations included the fact that the survey took place just as the Lagos State NIDs began, and so questions dealing with that subject could not be analyzed for Lagos respondents. The survey also took place when the Aba CPHs has been functioning for less than a year. This may be ideal for a baseline, but is not at all helpful in an evaluation context. Some questions also produced small sub-samples that made city-by-city analysis as well as statistical conclusions difficult.

Using the second level of analysis, it was possible to conclude that the CPHs had the following positive effects on the health behaviors of mothers in the CPH areas of CPH LGAs compared with mothers in the non-CPH areas of the same LGAs:

- Initiation of breastfeeding within 24 hours of birth overall, and particularly in Kano.
- Receiving at least two tetanus toxoid immunizations during last pregnancy overall, and especially in Kano.
- Receiving vaccine during most recent NID in Kano
- Receiving Vitamin A during last NID in Kano and Aba
- Possessing an immunization card is somewhat more likely in Lagos

Several issues showed no difference between the groups or had differences in a negative direction. There was no difference concerning giving children fluids other than breastmilk during the first three days of life. Fifty percent more mothers in the CPH areas of children under four months of age were practicing EBF at the time of the survey than mothers in the non-CPH areas, but the sample size was quite small, and the results did not reach statistical significance. This was a general concern and limitation about the survey data, that is the framing of the question and the size of sub-samples of women eligible for the question and also performing the desired behavior.

More Aba respondents in the non-CPH areas reported appropriate breastfeeding initiation than those in CPH

areas, but as explained, Aba had only recently formed its CPHs and started community education activities at the time of the survey. Regular immunization coverage data (DPT3) tended to favor the non-CPH areas, but the fact that so many mothers lacked immunization cards and reported based on memory, leads to some doubt about the validity of the data. Vitamin A distribution had not been a specific CP activity, but was linked with the NIDs. Ironically, the proportions claiming to have received vaccine during the most recent NIDs did not match the proportions saying their child had received polio vaccine during the same NIDs.

The immunization card issue also reflects on the status and circumstances of the CPHs and again highlights the limitations of this data for evaluative purposes. It is only in Lagos where possession of an immunization card might actually reflect on CPH performance. In Kano, as noted, there were very few participating HCFs, and community members have a fear of immunization due to perceived links with family planning. In Aba, the CPHs are not old enough to have started full scale regular HCF-based regular immunization programs. Being left with Lagos, one can see that the results are promising, but not significant. This might also depict a broader environmental issue, the reduced attention to regular immunization services nationally since the inception of the NIDs, and may not reflect fully on CPH performance.

An important word of caution is needed in making conclusions about CPH participation in NIDs and then interpreting results in favor of or opposed to CPH success. The interviewees clearly explained that during the eclipse of LGA health services in the military era, CPHs were active in handling both regular and campaign immunization activities. The NIDs, which came along later and focused exclusively on polio, were specifically government programs and NGOs were invited to send volunteers as guides and vaccinators. While most CPHs made efforts to mobilize the community, they were not in charge of the program. In some LGAs there were intentionally limited in the number of members they could recruit for the exercise since the LGA paid allowances to a fixed number of volunteers. It is therefore not recommended that CPHs be judged on recent NID/immunization program outcomes in which they had little direct influence and control.

If the survey is not the best basis for judging CPH achievement of goals, what is? The Capacity Building Exercises offered the promise of involving CPHs in self-evaluation. Unfortunately, these were only undertaken once, had quite small sample sizes, and did not have baseline measures for comparison. Thus, the willingness and ability of community-based projects to evaluate themselves remains unanswered. Likewise, efforts by previous BASICS staff to gather facility based data produced some encouraging results (Table 15), but again, there is no visible evidence that ongoing facility and CPH-based MIS has ever continued. Now that CPHs are moving toward proposal writing and seeking their own funds, they require the skills that will enable them to be accountable for the monies they receive from future donors. The CBEs were conducted with, not by CPHs. Therefore, CPHs need to be encouraged to undertake such exercises themselves, as well as to establish facility-based MIS, in order to prove their capabilities.

8. RECOMMENDATIONS

Several recommendations were derived from the findings as seen below. Although BASICS II does not focus specifically on the CPHs, this second phase should still see the CPHs as valuable resources and role models and involve their members as consultants to new community health efforts. The following recommendations spell out these issues in more detail.

a. **CENTRAL COORDINATION:** In the absence of the BASICS office service the function of an erstwhile 'national CPH headquarters' there needs to be some form of central coordination of CPH activities to ensure that essential organizational development and maintenance processes continue. The CPHs themselves need to decide on the organizational form of this central coordination and whether it is national and/or local in nature. Options include liaising with an existing NGO to perform those functions or formation of a new governing body for the CPHs by the CPHs themselves. Regardless of the format, a startup grant will be needed to ensure that such a body would be viable for the first few years. In addition, some sort of constitution or set of bye-laws would be needed to define relationships and responsibilities. General functions of central coordination are outlined below.

(1) **LEADERSHIP DEVELOPMENT:** Central coordination of future leadership and management training is needed to ensure that new generations of CPH leaders are produced and are socialized in a similar training setting and maintain similar and high standards of CPH functioning.

(2) **COMMUNICATION AND CONFLICT RESOLUTION:** Central coordination is also needed to foster communication and sharing among CPHs. This is particularly important as BASICS staff will no longer be available to negotiate among parties to a crisis. CPHs have in the past demonstrated their willingness to learn from each other (e.g. the idea of the cooperative), and this type of interchange should continue through an inter-CPH forum in each town. There may also be the need for an umbrella NGO to coordinate existing and foster new CPHs.

(3) **TECHNICAL TRAINING:** Since technical expertise in health matters is not equally spread in all CPHs, central coordination can be responsible for helping source funds, maintaining standards across CPH, sharing expertise among CPHs and seeking external resource people and funds.

(4) **PROPOSAL DEVELOPMENT:** CPHs need assistance to review and finalize future funding proposals until such time that they become successful grant recipients. Particular attention is needed for Kano, since two o the five CPHs have not received external grants, and in Aba where the groups are completely untested in their grant writing abilities.

b. **BASICS' EFFORTS:** Although BASICS' former role with the CPHs has ended, there are some areas where a continued relationship between the CPHs and BASICS II should continue from both a technical and ethnical point of view.

(1) **CONTINUED LINKS:** Following from the previous recommendation on central coordination by CPHS themselves, BASICS, as long as it is in Nigeria, should continue to link CPHs, individually and collectively, with USAID partner programs and other donors. BASICS could also help review gant proposals from CPHs to other donors to ensure quality.

(2) **SELF-EVALUATION:** Capacity building for self-evaluation needs to be institutionalized with the CPHs to enable them to be accountable for future donor monies they may receive. Included should also be the establishment of HCF-based MIS. BASICS should ensure that CPHs gain and institutionalize these skills either through arrangements with consultants or by involving the CPHs in carrying out these functions as part of the monitoring of BASICS II activities

(3) **COALITION FORMATION:** The effect of collective bargaining and advocacy by formal coalitions like CPHs shows the value of institutionalizing coalitions at the LGA level. Existing CPHs should play the role of midwives to new coalitions and/or CPHs that could potentially arise from the efforts of BASICS II. BASICS should plan to find funds to help these nascent CPHs pay the registration fee with the Federal Corporate Affairs Commission.

(4) **MICROCREDIT EVALUATION:** A separate study is needed to look at both the management and impact of the microcredit scheme. This may lead to the need to source additional grants to start similar schemes in Kano and Aba.

c. **CONSTITUTIONAL AND ORGANIZATIONAL REFORM:** CPHs are at different stages of development, but all needed to be open and questioning about the forms of governance and functioning that they have adopted, and regularly update these to reflect local realities and needs. This constitutional review process is already underway in an inter-CPH forum in Lagos. Such forums need to be established and guided in all CPH sites. Some issues that need to be addressed include the following:

(1) **ALTERNATIVES TO DYADS:** A different model of CPH formation and constitutional structure apart from the current HCF-CBO dyad system is needed for poorer communities that lack a strong and competitive HCF presence. One alternative could be a neighborhood bases system. Other local ideas need

to be generated by the CPHs themselves.

(2) **APPROPRIATE LEADERSHIP FORMS:** a balance is needed, especially in Kano, between establishing culturally acceptable rules for leadership succession and guarantee that all members have the opportunity to participate in leadership roles.

(3) **DUES AND INCOME:** CPHs need to examine the implications of paying or not paying dues as a sign of commitment to the organization by its constituent members, especially when the now that the CPHs can no longer expect direct and indirect support from BASICS. A financial planning and accountability function might be a valuable addition to the constitution.

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10. APPENDICES

A. Indepth Interview Guide for CPH/CBO Members

CBO/HF/CPH IN-DEPTH INTERVIEW

Interviewer to make not of the following:

- Name of CBO/HF
- Year CBO formed
- CPH/DYAD
- Position of Respondent in CBO
- Year when joined CPH
- Position in CPH/Dyad (if any)
- Name of Respondent
- Name of Interviewer
- CBO Membership Size

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1. Please describe the purpose and function of your CBO
2. Please describe the purpose and function of the CPH
3. How does the purpose/function of your CBO/HF relate to the purpose/function of the CPH?
4. Has your CBO/HF changed in any way since joining the CPH?
   a. If yes describe how.
   b. (Probes) In membership/staffing?
   c. In activities?
   d. In purpose/function?
5. Please comment on the role and functioning of dyads within the CPH.
   a. Specifically, how has the existence of dyads affected your CBO's/HF's relationship with the CPH?
6. What do you see as the major achievements of the CPH?
   a. For each achievement, comment on
      i. what it was,
      ii. when it happened
      iii. what indicators are there for success
      iv. what factors contributed to the success
      v. how the idea came about - who initiated the activity - BASICS, CPH, both, other?
      vi. If not mentioned already – which programmes did the CPH initiate itself.
   b. Specifically note any role your CBO/HF played.
   c. Describe how the CPH goes about planning for the activities you have described above.
   d. Comment on how capable you think this CPH is to plan and carry out activities?
   e. Give reasons or examples to support your answer
7. What do you see as the major problems or failings of the CPH.
   a. For each problem, comment on what it was, when it happened and what factors led to the problem.
   b. Specifically note any role your CBO/HF played.
8. What are the general opinions of your CBO members/HF staff about the CPH and your Dyad?
   a. What aspects of the CPH are of general interest to all CBO members/HF staff? - Why?

b. What aspects seem to interest only a few people? - Why?

9. Please give examples of how individual members/staff of your CBO/HF have participated in the activities of the CPH.
   a. Comment on the numbers involved in each activity.
   b. What roles did they play (e.g. helped mobilise, volunteer as a health worker, etc.)
   c. Are any of these roles continual, or just specific to an activity/project?
   d. Compared to other CBOs/HF, has participation by your CBO members/HF Staff been more, less or about the same? Please explain your answer.
10. Please explain how has your CBO/HF benefitted from membership in the CPH.
   a. How have individual CBO members/HF Staff benefitted?
   b. Please explain any "costs" or problems associated with CPH membership.
   c. Specifically, has participation in the CPH detracted from your CBO members/HF Staff in carrying out your own CBO/HF functions and activities?
   d. Please explain your answer.
   e. Has your CBO/HF currently paid its dues to the CPH - 2000, 2001?
      i. Explain why or why not
   f. Have you personally benefitted from the CPH? Please explain your answer.
11. How likely is it that your CBO will continue being a member of the CPH for the next ten years?
   a. Please explain what would encourage and discourage you from remaining a member.
   b. Do you believe that the CPH is still attracting new CBO members?
   c. If yes, please give examples.
   d. Please explain why or why not.
12. Please give your assessment of the quality of leadership and governance of the CPH and your dyad.
   a. What has been good?
   b. What had been problematic?
   c. Explain why these have been good or problematic.
   d. Have there been elections of new leaders in the CPH and/or dyad since the CPH started?
      i. If no, why not?
      ii. If yes, how did the elections go?
      iii. What positions had new leaders installed?
      iv. If there were new leaders, how was the transition between old and new?
      v. Specifically, how have old leaders helped new ones get oriented?
   e. Please describe special committees and management structures that your CPH has set up and how they have contributed to the growth and maintenance of the CPH?
      i. Please talk about how women are involved
      ii. Please talk about how youth have been involved
      iii. Please talk about how other groups of people have been involved if any.

13. Have there been any crises or conflicts within the CPH?
    a. Please describe what happened, why and when.
    b. Comment on what was done and by whom to address the crisis.
    c. Did you or your CBO leaders/members or HF staff play any role in trying to resolve the crisis? If yes, please explain.
    d. Describe what was the final outcome (if any)
        i. how it was achieved
        ii. who played key roles in achieving the outcome
        iii. how long it took to solve it (or is it still ongoing)
    e. If the problem still exists, explain why.
14. Please talk about the constitution of your CPH.
    a. Explain the provisions/articles with which you are familiar?
    b. How has the constitution helped or hindered the functioning of the CPH in the past?
    c. How might the constitution help or hinder the CPH in gaining sustainability in the future?
    d. What suggestions do you have for changing the constitution?
        i. Explain why these are needed
        ii. or explain why none are needed.
15. Please comment on the ability of the CPH to raise funds and or get resources in kind for its activities. Give practical examples.
    a. Comment specifically on funds for general administration and operations.
    b. Comment on funds and resources for projects and activities.
    c. Comment on members paying dues - whether on time, whether adequate
    d. What is your assessment of the CPH's ability in future to raise and the funds and get resources it needs to continue its work? Explain your reasons.
16. What effect or changes has the CPH brought about in the community and the LGA?
    a. Please give examples/evidence to support your views.
        i. (Probe) Changes in the physical environment?
        ii. Changes in the political environment
        iii. Changes in health and/or access to health care
        iv. Changes in social interactions
    b. Specifically, comment on any efforts by the CPH to link with/work with the LGA and with any NGOs in the area.
    c. Explain what happened and why.
        i. Was the CPH able to get resources from the LGA/NGOs? Explain.
        ii. Was the CPH able to influence LGA/NGO decisions on health matters? Explain.
        iii. Was the CPH able to collaborate and plan with the LGA/NGOs on any programmes? Explain.
        iv. Did your CPH actually advocate actively for changes, improvements or new programmes with the LGA? Please explain, describe?

d. How aware is the general community of the CPH and its activities? Give examples to justify your answer?

i. What about community & traditional leaders?

ii. What about political leaders

iii. What about business people?

iv. What about religious leaders?

v. What about other CBOs/NGOs who are not members?

e. Specifically, how has the CPH worked with the following:

i. community & indigenous leaders

ii. religious leaders

iii. political leaders

iv. business people

v. other CBOs/NGOs

f. What has been the experience of the CPH in gaining access to media to communicate with the public about its programmes and activities?

i. Give examples or explain how the CPH went about this

ii. If no media coverage, explain why there has not been access the media.

17. How likely is it that this CPH will still be functioning in ten years time?

a. Please give reasons for your answer?

b. What are the main strengths of the organization that will help it continue?

c. What are the main weaknesses that may threaten its survival?

d. What help, if any, will the CPH need from outside to keep going?

e. If there is no outside help, how will the CPH be able to keep itself going?

f. What suggestions do you have to ensure the continuation of the CPH.

g. What has the CPH done already to make a transition to independence/sustainability.

18. There have been many workshops over the years organized by BASICS, other IPS, the CPHs, and related agencies. Please comment on the role of these workshops in helping build and strengthen the CPH?

a. Describe the workshops/trainings that you feel were most essential for building the CPHs? Explain why these are needed.

b. Do you think your CPH has the capability to organize such workshops for people in new communities who want to form CPHs? Explain why or why not.

19. What have been some of the other inputs and assistance that BASICS has made in starting and sustaining the CPH that you think are very essential?

a. Please explain why these things are needed

b. Suggest ways for your CPH to get these things after the CPH becomes independent.

20. Let's assume you are visiting friends in a community that does not have a CPH (e.g. Oshodi,, Ketu, Shomolu). The people there say they are interested in starting their own CPH. What advice would you give them?

a. From you own experience with this CPH, what steps would you say are most important in getting the CPH started?

b. What is needed to keep a new CPH going?

c. What role is your CPH willing to play to help form and sustain new CPHs?

d. Where else could new CPHs get help if BASICS is not around?

21. (For Health Facilities) – Please describe how your Health facility has changed and benefitted from the CPH programme?

a. Please talk about staff changes, improvements, strengthening

b. Please talk about equipment and infrastructure

c. Please talk about changes in the way the community sees your clinic

d. Please talk about changes in your relationship with the LGA Health Authorities

e. Please talk about changes in your clients/patients.

i. Have there been increases – and if so, in what areas, services, age groups, etc?

ii. Do you have any records of evidence to show changes since you joined the CPH – please share these if available.

f. Please talk about any other advantages you have received

g. Please talk about any disadvantages of your facility's participation in the CPH

NOTES TO INTERVIEWERS

1. Do not accept platitudes for answers like -
   - "They helped very much."
   - "The programme was quite successful."
   - "The LGA always involves us."
   - "They participated a lot."

   When you hear such, say, "Please give me concrete examples to back that."

2. The following answers are unacceptable: "yes" "no" "don't know"
   When you hear such, ask for an explanation. Then you should get more informative responses like these -

   - "Yes, the LGA is involved. The LGA Chairman even opened our last workshop."
   - "No, businessman in this area are suspicious of charities. For example, when we visited Star Enterprises for a donation, they refused to see us."
   - "I don't know about the workshop. Our CBO usually does not receive the notices on time."

B. Interview Guide for LGA Staff

LGA: _____

Position of Respondents: _____ Name of Respondent: _____

1. Please tell me about the child health programs run by this LGA.

   (PROBES)

   a. What about immunization programs?
   b. What about food/nutrition programs (including breastfeeding)?
   c. What about programs on malaria?

2. What programs are being carried out by other groups to promote child health in this LGA?

   (PROBES)

   a. What about immunization programs?
   b. What about food/nutrition programs (including breastfeeding)?
   c. What about programs on malaria?

3. Please tell me about programs for the health and development of women run by this LGA.

   (PROBES)

   a. What about ante-natal care and delivery?
   b. What about HIV/AIDS?
   c. What about Family Planning?

4. What programs are being carried out by other groups to promote the health and development of women in this LGA?

   (PROBES)

   a. What about ante-natal care and delivery?
   b. What about HIV/AIDS?
   c. What about Family Planning?

5. (If not mentioned already) Have you heard about the CPH in this LGA?

   a. What programs does the CPH carry out?
   b. Have you met any of the CPH members?
   c. Have you attended any CPH functions?
   d. Have CPH members participated in any of the LGA's programs?

6. Please tell me about the functioning of the CPH in your area.

   a. What have been their major contributions to the types of programs we have just discussed?
   b. Are you aware of any problems that the CPH faces?
   c. How likely is it that the CPH will continue functioning in the next 10 years?
   d. How likely is it that the LGA will involve the CPH in future activities and programs?
   e. What contributions can the CPH make to future health and development programs in this LGA?

C. TEXTBASE BETA NODE TREE

```
CPH
├──CBO
│  ├──FUNCTIONS
│  │  ├──CBO
│  │  └──OVERLAP
│  ├──CHANGED
│  │  ├──ACTIVITY
│  │  └──MEMBERS
│  └──RELATE_CPH
│     ├──INTEREST
│     ├──INVOLVE
│     ├──BENEFIT
│     │  ├──FOR_CBO
│     │  └──FOR_SELF
│     ├──COST
│     ├──DUES
│     ├──CONTINUE
│     └──DISCOURAGE
├──CPH
│  ├──FUNCTIONS
│  │  ├──HEALTH
│  │  ├──SOC_ECON
│  │  └──ADMIN
│  ├──STRUCTURE
│  │  ├──DYADS
│  │  ├──MEMBERSHIP
│  │  ├──COMMITTEES
│  │  │  ├──WOMEN
│  │  │  └──YOUTH
│  │  └──CONSTITUTION
│  │     └──CHANGE_NEED
│  ├──ACHIEVE
│  │  ├──SOC_ECON
│  │  │  ├──CONFLICT_RES
│  │  │  ├──MICRO_COOP
│  │  │  ├──D&G_RIGHTS
│  │  │  ├──COMM_AWARE
│  │  │  └──INTERACT
│  │  ├──HEALTH
│  │  │  ├──ENVIRON
│  │  │  ├──HEALTH_CARE
│  │  │  ├──BREAST
│  │  │  ├──AIDS
│  │  │  ├──MCH
│  │  │  ├──CHILD_SURV
│  │  │  └──IMMU
│  │  └──ADMIN
│  ├──LEADERSHIP
│  │  ├──STRENGTHS
│  │  ├──PROBLEMS
│  │  ├──ELECTIONS
│  │  └──CONFLICTS
│  ├──CAPACITY
│  │  ├──RAISE_FUND
│  │  │  ├──SOURCES
│  │  │  │  └──POTENTIAL
│  │  │  └──PROBLEMS
│  │  ├──PLAN
│  │  └──TRAIN
│  ├──LINKS
│  │  ├──LGA
│  │  ├──COMM_LEAD
│  │  ├──RELIG
│  │  ├──NGOS_IPS
│  │  ├──BUSINESS
│  │  ├──MEDIA
│  │  └──INTER_CPH
│  └──TEN_YEARS
│     ├──HOW_LIKELY
│     ├──STRENGTHS
│     ├──WEAKNESS
│     ├──HELP_NEED
│     └──STEP_SO_FAR
├──INPUTS
│  ├──MATS_RESOURCE
│  ├──IDEAS
│  ├──WORKSHOPS
│  │  ├──TYPES
│  │  └──BENEFITS
│  └──NEW_CPH
│     ├──ORG_STEPS
│     └──SUPPORT
│        ├──GENERAL
│        └──OUR_CPH
```

D. ABA CPH START-UP INPUTS FROM BASICS

Material Provisions	Management Training - Workshops	Technical Orientation, Training	NGO Registration
Sanitation Equipment per CPH	Financial Management	Breast-feeding support (orientation meeting)	LGA
Cold Box per dyad	Democracy & Governance	NID (workshop)	State
Seed grant for stationery: ₦25,000 per CPH	Proposal Writing		Corporate Affairs Office, Abuja
(Computers have been purchased and stocked in the Aba field office, but have not yet been distributed)	Leadership & management for governing board and youth		CPH Networking Forum

E. RANKING PROGRAM OUTPUTS

OUTPUTS	CITY [score]		
	LAGOS	KANO	ABA
Laws & Norms	Constitution well established and maintained through three rounds of elections. Youth Wings, WEC and Cooperatives also conform to laws and norms. [3]	Less awareness of constitution, particularly among women. Appears constitution somewhat at odds with local norms concerning stability of leadership. Generally though, the constitution is accepted. [2.5]	Constitution is less than a year old, but people are enthusiastic about it and want to give it a chance. There are some examples of CPHs using it as a reference to avoid conflicts. [2]
Administrative Structure	Secretariats have been established and foster relatively good communication. The dyad system has worked where there are HCFS, and in fact enabled the Ajegunle CPH to survive and expand in membership despite leadership troubles. The transition to having non-medical CPH chairpersons was successful. Lagos experimented with the formation of youth wings, now a part of the regular CPH structure. [3]	The dearth of private HFCs led Kano to experiment with 'triads' in which indigenous providers and PMVs would be partners, but this has not produced functional subunits as in Lagos. PMVs have been incorporated more as another CBO than as a health care partner. The lack of dyads limits the number of CBOs that can realistically participate. [1.5]	Dyads were accepted without question. People see their value in case CPH leadership is weak. Problem perceived is that there may be too many dyads such that not all can participate in CPH management. Grants for secretariats have been utilized, and a few CPHs have secretariats independent from HCFs. [2]
Membership and Participation	There has been a general increase in membership since inception. Leadership and structural problems limited membership during the early years in some CPHs. Tension is higher in CPHs where there is greater ethnic variety. CBOs feel that the creation of dyads has enhanced their opportunities to participate. [2.5]	There has been little or no growth in Kano, and in fact there has been some loss of HCF membership. Specific groups including TBAs and PMVs talk about lack of direct involvement, and many PMVs are of a different ethnic group, and feel that this may be responsible. [1]	Participation is widespread and enthusiastic. There has been some mention of class and ethnic differences. The latter refers to subgroups within thee region and is phrased as Aba indigenes versus non-indigenes of the town. Youth and women are enthusiastic participants generally, but respondents fear that unless more tangible programs are forthcoming, people may loose interest. [2]

OUTPUTS	CITY [score]		
	LAGOS	KANO	ABA
Funding and Resources	Greater experimentation with different funding sources including campaigns, income from cooperatives, successful small grant applications, and regular dues payments. CPHs have registered with various government agencies and donor agencies and ave a fair relationship with the LGA and media, though this varies across CPHs. [2.5]	The issue of dues has been avoided, and people believe that a CBO needs to pay only once and for all. Much emphasis arose in interviews about perceptions of being poor. Some success in getting small grants from within house (USAID IPs). Some income generation in renting environmental equipment, soap making. Cooperatives not successful. Fairly good relations with LGA and advocacy undertaken to get community improvements. [1.5]	CPHs are ready to start proposal writing. Most CBOs have paid registration fees, but the issue of annual dues has not been fully addressed. Out-of-pocket donations by leaders is the norm at present. [1]
Planning and Implementation	CPHs did write their own SPPs and subsequently organized campaigns on HIV, established and run cooperatives, worked with the LGA on NIDs, maintained community clean-up exercises over the years. Established savings cooperatives on their own. [3]	A variety of local interest activities have been carried out including female literacy, training in a trade for women, and TBA training. So far these appear to be once only programs, and members requested their continuation. Standard BASICS activities have been carried out, and advocacy for community improvements has been undertaken [2.5]	Groups have begun to carry out monthly environmental sanitation exercises. One CPH planned a special program for Commonwealth day. Some youth have organized HIV awareness activities. They ave made efforts to ensure LGA accountability for vaccines. [2]
Training	Have actually run own workshops through BASICS EBF and OTI governance grants. Most feel confident about running own training programs. [2.5]	Some CPHs have organized their own training, though all did not get grants. Some feel confident that they can run training, but are unsure of finances. Little replication of initial training so far. [2]	Have received all basic training programs but little opportunity to organize own workshops yet. Have many HCF staff who are willing and are confident about organizing future training. [1]
SCORE	16.5 (92%) = Good	11.0 (61%) = Fair-	10 (56%) = just started+

Scoring system: Good = 3; Fair = 2; Poor/just started = 1; Not Started = 0