Community Health Coalitions in Urban Nigeria, 1994-2005

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Section A

The Nigerian Urban Environment
Urbanization in Nigeria

- The Southwest
  - Settlements surpassing 20,000 over 150 years ago
  - Yoruba kingdoms with central towns and satellite farm hamlets

- The North
  - Historical empires with several large cities
  - Hausa, Fulani, Borno

- The East
  - Igbo: rural, autonomous communities
  - Urban areas developed through colonialism
Lagos—The Megalopolis

Photos by William Brieger
Kano’s Wall and Gates Still Stand

Photos by William Brieger
Aba—A Growing Business Center

Photos by William Brieger
Nigeria’s Urban Political Structure

- Formerly, metropolitan councils
  - Underpinnings of indigenous leadership, chiefs

- Now, local government areas
  - Ibadan, e.g., now comprises five LGAs
  - LGAs are responsible for primary-level services
    - Health, education, sanitation, infrastructure

- LGA funding sources
  - Mainly from federal subventions
  - Supplemented by rates, fees, licenses, rents, and head taxes
Nigeria’s Health Care

- Federal specialist hospitals
  - Often in universities
- State government specialists and general hospitals
- LG health centers
- Private for-profit clinics and hospitals
- Mission hospitals
- Patent medicine vendors
- Indigenous healers

Photo by William Brieger
Lagos—Health Care Access

- Rural/urban dichotomy may be false
- Poverty is the major factor
  - Many communities are underserved
  - Preference for government and PMVs
  - But private seen as reliable
- PMVs termed hospitals for the urban poor

Note: PMV = patent medicine vendor
Nigeria’s Social Welfare

- No real insurance schemes or social welfare systems at national, state, or LGA levels
- Social networks are a key mechanism for urban survival
- Voluntary associations
  - Religious based
  - Ethnic/hometown
  - Residential
  - Social clubs
  - Trade/union
Section B

The Concept of a Coalition
Coalition Definitions, Characteristics

- An organization of individuals...
  - Representing diverse organizations, factions, or constituencies
  - ... who agree to work together
  - ... in order to achieve a common goal

- An organization of diverse interest groups that ...
  - Combine their human and material resources
  - ... to effect a specific change
  - ... which members are unable to bring about independently

- In short, coalitions are usually organizations of organizations that bring different strengths together
Coalitions Come Together to Address Many Issues

- Youth development
- Drug abuse
- Preserving neighborhood schools
- HIV/AIDS
- Protecting a community library
- Environmental pollution by nearby factories
- Traffic safety
- Neighborhood security
Coalition Functions

- Management and coordination of available community resources, including leadership and human resources, to achieve goals

- Advocacy within and beyond the community to generate new policies, resources, and support to meet local needs

- Education and mobilization of coalition members and community residents to use resources that will improve their health and welfare

- Exchange and sharing of successful strategies among coalition members to enhance member functioning
Why Are Coalitions Important?

- Butterfoss, Goodman, and Wandersman reviewed the important role of coalitions.

- The coalition strategy is needed to augment traditional individual-oriented behavior change strategies because ...
  - “The current wisdom in health promotion holds that targeting the behavior of individuals, without also intervening at these other social levels that shape behavior, will not have as great an impact on health status”

- Thus, coalition building is a strategy aimed at “strengthening the social fabric”
United in Coalition

- Coalitions ...
  - Enable organizations to become involved in new and broader issues without having the sole responsibility for managing or developing those issues
  - Demonstrate and develop widespread public support for issues, actions, or unmet needs
  - Maximize the power of individuals and groups through joint action
    - Increase critical mass behind community effort by helping individuals achieve objectives beyond the scope of any one individual or organization
## Stages of Coalition Formation

- **Butterfoss et al.**
  - Formation
  - Implementation
  - Maintenance
  - Accomplishment of goals

- **McElroy et al.**
  - Coalitions must develop an organizational form
  - Recruit
  - Retain new members
  - Socialize new members
  - Carry out a plan of action
Challenges of Evaluating Community Programs

- Health outcomes/impact?
  - Immunization coverage
  - Mortality/morbidity, e.g., malaria

- Social outcomes?
  - Organizational structures and changes
  - Community norm/law changes
  - Community awareness changes
Indicators of Sustainability

- Bossart, 1990
  - Demonstrate effectiveness in reaching clearly defined goals
  - Integrate activities into fully established administrative structures
  - Gain significant levels of funding from national sources
  - Negotiate project design with a mutually respectful process
  - Include a strong training component
Successful Coalitions

- Exchange of resources and strategies among member organizations
  - Inter-organizational cooperation, payoffs, benefits of joining

- Require a minimum size to make the coalition effective

- Clearly recognize and articulate a mutual need or concern

- Have a history of previous collaboration and joint efforts among members

- Exhibit compatibility among potential partners

- Are determined to work together
Some Thoughts

- Sustain actual coalition as long as needed to solve the focal problem
- Recognize that there are existing organizations
  - Do not want to supplant them or subsume them in the process
- Look outside the box for coalition building, leadership, and resources
  - Help people visualize how to leverage resources
  - Diversity is both a resource and a challenge
Section C

Coalition of Community Organizations and Private Providers
BASICS Nigeria

- Basic Support for Institutionalizing Child Survival
  - USAID, Nigeria
  - Phase I: 1994-2001

- Predecessor “REACH” project
  - Documented that urban child immunization rates were lower than national averages and falling

- Began at the time of “decertification”
  - Not allowed to work with government entities
  - Needed innovative way to work with urban poor
Community Partners for Health (CPH)

- Urban coalitions to promote child survival

- A coalition is an organization of diverse interest groups that ...
  - Combine their human and material resources
  - ... to effect a specific change
  - ... which members are unable to bring about independently
CPHs Have Formed in Three Cities

- Lagos 1995
- Kano 1997
- Aba 1999
Steps in CPH Development

- Urban populations are also underserved
  - Urban private sector inventory of community-based organizations (CBOs) and health facilities (HFs)
  - Community fora for CBOs and HFs to discuss CPH
  - CPH formation
  - Governing board formation
Steps in CPH Development

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  - Community fora for CBOs and HFs to discuss CPH
  - CPH formation
  - Governing board formation
  - Memorandum of understanding (MOU)
    - Roles and responsibilities of partners
  - Planning workshops—sub-project proposals
  - Constitution drafting and approval
  - Registration with corporate affairs commission
## Timeline in CPH Development

<table>
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<tr>
<th></th>
<th>Lagos</th>
<th>Kano</th>
<th>Aba</th>
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<tr>
<td>UPSI</td>
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<td>1997</td>
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<tr>
<td>SPP</td>
<td>1996</td>
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<td>X</td>
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<tr>
<td>NGO registration</td>
<td>1998</td>
<td>1999</td>
<td>2001</td>
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</table>
Health Facility A

- Market Women Association
- Apostolic Church
- Muslim Youth Group
- Itire Neighborhood Association
- Amuludun Social Club

Health Facility B

- Tailors' Union
- Hairdressers' Association
- Unity Women's Club
- Transport Workers Union
- Alfanda Residents' Association

Held together with constitution

CPH Structure with Dyads
Coalition Foundation—CBOs

Photo by William Brieger

Photo by William Brieger
CBOs—Indigenous Organizations

Photo by William Brieger
Private Health Care

Photos by William Brieger
## The Communities

<table>
<thead>
<tr>
<th>Community</th>
<th>Class Description</th>
<th>Ethnicity Description</th>
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<tr>
<td>Ajegunle</td>
<td>Working class</td>
<td>Mixed ethnicity</td>
</tr>
<tr>
<td>Amukoko</td>
<td>Working class</td>
<td>Mixed ethnicity</td>
</tr>
<tr>
<td>Mushin</td>
<td>Lower middle class</td>
<td>More from old Western Region</td>
</tr>
<tr>
<td>Lagos Island</td>
<td>Lower class</td>
<td>Mostly original indigenous population</td>
</tr>
<tr>
<td>Surulere</td>
<td>Middle class</td>
<td>More from old Western Region</td>
</tr>
<tr>
<td>Makoko</td>
<td>Lower class</td>
<td>Indigenous minority, mixed ethnic</td>
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Perceptions of Cohesion, Integration, Control

- **Makoko**
  - “People are more prone to cooperate on ceremony and not on community progress”

- **Amukoko**
  - “There is ethnic distrust; people only agree in their own compounds”

- **Ajegunle**
  - “People in this community know each other well, but I do not think that they cooperate”

Photos by William Brieger
Lagos—Community Efficacy Perceptions at the Start

Community Efficacy Perceptions at the Start

<table>
<thead>
<tr>
<th>Community</th>
<th>Efficacy</th>
<th>Percent Score</th>
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<tbody>
<tr>
<td>Ajegunle</td>
<td>75.4</td>
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<td>Amukoko</td>
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<td>22.8</td>
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<tr>
<td>Mushin</td>
<td>83.6</td>
<td>21.3</td>
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<tr>
<td>Lagos Island</td>
<td>75.4</td>
<td>38.4</td>
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<tr>
<td>Surulere</td>
<td>80.5</td>
<td>26.3</td>
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<tr>
<td>Makoko</td>
<td>82.9</td>
<td>19.4</td>
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Section D

Follow-up: Growth and Challenges
Lagos CPH Member Growth

- 1995: 47 CBO, 12 HF
- 1997: 115 CBO, 12 HF
- 2000: 202 CBO, 19 HF

Note: CBO = community-based organizations; HF = health facilities
Kano Membership Changes

Note: CBO = community-based organization; TBA = traditional birth attendant; PMV = patent medicine vendor; HF = health facility
Overall 2000 Membership

- **Lagos**
  - CBOs: 202
  - HFs: 19
  - Other: N/A

- **Kano**
  - CBOs: 45
  - HFs: 6
  - Other: 161

- **Aba**
  - CBOs: 324
  - HFs: 34
  - Other: N/A
Achievements: 1997-2001

- Immunization
- Women’s involvement
- AIDS awareness
- Democracy and governance
- Environmental health
- Conflict resolution
- Exclusive breastfeeding (EBF) promotion
- Co-ops and credit

Photo by BASICS Nigeria, USAID
Local Adaptations in Programming

- In Kano ...
  - Female literacy
  - TBA training
  - Local pomade manufacture

- Resulting in ...
  - Confidence to seek health care
  - Financial independence

Photo by William Brieger
There Is Power in Collective Action

- Kano
  - “Due to the CPH, the CBOs which were isolated before have come together”

- Aba
  - “Major achievements of the CPH include bringing together diverse people of different religions, ethnic groups, etc. Together they have united so that we feel a sense of belonging.”

- Enhances advocacy, approaching donors and local government authorities (LGAs)
“We were part of AJCPH before, but decided not to have anything to do with it after our delegation walked out”

“The CPH idea is quite good, but the CPH is poorly run”

“There were ethnic tendencies, dishonesty, and a lack of transparency”

“The MOU hasn’t been followed”

“Up till today, we haven’t got a solid bank account, which we ought to have”

“People in this community know each other well, but I do not think that they cooperate”

“One should not trust people in this community”
Makoko—Changes in Social Cohesion

- 1997
  - “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”

- 2001
  - “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”
Women Empowerment

- **1997**
  - 11% CBOs joined because of “opportunities for women’s empowerment”

- **1998-2000**
  - Workshops on democracy, governance, women’s rights

- **2001**
  - Credit and loan facilities
  - Active participation in elections
  - Community mobilization for NID, EBF

Photo by William Brieger
Testimony from Makoko

“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, and I attended seminar on how to manage money, how to run business to yield interest and how to return micro-credit loan.”
Liaisons—Essential for Survival

- Local government
  - LG officials attending CPH seminars
  - CPHs mobilize for immunization
  - CPHs assist in conflict resolution

- Donors
  - UNICEF supplies and seminars
  - Office of transition initiatives (USAID)

- NGOs
  - CEDPA programs on reproductive health
  - Local groups like COWAN for guidance
National Immunization Days: CPH-LGA Collaboration

- CPH Strengths recognized by LGA
  - Mobilization
  - Local knowledge
  - Grassroots reach
  - Culturally acceptable (Kano)

- Benefits to CPH
  - Their own child protected
  - Community awareness of CPH
Rumors spread that vaccination is a form of population control

Health workers in Kano have a hard time convincing people to participate so throw out vaccines

CPH members able to communicate with own community members
Additional Areas of LGA-CPH Collaboration

- Environmental sanitation
  - Lawanson gets funds from LGA
  - Aba CPHs get tipper trucks to help

- HIV/AIDS awareness

- Family planning commodity distribution
  - Ajegunle + Amukoko with Ajeromi-Ifelodun LGA

- Note role of CEDPA
Financial Sustainability

- Main and potential sources of income
  - Membership dues (individual and CBO)
  - Campaigns
  - Income generation, commercial ventures
  - Interest from co-ops and credit schemes
  - Proposals and grants

- In 1997, only two rated able to generate income
  - Lawanson: materials from UNICEF, community fundraising campaign, drug store
  - JAS/Mushin: savings and loan cooperative, ambulance, rental shops
2001 Financial Outlook

- Profit from micro-credit loans in Lawanson
  - One-third for CPH administration
  - One-third for child survival programs
  - One-third for more loans
    - But potential dissention among those who don’t pay back or don’t receive in turn

- Lament from Makoko
  - “A parent (BASICS) has to continue to assist his child. There is no place we can go for financial support. Our government can't give financial support to any NGO like American government does. We don't have money, nothing. So we can't stand on our own. There is no way to generate funds.”
Issue of Dues

- Lagos
  - CBOs accept the need for annual dues
  - But say dues cannot support CPH administration

- Kano
  - Belief that initial registration fee once and for all is better
  - Leaders fear people will be scared away by dues
  - Use levies from time to time instead of dues

- Aba
  - Only one CPH started collecting dues successfully
  - Other leaders fear dues will dissuade members

- Overall, recognize that dues cannot sustain
Essential Inputs for Sustainability

- **BASICS**
  - Training on planning, governance, proposal writing
  - Requirements to develop actual plans, proposals
  - Facilitating constitution writing
  - Initial conflict resolution guidance
    - Some “broken promises,” too

- **Community**
  - Attracting more dues-paying and committed CBOs
  - Liaison with local government, donors, NGOs
  - Subsequent independent conflict resolution—using the constitution to solve problems
  - Income generation, fundraising, grants
The Value of Workshops

- “Proposal writing helps prepare us for independence” (Lagos)

- “It is the workshop that make we women know our rights and to be able to ask for it from the government” (Lagos)

- “Everybody feared having relationships with any American organization. That workshop given by Bebeji wiped out all our fears and we began the journey towards setting up a strong CPH.” (Kano)

- “The trainings helped us to understand our community better” (Aba)

- “The training has prepared us. We will try to see how we can help ourselves.” (Kano)
Section E

Questions of Sustainability: More Than Just Intentions
Views on Sustainability

- Aba: “The CPHs will last 10 years …”

- “Because as time goes on, money will be raised through proposals to donor agencies and money from dyad levies will increase. The main strength of our CPH is in the leadership since they are a strong team.” (youth leader)

- “Since all of us want our children to survive, so we should do all we could to see that we maintain the organization even more than 10 years” (male CBO leader)

- “Because our members abide by the constitution and there has been peace in the CPH” (female CBO leader)
Kano Predicts CPHs Will Last ...

- "By the Grace of God it will go on beyond 10 years. The CPH has been accepted by the people. Education, sanitation, and health issues are the strengths."

- "Because the way it is run now makes it possible for community members to enjoy good programs"

- "If the focus remains without influencing the tradition and religious belief of the people. And if the process is transparent."
Where Will We Be in 10 Years in Lagos?

- **Makoko**
  - “Since we are alive nothing bad will happen to the CPH. That is why we are recruiting new youth members. Once we have money to maintain the CPH, we shall continue running the CPH. This is evidence for our relationship with the local government.”

- **Mushin**
  - “Members are very much interested in making it live. The cooperative and micro-credit and the health care programs are the main strengths. We organize good programs and fundraising activities.”
“I am very optimistic that the CPH will continue functioning in 10 years time. This is mainly because of the cooperative society which has been firmly established.”
“Ajegunle is the poorest and highly populated mostly with youth. Our children were not empowered to go to school. These youths are easily used as agent of stabilization in this community. Most of these youth don’t have anything doing and thus politician use them mostly as agent of conflict.”

“Now we are able to go to community and call community meetings and thrash out issues that can lead to conflict”
Lagos CPH Dyad Growth

- Dyads average 6-7 community-based organizations/health facilities
Continued Lagos CPH Action in 2005

- Inter-CPH forum
- OTI grants for D&G
- CEDPA grants for CBD (RH)
- Japanese International Cooperation Agency (JICA) support for RBM

Photo by William Brieger
But in Kano …

- None found in 2005
- Internal squabbles
- Absorption by larger CBOs
- Loss of private health facility partners
- Ethnic tensions with patent medicine vendors
- Political favoritism in programs like immunization

Photo by William Brieger
CPH Challenges

- Dependent on leadership from professional members
  - In Makoko, Lagos, no resident health staff in the few available health facilities
  - Similar problem in Kano; most no longer function
  - Involvement of TBAs, traditional healers, and PMVs could not substitute

- Self-help spirit varied by region/state
  - Strong cooperative spirit and infrastructure in Lagos

- Poverty a major concern in terms of internal fundraising

- Different histories in terms of relationship with and expectations of government
Revisiting Indicators of Sustainability

- Goals
  - Output measures, but need outcome, impact

- Administrative structures
  - Corporate affairs registration, inter-CPH forum

- Funding sources
  - CEDPA, OTI, JICA, proposals

- Negotiate—respectful process
  - CBOs and HFs, BASICS and CPHs

- Training component
  - Technical and managerial

- Recruitment and growth
  - Numbers of dyads increase over time
Community Efficacy Revisited

- Though a follow-up survey was not done, one can see a relationship between efficacy perceptions and visions of a sustainable future.

- For example, greater claims of organizational capacity and sustainability in Ajegunle show that efficacy perceptions might improve when people see the results of their own actions.

- Surulere and Mushin remained strong.

- Makoko, with relatively higher initial community efficacy perceptions, did not survive.
  - There are obviously other ingredients in the mix, such as leadership.
Central Functions Still Needed

- Sustainability needs a larger structure than single CPHs

- In Lagos the inter-CPH forum helps ...
  - Leadership, management training for new leaders
  - Bridging and follow-through with proposal writing, vetting, and acceptance
  - Conflict resolution/mediator

- Ideally, success would be the forming of new CPHs
  - Although new dyads within CPHs formed
  - A major challenge is new NGO registration process
Conclusions

- Lagos CPHs progressed through the following stages:
  - Formation
  - Implementation
  - Maintenance
  - Accomplishment of goals

- Where they work, coalitions help ... 
  - Mediate individual needs
  - Advocate for community improvements
  - Link health with development
  - Address infrastructural improvements and conflict resolution