“A lot of our programs target religious and traditional leaders because they're the gatekeepers of communities”: A follow-up conversation with Damilola Oyedele and Zainab Sageera Tukur of the Clinton Health Access Initiative on incentives to health care workers and outreach to faith leaders.

Rollo Romig

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Rollo Romig: Can you start by introducing yourselves and your organization?

Zainab Sageera Tukur: I’m Zainab Sageera Tukur, and I work as a program manager across a few programs with CHAI [Clinton Health Access Initiative]. I lead the assistive technology program in Nigeria, and I also manage our neglected tropical diseases portfolio and our integrated campaigns digitization work.

Damilola Oyedele: I'm Damilola Oyedele, and I’m an associate on the assistive technology program at CHAI.

Rollo Romig: I just got back from Benue, where I went to a couple of different CHAN [Christian Health Association of Nigeria] distributions. For health interventions where there’s some hesitation, CHAN sometimes enlists religious leaders to help reassure people in scriptural terms. But they said that’s not necessary when it comes to reading glasses, because glasses are an easy sell. They’re targeting religious leaders simply because they’re community leaders who can help spread the word. Do you have thoughts on that?

Zainab Sageera Tukur: We don’t have a religious focus per se, but for our programs in traditional African settings, we typically go through the religious and traditional institutions. It depends on where you are in the country. For instance, in Kano, going through a mosque will ensure you are making good progress. In a state like Plateau, it will be the same with churches. If you go to Kaduna, you'll go to both churches and mosques.

A lot of our programs target religious and traditional leaders because they're the gatekeepers of communities. African societies are very religion-centric, and most people visit the mosques on Fridays and the churches on Sundays. If you want to reach people, then you need to go to those places.

It's like the case of family planning and the Muslim communities in Nigeria. If the Imams didn't inform women or their husbands that the religion permits the use of contraception because the prophet approved it about 1500 years ago, then I don't think the uptake would have been this high. It was a very targeted approach, where the religious leaders such as the sultan, the clerics, and scholars endorsed it by informing people that it is not haram and that it is allowed within certain confines.

Rollo Romig: Yes, but there's some hesitancy there, and there's no hesitancy with the eyeglasses, right?

Zainab Sageera Tukur: Even with vaccines, there is hesitancy. A typical example is the stigma and mistrust that was experienced with polio vaccinations in the 90’s, with women fearing that it would cause infertility. The religious and traditional leaders are at the forefront of polio vaccinations, and when donors like Gates or WHO or UNICEF come to Nigeria, they use the leaders in the different parts of the country to sensitize people on the safety of interventions and sometimes even providing their own children with these services in public to establish trust.

Rollo Romig: How do you handle stipends?

 **Damilola Oyedele:** Primarily, we're running facility-based dispensing. They get about ₦10,000 ($6.24 USD) per month for that facility-based work.

Rollo Romig: ₦10,000 for what period of time?

Damilola Oyedele: That’s for one month of facility-based work. That's just to say thank you, because they already go to the facilities every day anyway.

Rollo Romig: Are they getting a salary from the facilities?

Damilola Oyedele: Yes. Then when we do the outreaches, they get paid an additional ₦10,000 to ₦15,000 ($9.35 USD) per day depending on how far they’re going in terms of distance.

Zainab Sageera Tukur: For instance, in Abaji, they would've gotten ₦15,000 times five, so ₦75,000 ($46.77 USD) for the week.

Damilola Oyedele: We also provide meals for them during the outreaches at the venue. So on the day of the outreach, they get lunch and water.

Zainab Sageera Tukur: They get ₦50,000 ($31.18 USD) to ₦75,000 per week on top of their salary, depending on the distance of travel. That's not bad.

Rollo Romig: Do they seem satisfied with the amount?

Damilola Oyedele: To be honest, we haven't checked, but maybe we will.

Zainab Sageera Tukur: If they were dissatisfied, you would've known. And in fairness, that's just enough. They will probably spend ₦30,000 ($18.71 USD) or ₦40,000 ($24.94 USD) on transportation.

Rollo Romig: Do you feel like the amount that they're getting for the reading glasses appropriately measures up to what they're getting for other campaigns?

Zainab Sageera Tukur: I think it's okay. For instance, during a malaria campaign,they'll get paid ₦35,000 ($21.83 USD) over the period of a week.

Damilola Oyedele: It also depends on the state. What might be enough in a state like Kano might not be enough in a state like Bayelsa or the Niger Delta where things are more expensive. A sum that's sufficient for one state might not be for another state depending on topography and ease of travel.

Zainab Sageera Tukur: That's actually quite a lot of money. Polio pays ₦16,000 ($9.98 USD)over the course of the campaign, so ₦4,000 ($2.50 USD) per week.

When they provide SMC [seasonal malaria chemoprevention] for the malaria campaign, it's ₦8,000 ($5.00 USD)per day. I think ₦15,000 per day is generally good enough anywhere. You can even give Federal Ministry of Health staff ₦15,000 per day.

Damilola Oyedele: I think we've done that in the past.

Rollo Romig: What CHAN is doing is a volunteer model. Why do you think that is, from your perspective?

Damilola Oyedele: Unlike CHAI, they are not currently running a health facility-based model. With the facility-based model, there are extra layers of ensuring we're working in alignment with policy, especially when it concerns the release of healthcare workers for outreaches. One reason could be that the volunteer channel avoids those bottlenecks and screening can be done faster. They might also be working with some private hospitals. They are also working with faith-based hospitals.

We know that other organizations have also adopted a similar approach in some other African countries where they work with community volunteers, and it's not facility-based, so I think they were trying to do that here. It’s not as tied to facilities but rather, tied to the communities.

Rollo Romig: CHAN is targeting hard-to-reach places, and for this particular project, that's the expertise that they're bringing, more than the religious angle. Is that your sense of how you've divided up the states? Do they prioritize the places that are more difficult in terms of access?

Damilola Oyedele: We didn't choose the states together.

Zainab Sageera Tukur: We ensured a geographic spread during selection. o So we included states in all the geopolitical zones in the country, especially states with high populations, and finally where we have current CHAI programs being implemented.

Damilola Oyedele: It could also be that those are the areas where they've previously done work.

Rollo: Thank you so much for your time and insights.

Rollo Romig (he/him) is the author of I Am on the Hit List: A Journalist's Murder and the Rise of Autocracy in India.

** This interview has been edited and condensed.*