Report

Audience Perception Survey **on Ilera Eko Campaign**

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Acronyms

BMGF	Bill and Melinda Gates Foundation
CBHI	Community-Based Health Insurance
HI	Health Insurance
HMO	Health Maintenance Organizations
IDI	In-depth Interview
NHIS	National Health Insurance Scheme
Lagos-REC	Lagos State Health Research Ethics Committee
LCDA	Local Council Development Area
LSHS	Lagos State Health Scheme
RA	Research Assistant
SEM	Socio-Ecological Model
SP4FP	Strategic Purchasing for Family Planning
WHO	World Health Organization

Introduction

Globally, there has been an increasing need for countries to achieve universal health coverage, which aims to guarantee access to basic healthcare without pressure on their finances. In many developing countries, individuals have to pay out of pocket to access health services (Mohammed et al., 2013; Onoka et al., 2015). According to the World Health Organization (WHO), an efficient National Health Insurance model is key to achieving universal health coverage that ensures everyone has access to good-quality health services without becoming impoverished (WHO, 2013).

Research shows that about 100 million people globally are in poverty because of out-of-pocket payments for healthcare services. Millions of people and a substantial number of households are prevented from seeking healthcare because they have to pay at the point of service delivery (Chuma & Maina, 2012). According to Awosika (2005), health insurance is a mechanism of making periodic prepayments against episodes of illness to enable the payer to obtain healthcare services when needed without paying out-of-pocket at the point of need. Health insurance can serve as a fundamental risk protection for families and small businesses and increase access to priority health services.

The National Health Insurance Scheme (NHIS) in Nigeria was established, under Act 35 of the 1999 constitution. Contributors access healthcare services from a shared pool of funds. (NHIS, 2021). For private HMOs, the cost of healthcare is borne by the contributions from employees and employers. One of the biggest challenges of health insurance has been expanding it to include those in the informal sector and the poor, based on affordability (Abiola et al., 2019; Campbell, 2016). In 2022, the NHIA Act, which repealed the previous NHIS legislation, was signed into law. The Law mandates NHIA, amongst other things, to ensure that health insurance is mandatory for every Nigerian and legal resident, to promote, regulate and integrate health insurance schemes in the country, to improve and harness private sector participation in the provision of health care services. Lagos state is one of the states in the Federation that has achieved giant strides in its bid for universal health coverage through its health insurance scheme, especially among the informal sector.

The informal sector in Nigeria constitutes over 70% of the nation's population (Onyejeli, 2010). The informal sector refers to self-employed workers or those who work for the self-employed, such as artisans and daily paid workers, with an unstable flow of income (Jeong, 2010). According to the National Bureau of Statistics, the Lagos informal sector employs about 5.58 million people, about two-thirds of the state's working population (Budget_final_report_2017). Artisans face neglect and marginalization in the ongoing implementation of the National Health Insurance Scheme (NHIS) (Akinwale et al., 2014). Artisans were defined to include Aluminium makers, barbers, craft people, beads makers, blacksmiths, block makers, bricklayers, carpenters, conductors, decorators, designers, drivers, electricians, furniture makers, goldsmiths, hairdressers, mechanics, motorcyclists, painters, photographers, plumbers, pottery makers, printers, shoemakers, stylists, tailors, traders, vulcanizers, weavers, and welders

(Akinwale et al., 2014). Unfortunately, members of the informal sector in Nigeria have limited access to health insurance coverage.

A recent study on the uptake of community-based health insurance (CBHI) in Lagos showed that only 19.8% of respondents had heard of CBHI. The source of information for most respondents was through community sensitization exercises (25.3%), followed by community members and then health centers (21.4% and 18.2%, respectively) (Yusuf et al., 2019).

The Lagos State Health Scheme (LSHS), popularly known as "Ilera Eko", is a health insurance initiative of the Lagos State Government targeted at achieving universal health coverage for the teaming population of Lagos State residents (LSHS Website, 2022). LSHS is managed by the Lagos State Health Management Agency (LASHMA). The Bill and Melinda Gates Foundation through the five-year Strategic Purchasing for Family Planning (SP4FP) project, supports LASHMA in driving uptake of health care services in the informal sector. This project is made up of a consortium of partners including the Centre for Communication and Social Impact and led by Health Systems Consult Limited (HSCL).

CCSI supported the development of a communication strategy for “Ilera Eko”, premised on the Socio-Ecological Model (SEM) framework, which considers the complex interplay between individual, interpersonal, community, and societal factors that influence enrolment.

Demand generation activities to improve enrolment in Ilera Eko included the following:

- Radio jingle (Ilera Eko) aired weekly across three radio stations - Bond FM, Nigeria Info, and Lagos traffic radio.
- Community engagement in commercial/business areas (door to door mobilization and association meetings) by social mobilizers. There are 12 social mobilization assistants (SMAs) who facilitate community engagements across 5 LCDAs monthly to enroll prospective clients. These SMAs also conduct 11 community engagements with informal groups each month. In addition to these, there are LASHMA community-based enrolment officers and HSCL enrolment officers who are primarily engaged to market the scheme.
- "Ilera Eko half-hour" radio program aired weekly on Faaji FM.

The study sought to ascertain awareness, perceptions and barriers to uptake of Ilera Eko health scheme among workers in the informal sector in Lagos State, Nigeria

Project Operational Definition

The informal sector is the segment of the state population whose income is not fixed on a monthly salary basis or employed where they draw wages. The sector is disaggregated into commerce, market women and men, shop owners, and artisans.

Objectives

1. To ascertain awareness of the Ilera Eko campaign in Lagos State
2. To understand how the Ilera Eko campaign is influencing 'citizens' decision to enrol in the scheme
3. To assess the knowledge and perception of citizens regarding the Ilera Eko scheme
4. To understand the barriers and motivation to enrolling in the Ilera Eko scheme

Theoretical Framework

The Strategy Purchasing for family planning communication strategy is premised on the Socio-ecological Model (SEM) framework. The socio-ecological model was first introduced in the 1970s by Urie Bronfenbrenner and later formalized as a theory in the 1980s (Kilanowski, 2017). SEM is a systems-based approach that considers the complex interplay of networks in shaping behaviors, including relationships, community, and societal structures, and the policy in the environment (Kilanowski, 2017). SEM helps to promote change at all levels with consideration for contextual factors (Bronfenbrenner, 1977) (Kilanowski, 2017). This model considers the complex interplay between individual, interpersonal, community, and societal factors that influence enrolment for the Ilera Eko health insurance scheme.

Figure 1: Socio Ecological Model (Source: Communication for development)

Methodology

Study Design

A mixed method, combining a cross-sectional survey design and qualitative method was used to elicit information around the perception informal sector workers on the "Ilera Eko" health insurance scheme..

Study Location

The study was conducted in the 5 Local Council Development Areas (LCDA) in Lagos State, where demand generation activities are currently implemented; Ikotun-Igando, **Ikorodu, Ori-ade, Oshodi,** and **Surulere.**

Study Population

The study population included individuals aged 18 years and above, working in the informal sector, who live or have businesses within the 5 projects LCDAs and were willing to participate in the study.

Table 1 Study location

LCDAs	Study communities
To ascertain awareness of the Ilera Eko campaign in Lagos State	Igando major market Plank market Egbeda market Iyana-ipaja market
Ikorodu	Agric market Mechanic village Laketu market Allyson market Ladega market Igbogbo market Sabo market
Ori-ade	Tradefair market Majiyagbe market Nigerian Automobile Technician Association (NATA), Festac 206 branch Abule-ado shopping complex Alakija market
Oshodi	Jakande carpenter workshop

LCDAs	Study communities
	Jakande mechanic village Mushin Mayflower Mushin Market Oshodi Post-office market Oshodi market
Surulere	Oyingbo market Motor Mechanic and Technician Association of Nigeria (MOMTAN) Akerele extension Professional Carpenters and Furniture- makers Association (PCFA) Ebutte Meta Glover street

Sampling and Sample Size

Qualitative component

The study participants for the in-depth interviews were purposively selected from the study location/communities.

Quantitative component

A multistage sampling technique was used to recruit study participants for both quantitative and qualitative components. Respondents were drawn from the 5 LCDAs where the Ilera Eko campaign is being implemented. Locations/communities were purposefully selected based on recommendations from the project implementation team, and study participants were drawn from commercial areas randomly chosen from these communities..

The sample size was calculated using the single proportion formula below:

$$n = \frac{\left(Z_{1-\alpha/2}\right)^2 P(1-P)}{d^2}$$

- *$Z_{1-\alpha/2}$ is standard normal varied alpha level (5%) =1.96*
- *P is the expected proportion in the population obtained from previous studies. Where no previous studies exist, we assume 50% (0.5)*
- *d is precision set at 5% (0.05)*
- *10% non-response rate*

$$\frac{\left(Z_{1-\alpha/2}\right)^2 P(1-P)}{d^2}$$

$$\frac{(1.96)^2 x\ 0.5\ x\ (1-0.5)}{(0.05)^2}$$

$$= \frac{3.8416\ x\ 0.5\ x\ 0.5}{0.0025}$$

$$= \frac{0.9604}{0.0025}$$

$$=384.16$$

$$\approx 384$$

Calculating the 10% non-response

=10% of 384

= 10/100 x 384
= 0.1 x 384
= 38.4
≈ 38

= 384 + 38

= 422 per LCDA

Total number of participants for the study in the 5 LCDAs

= 422 x 5 = **2,110 participants**

With a confidence interval of 95%, a response distribution of 50%, and a non-response of 10%, the total sample size for the study was 2,110 participants (422 per LCDA).

Data Collection Tools

A pretested questionnaire was developed to collect responses from study participants across the 5 LCDAs in Lagos state. The questionnaire included sections eliciting information on population demographics; media use; exposure to Ilera Eko campaign; and knowledge, perception, and decision to enrol on the Ilera Eko scheme.

The qualitative component utilized in-depth interviews to elicit information from the study participants. The interview guide was structured to explore knowledge, attitude, and perceptions towards Ilera Eko and understand the barriers and motivations to subscribing to the scheme.

Table 2 Methodology Matrix

Objectives	Methods
To acsertain awareness of the Ilera Eko campaign in Lagos State.	Survey, IDIs
To understand how the Ilera Eko campaign is influencing 'citizens' decision to enrol in the scheme.	Survey, IDIs
To assess the knowledge and perception of citizens regarding the Ilera Eko scheme.	Survey, IDIs
To understand the barriers and motivation to enrolling for the Ilera Eko scheme.	IDIs

Data Collection Methods and Analysis

A mobile device was used for data collection, and the questionnaire was scripted using Kobo toolbox and uploaded to a server. The form was downloaded onto each mobile device for use during interviews and uploaded back to the server once completed. Eight field research assistants per LCDA were trained and deployed to the field to collect data using mobile devices. The Ilera Eko jingles were also uploaded to Kobo toolbox and played from mobile devices to study participants. The quantitative data were collated, cleaned, and exported into STATA 14 for analysis. Simple descriptive analysis was conducted using frequencies to summarize findings. Open-ended questions were analyzed as textual data and were summarized as frequencies.

Awareness scores were calculated based on respondents' responses on Ilera Eko Campaign. Awareness had 5 questions, and for a 'yes' response it was scored '1', for a 'no' response, it was scored '0'. Awareness score was then categorized based on the total score (maximum score is 4) into 'low' (0-1), and 'high' (2-4). Perception had 9 likert scale questions with a total of 45 scores. For a 'strongly agree' response, it was scored '5', for 'agree', '4', for 'neutral', '3', for 'disagree', '2', and for 'strongly disagree', '1' The perception score was then categorized based on the total score into 'low' (0-22), and 'high' (23-45).

The in-depth interview sessions were recorded and complemented with comprehensive session notes. All audio recordings were translated and transcribed. The transcripts were cleaned and exported into Dedoose 9.0 for analysis. Content analysis on transcripts from the interview sessions was done to understand the perception of study participants on the Ilera Eko scheme.

Data Quality

The data collection tools were pre-tested before use. CCSI identified research assistants (RAs) from its existing pool of experienced research consultants and ensured the research team was trained to appreciate the research context before the commencement of field activities. The research assistants were exposed to 2-days training and piloted the tools before field data collection commenced.

The back end of the Kobo toolbox was also managed by the data management team (detailed in Annex 3) who gave real-time feedback during the data collection exercise.

Ethical Approval and Informed Consent

Ethical approval was obtained from the Lagos State Health Research Ethics Committee (Lagos-REC). Consent was obtained from all eligible participants by trained research assistants before conducting the interview. Participants were provided with information about the study and informed that their participation is voluntary and that they were free to discontinue at any time if they feel uncomfortable with the process.

Results

Demographics

A total of 2, 241 respondents participated in the survey across the 5 LCDAs in the state. The mean age of the respondents was 37 years and most of the respondents were married.

Respondents' characteristics		Frequency	Percentages (%)
Local Council Development Areas (LCDAs)	Ikotun-Igando	415	20.1
	Ikorodu	451	18.5
	Oriade	463	20.7
	Oshodi	450	20.1
	Surulere	462	20.6
Gender	Female	1,030	46.0
	Male	1,211	54.0
Marital status	Single	785	35.0
	Married	1,383	62.0
	Separated/Divorced	785	35.0
	Widowed	42	1.9
Religion	Christian	1,475	65.8
	Muslim	749	33.4
	Others	17	0.8
Highest educational level completed	None	86	3.8
	Primary	335	15.0
	Secondary	1,218	54.0
	Tertiary	602	27.0
Occupation	Artisans	646	29.0
	Market men/women	1,226	55.0
	Transporter	176	8.0
	Others	193	8.6

Table 3 Demographic variables

Fifteen persons (15) participated in the in-depth interview – 5 persons were currently enrolled on the scheme, 5 were not enrolled and 5 were social mobilizers on the Ilera Eko campaign. Respondents were drawn from the 5 LCDAs, 9 were male and 6 were female.

Media Consumption Habits

About sixty-five percent (65%) of the respondents listen to radio regularly (see figure 2). Radio listenership was highest in Ikotun-Igando where 24% of respondents listen to radio every day, while 25% of respondents in Oriade never listen to radio. Figure 2 below shows the disaggregation of radio listenership by LCDAs.

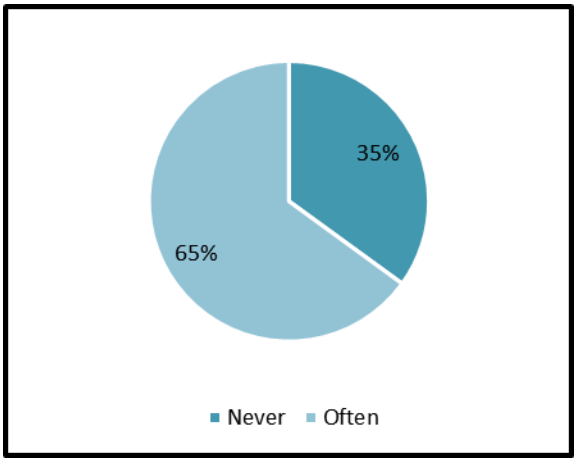


Figure 2: Radio listenership across study locations

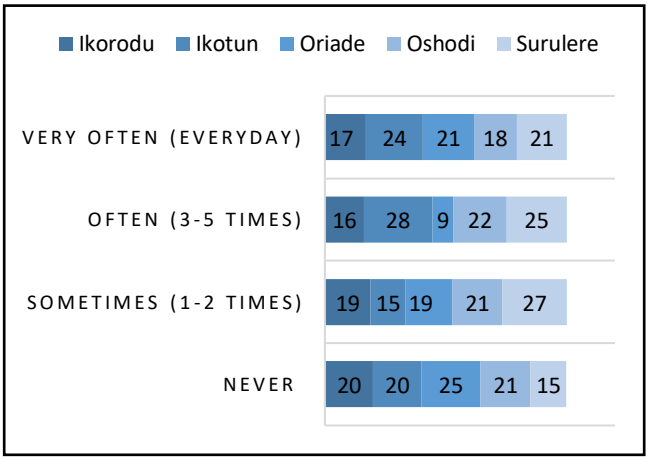


Figure 3: Radio listenership across LCDAs

Prior to the study, the Ilera Eko radio jingle and radio program were aired on Bond FM, Nigeria Info, Lagos traffic radio and Faaji FM respectively (the jingle also aired during the radio program), results showed that more (22%) of the study participants preferred Wazobia FM. Other radio stations preferred by the respondents were Bond FM (21%), Radio Lagos (20%), Faaji FM (13%), Lasgidi (4%) and SMA FM (3%). (Figure 4).

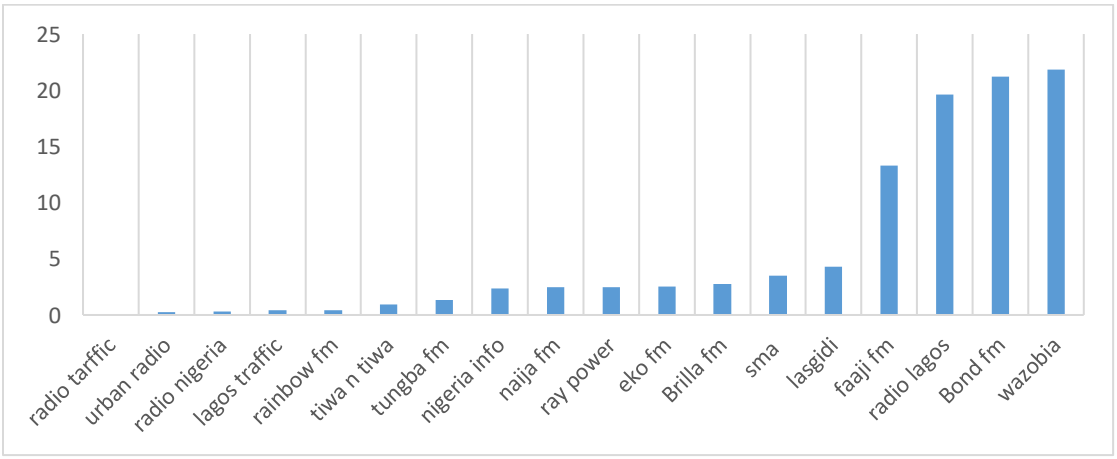


Figure 4: Most preferred radio stations

Preference for radio stations also differed across the LCDAs, while respondents from Ikorodu and Surulere preferred Radio Lagos; Faaji FM is preferred in Ikotun-igando, Wazobia in Oriade, Bond FM in Oshodi, while Lasgidi and Naija FM were least preferred across the LCDAs.

Table 4 Percentage of preferred radio station by LCDA

LCDAs	Ikorodu	Ikotun	Oriade	Oshodi	Surulere
Bond FM	3.0	5.0	2.0	**7.0**	8.0
Faaji FM	0.5	**7.9**	4.0	2.0	2.0
Lasgidi FM	2.4	0.5	0.3	1.0	1.0
Naija FM	0.0	0.1	0.8	1.0	1.0
Radio Lagos	**4.3**	3.3	3.2	3.0	**10.0**
Wazobia	4.2	4.1	**9.7**	4.0	5.0

Awareness of Ilera Eko Campaign

Awareness score of Ilera Eko campaign was calculated based on the exposure of respondents to Ilera Eko mass media campaign; the jingles and the radio program. The score was categorized into "low awareness and "high" awareness. The result of the score showed that eighty-four percent (84%) of the respondents fell within the high category, this indicates that 84% of the respondents have been exposed to at least one of the campaign approaches (Figure 5).

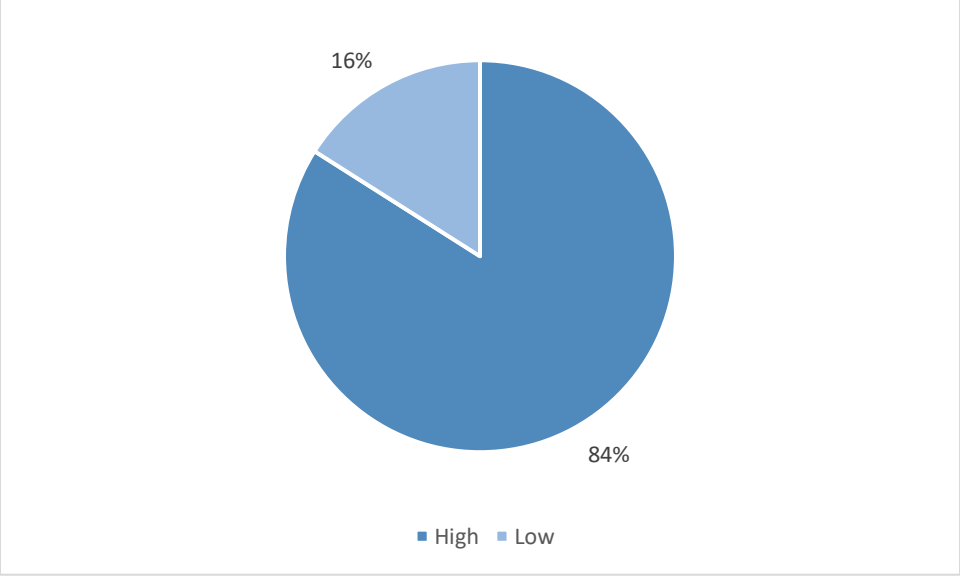


Figure 5: Awareness of Ilera Eko Campaign

Sources of Information on Ilera Eko

Across the different channels, most of the respondents heard about Ilera-Eko from the radio jingle (Figure 6).

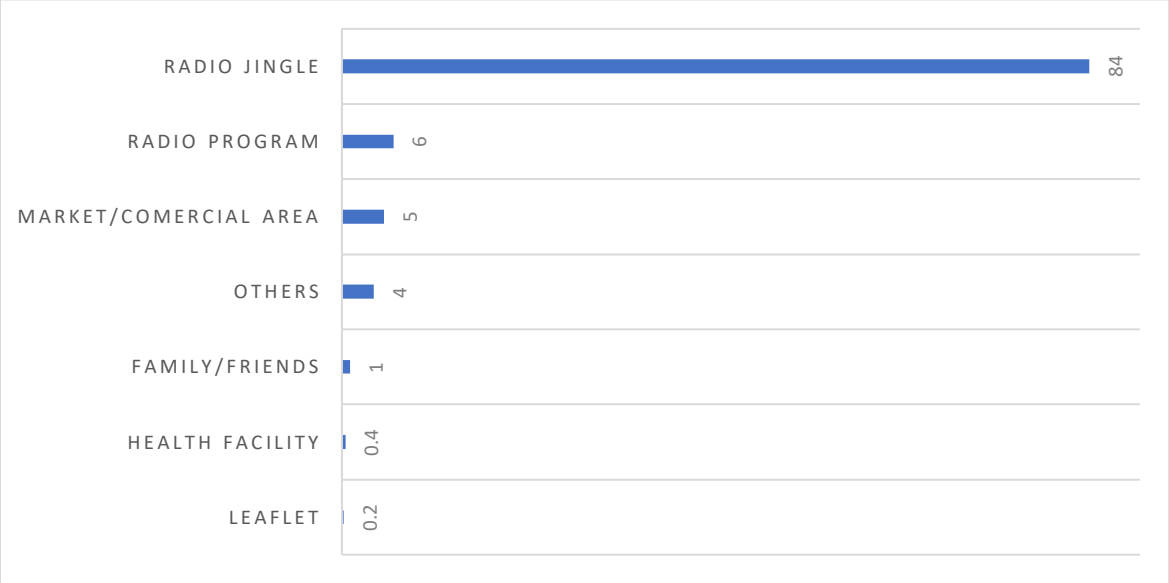
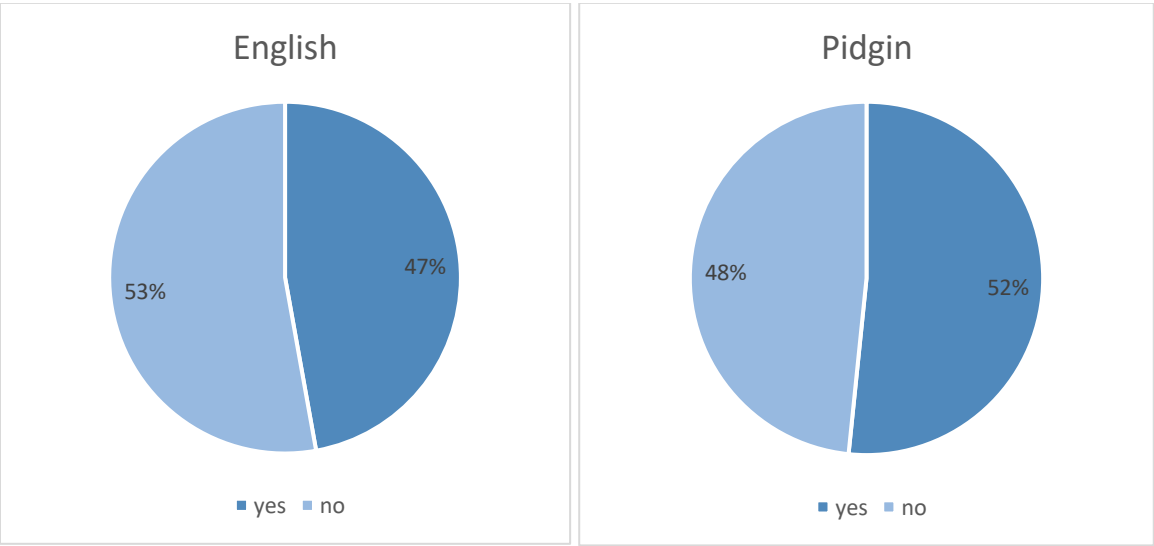


Figure 6: Major source of information on Ilera Eko

Forty-seven percent (47%) of respondents had heard the English version of the Ilera-Eko jingle, 52% had heard the pidgin version and 79% had heard the Yoruba version of the Ilera Eko jingle (Figure 7). About 15% of the respondents reported listening to Ilera Eko half-hour radio program (Figure 7), with most respondents being from from Oriade LCDA (33%).

With regards to community mobilization activities, 18% of the respondents reported seeing social mobilizers talking to someone but only 8% reported being engaged by community mobilizers on Ilera Eko campaign.



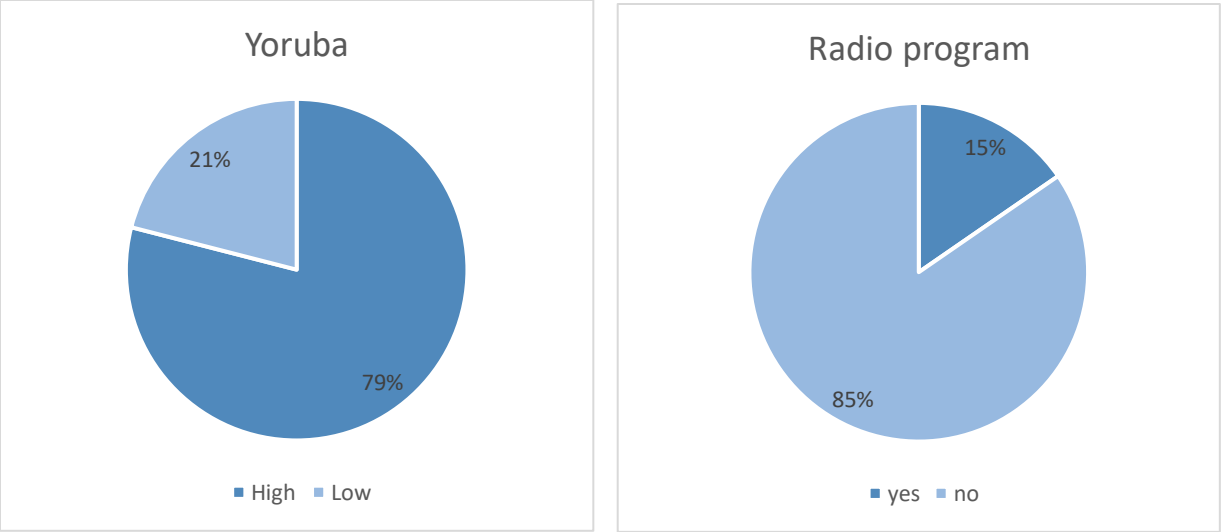


Figure 7: Percentage awareness of Ilera Eko mass media campaign

Findings from the qualitative study also revealed that most of the respondents interviewed were aware of the campaign. Respondents confirmed receiving information about the scheme via radio and community mobilization activities. Others added that heads of their associations also provided information on Ilera Eko scheme.

> "*I've only heard from bond FM because I like listening to their radio programs every time, infact the person that have heard so much from about the program before I now met this person last month that now told me that if I have small money I can be paying in installment*". [**IDI Non-enrolee, Mushin, Oshodi LCDA**]

Knowledge and Perception of Citizens about Ilera Eko Scheme

Overall, 54% of the men and 47% of women knew Ilera Eko as a health insurance scheme. When asked who the beneficiary of the scheme is, 51% said that Ilera Eko is designed for everyone resident in Lagos state.

Most IDI respondents were able to mention the packages on the scheme, which include the individual package of ₦8,500 and the family package of ₦40,000. In addition to this, they could mention different benefits of the scheme and where people could enrol.

> "*...If we pay forty thousand naira in a year. Whatever anyone is passing through the money covers everything and there won't be any challenge concerning our health and the health of our children, we have the right to take them to the hospital for treatment. I have the opportunity but was not privileged to do it because of financial constraint.*"
>
> [**IDI Non-enrolee, Ketu, Ikorodu LCDA**]

Respondents provided feedback on perception around the cost of Ilera Eko, the enrolment process, services provided on the scheme, out of pocket expenses for healthcare services, reliability of the scheme and benefits. Scoring was categorized into "low perception" and "high perception" (as detailed in the methodology). Findings showed that 79% of respondents believe that the scheme is good and beneficial for the residents of Lagos State.

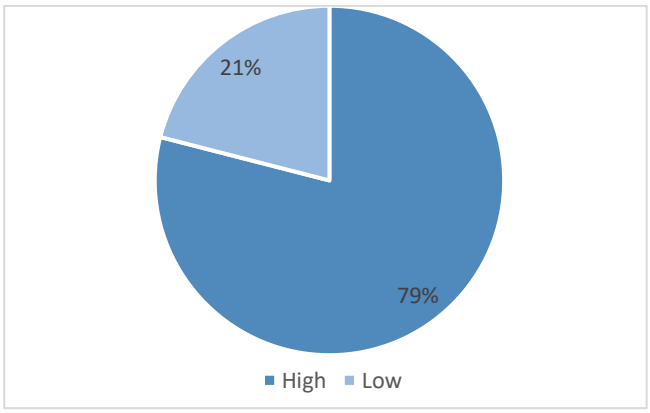


Figure 8: Perception about Ilera Eko scheme

The IDI respondents also considered the Ilera Eko scheme as a good initiative which would provide quality healthcare to people in the informal sector. They also mentioned affordability and accessibility to a wide range of healthcare services as some benefits of the scheme.

> "*....I first looked at it that these people have come with another fraudulent scheme. But I have realized that it is not a fraud*" [**IDI Enrolee, Iba, Oriade LCDA**]

Decision to Enroll in Ilera Eko Scheme

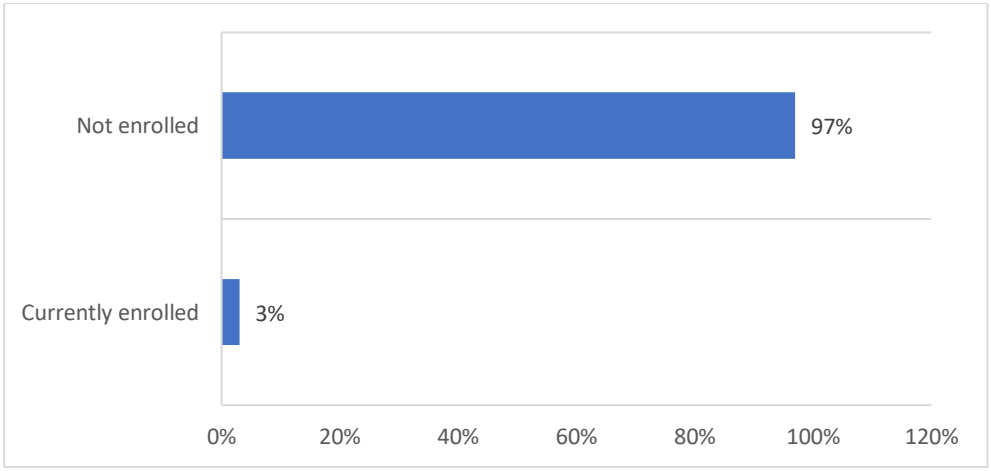


Figure 9: Percentage of people enrolled on Ilera Eko

Currently, only 3% (56) of the respondents that participated in the study are enrolled on the scheme (Figure 9 above). Reasons given for enrolment include; concerns around the status of their health (21%), trust and belief that enrolling in the scheme will prevent out of pocket payment (16%), ease of enrolment (13%), access to quality healthcare services (11%), affordability (9%) and advice from a family member (9%) (Figure 10).

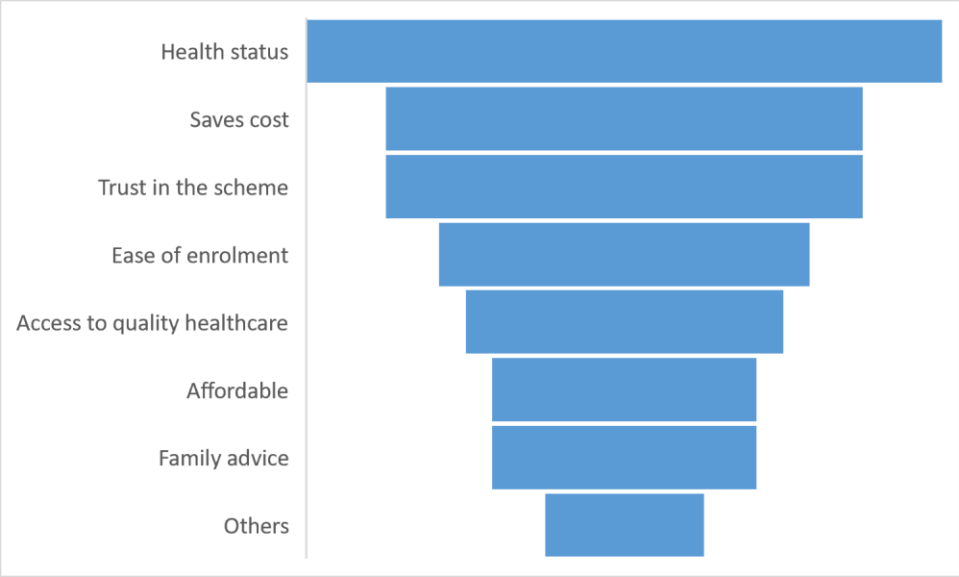


Figure 10: Reasons for enrolling on Ilera Eko

Experience on Ilera Eko Scheme

Seventy-five percent (75%) of the respondents who enrolled on Ilera Eko said they were satisfied with the scheme (Figure 11). Lack of satisfaction was largely due to quality of healthcare service delivery (64%), customer service (21%) and the enrolment process (14%) (Figure 12).

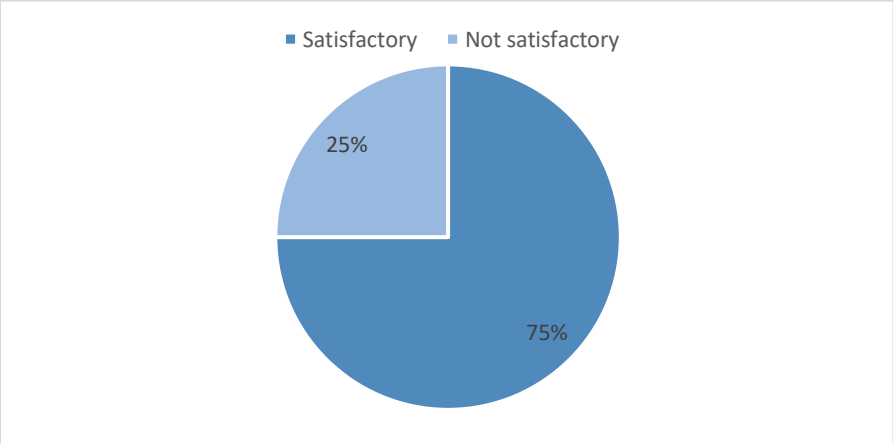


Figure 11: Experience on Ilera Eko Scheme

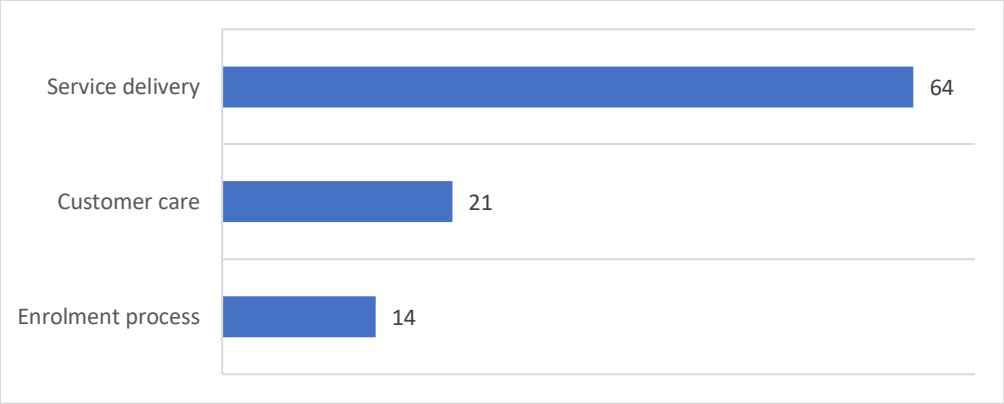


Figure 12: Some unsatisfactory aspects of the Ilera Eko scheme

Willingness to Enrol on Ilera Eko Scheme

Willingness to enrol was estimated by asking respondents about their intention to join the scheme; 67% (1,471) were willing while 33% (714) were not (Figure 13). Of those that were willing, 66% of them had been exposed to Ilera Eko campaign.

When asked what would motivate them to enrol on the scheme (Figure 14), 58% mentioned an affordable premium, 10% said having a stable income and easy enrolment process(10%), 9% noted proximity to scheme's enrolment centre, while 7% mentioned proper fund management.

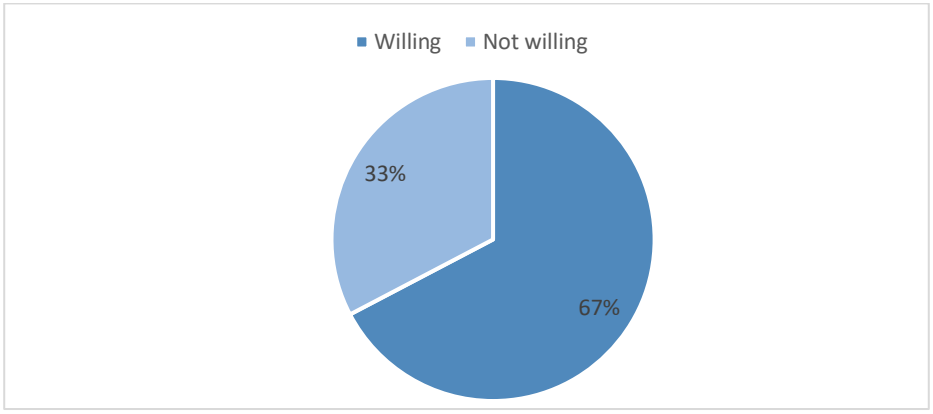


Figure 13: Willingness to enrol on Ilera Eko

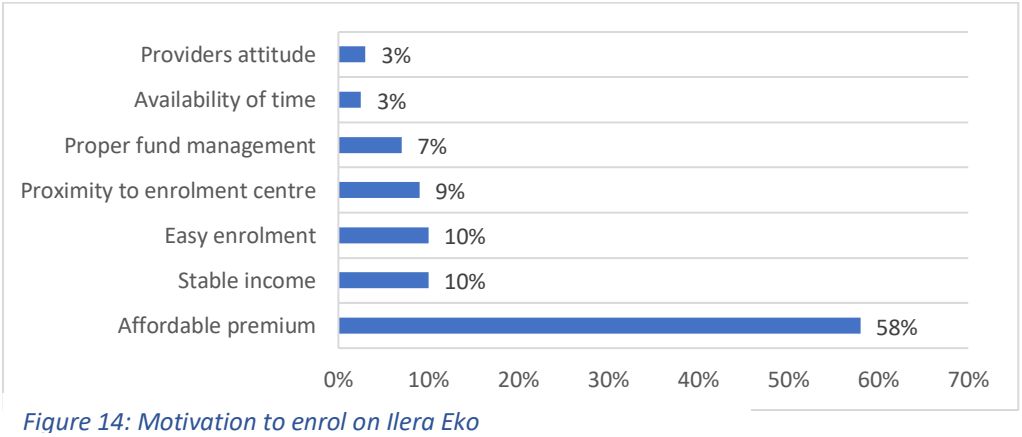


Figure 14: Motivation to enrol on Ilera Eko

Barriers and Motivation to Enrolling on the Ilera Eko Scheme

Barriers

For those who are currently not enrolled on Ilera Eko Scheme, barriers included not having sufficient information about the scheme (78%), complicated enrolment process (4%) and premium not affordable (4%), lack of time to enrol (3%), financial constraints (2%), good health status (2%) and lack of trust in the government (1%) (Figure 15).

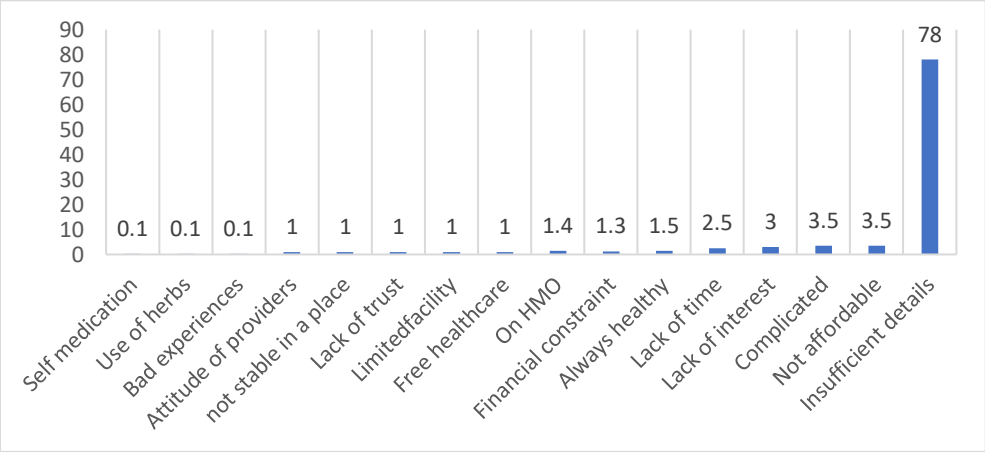


Figure 15 Barriers to enrolling on Ilera Eko

In sharp contrast to findings from the survey respondent who were largely unaware of the details of the scheme, the major constraint reported by IDI respondents was the cost of annual premium. Most of the respondents who were yet to enrol complained that they were unable to raise funds for the enrolment.

> "*You know that there are some other poor people that are interested but they don't have the financial means or money to register*" [**IDI Non-enrolee, Mushin, Oshodi LCDA**]

Another salient issue was the cumbersome payment process when enrolling for Ilera Eko. Some enrollees narrated that making payments could be stressful and discouraging. While other respondents explained that they rarely fall ill, other barriers were self-medication, preference for herbal treatments and the negative attitude of healthcare providers.

> "*They believe in self-mediation, they believe in taking herbs when anything is wrong, some of them are of the opinion that they don't even fall sick, fifteen, twenty years they have not use drugs, they don't use to have a headache that is part of things that makes it difficult*" [**IDI SMA, Ikotun, Ikotun LCDA**]

Figure 16: Barriers to enrolling on Ilera Eko

Facilitators

Motivators for current enrollees and those who expressed their intention to enrol on the scheme appear similar. Motivations for continued enrolment include quality healthcare services (41%), ease of enrolment (31%) and affordable premium (24%). (Figure 17).

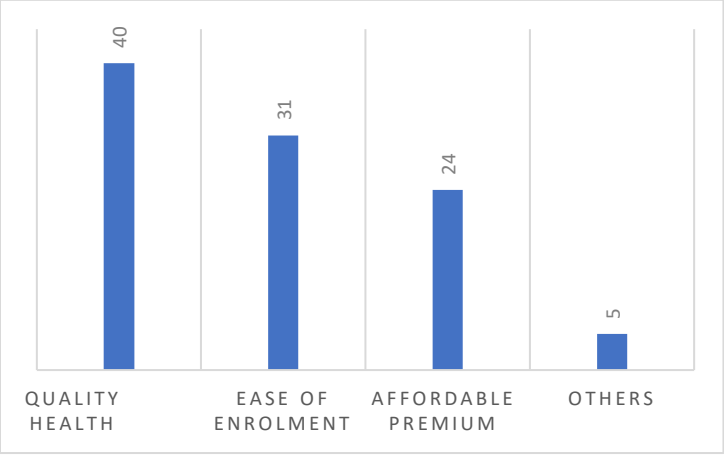


Figure 17: Facilitators for continued enrolment on Ilera Eko

The qualitative findings revealed that access to quality healthcare at the facility will encourage continued enrollment on the scheme. Enrollees also stated they were motivated to join the scheme because the annual payment was well within their personal capacity, and this made it easy for them to enroll.

> *"If they don't increase the price and that we are receiving prompt attention and good services in our hospital of choice and they give us drugs and immediately we start using it, within 2 to 3 days, we can see that the problem is gone"* [**IDI Enrolee, Akeredolu, Surulere LCDA**]

In addition to easy enrolment process, respondents also mentioned fixed cost of premium as facilitators for enrolling on the scheme while those yet to enroll suggested that a reduction in the premium would make it easy for them join the scheme.

Predictors of Enrolment into Ilera Eko

Willingness to Enrol

```
. logit newwillenrol age i.n_lcda i.n_gender i.n_marital_sta i.n_religion i.n_hig_educ_level i.n_oc
> cupation

Iteration 0:   log likelihood = -1380.6361
Iteration 1:   log likelihood = -1340.3571
Iteration 2:   log likelihood = -1340.1356
Iteration 3:   log likelihood = -1340.1356

Logistic regression                             Number of obs     =      2,185
                                                LR chi2(18)       =      81.00
                                                Prob > chi2       =     0.0000
Log likelihood = -1340.1356                     Pseudo R2         =     0.0293

------------------------------------------------------------------------------
  newwillenrol |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
---------------+--------------------------------------------------------------
           age |   .0000235   .0051942     0.00   0.996    -.0101569    .0102039
               |
         n_lcda |
ikotun-igando |   .5338766   .1468184     3.64   0.000     .2461179    .8216353
        oriade |   .8266758   .1491733     5.54   0.000     .5343015     1.11905
        oshodi |   .2596563   .1444184     1.80   0.072    -.0233986    .5427112
      surulere |    .648755   .1556009     4.17   0.000     .3437829    .9537271
               |
      n_gender |
        2. male |  -.0420081   .1037611    -0.40   0.686    -.2453762      .16136
               |
   n_marital_sta |
separated/divorced |  -.6344593   .3778655    -1.68   0.093    -1.375062    .1061435
        single |  -.2768686   .1266088    -2.19   0.029    -.5250174   -.0287199
       widowed |    .113898   .3661162     0.31   0.756    -.6036765    .8314725
               |
     n_religion |
        muslim |   .2517538   .1061577     2.37   0.018     .0436884    .4598191
        others |  -.2703213   .5266238    -0.51   0.608    -1.302485    .7618425
               |
n_hig_educ_level |
       primary |   .3427869   .2639193     1.30   0.194    -.1744855    .8600593
     secondary |   .3083726   .2430531     1.27   0.205    -.1680028    .7847481
      tertiary |   .4289182   .2544879     1.69   0.092    -.0698689    .9277052
               |
    n_occupation |
        artisan |   .0332967   .3442157     0.10   0.923    -.6413537     .707947
market men/women |  -.3420922   .3383023    -1.01   0.312    -1.005153    .3209682
        others |  -.0324107   .4550842    -0.07   0.943    -.9243594     .859538
   transporter |   -.068237   .3797628    -0.18   0.857    -.8125584    .6760844
               |
         _cons |   .1865849   .4826802     0.39   0.699    -.7594509    1.132621
------------------------------------------------------------------------------
```

Figure 18: Predictors to willingness

Logistic regression analysis was used to determine the predictors of respondents' willingness to enroll for Ilera Eko. Respondents who are from Ikotun-Igando, Oriade and Surulere are 2 times more likely to enroll than those in Oshodi; this could be because more people are being exposed to the campaign in these areas. The analysis also revealed that those who are single are more willing to enrol; this could be attributed to the fact that enrolment cost for singles is cheaper than the family package.

Awareness

```
. logistic awarenesslevel age i.n_lcda i.n_gender i.n_marital_sta i.n_religion i.n_hig_educ_level i
> .n_occupation

Logistic regression                             Number of obs     =      2,241
                                                LR chi2(18)       =     214.06
                                                Prob > chi2       =     0.0000
Log likelihood = -1430.1306                     Pseudo R2         =     0.0696

------------------------------------------------------------------------------
awarenesslevel | Odds Ratio   Std. Err.      z    P>|z|     [95% Conf. Interval]
---------------+--------------------------------------------------------------
           age |   1.022331    .005032     4.49   0.000     1.012516    1.032242
               |
         n_lcda |
ikotun-igando |   2.359243   .3580533     5.66   0.000     1.752221    3.176554
        oriade |   2.595192   .3905145     6.34   0.000     1.932342    3.485419
        oshodi |   2.140672   .3230838     5.04   0.000     1.592508    2.877524
      surulere |   2.444886   .3758857     5.81   0.000     1.808805    3.304649
               |
      n_gender |
      2. male |   1.211783   .1216657     1.91   0.056     .9953186    1.475323
               |
   n_marital_sta |
separated/divorced |    .620413    .235211    -1.26   0.208     .2951028    1.304333
        single |   .5621478   .0688441    -4.70   0.000     .4421881     .714651
       widowed |   .8502972   .2867369    -0.48   0.631     .4390651    1.646693
               |
     n_religion |
        muslim |     1.4907   .1479436     4.02   0.000     1.227194    1.810786
        others |   1.827822   .9201925     1.20   0.231     .6814093    4.902978
               |
 n_hig_educ_level |
       primary |   1.683254   .4436408     1.98   0.048     1.004166    2.821587
     secondary |   1.730755    .425698     2.23   0.026     1.068743    2.802837
      tertiary |   1.399895   .3579706     1.32   0.188     .8480715    2.310778
               |
    n_occupation |
        artisan |   1.009554   .3210756     0.03   0.976     .5412724    1.882969
market men/women |   .8818068   .2767644    -0.40   0.689     .4766667    1.631293
        others |    .91705   .3917561    -0.20   0.839     .3969783    2.118455
    transporter |   .9240689   .3253981    -0.22   0.823     .4634101    1.842652
               |
          _cons |   .1093822   .0512594    -4.72   0.000     .0436568    .2740578
------------------------------------------------------------------------------

.
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Figure 19: Predictors of awareness

The analysis showed that the older the respondent, the higher the awareness level. Awareness of Ilera Eko scheme was significantly higher in respondents that are singles when compared to those that were married. Finally, people who completed secondary school education are 2 times more likely to have a high awareness level (Figure 19).

Discussion

The results presented have key implications. First, most of the respondents interviewed were aware of the Ilera Eko campaign as reflected in the percentage of people who had heard about the campaign (84%), and their major source of information was through the radio jingle. 66% of those who expressed willingness to enrol on the scheme had also been exposed to Ilera Eko campaign. Radio is an effective channel where budget allocation is somewhat limited, and approaches need to be prioritized for reaching a large number of people. Although it is obvious that the campaign strategy which leveraged mass media to heighten the discourse and awareness of the Lagos State Health Scheme worked, there were missed opportunities due to the limitations of the channel allowing for the provision of only high level information. The community mobilization strategy that accompanied the mass media strategy was not intense enough, to the extent that more people would get detailed information about the scheme. The major lesson here is to have a strong counterpart for mass media in leveraging intensive community mobilization which would have more people on the ground, mobilizing people, getting them enrolled and answering all questions, while providing details they could not have got from radio jingles.

Another consideration is the dose of the live radio program in comparison to the radio jingles. The radio program provided in-depth information about the scheme and would have been able to reach more people. Where resources permit, it will be beneficial to have the radio program and radio jingle at the same dose.

It is also imperative to address some of the supply side barriers that can hinder enrolment on health insurance, and where possible, develop messages to address such barriers. Although majority of respondents appreciated the campaign and understood the benefits of the scheme, many of the respondents complained about the cumbersome process of registration and the inability to raise money for the enrolment premiums. Heath insurance schemes like Ilera-Eko are created to help the socially marginalized, especially in the informal sector. Despite the highly subsidized premium, the enrolment fee was still considered too expensive by some, hence unaffordable. It is therefore imperative that while campaigns such as this move to increase enrolment by addressing barriers, it should also seek ways of engaging the insurance scheme on more affordable packages. With about 58% of respondents highlighting affordability as a motivation for enrolment, the scheme might need to revisit the cost of its premium, as the same costs might not work for white- and blue-collar workers.

The communication strategy for the Ilera Eko campaign has been effective in addressing some issues that were highlighted in the formative research that informed the design. Of note is the unwillingness to enrol on the scheme due to mistrust in government and the belief that the scheme was a scam. It is interesting to note that only 1% of those surveyed expressed lack of trust in government as the barrier to enrolment and 78% were not enrolled just because they did not have sufficient information about the scheme. The campaign would do well to ride on the

high awareness of the scheme and provide detailed information that will help more people to enrol.

Conclusion

Respondents' awareness of Ilera Eko was high (84%), although the number of enrollees on the scheme from the sampled population was quite low (3%). Key reasons for this could be the lack of detailed information to help make an informed decision to enrol, and considerations around affordability of the premium. A quick win for the Lagos State Health Scheme to improve enrollment through demand generation, would be targeted focus on the population of the informal sector who have expressed willingness to enrol but were yet to do so due to lack of detailed information. Supporting the mass media campaign with commensurate community mobilization will effectively close this gap.

Addressing limitations to accessing healthcare among people in the informal sector is key to increasing enrolment. The Scheme will need to look into affordability of the premium, to address this barrier amongst the vast majority of the informal sector who live well below the poverty line. The enrolment process (including the payment process) should also be made easier. Messages can be developed to reinforce the quality of services delivered on the scheme through trained, competent and friendly health workers.

Leveraging a coherent demand strategy is a viable way to improve enrolment on health insurance schemes like Ilera Eko. Using radio jingles can help to increase awareness of health insurance and potentially improve enrolment. Social mobilization activities where volunteers/enrolment agents engage community members is also a viable tool as indepth information can be provided alongside on-the-spot enrolment; it however requires ample time and resources before results can be seen. Campaigns for insurance schemes would need to consider availability of resources and prioritize channels accordingly. Eliminating supply side barriers such as reviewing the premium price for enrolment and making enrolment easy and less cumbersome would also be an added advantage.

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Annexes

Annex 1: Data Collection Tool

SN	Questions	Responses	Skip pattern
Demographics			
1.	Local Council Development Area	a) Ikotun-Igando b) Ikorodu c) Oriade d) Oshodi e) Surulere	
2.	Gender	a) Male b) Female	
3.	Age in years		
4.	Marital Status	a) Single b) Married c) Separated/divorced d) Widowed	
5.	Religion	a) Christian b) Muslim c) Others	
6.	Highest educational level completed	a) None b) Primary c) Secondary d) Tertiary	
7.	Occupation	a) Artisan (mechanics, fashion designer, carpenter etc) b) Market men/women c) Transporter d) Others	
8.	What do you do when you or any member of your family falls sick?	a) Visit the hospital for treatment b) Self-treatment at home c) Consult a chemist or pharmacist d) Drinking herbal remedies (agbo) e) Others	

SN	Questions	Responses	Skip pattern
	Awareness on health insurance scheme		
9.	What is your commonest mode of payment for health services?	a) Out of pocket b) Health insurance c) Loan d) Contribution from family/friends e) Others (specify)	
10.	What do you know about health insurance?	a) Prepayment for health care b) Paying tax to the government c) Free health delivery by the government d) I don't know e) Others (specify)	
11.	Have you ever used any health insurance scheme?	a) Yes b) No	If no, skip to question 14
12.	If yes to 10, which health insurance scheme are you currently using?	a) Ilera Eko b) NHIS c) Private HMO a) Others (specify)	If (b, c, or d), skip to question 14
13.	What are your reasons for enrolling in the health insurance scheme?	a) Ease of enrolment b) Financial protection against illness c) Trust in the scheme d) Quality service delivery e) Family/friend asked me to a) Others (specify)	
14.	If no to question 11, why are you not on any health insurance scheme?	a) Access to free health services b) Difficulty in accessing services c) Difficulty in registering for health insurance d) More convenient to pay out of pocket	

SN	Questions	Responses	Skip pattern
		e) Mostly healthy, do not need health insurance f) Others (specify)	
Media use frequency			
15.	In a week, how often do you listen to the radio?	a) Never b) Sometimes (1-2 times) c) Often (3-5 times) d) Very often (everyday)	If '"never' skip to question 20
16.	What are your preferred radio stations? (specify)		
17.	What is your preferred radio program? (specify)		
18.	When last did you listen to a health insurance program on the radio?	a) Less than a week ago b) Less than a month ago c) Over a month ago d) Can't recall/ Never listened	If 'can't recall', skip to question 20
19.	What radio station? (specify)		
Awareness about Ilera Eko campaign			
20.	In the past 6 months, have you heard this jingle on the radio talking about the Ilera Eko? (Jingle English) (play jingle)	a) Yes b) No	If no, go to 21
21.	In the past 6 months, have you heard this jingle on the radio talking about the Ilera Eko?(Jingle Pidgin)	c) Yes d) No	If no go to 26
22.	If yes, where did you hear about it?	a) Radio jingle (Ilera Eko) b) Radio program (Ilera Eko half hour) c) Market/commercial area d) Health facility e) Family/friends f) Leaflets g) Others (specify)	

SN	Questions	Responses	Skip pattern
23.	If yes, what was the message about?	a) Enrolment into health insurance b) Benefit of enrolling for Ilera Eko c) Where to enroll for Ilera Eko d) Ilera Eko benefit package e) Others	
24.	In the past week, how many times did you hear the jingle?	a) 1-3 b) 4-9 c) 9 and above d) I didn't hear it	I didn't hear it skip to 26
25.	What radio station did you hear the jingle – Ilera Eko?	a) Bond FM b) Faaji FM c) Nigeria Info d) Lagos traffic radio e) Others (specify)	
26.	In the past 6 months, have you heard the Ilera Eko half hour program on radio?	a) Yes b) No	If no skip to 30
27.	If yes, what was the program about?	a) Enrolment into health insurance b) Benefit of enrolling for Ilera Eko c) Where to enroll for Ilera Eko d) Others	
28.	In the past week, how many times did you hear the radio program – Ilera Eko half hour?	a) 1 b) 2 c) 3 d) I didn't hear it	I didn't hear it skip to 30
29.	What radio station did you hear the radio program – Ilera Eko half hour?	a) Bond FM b) Faaji FM c) Nigeria Info d) Lagos traffic radio e) Others (specify)	
30.	In the past 3 months, have you seen any social mobilization assistant wearing a T-shirt with "Ilera Eko, leaving no one	a) Yes b) No	If no to go 31

SN	Questions	Responses	Skip pattern
	behind" written on it talking with someone?		
31.	In the past 3 months, has any social mobilization assistant wearing a T-shirt with "Ilera Eko, leaving no one behind" written on it spoken to you?	a) Yes b) No	If no to 34
32.	If yes, what was the message about?	a) Enrolment into health insurance b) Benefit of enrolling for Ilera Eko c) Where to enroll for Ilera Eko d) Others	
33.	In the past one week, how many times did you hear about Ilera Eko campaign from the social mobilization assistant?	a) 1-3 b) 4-9 c) 9 and above	
Knowledge of the Ilera Eko health insurance scheme			
34.	What is Ilera Eko campaign about?	a) Health insurance scheme b) Family planning c) Others (specify) d) Don't know	
35.	Who can benefit Ilera Eko scheme? (Multiple responses)	a) Private worker b) Civil servant c) Market man or woman d) Artisan e) Others (specify) f) Don't know	
36.	Where can you register for the Ilera Eko scheme? (Multiple responses)	a) Ilera Eko branded agent b) Ilera Eko branded outlet c) LASHMA website d) Health facility e) Others (specify) f) Don't know	
37.	What services can you access on the Ilera Eko scheme?	a) Ante natal services b) Delivery and post-natal services c) Immunization services d) Emergency services	

SN	Questions	Responses	Skip pattern
	(Multiple responses)	e) General health care services f) Family planning services g) Others (specify) h) Don't know	
The decision to enroll in the Ilera Eko health insurance scheme			
38.	Are you currently enrolled on the Ilera Eko health insurance scheme?	a) Yes b) No	If no, skip to 44
39.	If yes to question 38, why did you register for the scheme? (Multiple responses)	a) Health status b) Ease of enrolment c) Trust in the scheme d) Family/friend asked me to e) Affordability of the scheme f) Saves the cost of health care services g) Access to a wide range of health facilities h) Access to quality health care services i) Others (specify)experience	
40.	What are the benefits of enrolling for the Ilera Eko health insurance scheme?	a) Improved access to healthcare delivery b) Reduction of out of pocket expenses c) Provision of free healthcare for pregnant women d) Free consultation at the health facility e) Others	
41.	What has been your experience on Ilera Eko so far?	a. Satisfactory b. Not Satisfactory	If a, skip to 43
42.	Which of these aspects of Ilera Eko are you most unsatisfied with?	a) Enrolment process b) Service Delivery b) Customer Care	
43.	What will make you continue using the Ilera Eko health insurance scheme?	a) Ease of enrolment b) Affordability of the scheme	

SN	Questions	Responses	Skip pattern
		c) Saves the cost of health care services d) Access to wide range of health facilities e) Access to quality health care services f) Others (specify)	
44.	If no to question 38, why are you not enrolled in the Ilera Eko health insurance scheme?	a) The enrolment process is complicated, and stressful b) Ilera Eko health insurance scheme is not affordable c) Ilera Eko health insurance scheme gives access to a few health facilities d) Others (specify)	
45.	Will you be willing to enroll for Ilera Eko?	a) I am willing b) Not willing	
46.	What would encourage you to enroll on the Ilera Eko health insurance scheme? (Specify)		End Interview
Perception about Ilera Eko health insurance scheme **I would read the following, kindly indicate if you strongly agree, agree, neutral, disagree, or strongly disagree**			
47.	The enrolment process for the Ilera Eko health insurance scheme is easy	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree	
48.	Ilera Eko health insurance scheme is affordable	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree	
49.	The Ilera Eko health insurance scheme reduces the need to pay out of pocket for health services	a) Strongly agree b) Agree c) Neutral d) Disagree	

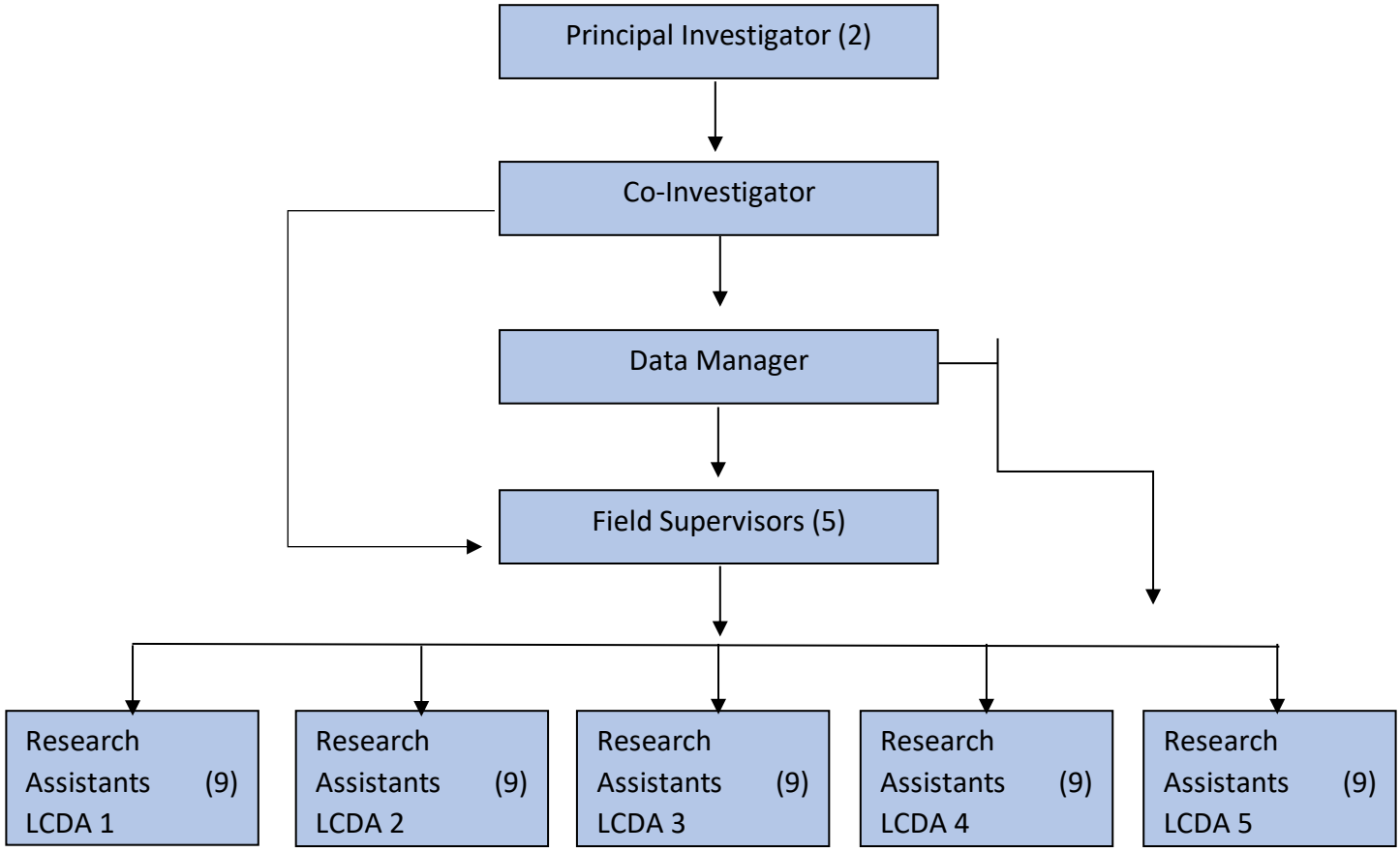
SN	Questions	Responses	Skip pattern
		e) Strongly disagree	
50.	The Ilera Eko health insurance scheme helps me save money to take care of other household needs	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree	
51.	The Ilera Eko health insurance scheme gives me access to a wide range of health services	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree	
52.	With the Ilera Eko health insurance scheme, I can get immediate healthcare when I need it	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree	
53.	Ilera Eko health insurance scheme is reliable	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree	
54.	I do not get quality healthcare services under Ilera Eko	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree	
55.	Consultation is free under Ilera Eko insurance scheme	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree	

Annex 2: Interview Guide

Study Objectives	Questions
To understand awareness of ilera Eko campaign in Lagos State	1. Have you heard about Ilera Eko campaign? Can you tell me what you know about the scheme? (***Probe for where they have heard about it, where they can register for it)*** 2. Tell me the services you can access on Ilera Eko scheme? (***Probe for all the healthcare package on Ilera Eko***)
To assess the knowledge and perception of citizens regarding ilera Eko scheme	3. What do you think about Ilera Eko scheme?
	4. What do men in this community think about the scheme?
	5. What do women in this community think about the scheme?
	6. What would you say are the advantages or benefits of using Ilera Eko scheme? ***(Probe for advantages on the family resources, accessing healthcare services at the facility, etc.)***
	7. What are the disadvantages or demerits of using Ilera Eko scheme? ***(Probe for disadvantages on the family resources, accessing healthcare services at the facility)***
To understand how ilera Eko campaign is influencing 'citizens' decision to enroll for the scheme	8. Have you enrolled for Ilera Eko? If yes, why did you enroll for it? ***(Probe for the premium, process of enrolment, etc)***
	9. If no, why 'haven't you enrolled for it? ***(Probe for the premium, process of enrolment, etc)***
	10. What are the challenges you encountered or heard of when enrolling for Ilera Eko?
	11. What are the challenges you encountered or heard of when accessing healthcare services on Ilera Eko scheme?
To understand the barriers and motivation to enrolling for the scheme	12. What are those things that made it easy for you to enroll for ilera Eko? ***(What are those things that will make it easy for you to enroll for Ilera Eko?)***

	13. What will make you continue to pay for Ilera Eko? ***(Probe for premium, accessing healthcare system, etc)***
	14. What made it difficult for you to enrol for Ilera Eko? (What will make it difficult for you to enrol for Ilera Eko scheme?)
	15. What are those things that will hinder you from continuing to pay for Ilera Eko scheme? (What are those things that will hinder you from paying for Ilera Eko scheme?)

Annex 3: Study Team Composition



Annex 4: Survey Team Composition and Roles

Survey Team member	Key Roles
Principal Investigator	The Principal Investigators, Dr Aisiri Adolor and Babafunke Fagbemi Dr. Aisiri Adolor is a public health evaluation specialist with extensive experience designing, implementing, and evaluating public and social development projects. He will be involved in the design and implementation of the study and will provide overall management and technical support to the entire team. Babafunke Fagbemi is a public health and development expert with over 20 years of experience designing and implementing social and behavior change communication interventions in Nigeria and across Africa. She will work to provide technical guidance for the smooth implementation of the study. In addition, she will support the ethical approval process
Co-Investigators	The Co-investigator, Olajumoke Olarewaju, is an M&E specialist with experience in designing and implementing field research studies. Her roles are to support the review of the protocol, technical support on field data collection, and support data analysis and report writing.
Data Manager	The Data Manager, Toyin Akande, is an M&E officer with experience in designing and implementing field research studies. She will directly coordinate all field activities and conduct extensive quality checks. The Data Manager will liaise with the field supervisors to ensure data quality.
Field Supervisors	Field supervisors will comprise CCSI staff. The Field supervisors will support the field teams to ensure smooth implementation of data collection activities.
Field Teams	The field team consists of 9 research assistants (RAs) per LCDA – 8 quantitative RAs and 1 qualitative RAs. The field team lead will adhere to the data collection process and upload data in real or near real-time.