Intent Research Phase 1:

Co-Creating New Models of Engagement in Health Service Delivery

Summary of Activities

December 2018

Intent Phase

Overview

During this initial exploratory phase, we were focused on understanding the stakeholder landscape within the two respective countries of focus: the Democratic Republic of Congo (DRC) and Nigeria. We were specifically interested in engaging with key actors that operate within the various levels of government, as well as with partnering organizations that are involved in the implementation of Child Health programming.

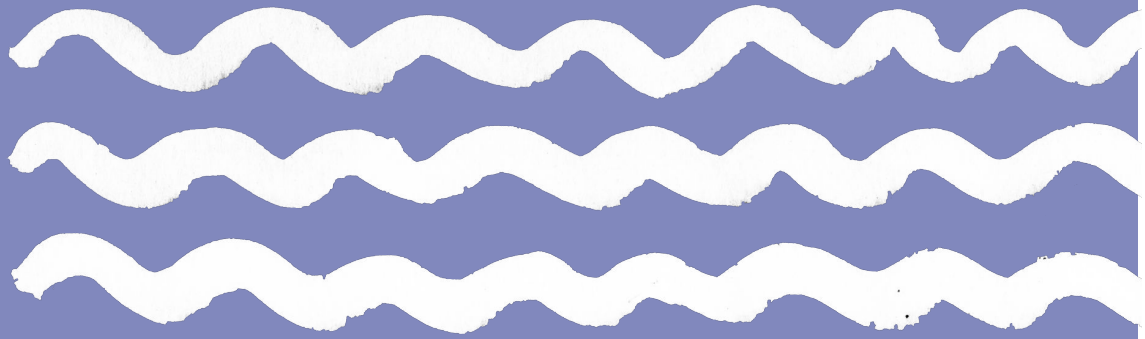
The initial scoping trip provided us with a strong foundation or a general understanding of the healthcare landscape in both country contexts. This includes how communication flows between stakeholders, as well as a how decision-making operates and influences technical assistance activities on a broader level. The general themes and insights that emerged during this first exploratory phase will be used to inform the design of the upcoming stakeholder engagement workshops.

Intent Phase

Key outputs from this phase

- **Trip Overview:** this includes summaries of interviews conducted and general insights gathered over the course of the two trips.
- **Health Systems Model:** visual framework depicting the Health System structure within each country. This model will be used as a conversation tool and learning prompt during the upcoming workshops and research phases. Insights from experts during the co-design process will strengthen the detail and accuracy of this working model.
- **Stakeholder Contact List:** this is a working list of stakeholders that have been engaged for co-design participation, as well as those who we aim to engage. This list will be used to invite Workshop participants and to form a Core Design Team for the design process.
- **Invitation to Co-design:** this invitation will be sent to all stakeholders who will be attending the Engagement Workshops. It contains information on what to expect at the workshop, as well as answers to frequently asked questions that participants may have leading up to the Workshop. (separate document)
- **Engagement Workshop Agenda:** this agenda will be used in facilitation of the Engagement Workshop 1. The agenda provided is in draft form, and will be iterated upon. The agenda provided represents the DRC context, and will be further modified in response to insights from upcoming interviews.

DRC



DRC: **Overview Interviews**

Overview

- 10 interviews with 15 people
- Meetings with JSI team (Papy, Bonny and Boniface)
- Collaborate with local expert Célestin and assistant Grace
- Visit 4 sites of interest

Ministry of Health

- Dr Eric Mukomena PNLP
- Dr Didier Gasigwa CGAF/FM
- Mme Beya Tshiala PRONANUT
- Dr Jean Fidèle Ilunga PNIRA

Partners

- Dr Josée Mwiyaso MCSP/SC
- Dr Lina Piripiri + Christopher Barrett USAID
- Dr Kini Brigitte + Dr Mbu Bernadette WHO
- Dr. Adrien N'siala + Dr Crispain Batubenga SANRU

On-Site

- Visit general hospital (Kongo Central), interview administrative and care staff
- Visit speciality hospital (Hôpital de Pédiatrie de Kalembe-Lembe dans la commune de Ligwala), interview Dr Catherine Akele (Director of Paediatric Hospital Kinshasa), with the contribution of the head of nurses, head of finances, and head of doctors (Dr Jean-Marie Mulamba)
- Visit of "Zone de Santé" Sona-Bata and interview director Dr Mafuta
- Attend World Pneumonia Day meet programme directors, speak to new partners, and witness the format of a workshop

DRC: **Interviews - Week 1 Nov. 4th to 10th**

Monday 5	Tuesday 6	Wed 7	Thurs 8	Fri 9	Sat 10	
11:30 Meet Célestin Head to Uganda House (HQ of Maternal Child Survival Program) Meet (MCSP) - Papy Luntadila (JSI advisor) - Boniface Mutombo wa (JSI Chief of Party) - Bonny Kapongo Kaniane. (JSI Technical Coordinator)	Meet Grace + Review Documents + Prep documents for hospital visit International/implementing partner 14h Dr Josée Mwiyaso (MCSP/SC)	Health Ministry 8h30 Dr Eric Mukomena (PNLP) 11h Dr Didier Gasigwa (CGAF/FM)	9h Visit Speciality Hospital in Kalembe Lembe Meet, observe, interview 2 administrative and 2 FOSA employee Observe beneficiary care Synthesis with Grace	Work with Ledia on Synthesis Health Ministry 15h Mme Beya Tshiala (PRONANUT)	Work with Ledia on Synthesis	Sun 11 / Day 7 Break

DRC: **Interviews - Week 1 Nov. 12th to 16th**

Monday 12	Tuesday 13	Wed 14	Thurs 15	Friday 16	Sat 17
Work with Ledia and Grace on Synthesis Health Ministry 14h Dr Jean Fidèle Ilunga (PNIRA) Work with Ledia on Synthesis	Work with Ledia on Synthesis 12h Meet with Célestin and Papy about Workshop	Journée Mondiale de la Pneumonie	Leave for general hospital in Kongo Central (3h drive) Zone de Santé Sona-Bata Dr Mafuta Visit General Hospital in Bas Kongo Central Return to Kinshasa (3h drive)	Partners 9h Dr Lina Piripiri (USAID) 11h Dr Kini Brigitte + Dr Mbu Bernadette (WHO/OMS) 14h Dr. Adrien N'siala + Dr Batubenga Crispain (SANRU)	Synthesis and Preparation for departure

DRC: **Early themes**

Several general themes emerged over the course of the scoping trip. These themes will be expanded and validated over the course of upcoming research. For this reason, it is useful to view them as starting points for areas of further exploration.

Similar workforce, different outcomes

'Motivation', poor training, vague performance goals, lack of accountability and general unstable futures feed state inefficiencies and various small forms of corruption. International partners offer a form of (temporary) stability through programs that explain the different levels of efficiency between government and partner staff even though they often share workforce with similar backgrounds.

Leadership over governance models

While official models of governance (better KPIs, contests to access state jobs, etc.) are important stepping stones to provide healthcare, a strong leadership is fundamental to insuring it. A strong leader is someone that provides stability, has a clear mission and roadmap to achieve it, and that is guided by an unwavering moral and work ethic. A past minister, for instance, was brought up on a number of occasions as key in insuring fundamental changes, whereas the current less willful leadership is conducive for the current general apathy.

Importance of informal sovereign state-like organisations

In the context of a failed state, poor infrastructure and low trust towards institutional systems, some of the most successful initiatives are those that enable the existence of small sovereign states: for instance a hospital with a strong leadership implemented a culture of collectively deciding and compromising for the welfare of the hospital (reducing everyone's salary for a new x-ray machine) and keeping politics as far away as possible from their financing affairs. These rely heavily on informal networks and initiatives.

Progressive geographic overhaul

A geographic overhaul of the country's provinces is taking place. It is an attempt to decentralize power and put an end to doubling aid caused by little oversight on all the different initiatives taking place from various partners and various state levels. Currently each province and leadership is at very different levels of integrating this new mapping because of little training and old routines.

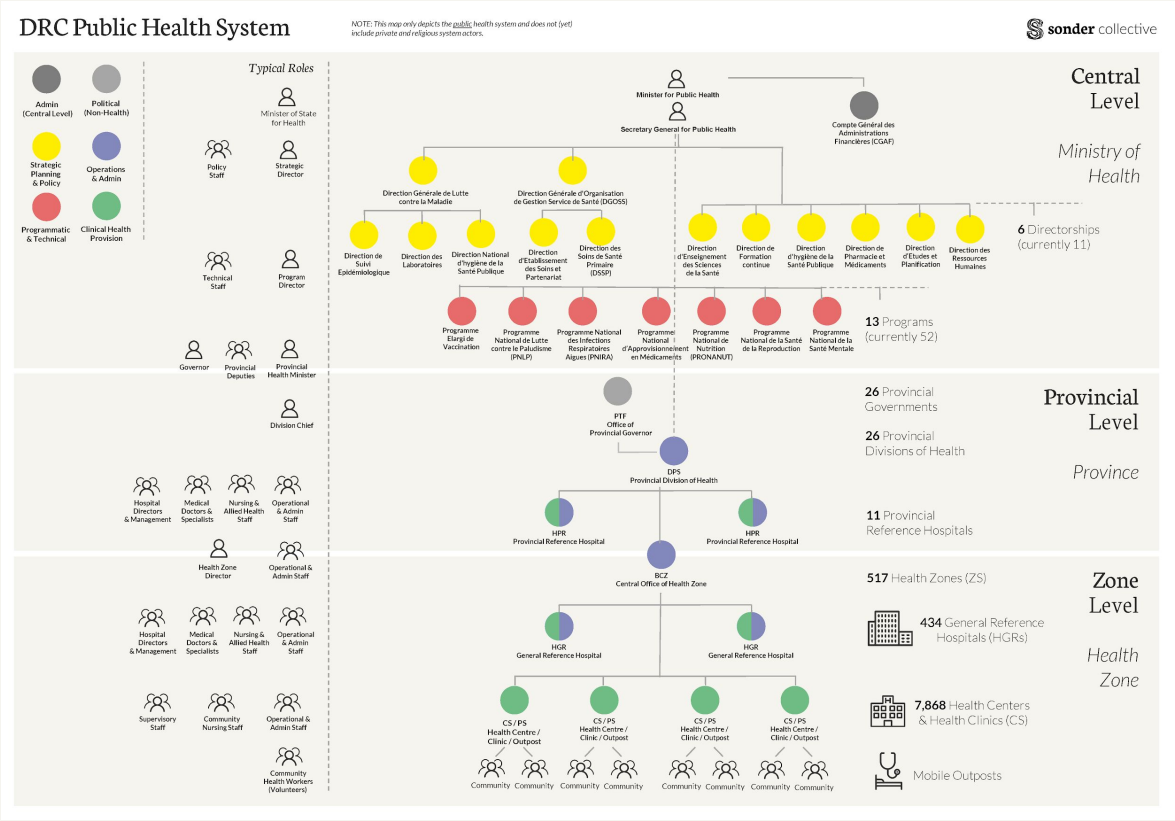
Through financial assistance state employees assert agency, while fieldworkers may see it as trouble

Financial assistance empowers state workers to demonstrate their agency by strengthening their informal networks and providing the necessary motivation to implement their “technicité”. For practitioners, however, receiving financial aid can mean getting unwanted jealousies from colleagues or from "predatorial" state employees. Technical assistance that is mployee-sourced and well-defined on the other hand can lead incredibly empowering work for in-field work to carry out their jobs meaningfully.

DRC: **System map**

Based on the interviews and well as secondary research, we have drafted a DRC Public Health System map which we will continue to refine throughout the project.

Full size map: https://drive.google.com/file/d/1Y_hk7-2WagkfvqKY2D5nhtd-RGy7_4Cl/view?usp=sharing



DRC: **Interviews**

Ministry of Health

Programme National de Lutte contre le Paludisme (PNLP) [Malaria]

Lively person who has an in-depth understanding of how the system works having worked in many of its positions (hospital; zone; province; etc.). He was happiest as a chef de zone because the work was concrete and his responsibilities clear; he finds his current job akin to being a "robot" with a lot of administrative responsibilities and not much ability to have a clear impact. Still working as a professor at the University, he speaks frankly about issues such as money disappearing, lack of employee empowerment and accountability as well as motivation (salaries). This he identifies as a leading cause for the incapacity of the gvt to negotiate with partners.

Compte Général des Administrations Financières (CGAF)

The participant has done his whole career in the ministry of health (with a few stunts as a consultant in Tchad and staying in Antwerp for his masters). His experience exclusively as a government worker with a specialization in finance means he trusts numbers and data. He identifies issues in the health ministry as mainly stemming from a lack of motivation (salaries) and poor resourcing which means officials head out on missions so as to scrape money off of their carpe diem (a form of TA). This takes them away from their primary mission to strategize how to execute and implement collectively agreed upon on plans. He thinks programs underestimate how much power they have with their plans to negotiate with "bailleurs" more and get things done.

Programme National de Nutrition (PRONANUT)

The interviewee is soft-spoken but passionate about nutrition and the importance of taking a holistic approach to health. She started off working in the field as a nutritionist, identifying community needs to find solutions and then asking partners for help. Today she sees her job as similar, and though there are major lacks (unmotivated staff, lack of basic tools to make health assessments, underserviced zones, etc.) she is hopeful and does not see international aid as a big barrier to her work, except when her priorities to do not align to their projects'.

Programme National de lutte contre les Infections respiratoires Aigues (PNIRA)

Head pediatrician at the only pediatric hospital in the DRC till 2003 when he moved into this program director position, he is very attached to the pneumonia and children's health cause as well as to his team and their technical skills. This means he will defend both with a passion, and is a strong leader with a very active role in research groups. With this confidence, he may oversee some of program's problems, for instance 10,000 books of recommendations that were never sent out, and prefers blaming partners for their lack of support (especially financial) or look at other programs (malaria or aids) as having better support.

Partners

MCSP/Save the Children

Participant is a doctor with experience in the field with newborns (0 to 28 days) before integrating the gvt, till Save the Children poached her (which is representative of many professional trajectories in this space). She seemed quite content with the processes in place and it was difficult to have her take a critical position. She endorses Save the Children's processes for their clarity and seems very respectful of the system put in place by the ministry.

USAID

The Maternal Child Health Specialist interviewed is a specialist of public health systems. She is a professor where she continues to give two classes on the subject, including one inspired by a Harvard course of decentralisation. She is open to new ideas, incredibly energetic and identifies quickly her position of privilege ("working for USAID insures I have gas to get to my job, unlike if I worked for the state") as well as the limitations of the system ("in meetings I'll often say 'this is what I think as a Congolese, this is what I think as a USAID worker'). The Health Office Director is new to this position having arrived 4 months ago from Mozambique. More diplomatic, a tad pretentious and reluctant to speak openly about USAID's flaws, he did end the interview expressing a strong interest in engaging with our design approach.

WHO

The WHO is key in setting norms and priorities in the country, yet there was not much shared during this interview potentially because they are very aware of privacy issues and of their responsibility to stay as objective and neutral in their opinions. The two participants see their role as bringing attention to objective medical data and doing the necessary gymnastics to get partners and gvt aligned. They feel as though there are too many partners to choose from which slows the State from taking the right decisions.

SANRU

SANRU is a local NGO and implementing partner with 70% of its work coming from the Global Fund. SANRU has a long history in the DRC and both participants interviewed feel like they have progressed incredibly in the past 5 years since starting to work with the GF: the way they instigate work plans, insure there is follow-ups and evaluations has been essential to giving SANRU some key means of insuring they are motivated by the work they do. They spoke of the tricky balance of helping the gvt all while not being too pushy especially in the context of a virtual data collection platform that is being put in place in the country.

Practitioners

General hospital (Kongo Central) / "Zone de Santé" Sona-Bata

The hospital staff as well as Zone de Santé director are resigned to a situation of low patient population hence low income, overstaffing, difficult access to medications and old equipment and look towards the poverty of the population as the principal culpit. This general pessimism and passivity as well as lack of ideas and initiatives for how to change things was articulated throughout our time in the hospital as well as zone offices -- and is probably representative of many rural health centers in the DRC. The fear of reprisals for asking too much, the acceptance of an unreliable and unresponsive state and lack of knowledge about how to reach out to private or international assistance, feed into this state of apathy and paralysis.

World Pneumonia Day

The day was hosted in a five star hotel, started a 9am and ended at 5pm with a buffet lunch at 1:30. After waiting for the general secretary, the sponsors thanked the participants and presented their own projects and the national anthem was sung. Participants were actively engaged with the material by asking quite a few questions at the end of each presentation. Subjects such as the rise of private pharmacies, better data networks and the impact of climate change on health were discussed.

Furthermore meeting someone from PNCHOLMD there, he spoke of the issue of project sustainability and the weakness of central gvt to inform early those concerned about these plans once the TA finished (RAcE given as an example).

Speciality hospital (Hôpital de Pédiatrie de Kalembe-Lembe dans la commune de Ligwala)

The director has been working at the hospital since 1984, and as director since 2000. She has created a mini-state within a public institution where finances are as open as possible, and people make concessions as a group. From the Belgium Red Cross (present from 1991 to 2010) she has learned that inviting everyone to discuss their problems openly is key to create peace (this wasn't always the case). She has also learned that the best way to do what's right is to never count on the gvt, in fact keep them as far a possible from her affairs. She has experienced officials delivering gynecological material, trying to get her to give money when donations were made, and forcing her to hire their own. It seems that her staff appreciate her approach -- she is called "Mama" in the corridors.

While we were visiting the hospital she spoke about a recent neo-natal ward that had been re-built (it burnt down two years ago) that was conceived and financed by a local female architect, a lab that had been financed by a mining company BHP Billiton (UK).

They recently purchased a radio machine by sacrificing their own salaries and taking out a loan.

DRC: **Workshop participants**

Financial Partners

1/ Marie-Jeanne Bokok, Coopérative Canadienne: mjbokoko@psatrdc.org
2/ Francine Kimanuka, Unicef: fkimanuka@unicef.org
3/ Lina Piri Piri, Child Health Team Leader: lpiripri@usaid.gov
4/ Chris Barrett, Child Health Office Director: cbarrett@usaid.gov
5/ Brigitte Kini, NPO Child: kinib@who.int
6/ Miriam López Sanmartín, Chargée de programme pour la République Démocratique du Congo: miriam.lopezsanmartin@theglobalfund.org ou Nicolas Farcy: Nicolas.Farcy@theglobalfund.org
7/ Marion Jane Cros: mcros@worldbank.org or Michel Muvudi xxx
8/ Michel Mulomuloye, Union Européenne (contrat unique): xxx

Implementing Partners

9/ Ezeqiel Mulowayi, Chief Party, Save the Children: ezechiel.mulowayi@savethechildren.org
10/ Papy Luntadila, MCSP/JSI: papy_luntadila@cd.jsi.com
11/ Adrien N'Siala, Sanru: adriensiala@sanru.org
12/ Crispin Batubenga, Sanru: crispin.batubenga@sanru.org
WIP Adding 2/3 implementing partners working in the provinces

Provincial and Community (practitioners) State Employees

13/ Dr Catherine Akele, Directrice Hôpital Pédiatrique Kalembe Lembe: akelekat@yahoo.fr
14/ Dr Jean-Marie Mulamba, Chef des Médecins: Hôpital Pédiatrique Kalembe Lembe: xxx
15/ Dr Mafuta, Médecin chef de Zone Santé Sona-Bata: xxx
16/ Pélagie Molinda, Médecin chef de Zone: xxx
17/ John Senga, Président de l'association des pédiatres: elijohnes@gmail.com
18/ Nestor Mukinay, président des ONG de la santé: nmukinay@gmail.com
19/ Eugenie Misenga, DPS Kasai central: drmiskang@yahoo.fr
20/ Francis Baelongandi, DPS Tshopo: francisbaelongandi@gmail.com

Central Government

21/ Eric Mukomena, Directeur national PNLP: mukomena3@gmail.com
22/ Jean-Fidèle Ilunga, Directeur national PNIRA/PCIMNE/MOH: jfilunga@hotmail.com
23/ Body Illongo, Ministry - Director of DGOSS (Direction Générale d'Organisms des Services de la Santé): ilongbody@yahoo.fr
24/ Didier Gasigwa, CAG: didier.gasigwa@cagmsp.cd
25/ Luc Mdinda Tshongu, Directeur coopération bilatérale au ministère de la coopération nationale: 08@gmail.com

DRC: **Next steps**

Engagement Workshop 1:

/ **Dates**: First week of Feb 5 and 6

/ **Venue**: in city vs. a rural setting; aspects to take into consideration:
- cost
- attention over two days
- Kinshasa traffic
- symbolic connotations
- consider progressive transition as well as including the participants' opinion on the matter

/ **Participants:**
- 24/25 people
- Consider cost of three participants from other provinces (Kasai Central; Congo Central; Tshopo)
- Add 2 or 3 implementing provincial partners

/ **Invitation**: short invitation email and French FAQ finished to be reviewed (finalized Dec 11th call)
- aim to send invite first week of dec
- with a reminder email mid jan

/ **Discuss:** with Papy budget, venue, etc. (Dec 11th call)

Nigeria

Nigeria: **Trip Summary** *(Nov 14-21)*

Wed 14th	Thursday 15	Friday 16th	Saturday 17th	Monday 19th	Tuesday 20th	Wednesday 21st
Initial meeting with Dr. A Williams, the local Consultant and Collaborator on the current project Attended the second day of the National Child Health Technical Working Group meeting.	Attended the final day of the National Child Health Technical Working Group meeting. Dr. O introduced the Child Health Task Force, and we then introduced the current project to the group of about 45 stakeholders present).	Meeting at JSI Offices with Dr. Nkeiru and Dr. Williams to draft letter for MOH. Joined weekly call with larger project team.	Interview with National Coordinator for Child Health under the MCSP Program. Sunday: Off day	Interview with Medical Officer from the World Health Organization (WHO). Synthesis with Dr. Williams	Interview with Saving One Million Lives Initiative (SOML) / Programme-for-Results (PforR).	Public Holiday in Nigeria (JSI office closed) Interview with Senior Information Officer from Ministry of Information and Culture Prepare for early departure

Nigeria: **Early Themes**

Several general themes emerged over the course of the scoping trip. These themes will be expanded and validated over the course of upcoming research. For this reason, it is useful to view these themes as a starting point for areas of further exploration.

Technical Assistance is a journey, not a series of isolated interactions

The need to understand TA as a longer chain of interactions became progressively more evident over the course of the scoping trip. This journey typically begins outside of the Nigeria, meaning that co-design must include equal participation from financial and implementing partners, as well as Government representatives and staff "on the ground"

Disbursement of funding goes to Partners more often than to the MOH

Tendency to disperse funds through Partner organizations, rather than directly through the government came up frequently in conversation. There were numerous reasons why this may be the case, with mistrust in the way that funds are utilized and long waiting periods for disbursement being the most common.

TA at the state-level is a priority

There is a general emphasis on the need to focus on the "state-level" as a means of fostering change that will last *at-scale*.

TA implementation is the role of Partners

There appears to be a general understanding that TA activities are traditionally run by implementing Partners. The role of the MOH is seen as being responsible for providing strategy and policy, and does not include implementation.

Financial resources at the state level are a common challenge

State budgets are frequently cited as the main barrier to effective implementation of TA at the State-level. Several people spoke of the role that program Partners can have in strengthen local capacity to appeal to the State to re-direct or *disperse more funding*.

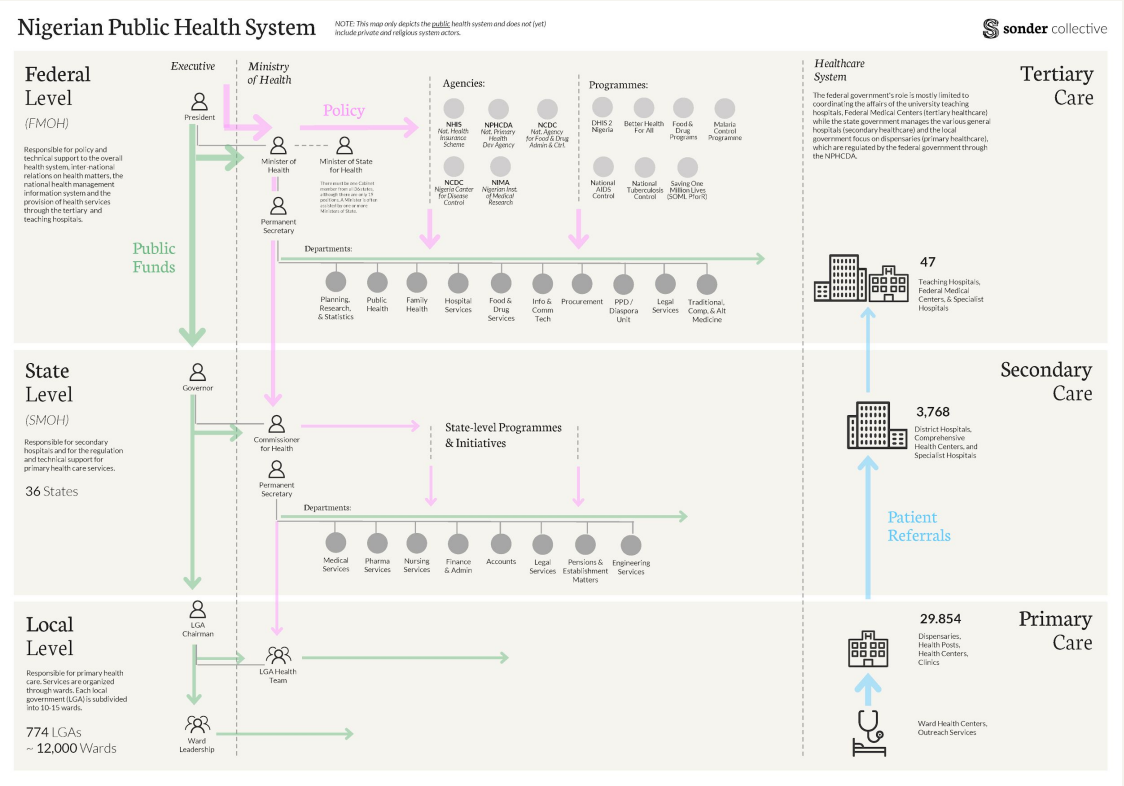
Frequent mismatch between what is needed and what is offered

There is a general acknowledgment that funding from program Partners does not always align with state-level priorities, but it is typically accepted by States for use, regardless of such misalignments.

Nigeria: **System Map**

Based on the interviews as well as secondary research, we have drafted a Nigerian Public Health System map which we will continue to refine throughout the project.

Full size map: https://drive.google.com/file/d/1AbkEIZ5UMRBmpfXUpU4gbcRo0KUkxRUf/view?usp=sharing



Nigeria: **Key Questions Moving Forward**

- Is the TWG the main body that comes in touch with TA?
- What role does data sharing play in the TA process?
- Which specific States should be involved in the upcoming design process? What factors are driving this selection process?
- What is the relationship between the FMOH, SMOH and the Technical Working Groups?
- Who “holds” the implementation “responsibility” for TA? How is this distributed among the various levels of Government?

National Child Health Technical Working Group

Abuja, 14th and 15th of November

We attended the National Child Health Technical Working Group Meeting on the 14th and 15th of November, and informally introduced the current initiative to numerous stakeholders during breaks in programming. The TWG meeting was comprised of diverse group of people, all of whom were connected to Child Health. Participants included University professors, tutors, Practitioners, funders, implementers and consultants.

The meeting was facilitated by the MOH, and was sponsored by a program Partner. The main purpose for the meeting was to review the Child Health guidelines, specifically the in-service manual used by professionals, and the training manual child health professionals in training.

At the close of the TWG meeting on the 15th, Dr. Onuekwusi of the Child Health Task Force and Sonder were given the opportunity to introduce the current initiative. We were requested to provide a letter detailing program activities, Dr. Williams' engagement in the project, and how the MOH will participate..

Areas to explore:

- The specific role that the CH TWG has when it comes to TA.
- The specific roles and responsibilities of the CH TWG, and what stakeholders the group collaborates with to fulfill them.
- Areas for collaboration with the CH TWG and possibility for utilizing the established network as a mechanism for redesign.
- The main stakeholders of the CH TWG that should be engaged for successful collaboration moving forward.

Nigeria: **Interviews**

Ministry of Health

Saving One Million Lives Initiative (SOML) / Programme-for-Results (PforR)

We visited the Saving One Million Lives Programme for Results (SOML-PforR) within the Family Health Department of the Federal Ministry of Health. During this group interview we spoke with 4 staff members of the programme, including the National Programme Manager and a Senior Programme Officer. SOML-PforR was born out of a $500 million dollar International Development Association (IDA) credit from the World Bank to the Federal Republic of Nigeria.

Employees referred to the SOML-PforR program as a way of "shifting the paradigm" or changing the "psyche" of the way that systems operate, particularly at the state-level, because States are reimbursed directly in response to their performance in healthcare delivery.

Each State has a dedicated Technical Assistance representative as well as a coordination team, embedded within the State Ministry. The interview provided an overview of the way that new MOH-level programming is coordinated at the State level to improve data management and TA.

Areas to explore:

- Donor-level thinking and strategy around results-based financing of this kind.
- Plans for maintaining the program at the close of the 4-year funding period.
- Formal and informal collaboration between SOML-PforR and other Government departments.
- Narratives around the SOML-RforR and how it is received by relevant stakeholders.
- Case examples of changes in TA delivery as a result of programming.
- Lessons learned from the introduction of the SOML-PforR program when it comes to TA activities.

Ministry of Information and Culture

Senior Information Officer

This individual attended the Child Health Technical Working Group meeting and expressed an interest in collaborating on the current initiative . He works within the Public Communication Unit of the Ministry, specifically within the Child Rights Information Bureau, and is vocal in expressing when it comes to challenges and areas for improvement in child health service delivery.

He explained the role of the Ministry of Information and Culture, and described himself as functioning primarily as liaison between the Government and the public.

When the Government is introducing new programming, his team engages with the public and educates them on what is being done. Conversely, he is responsible for translating the feedback of the Public to the government, and providing recommendations for improvement.

Areas to explore:

- The role that other Ministry departments, outside of the MOH, have in influencing TA
- Successful or unsuccessful public communication campaigns that included elements of TA.

Financial and Strategic Partner

Medical Officer (Retired) / World Health Organization (WHO)

This individual worked for the WHO for nearly 20 years, with engagement with numerous programs across several countries. He provided an overview of the WHO's role as it relates to in-country programming, and TA specifically.

He provided a detailed journey of IMCI programming in Nigeria, including both success and challenge areas. He shared specific experiences of TA being highly successful in term of implementation at the Federal level, but significantly less so at the State level.

Areas to explore:

- Complete journey of funding and of TA, as it originates internationally, and the numerous interaction points that exists throughout the process.
- Decision-making processes around dispersing funding through the Government, verus dispersing outside of it with implementing Partners.
- Timeline journey associated with the release of MOH funding compared to funding utilized by Partners
- The specific "Decision Makers" when it comes to setting State-level priorities for Child Health.
- The level of influence that Partners have on State's decision to release funding for specific TA programming.

Implementing Partner

National Coordinator for Child Health under the MCSP / John Snow Inc.

This individual has worked in development for 17 years in various capacities, including external affairs, operations, program management, and new program development. With a long tenure at the Society for Family health, he has a great deal of experience working directly with numerous external funders.

He spoke in detail about case examples of TA programming and being involved in the implementation of such programming "on the ground."

He was open about instances in which the international strategic plans established by donors did not match LGA priorities or needs at the community level.

Areas to explore:

- Tendency for States to "accept" external funding when it does not match their previously identified priorities.
- Theory-based versus practical learning in the University setting, and how this may relate to TA.
- Narratives around health as a national priority and the responsibility that the FMOH has in developing but also implementing TA.

Nigeria: **Next Steps**

Interviews & Synthesis:

Following the initial scoping trip, we will engage in up to 10 more interviews with stakeholders over Skype / phone. These interviews will then be synthesized, and the insights that are generated will be used to inform the activities that will take place during the first stakeholder workshop.

Engagement Workshop 1:

/ **Dates:** Working dates are the 28 & 29th of January 2019

/ **Venue:** We are hoping to hold the workshop in a local Abuja innovation hub or a co-working space. Currently looking into:

- The Venture Park
- Civic Innovation Lab
- Aiivon Hub

/ **Participants:**

- 24/25 people
- Consider cost of participants from States outside of Abuja

/ **Invitation:** short email to be drafted once venue is finalized

- aim to send invite third week of December
- with a reminder email mid jan

/ **Discuss:** with Dr. Williams budget, venue, etc.