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COMMUNITY LIFE PROJECT, A MODEL OF GRASSROOTS PARTNERSHIPS THAT WORKS

Presented by Ngozi Iwere at the public presentation forum on the CLP Model of Grassroots/Community-level Health Intervention, at Sheraton Hotel & Towers, Ikeja-Lagos, September 26, 2002

BACKGROUND:

CLP started in 1992

GOAL:

- Broaden the scope of community ownership of population and development programmes:
 - Develop a model of grassroots/community level interventions.
 - Present the model to stakeholders in the field of human development and advocate adoption.

WHY THE CLP MODEL:

- Failure of society to actualize or construct genuinely people-centred and people-driven human development programmes in many parts of the world-especially Sub-Saharan Africa.
- Marginalisation and Alienation of the majority of the populace from governance and so called human development programmes.
- Need for effective grassroots/community participation
- The challenge to give meaning and concrete expression to the concepts of "bottom-up" approach and "community participation"

THE CLP PARADIGM

The CLP paradigm is a clear departure from the dominant paradigm.

- Traditional health and development programmes tend to:

- Ignore the socio-political history and the socio-cultural heritage of the Nigerian people.
- Deny the colonial history and its implications for long-term sustainable development.

For instance, some of the parallel political and institutional structures created by colonialism still constitute barriers to popular participation and the expression of popular will. Such structures as schools, courts and various arms of government have contributed significantly to alienating and marginalizing millions of our people, who do not have western education from official, mainstream human development programmes.

- The Social-Development elites are repeating the mistakes of the political elite, by ignoring existing structures and/or attempting to create parallel ones.

The Fact is:

- The social fabric of the Nigerian society (stubbornly!) retains some of its traditional pre-colonial structures e.g. village level adjudication systems (existing side-by-side, and running counter to the magistrate and customary courts); the “Age-grade groups”; the “Umu Adas”, etc.
- Even in urban Nigeria, such structures as – professional/vocational associations, town unions, market associations, social clubs, etc. exist. They serve as agencies for self-help initiatives and for the promotion of improved quality of life
- Models of sustainable human development interventions should recognize the agency of these associations and channel programmes through them rather than trying to create parallel channels or structures.
- Traditional models tend to view these socio-cultural associations, as “outreach” rather than the prime agencies and of social development interventions.

The CLP model is founded on the conviction that:

- Health and human development programmes should be grounded in our socio-cultural heritage.

- The existing indigenous, (home-made) socio-cultural structures should be the main vehicles and agencies for implementing health and human development programmes in Nigeria.
- CLP's perspective is that:
 - (i) Issues of well-being are "felt needs" or "potential felt needs"
 - (ii) The success of the bottom up approach depends more on the correctness of the principles being applied than on the issue being addressed.

A dominant school of thought – people become engaged in development intervention if it is around a "felt need". As a result, most community participation is revolving around infrastructural and physical projects – construction of roads, schools and portable water source.

- In addition, health interventions, especially Reproductive Health Interventions need to:
 - Reflect a consistent and holistic perspective (philosophy) of health
 - Clarity of values
 - Be located within a broader framework of general well-being
 - Maintain the synergistic relationship between physical and mental health, as well as address spiritual and socio-economic well-being
 - Should seek to influence the dynamics of human relationships in general, (including sexual relationships), particularly the social/environmental context within which intercourse occurs
 - Promote the highest standards of social ethics and social virtues.

WHERE WE WORK

Mainly in Isolo, Mushin and Oshodi communities.

THE MODEL

- CLP identified existing community associations and local institutions and proceeded to engage them as partners in addressing health and sexuality issues; as well as their general well-being.
- The partnerships entails meeting with leaders and members of various associations and institutions, introducing the project, discussing the

issues of interest to their constituencies and planning jointly how to meet these needs:

Example, the logistics of a particular AIDS education session, the appropriate methodology to adopt, including language, resources required, defining the roles and responsibilities of both CLP and the partner groups and institutions and finally conducting the educational programme.

- It also involves joint reviews and development of 2 – 3 year work plans

THE CLP PARTNERS COMPRISE:

Community Associations and local institutions. Among the grassroots associations are:

- Associations of market men and women
- Auto Mechanics
- Car Battery Chargers
- Commercial Sex Workers
- Community Development Associations
- Tyre Menders (Vulcanisers)
- Furniture Makers
- Residents' Associations
- Tailors
- Workers/Owners of Barbing and Hairdressing Salons

While the institutional partners include schools, health facilities and vocational centers.

Altogether, our partners include:

21 Community Associations
11 Health Facilities
6 Hotels (CSWs)
2 Local Governments
2 Primary Schools
30 Secondary Schools
1 Traditional Ruling Council
17 Religious Organisations
10 Vocational/Tutorial Institutions

ACTIVITIES:

- Educational/Enlightenment sessions
- Training
- Research
- Counselling & Referral Services

EDUCATIONAL PROGRAMMES:

- Educational sessions take place where the people are.
- Programmes are tailored to suit the lifestyle of the partner association or institution; and to respect their primary mandate.
 - In the market place
 - In the open air
 - In sheds
 - In workshops
 - At Bus Stops
 - At the Community Hall
 - In Churches
 - In Mosques

ISSUES COVERED:

- Abortion
- Advocacy
- Ante Natal and Post Natal Care
- Bargaining and negotiation skills
- Caring for utilities (mainly for children)
- Child upbringing
- Common Accidents in the Home (mainly for children)
- Communication within the family
- Conflict Resolution
- Counselling skills
- Domestic Violence
- Diarrhoea Prevention and Management (ORT)
- Drug Abuse
- Early Sex and its Consequences
- Eye Problems
- Environmental Sanitation

- Ethical issues in HIV/AIDS (Health workers mainly)
- Family Roles and Responsibilities
- Family Planning
- Fever and Cough
- Financial Management
- Friendship, Love and Dating
- Gender Equity
- Goal Setting – Career and Life Planning
- Good Leadership
- Goodwill
- Heart Attack
- How babies are made
- How to Budget and Manage our Money
- How to Promote Peace and Harmony in the Family
- How to be successful in Life
- How to Talk to our Children about Growing UP
- How to have a happy and lasting Marriage
- How to sustain Self Help Project
- How to live a fulfilling and Happy life
- Human Sexuality and Reproductive Health
- HIV/AIDS
- HIV/AIDS counseling (Pre and Post –test)
- Importance of Follow-through
- Juvenile Delinquency
- Life Support skills for CSWs
- Managing Family Finances
- Managing Small-Scale Business
- Marriage and life Time Commitments
- Marital Love Life
- Menstruation
- Nutrition
- Overview of Sexuality Education
- Parenting
- Parent/ Child relationship
- Personal Hygiene
- Puberty
- Positive Work Attitudes
- Safe Motherhood
- Safe and Responsible Sexual Behaviour
- Self Awareness

- Self Esteem
- Self-Organisation
- Sexual Abstinence
- Sexual Abuse/Violence
- Sexually Transmitted Infections
- Spiritual Growth
- Teenage Pregnancy and Abortion
- Time Management
- The Role of Teachers in HIV/AIDS Prevention and Control
- The Dangers associated with working in Barbing/Hairdressing Salons
and how to protect workers and clients
- Values Clarification
- Positive Work Culture

International Women's Day and World AIDS Campaign:

International Women's Day

1997: How to Have a Happy and Healthy Family Life

1998: A Celebration of Womanhood (Promoting the Interest of the Girl)

1999: Teenage Pregnancy and Abortion

2000: Safe Motherhood

2001: Protecting our Women and Girls from HIV/AIDS: The Role of Men

2002: "How Women in Our Community can Enjoy Justice, Peace and
Happiness"

World AIDS Campaign

1994: Preventing HIV Infection Among Young People

- AIDS And The Family

1995: Shared Rights, Shared Responsibilities

1995: One World, One Hope

1997: In A World With AIDS, Children are Everyone's' Responsibility

1998: A Force For Change

1999: Listen, Learn and Live

2000: Men Make a Difference

2001: I Care ... Do You?

Though the groups define the issues of interest, CLP puts HIV/AIDS on the agenda of every partner group.

GENDER: Gender equity is embedded in every educational session and every issue we discuss.

- Promoting gender equity:
 - Promote interest of the girl child and the placing of equal value on the girl and boy
 - Promoting partnership between men and women in their basic day-to-day interactions (especially male participation in domestic chores and in the upbringing of children)
 - Promote justice and peace in the home
 - Solidarity and social cohesion

WHY PARTNERSHIP WORKS

PROCESS IS IMPORTANT.

- There are clear mechanisms for participatory/joint decision-making. For the bottom up approach to work effectively, there has to be clear mechanisms for effective participation. For instance:
 - Partnership with Community Associations is endorsed by the General Assembly.
 - Every issue on which we are to work, whether suggested by the association or by CLP, is endorsed by the General Assembly
 - Representatives to attend events or community fora are selected by the General Assembly

It guarantees that the process of our work is democratic, accountable and transparent.

- With institutions and Religious Organisations, as well as hotels (“brothels”) it involves endorsement by the overall head or authority such as the Principals, Pastor, Parish Priest, Manager or Proprietor. For instance, our partnership with the Oshodi/Isolo LGA received the endorsement of the Chairman, Secretary and the Local Government Executive.
- In addition, we have:
 - Action Planning/Review Meetings

- Implementation Committee

- Participation is therefore not about being there; it is about taking part in decision making

CHALLENGES

- It takes time to build trust
- It demands a great deal of respect for the partner groups
- It requires a lot of field work
- It requires proper knowledge of partner groups, and of their core values
- It requires political maturity

Naturally, partner groups and institutions tend to give more priority to their own interests and activities. It thus requires the political maturity to accept that this is how it should be; and not get forceful or pushy.

- The internal dynamics of the partner associations could pose a challenge. For example, there may be leadership problems.

KEY ELEMENTS OF SUCCESS:

Sustainability is the "Litmus" Test of a successful partnership

* The CLP model is sustainable. Having the framework (this vast network of partners) is very important. Some of the associations in the partnership were formed as far back as the 1950s and 1970s. 3 of the associations have a 10 year-partnership with CLP, others 8, 7 years and so on. But it is not enough to have the framework. What sustains the partnership is the nature and quality of relationship and the principles that guide our work. An expert-led approach or mentality or a hierarchical relationship undermines partnership.

PRINCIPLES THAT GUIDE OUR WORK

- Authenticity – a key element of success in building grassroots partnerships. NO HIDDEN AGENDA
- Treating the partners with respect
- Non-interference in internal affairs of the association
- Respect for the primary mandate of the associations and institutions

- Working towards the fulfillment of the partners' mission
- Working at the pace of the partners
- Involving partners in decision-making not only concerning logistics, but issues of concern and the methodology to adopt in educational sessions
- Involving community associations and individuals in the development of educational materials ensures relevance and acceptability
- Respect for the core values of the partner groups and institutions (hence we are able to work with different denominations of Christians as well as Moslems)

OUTCOMES

Number of people who have received direct person-to-person education on HIV/AIDS and sexuality issues and other skills education.

- Community Associations = 5192
 - Churches and Mosques = 9409
 - Young persons in school = 9500
 - Non school-based young persons = 882
- Successfully motivating men to take more part in domestic life
 - Increased the number of people adopting healthier life styles
 - Strengthened the organizational and professional capacity of local groups and institutions
 - Built dynamic and sustainable partnerships
 - Developed a viable framework for addressing just about any development issue.

UNIQUE FEATURES OF THE CLP MODEL

- CLP model is unique. It is distinct from traditional intervention models in the sense that it is working from a different paradigm.
- works with men, women, and young persons including children simultaneously
- Engaging Couples
- Has a Preventive Health Trust
- Addressing poverty through education on preventive health, and a more efficient way of managing family resources

- Situates HIV/AIDS, Family Planning and reproductive health within a broader framework of overall well-being
- Fits work into the lifestyle of people
- Addressing the dynamics of sexual relations
- Successfully placed sexuality education on the communities' agenda
- Works through existing structures
- Successfully engaging people outside mainstream communication channels
- Cordially challenging harmful cultural beliefs.
- Mainstreaming Gender

CONCLUSION:

- CLP model is simple and replicable
- It is also sustainable
- Provides a framework for addressing just about any human development issue
- We highly recommend the model to you and will like to see it become the dominant model
- If the CLP approach is applied in every local government, we will achieve our human development goals within a shorter time-frame
- To this end CLP is willing to provide technical assistance to organizations and individuals willing to adopt, adapt or integrate key elements of the model into their existing programmes.