



Understanding the Community Partners for Health Model

“Long live
our children
in Nigeria.”
-CPH slogan

What is the Community Partners for Health?

Designed to improve maternal and child health in underserved, low-income communities, the Community Partners for Health (CPH) focuses on grassroots energy and support for its successful community programs. Within selected neighborhoods, a private health clinic or small hospital works with a cluster of community organizations located nearby. The community organizations may include tenant associations, landlord associations, mechanics, barbers, market women, church groups, and mosque groups. For many, it is the first time they have come together for a common cause, which, in this case, is child survival. Together, the organizations identify and prioritize the health issues in their community and design activities that they can carry out at the community level.

In late 1994, as a way to bring critical health services to the country's poorest urban neighborhoods, the U.S. Agency of International Development (USAID) and the Basic Support for Institutionalizing Child Survival (BASICS) project began exploring community partnerships in Nigeria. Today, there are 11 CPHs serving more than 6 million people in two of Nigeria's largest cities, Lagos and Kano. Growth of the model continues as Aba, an urban area in the southwestern part of Nigeria, becomes the latest site for new CPHs to begin child health activities.

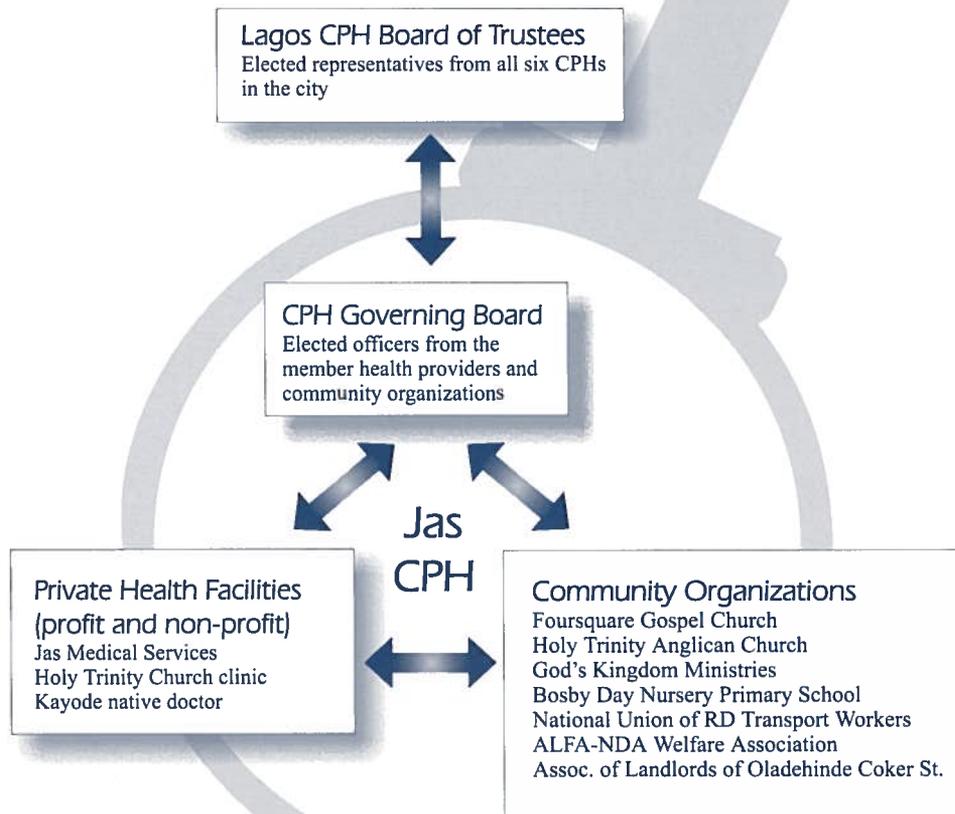
How are organizations selected to participate?

Initially, 13 communities with high-risk child health indicators and underserved populations were selected to be included in an Urban Private Sector Inventory (UPSI). The UPSI tool helped local staff to map and interview the myriad of community groups and private health providers located throughout the chosen communities. Using the detailed profiles collected from the UPSI, program planners reviewed what kinds of community groups and health providers were available in each area. Then, lists of criteria that would ensure the greatest degree of success were drawn up and applied to each profile.

Use of the selection criteria produced a list of community groups and health providers that would begin a series of workshops. They discussed local health issues and how they could work together to improve the lives of children in their community.

What is the structure of the CPH model?

This chart uses Jas CPH in Lagos as an example. Ajegunle, Makoko, Amukoko, Lawanson, and Lagos Island CPHs have similar structures, though there are often multiple groupings of health providers clustered with community organizations (called “dyads”) within each partnership. Each CPH interacts with the city-wide board of trustees. The two-way arrows signify the emphasis on grassroots involvement throughout the different levels of the CPH. The boards use democratic principles to govern the CPHs, and in an effort to empower women, one-third of all officers must be female.



How were activities started?

After electing boards and developing their own constitutions, each of the CPHs prepared an action plan and set to work.

Early activities focused on developing an organizational structure and constitution, providing a solid foundation from which to grow. Cross-cutting activities, such as women's empowerment and democratization, taught members how to advocate on behalf of their children. Many of the communities benefitted from conflict management training, adult education classes, and mock parliament proceedings. Health workers' care giving skills have improved and the facilities offer more health communication programs for CPH families. All the activities focus on child survival and the improved functioning of the community to support healthier children.

The CPH boards review the work plans and monitor ongoing health activities throughout the year. In the event of a health emergency, they know how to respond quickly.



“They explained to me that there is a way that our child will not die and how to know our rights in the community. That is why I joined” — Lagos Island CPH member

"We've gained a lot...Take this child for instance. Every third Saturday of the month she can receive free immunization shots. Apart from that, if she were to fall ill you'd be able to take her to the hospital, even if you didn't have the cash to pay for her treatment." -CPH member



What is the role of BASICS?

Since the beginning of the CPH program, BASICS' role has been one of technical assistance through training, workshops, and the supply of some essential equipment. The program promotes sustainability, and the CPHs are responsible for their programming, financial stability, organizational behavior, and funding of activities.

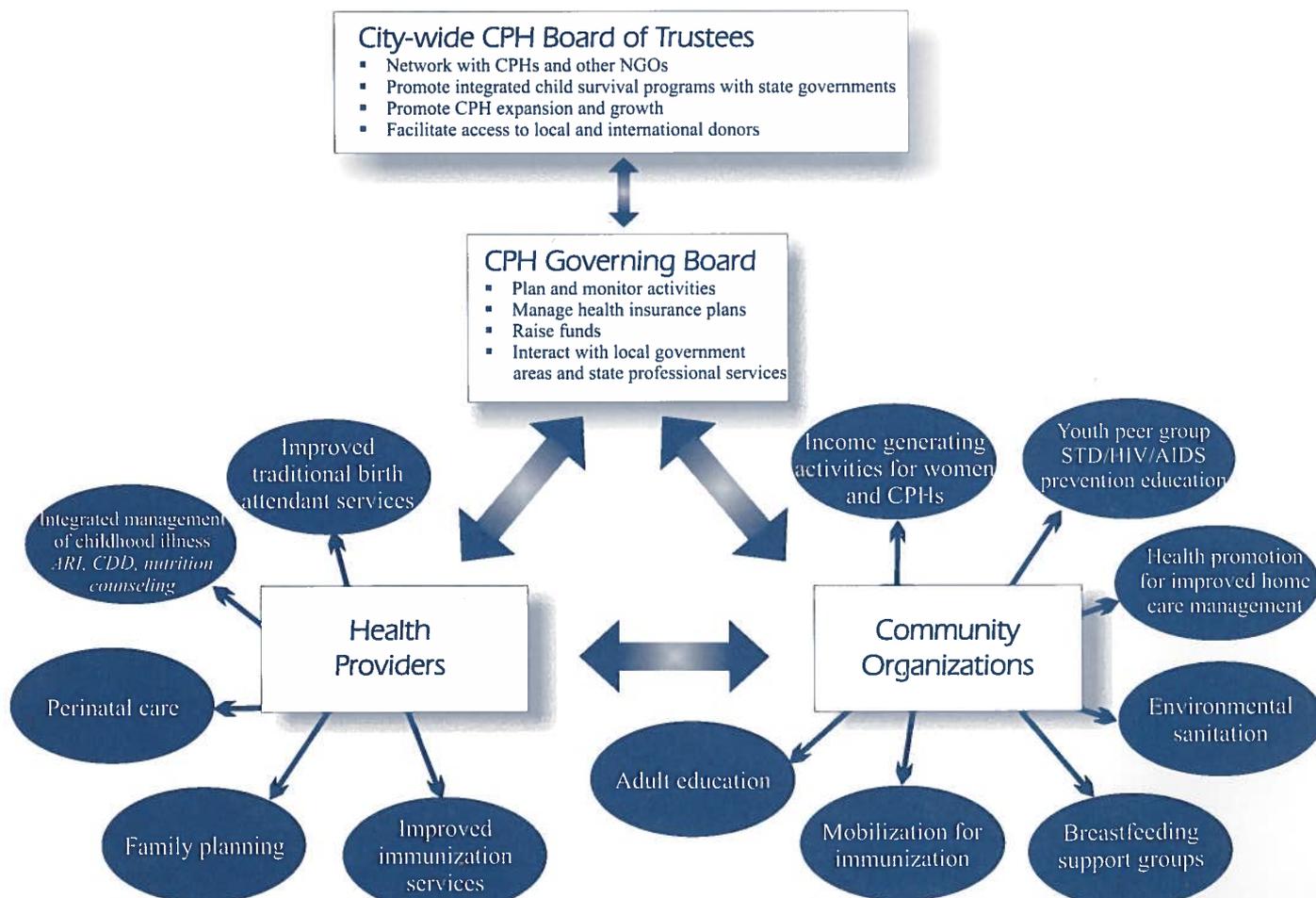
BASICS staff are available to assist where needed, with an all-Nigerian staff of experts in the following areas:

- community mobilization
- child survival
- monitoring and evaluation
- democracy and governance
- women's empowerment

BASICS, as a short-term partner to the CPHs, encourages the partnerships to actively seek support from other donors. All of the CPHs are recognized by the Nigerian government as legal nongovernment organizations.

How do the CPHs serve the community?

The chart below shows the variety of activities ongoing at the various levels of the CPHs. Health providers and community organizations interact with one another and with the CPH and city-wide boards to ensure that the community's needs are being met. All activities either directly relate to improved child survival or are linked to behaviors that will benefit children.



BASICS is a global child survival support project funded by the Office of Health and Nutrition of the Bureau for Global Programs, Field Support, and Research of the U.S. Agency for International Development (USAID). The agency's Child Survival Division provides technical guidance and assists in strategy development and program implementation in child survival, including interventions aimed at child morbidity and infant and child nutrition.



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Why use this approach?

Nigeria is home to one-fifth of sub-Saharan Africa's 613.71 million children. In urban areas like Lagos, where the population is growing at one of the fastest rates in the world, government services are unable to keep up with the demand. An alternative to public sector care is required.

The CPHs in Kano and Lagos include a wide range of activities to increase women's control over their own lives and to help them advocate on their children's behalf, both at home and in their communities.

As a community model, the CPHs offer underserved residents the opportunity to make a difference on their own. The program empowers the community to make their own programming choices, and provides the training for them to be successful and sustainable, using resources within the community.

What tools are available for program planners interested in the CPH model?

BASICS offers the following tools to help program planners interested in adapting the CPH model in their country. These tools were tested and are currently in use in the Lagos and Kano CPHs:

- UPSI instrument
- CPH membership application
- CPH constitution
- Training curricula
- CPH memorandum of understanding

To receive copies of the tools or for more information contact:

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This community belongs to everyone
We must not destroy it
As there's no other place for us to go
There's no place quite like home
So let's work together to improve our lives.
-CPH Unity Song