



SPRING 2015



# CPAR report

## **PARTNERSHIPS – WORKING TOGETHER TO BUILD HEALTHY COMMUNITIES IN AFRICA**

*“Partnership is a collaborative relationship between two or more parties based on trust, equality and mutual understanding for the achievement of a specified goal. Partnerships involve risks as well as benefits, making shared accountability critical.”*

*The World Health Organization (WHO)*

CPAR works in partnership with vulnerable communities and diverse organizations to overcome poverty and build healthy communities in Africa. But what does partnership mean to CPAR?

Partnership means working together towards a mutual goal by sharing ideas, knowledge and resources. For CPAR, partnership is an integral component of all stages of our work, especially when carrying out a project. To maximize value and impact, CPAR works alongside key stakeholders from the initial planning stage of a project, right up until its completion and final evaluation. Targeted communities, including residents, local leaders, and local and district governments, are critical contributors during project design, implementation and evaluation. CPAR consults with and involves in training relevant actors, such as community health workers, health centre staff, government agricultural and health extension workers, community based organizations, other NGOs, and sector experts to ensure project activities are carried out in the most beneficial way to project targeted communities.

In order to fund our work, CPAR proudly partners with organizations such as the Addax and Oryx Foundation, the Department of Foreign Affairs, Trade and Development (DFATD), the Stephen Lewis Foundation, UNICEF, the Unifor Social Justice Fund and USAID, as well as other generous donors. By working together towards a shared goal, we all achieve more.

## **SUCCESSFUL PROGRAMMING BEGINS WITH SOLID PARTNERSHIPS**

When CPAR first initiates a new project, a significant amount of time and resources are invested to build strong community support of project activities. Projects are intentionally designed to leave room for community input and feedback to ensure the needs of the community are being met and the approach is relevant. Local governments are consulted extensively during the project inception phase to facilitate the smooth incorporation of a project into local development priorities.

CPAR uses its reputation for effective programming and its presence in program targeted regions to build on existing partnerships. By continuously delivering on its program objectives, CPAR has developed strong ties to the communities and local governments. CPAR carries out inception meetings to detail the project objectives and approach with potential participants, as well as government actors.

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A diverse group of people from targeted communities take part in participatory baseline exercises to help capture the current context, gather baseline data and entrench ownership of the project within the community. Although specific projects target new areas and different communities, CPAR's history of success and its prioritization of meaningful community involvement helps form new partnerships to enhance the project. Communities and local governments are engaged in a manner that ensures their support for, inclusion in, and management of CPAR's projects.

Throughout the project, CPAR staff constantly engage with community members to make the project their own. The partnership approach means that communities and governments are treated as equals, and their understanding of the context and their given

needs are not undervalued. This builds a mutual trust and a shared understanding of everyone's roles in carrying out a successful project.

CPAR's most important partners are the women and men who live in the communities where we carry out our work. They are the reason we exist in the first place and so project activities are planned with great consideration for the needs, schedules and interests of the targeted population. Projects are designed in a way that they build connections among the women, men, girls and boys involved in programming. Through participation in CPAR programming, communities begin to recognize existing assets and develop partnerships of their own that carry on beyond the life of the project.

## PARTICIPATORY BASELINE ACTIVITIES USED AT PROJECT INCEPTION

**APPRECIATIVE INTERVIEWS:** an asset-based community development tool used to enable community members to recognize and identify existing strengths and assets and to analyze achievements to use them as reference points when designing further action. The meeting facilitators draw out discussions about existing but uncommon solutions to challenges faced by communities.

**LEAKY BUCKET:** a tool used to help community members to better understand their local economy by enabling them to identify and quantify the main flows of money coming into and out of their community. Sometimes this process leads to the identification of new or previously missed economic opportunities.

**VILLAGE MAPPING:** identifies the distribution and the condition of physical resources. Gender mixed groups draw a map of the village to identify physical and natural assets such as roads, buildings, private land, common land, irrigated land, tree nurseries, wood lots, vegetable gardens, water sources, etc.

**TRANSECT WALK:** to examine farmers' fields, soil type, details about types of crops grown and livestock kept, the challenges the farmer is facing, housing, water sources, energy use and availability, etc.

**WEALTH RANKING:** to investigate perceptions of wealth differences and inequalities in a community, and to identify and understand local indicators of wealth and criteria for well-being.

**RESOURCE OWNERSHIP AND CONTROL:** to identify who in the household has access to and control over and/or ownership of resources. This tool indicates the role

gender plays in control over resources (e.g. income, land, draught animal power, tools, skills, and other resources identified by participants).

**ACTIVITY PROFILE:** to outline the main activities undertaken by women and men in their families and communities in order to understand who performs which tasks, and to lay the foundation for discussions regarding gender roles and gender equality. Separate women's groups and men's groups compile a "day in the life" of a woman and a man. They are then presented to the whole group for discussion.

**VILLAGE HISTORY:** to compile a history of the changes in a village over the years pertaining to natural resources, agricultural practices and the state of household food security, with a focus on bringing out successes and best practices. Female and male elders are especially invited to participate in this exercise.

**SEASONAL CALENDAR:** women and men farmers identify and plot on the calendar their household, farm and community activities performed during the 12 months of the year. This is a vital tool for setting the timeframe for project implementation so as not to overload farmers, especially women.





*“I may be old, but I can pass on these important lessons to younger TBAs so that, together with health workers, we can keep women and babies safe during delivery and improve the health of our community.”*

CPAR trained 76 year old  
TBA Maria Nyamboye

## **MATERNAL, NEWBORN AND CHILD HEALTH PROJECT BRINGS COMMUNITY HEALTH ACTORS TOGETHER**

### **WORKING IN PARTNERSHIP WITH BUNDA DISTRICT HEALTH DEPARTMENT**

CPAR recently completed a three year Maternal, Newborn and Child Health (MNCH) project jointly funded by the Unifor Social Justice Fund, CPAR and the Canadian public. Over the course of the project, CPAR worked hand in hand with the Bunda District Health Department (BDHD), to ensure its full integration into government activities. One component of the project involved the introduction of a Village Pregnancy Health Register, used to track maternal health at community level across the District. The BDHD became very interested in this tool, which enhanced the quantity and quality of maternal health data available in Bunda. As a result of working in partnership with CPAR, the BDHD is now well versed in the register’s uses and practical applications, and has made plans to incorporate it into Bunda District’s own health plans.

### **FORMAL AND INFORMAL HEALTHCARE PROVIDERS COLLABORATE**

In addition to its own partnership with the Bunda District Health Department, CPAR also established an enabling environment in which the links between formal and informal health care providers could be developed. In the past, Traditional Birth Attendants (TBAs), Community Health Workers (CHWs) and clinic staff worked independently of each other, not supporting or trusting each other’s work. Through the provision of maternal, newborn and child health training, TBAs, CHWs and nurses have enhanced their skills in such a way that each health actor now recognizes the contribution each is making to community health.

CHWs are now able to provide valuable support to clinics, helping with registration on vaccination days and weighing babies on maternal health days. In the community, TBAs and CHWs work together to identify pregnant women and newborns, and record data in the Village Pregnancy Health Register, which is then provided to the District. The strengthened links and spirit of collaboration that has emerged as a result of project efforts, has had a significant positive impact on maternal, newborn and child health in Bunda District.

### **THE CHANGING ROLE OF TRADITIONAL BIRTH ATTENDANTS**

Approximately 70% of women in Bunda District deliver their babies at home with the assistance of a relative or a Traditional Birth Attendant (TBA). However, TBAs typically lack formal training and can put both the mother and baby at risk during and after delivery. TBAs remain trusted resources in the communities they serve, but they are often excluded from Maternal, Newborn and Child Health programming. Recognizing this, CPAR targeted TBAs with training on basic emergency obstetric and newborn care, emphasizing the importance of delivering at health centres, and seeking antenatal and postnatal care. The training also highlighted the role that TBAs can play in safe motherhood, serving their communities as educators on positive maternal and newborn health practices, and improved nutrition, as well as gender and human rights issues. TBAs have taken to this role across Bunda District. They coordinate with Community Health Workers, and accompany pregnant women to health clinics to seek delivery and other health services. The changing role of TBAs has further contributed to the improved maternal, newborn and child health achieved through this project.





Community Health Workers - Tanzania



Children at the clinic on vaccination day - Tanzania

## **PARTNERSHIPS WITH CANADIANS ADD VALUE TO PROGRAM ACTIVITIES**

### **ADDRESSING A MAJOR CAUSE OF MATERNAL DEATH**

Partnerships not only help strengthen projects, they can also be used to leverage knowledge, expertise and opportunities to maximize impact. This past year, CPAR entered into a partnership with Dr. Gail Webber of the Bruyère Research Institute to pilot the distribution of birth kits containing Misoprostol. Misoprostol is a drug used to prevent and treat postpartum hemorrhage, a major cause of maternal death in Tanzania. The purpose of this project was to analyse the impact of putting Misoprostol in the hands of pregnant women (who would take the drug post-birth) on maternal death rates.

The success of this pilot project and partnership added value to CPAR's existing work in Bunda District and has led to further collaboration and exciting new developments with the Bruyère Research Institute.

### **IMPROVING GENDER RELATIONS BY ENGAGING SECONDARY SCHOOL STUDENTS**

Since 2007, CPAR and the University of Manitoba have worked together on various development projects. Last year, once again, four University of Manitoba students went to Tanzania to carry out the 'Badili Mtizamo' ('Change the way you see things') program in partnership with CPAR Tanzania staff. Together, they developed and delivered a Gender Equality Now! program in two secondary schools in Bunda District. The Canadian students spent five weeks working with girls and boys to creatively gain an understanding of gender equality and human rights, to explore

respectful relationships, and build self-confidence. This year's program is currently in development with a new group of students expected in Tanzania this summer.

### **CANADIAN MEDICAL STUDENTS SEE HEALTHCARE IN ACTION IN RURAL TANZANIA**

Expanding on the successful partnership with the University of Manitoba, CPAR teamed up with the U of M Global Concentrations program to pilot a clinical exposure elective for medical students. In July and August, 2014, four second year medical students spent six weeks observing and engaging with different health facilities and actors in Bunda District. Students spent time in public and private hospitals shadowing doctors to get a sense of the health system in Tanzania. They also met with participants from CPAR's maternal, newborn and child health project and had discussions with Traditional Birth Attendants, Community Health Workers and local clinic nurses about community health challenges and opportunities.

Participating students also visited CPAR's USAID funded food security and nutrition project to gain a better understanding of CPAR's comprehensive approach to development programming and health. Students reported coming away with a greater appreciation for how the social determinants of health impact the overall health of a given population. After a successful pilot phase, CPAR and the University of Manitoba are once again in talks to run the program again.

## COMMUNITY BASED ORGANIZATION BRINGS CHANGE FROM WITHIN

### UMATU IN TANZANIA

In 2005, two HIV positive women walked into CPAR's office in Tanzania and asked for information on HIV treatment options and positive living. Due to the significant amount of stigma surrounding HIV across Tanzania, CPAR staff were impressed by the openness and forthcoming nature of these women. CPAR saw an opportunity and, with this bold act, UMATU was formed.

CPAR opened its office to these two women who soon began a support group, meeting weekly to participate in information sessions on nutrition, anti-retroviral therapy, risks and treatment of opportunistic infections, sexual and reproductive rights, human rights and gender led by CPAR staff. Emboldened by their improved understanding of HIV and motivated to make a difference in their community, the members of UMATU decided to go public with their positive status during World AIDS week in December 2006.

Since then, UMATU's membership, strength and visibility have grown. With financial support from the Stephen Lewis Foundation over the past six years, UMATU has developed from a support group for HIV positive women into an advocacy group that provides community education and counselling on how to live positively with HIV and prevent its spread. Through its mission, UMATU is committed to abolishing stigma through education to encourage people to test, know their status, know their options and, for those who are positive, to join the treatment program and be part of a support group so that they can know their full spectrum of human rights and live positively. UMATU has inspired the formation of many other groups for people living with HIV, including UMATU B, which formed in Bunda District, Tanzania two years ago. UMATU continues to support the development of this group providing training on group management,

community education facilitation and planning, and by sharing ideas on income generation to ensure sustainability.

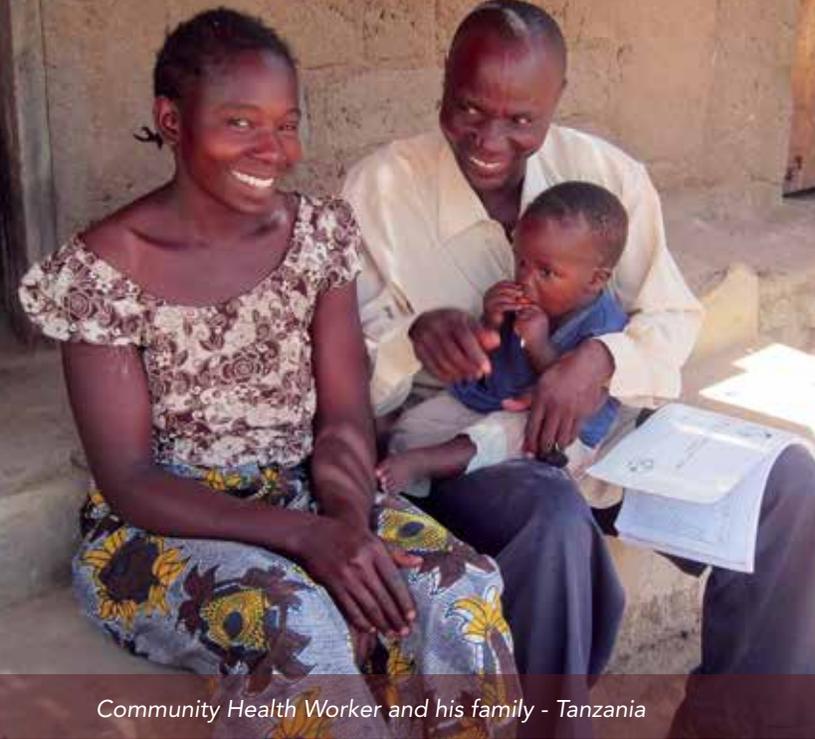
CPAR continues to engage with UMATU on a regular basis. In particular, CPAR uses UMATU to carry out HIV-related community education activities in our various programming. Last year, UMATU and UMATU B conducted training on the prevention of mother-to-child transmission during pregnancy, child birth and when breastfeeding, as well as other forms of HIV transmission and prevention, for 225 farmer field school leaders participating in a USAID-funded CPAR run food security project. During this training, Happiness Alfred, a member of UMATU B decided to share her story.

*"I was afraid to know my status and avoided seeking testing. I did not realize that I could transmit HIV to my children during pregnancy, birth or while breastfeeding. So, without knowing my status, I chose to give birth at home and unfortunately, have given birth to two HIV positive children. Since being part of community education like this, and learning stories about living positively from UMATU I found the courage to get tested and know my status. Even though I am HIV positive, I am taking care of myself and my family now. I know that I can still have children who can be born HIV-free."*

Sharing one's personal story takes courage, but it also has a significant impact of those who hear it. Participants in UMATU's training are frequently moved by the stories, experiences and information shared with them. They often ask that the group returns to provide more training on HIV and help them to establish their own support groups. Ten years since its formation, UMATU continues to serve as strong leaders and agents of change in their communities. CPAR is proud to call UMATU its partner.



UMATU member at her shop.



Community Health Worker and his family - Tanzania



A bumper crop of wheat - Ethiopia

## SHARED KNOWLEDGE COMES FROM PARTNERSHIPS WITH LOCAL EXTENSION OFFICERS

The Farmer Field School approach, which brings women and men farmers together in groups to learn and test new farming practices, has proven an effective and innovative model for carrying out food security programming. One of the notable components of farmer field schools is the way in which they link farmers to government extension services.

Agriculture, veterinary and health extension services are typically provided by the government - yet due to a lack of resources, their reach is limited. As well, they are often known to overlook women and use a top down lecture style when providing services and support.

Through the farmer field school approach, CPAR enlists the services of government extension officers to help facilitate training. By working with groups rather than individuals, extension officers can provide information and support to many people at once, including women. This enables them to more effectively carry out their mandate of helping farmers improve their farming practices and address issues related to food security challenges. In partnering with CPAR staff and farmer field schools, extension officers learn new skills, related to both farming and facilitation. Many extension officers are keen to adopt the inclusive approach to training used in farmer field schools, and organize farmers outside of CPAR programming into groups to promote the sharing of ideas and the testing of new practices. In this way, extension officers

increase their own capacity to more effectively deliver services to other members of the community.

Over time, extension officers foster strong linkages with farmer field school groups and are more readily able to provide follow-up services, additional training and advice. Farmers themselves learn about the roles and responsibilities of these officers and become more confident in accessing the resources offered by the government. Farmer field school groups and extension officers develop lasting relationships and often remain connected after a given project has ended. This partnership becomes mutually beneficial: farmers gain access to improved services and extension officers enhance their skills and abilities to provide higher quality services.

*“Farmer Field Schools strengthen community cohesion by promoting the pursuit of mutual benefits and the transfer of knowledge, attitudes and practices through encouraging exposure visits, knowledge exchange and cross-learning initiatives.”*

Abera Buli,  
Agricultural Extension Officer, Ethiopia

## POWER IN NUMBERS: COOPERATIVES CREATE MARKETING AND PARTNERSHIP OPPORTUNITIES FOR SMALLHOLDER FARMERS

During CPAR's five year Farmers First food security program, farmers were able to significantly increase crop productivity through the use of newly adopted agricultural practices and improved seed varieties. Increasing crop production led to a reduction in hunger at household level and to improved income generating opportunities. However, farmers looking to sell surplus crops remain subject to the whims of market prices and fluctuations.

One way that farmers can strengthen their position in the market is to come together to form farmer collectives. By doing so, farmers gain strength in numbers by increasing the amount of product they have to sell, as well as their negotiating power. For this reason, 105 farmers (45 women) participating in Farmers First decided to join in partnership and form the Migro Bedesa Grain Marketing Cooperative in Abo Yayebena Kebele in Ethiopia.

With the support of the District Cooperative Promotion and Establishment Office and CPAR, members of the Cooperative took part in extensive marketing and negotiation skills training, and received \$2,000 in start-up capital to begin activities. They invested in a scale, accounting ledgers, office furniture and other requisite business items, and soon began purchasing grain from their members to sell collectively. As a result of combining the assets of individual farmers, the Migro Grain Cooperative was able to attract the attention of large scale grain purchasers including the Ethiopian Commodity Exchange and Oromia Seed Enterprise, both based in Addis Ababa. Together, group members are able to negotiate for higher prices for their goods, minimize transportation costs and entertain offers from multiple buyers to get the best deal.

Based on the group's successful management and an identified gap in the community, the District Cooperative Promotion Office decided to grant an additional license to the group to purchase wholesale consumer goods such as sugar, oil and soap, as well as farm inputs such as seeds and fertilizer, to sell at reasonable prices to the community.

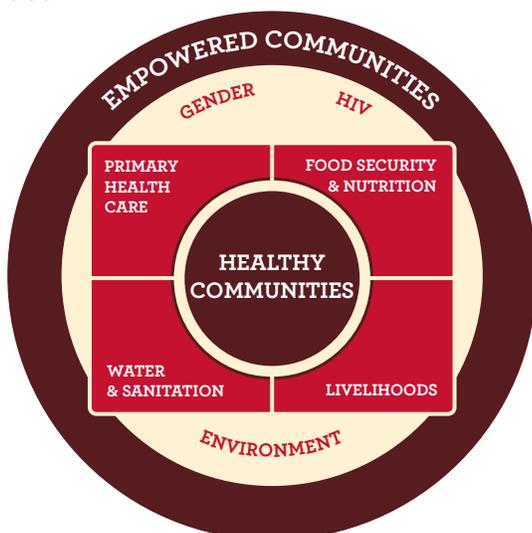
Mr. Lema, the Cooperative's Chairperson had this to say about the opportunity and the changes since the cooperative was formed: *"The community was challenged by limited supplies of household items and agricultural inputs. As farmers, we lacked the capital to access formal loans so we could purchase the agricultural inputs we needed to invest in our farms. Thus we were forced to borrow money from local lenders at very high interest rates, and purchase inputs and household good at high prices, significantly minimizing our ability to earn a profit. From now on, the cooperative will supply farm inputs and household items at reasonable prices to our members and other farming families in the area. Together, we are changing our community for the better."*



Sharing knowledge - Ethiopia



The beginnings of a new Farmer Field School - Ethiopia





Roundtable in Tanzania

## AT THE TABLE WITH CPAR

We are pleased to announce the launch of the CPAR Roundtable Series for Development Excellence, a series of roundtables in Canada, Ethiopia, Malawi and Tanzania.

### ARE YOU FAMILIAR WITH ROUNDTABLES?

Roundtables are group discussions that provide participants the opportunity to get together in an informal setting around a specific theme. Roundtable participants learn from each other's experiences and expertise, and provide a way to gain fresh ideas to some of the most pressing questions in the development sector today. Roundtables drive innovation!

The sixth and most recent in the series - the March 2015 roundtable discussion on Humanitarian Medicine - included doctors, nurses, NGOs and medical residents in Canada, as well as representatives from the Federal Ministries of Health and district medical communities in Ethiopia and Tanzania.

Check out our website for information about upcoming discussions. **JOIN US AT THE TABLE!**

## HAVE YOU THOUGHT ABOUT BECOMING A CPAR MONTHLY DONOR?

Monthly donors provide CPAR with a dependable source of funds so we can plan long-term development work and keep our administrative costs low. You can make your monthly donation from a bank account or a credit card.

Visit our website [www.cpar.ca](http://www.cpar.ca) or call us today at (416) 369-0865 or toll-free 1.800-263.2727 ext. 31, or complete the coupon enclosed with this newsletter and mail it back to us.



## A SPECIAL THANK YOU

to all of you for your recent donations and support.  
**Together we can build healthy communities in Africa!**

*CPAR works in partnership with vulnerable communities and diverse organizations to overcome poverty and build healthy communities in Africa.*

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