Exercise 4.1.1: Understanding Why People and Organizations Get Involved in CBPR

Go around the room and ask participants to state one or two reasons why people and/or organizations may choose to become involved with a CBPR partnership. List the reasons on a flip chart for reference throughout this section.

In the very early stages of establishing a CBPR partnership, the expectations of potential and committed partners regarding their roles and the activities and benefits of being involved need to be addressed. Below are examples of the motivations that may bring community partners and institutional partners to CBPR:

Community partners may be motivated by the potential to:

- Access resources
- Advocate for policy change
- Build bridges across socio-cultural/political barriers
- Create jobs
- Demonstrate/address inequities and injustices
- Demonstrate a program’s impact
- Ensure cultural survival
- Identify contexts affecting quality of life
- Identify gaps through comparison
- Improve services
- Protect the community
- Solve a problem

Institutional partners may be motivated by the potential to:

- Attract and support students
- Advance careers
- Build partnerships
- Demonstrate/address inequities and injustices
- Formulate policy
- Generate knowledge
- Link personal and professional goals and values
- Meet funding agency expectations
- Obtain institutional funding
Raise the visibility of the institution

The needs and expectations of all partners should be respected in CBPR projects and these will need to be negotiated. Institutional partners should pay heightened attention to the needs and expectations of community partners.

**Exercise 4.1.2: Understanding Assumptions**

Reflect on a partnership or coalition that you are working with now or have worked with in the past. By “partnership” we are referring to a formal or informal alliance among different organizations and institutions which have come together to address a common issue.

1. Going into the partnership or coalition, what were some of your assumptions about (a) how you would work together; (b) what you would be able to accomplish; and (c) why you are all at the table? Write down at least two of these assumptions.

2. Take 5 minutes to exchange stories with your neighbor about your partnership/coalition experiences and the assumptions you discovered after you began working together.

3. Give examples of assumptions you had that proved false; explain how you worked to make changes so that it did not become a significant barrier to the functioning of the partnership/coalition.

**Exercise 4.1.3: Understanding Assumptions**

Foundation Sustainability began a five-year AIDS prevention and care initiative in Lesotho, Botswana, Namibia, Swaziland and South Africa in 1999. In providing grants to non-governmental organizations (NGOs) in the region, the Foundation staff noted the lack of management and leadership skills in many of the AIDS NGOs applying for grants. To address this weakness in the NGO sector, an 18-month pilot “capacity building” initiative was funded to strengthen the capacity of local NGOs in each of the five countries in leadership, governance and management. The Foundation provided funding in each country to a newly formed coalition of 3 to 5 agencies made up primarily of training institutes, university departments and NGOs. During the 18-month pilot phase, each independent coalition was required to do a needs assessment of AIDS NGOs in their country (or a geographic region within their country), develop training materials, conduct trainings to NGO managers and provide follow up mentoring. At an evaluation summit hosted by the Foundation at the end of the 18-month pilot, coalition members from all five countries gathered together and conducted the “Assumptions Exercise” described in Exercise 4.1.2.
Critical assumptions identified by participants included:

• Working together as a consortium would be easy and smooth.

• Once we committed ourselves to working as a consortium, I thought we would be a consortium; instead, everyone came to the table wearing their institutional ‘hats.’

• As an institution of higher learning [university], I thought it would be easy to work with the NGO sector and that they would be “thirsting for knowledge” but many didn’t take the time to attend the courses [which were offered at no cost].

• After prior consultation with the NGO managers regarding their needs/interests for the curriculum, we thought we had buy-in from them; but many did not attend the trainings.

• Given the high prevalence of AIDS in our country [40%], I thought all consortium members would see this project as an emergency and high priority, but it took a great deal of effort to get some of the consortium members to contribute time to the Institute.

• We assumed that after the 18-month pilot was over that the funding would continue for the full 5-year time frame discussed with the donor from the beginning.

• We assumed that organizations in the consortium had the appropriate skills and knowledge to deliver the program.

• We assumed that because there was a need for NGO capacity building that people [in NGOs] would participate.

• We assumed that the Ministry of Health would be supportive of this initiative…but it has been a struggle.

• We thought once we got to the implementation phase [training and mentoring] that it would be easy. But it took much more time than we had budgeted

Questions for Discussion:

1. Given your own familiarity with working in partnerships/coalitions, which assumptions here echo your own experiences?

2. How might some of these assumptions negatively affect the functioning of the partnership? Give specific examples.

3. What practices or policies might be instituted at the start of the partnership to avoid some of the potential negative outcomes that result from these assumptions? Do you have examples from your own partnership experience that have proved helpful?