COMMUNITY LIFE PROJECT EVALUATION

By

Oladimeji Oladepo, Toyin Akpan and Richard Kohl

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Abbreviations

CA	Community Association
CACOM	Community Action Committee
CBO	Community-Based Organisations
CDO	Community Development Officer
CLP	Community Life Project
CSW	Commercial Sex Worker
FBO	Faith Based Organisation
FGD	Focus Group Discussion
FHE	Family Health Education
LGA	Local Government Authority
M&E	Monitoring and Evaluation
NATA	Nigerian Automobile Technician Association
NBCA	Nigerian Battery Chargers Association
NGO	Non-governmental Organisation
PHC	Primary Health Centre
STI	Sexually Transmitted Infection
STD	Sexually Transmitted Disease
YC	Youth Club

Executive Summary

This document is an evaluation of the Community Life Project based in Isolo, Lagos, Nigeria. CLP is a small non-governmental organisation (NGO), founded in 1992, based in the Isolo community of metropolitan Lagos, Nigeria. The organisation was founded to create a viable and sustainable model of community-based development through working with existing community institutions and social structures. Given the urgent need for HIV/AIDS education, CLP decided to develop its model in the context of focusing on the issue of HIV/AIDS prevention and control, and more generally issues of reproductive health and sexuality education. It had secondary goals of helping people become better informed about sexuality and reproductive health -- empowering people through learning, encouraging people to engage in life-supporting and prolonging behaviours, and proving that it was possible to reach all members of the community, particularly the traditionally marginalized and grass roots not usually reached by most development projects.

In evaluating whether CLP had achieved its goals, we faced two challenges. First, CLP had no baseline survey or parallel community control group to compare with. Second, we simultaneously evaluated the program in light of its twin goals: whether its activities had achieved the expected outcomes, and whether the CLP model is a viable model of community-based development. For the latter, we had to evaluate not only the outcomes achieved, but the overall approach, strategy and choice of specific activities. To do this, the evaluation team conducted key informant interviews, focus group discussions and a survey of people who had participated in CLP activities. These were complemented by interviews with CLP staff and opinion leaders. Similar, though not identical, questionnaires were used in all of these information gathering activities. We also conducted intercept interviews which were designed to assess general community awareness of CLP's activities.

We found that the essence of the CLP model is its social capital approach, its educational methodology, and its emphasis on empowerment. In terms of the social capital approach, CLP reaches people through existing community institutions and social structures. It creates long-term partnerships built on trust and respect with those institutions and works with them to deliver free educational workshops and training on issues of concern to their members, beginning with HIV/AIDS. As trust is built, CLP extended its reach and coverage by building a network of institutions (partnerships) through referrals from existing partners. In actual fact, CLP began its efforts by working with a few community-based/vocational associations, expanded to more of them and subsequently to health care facilities; faith-based organisations, schools and vocational/tutorial institutes and hotels of commercial sex workers.

CLP delivers its educational modules and trainings using a pedagogic approach that has a sensitivity to its partners' culture, values, customs. It delivers workshops and services which take into account the physical and logistical constraints and capacities of its partner organizations, focusing on bringing the learning to its partners. The location and length, frequency and choice of subject matter are determined jointly with its partners. In general, CLP comes to them at times and places that are convenient for them, speaks their language, and presents materials that are relevant to their lives. All of this is done in a way which emphasizes joint ownership of the process, empowerment and personal agency.

We found that the CLP model has been successful in reaching a large, grass roots population with information about HIV/AIDS and other reproductive health issues. Roughly two-thirds of those who participated in CLP activities claimed some benefit with one-third stating that as a result of CLP's efforts they had changed their behaviour. CLP achieved a high level of increased knowledge but had less impact on behavioural change. Within individual partners, impact was directly proportional to the frequency and extent to with which people had contact with CLP. In practice, this proved to be largely the leadership or most active members of its partner organisations, or those partners with whom CLP's

contacts had greater frequency, regularity and depth. Impact across organizations varied with the frequency and extent of contact for organizations. This appeared to be largely proportional to the associative strength of its partners; with stronger partners CLP had more frequent and deeper contact while weaker partners often had gaps of one or more years in working with CLP.

We concluded that CLP's method of working with and through various community organizations and social structures is effective in delivering information to marginalized populations. Its method of developing educational materials and delivering them through workshops is sound and is easily applicable to other programs where information dissemination is important.

We also found that the model could be improved upon to have greater impact. CLP was not very strategic in its choice of partners or community segments, leading it to work with partners and community segments that were not able to hold up their end of the partnership well. It did not monitor the effectiveness of individual partnerships and activities, so that it continued to put resources into all areas regardless of relative effectiveness. Combined with the fact that the organization was under-resourced, CLP had too few staff with insufficient training trying to do too many projects with too many partners.

To address these concerns, we recommend that future applications of the model be more strategic in the choice of segments of the population, basing that choice on formal assessments of needs and of associative strength. Partnerships should be focused on organizations where interaction can be regular, sustained over time, and, preferably, in some depth. Where it is desirable to work with weaker institutions because of the population segment they represent, we recommend supplementing CLP's educational activities with leadership and capacity building to strengthen weaker community institutions. We also recommend ongoing monitoring of programmatic effectiveness with different segments of the community.

For those organizations considering adopting the CLP model, we add a few final words. The CLP model takes a long time and a lot of hard work to implement. Creating the kinds of relationships that CLP has with its partners, and the network of referrals, takes years and a dedicated, committed staff that is really willing to engage with the community. The CLP model is most likely to be successful in areas where social capital is dense and organizations are strong. For those interested in replicating this model in areas where institutional strength is weak or uneven, the model needs to be supplemented with capacity building.

Introduction

This report presents an evaluation of the work of the Community Life Project (CLP). CLP is a small non-governmental organisation (NGO), founded in 1992, based in the Isolo community of metropolitan Lagos, Nigeria. The organisation was founded to create a viable and sustainable model of community-based development through working with existing community institutions and social structures. The founders' expectation was that this model could be applied to various aspects of human development and used to reach all social groups, especially poor grass-roots communities and marginalized segments of the population.

While in principle CLP set out to design and test a model that could be applied to any aspect of human development, in practice they decided to focus their efforts on issues of sexuality and reproductive health. The goal was to increase the access of grassroots people to services and information in these areas and to engage the community in sustaining HIV/AIDS prevention and control activities This was to be done by providing them with full access to vital information about health and well being. Understanding that HIV/AIDS was an important issue, which few Africans and especially Nigerians knew about in the early 1990s, CLP began providing educational workshops on HIV to community-based organisations. Since then, CLP has expanded the areas in which it provides information to include reproductive health, general health, and family life, depending on the interest of the community partners. It also expanded along three other dimensions: (1) geographically -- it expanded its activities into two neighbouring communities; (2) type of client -- it enlarged the types of community groups it worked with to include schools, health care facilities staff, youth, and faith-based organizations, and (3) delivery modalities: it complemented its educational workshops with other methods of community outreach and services, including theatre, counselling, and annual community celebrations e.g. World AIDS day.

The leadership of CLP believes it has achieved the goals it set out at the creation of the project: helping the people of Isolo, Mushin, and Oshodi become better informed about sexuality and reproductive health, and engage in life-supporting and prolonging behaviours. They believe that CLP has empowered people to acquire knowledge about all aspects of their lives, strengthening family and community institutions. Finally, they believe that CLP has successfully demonstrated that a participatory, community-based, demand-driven approach is a simple, effective and sustainable way of achieving human development.

Based on the perception that CLP had achieved important positive results from 1992-1999, in 2000 the leadership of CLP decided to share this model with the rest of Nigeria and the world, i.e. to scale up. Based on anecdotal evidence of its accomplishment and the inherent appeal of its approach, CLP has been successful over the last five years in its initial efforts at scaling up. It reached agreements with the Federal Department of Community Development and Population Activities to train its community development officers in the CLP approach, and with the Catholic Church, developed a Family Life education curriculum for its schools. These activities are nearing completion, and CLP is seeking to scale up even further, spreading its approach to improve health and community development throughout Nigeria, Africa, and if possible, the world. Given this greater vision, CLP realized that at this point, anecdotal evidence of success and intrinsic appeal are no longer sufficient for scaling up; a formal evaluation of CLP is necessary and desirable both for confirming their own self-assessment, and for providing an independent, objective assessment of the CLP approach to potential partners interested in adopting the model.

Purpose of the Evaluation

This section describes the objectives of the evaluation and the challenges the team faced in trying to achieve these goals.

A. Objectives

This evaluation has three objectives. The first objective was to assess the effectiveness of CLP's approach and strategies in achieving its goals. CLP's primary goal was to develop a replicable and sustainable model of community-level grassroots intervention which emphasized community ownership that could be applied to any field of human development, whether environmental, health, economic, political or otherwise. Its second goal was to engage the development community in broad scale replication of the model, and more generally to expand the role of community ownership in population and development interventions. CLP's third goal was to develop this model in the specific context of HIV/AIDS prevention and reproductive and sexual health generally. In this narrower context, its goal was to increase the access of grassroots people to services and information in these areas and engage the community in sustaining HIV/AIDS prevention and control activities.

The second objective is to assess the impact of CLP programmes and activities on the lives of people in the target communities.

The third and final objective is to assess the functioning and programming of CLP as an organisation, i.e. how it implements its own model. This goal is in the spirit of generating lessons learned on how CLP's operations and programming might be improved. Specifically in terms of programming, under what circumstances has CLP been most effective, i.e. doing what, where, with whom, and when? We expect that the primary audience for this will be CLP management itself, although funders may also be interested.

B. Meeting the Challenges in Evaluating CLP

It is impossible to understand the purpose of the evaluation without some understanding of the challenges that the CLP model poses in doing an evaluation. There were three challenges to evaluating CLP.

First, to our knowledge, CLP management has never created a complete logical or a results-based framework for the overall project, with a clear statement of its goal, expected outcomes, outputs and activities. CLP also did not identify indicators of the activities, outputs, and outcomes for its overall activities, not did it set targets. Rather what framework exists is limited to individual components of CLP's programming, such as its three year out-of-school programme. For these individual components, CLP's framework has largely been limited to activities and outputs from those activities, but not measuring outcomes or goals. In parallel, indicators have been confined to numerical targets for activities and outputs e.g. number of workshops delivered or health workers trained. Consequently, without clear indicators for the outcomes of individual programmes or its overall model, CLP did not perform a baseline study in its community nor did it identify another community as a "control" to serve as a comparator in terms of assessing results. This means that the external evaluator faced the triple difficulties of imputing the causal chain, arriving at appropriate indicators, and deciding how to evaluate the results in terms of their effects on outcomes since there was no basis for comparison.

Second, in trying to identify the CLP model, it was clear that the model was more than a set of activities linked by a set of interrelated concepts that linked the activities, but a process for generating activities. This makes it hard to pin down the model in a neat logical framework of activities-outputs-outcomes because the activities are constantly changing (see our final recommendations for an attempt to construct a logical framework for CLP's model). Thus, evaluating the CLP model is both an evaluation of whether the given set of activities and outputs are generating the outcomes expected, and the choice of activities themselves.

Finally, though many of its activities and funding are in the areas of (reproductive) health or community development, it is a mischaracterization of CLP's goals to label it either as a health or a community development NGO, as it is both and neither. Rather, its ambitious goal is to develop a model of community intervention that can be applied to any aspect of human development. Since an essential element of CLP's philosophy is that personal agency is both an indispensable factor in promoting human development, and an important part of the goal of development, it has been resistant to assessing its outcomes in terms of a specific set of objective indicators, because these do not easily measure the gains in personal agency or freedom.

In light of these three points, the daunting challenge in evaluating CLP is how to evaluate the effectiveness of a process for achieving human development. This means translating an assessment of the individual components and goals into an evaluation of CLP's overall purpose – demonstrating that a grass roots, community-based and community-owned participatory approach is an effective method of improving various aspects of human development, particularly in marginalized communities.

Overview of the Community Life Project

A. Purpose and Goals

CLP was created in 1992 in the Isolo community of Lagos by Mrs. Ngozi Iwere and Mr. Chuks Ojidoh. Its purpose was to improve human development by providing information to the poor and grass roots (low-income communities),[1] and more importantly helping them learn how to learn.[2] This would lead to both an immediate and direct improvement in people's lives, and a long-term empowerment of the people. Once empowered with the tools and knowledge for learning, people in grass roots communities would become self-generating in terms of their own learning. Its goal was to "prove that it was possible [for a development project] to reach all members of the community". This was particularly key in the context of HIV/AIDS, where many projects focus on reaching only high-risk groups or media outreach. For CLP, the point was to be able to reach the general population, especially those who are traditionally marginalized, and not just through traditional media channels, but through direct, person-to-person contact using existing social structures and community institutions. Because CLP sees individuals as embedded in family and community – the three are inextricably intertwined -- its founders believed that improving individual's lives could not be separated from improving family and community life, so that working with community institutions was both essential means and an end, thus the name Community Life Project.

CLP had several specific goals. First, CLP wanted to demonstrate that a community-level grassroots intervention which emphasized community ownership, community participation, and working with and through community-based organisations was a highly effective model for achieving human development. CLP had a general approach and mode in mind when it began working, which was to build on existing social structures and harness the country's rich and dense social capital. Nonetheless, the founders expected to modify and refine this model based on experience in the field and in response to opportunities and the needs of the community. CLP itself was to work primarily in the areas of HIV/AIDS and reproductive health, but the founders wanted to clearly demonstrate that the model that could be applied to any field of human development, whether environmental, health, economic, political or otherwise, and was especially effective in reaching marginalized communities.

Second, CLP's founders wanted to use the project as the basis for scaling up, both its model in particular and more generally the importance of working at the community level with community ownership and participation. The initial project was consciously designed to be a pilot project. Once proven successful, CLP expected to scale up the model and replicate it widely in Nigeria, Africa, and internationally as well as using it as an advocacy tool for community-based development.

Finally, CLP sought to improve the health of the community in which they were working. For CLP, this was a multi-layered goal. The first layer was to increase awareness of HIV/AIDS prevention and control activities. The second was to improve awareness and information around reproductive health and sexuality education. The final layer was to improve health in general, where health is defined broadly and holistically as human, family, and community development.

We noted in the previous section that the CLP model is deeply rooted in its philosophy and core values. While it is beyond the purpose of this evaluation to describe in detail this philosophy and values, we wish

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[1] In Nigeria low-income areas are referred to colloquially as "grass roots".
[2] The founders of CLP defined development as improving the quality of lives of people in a sustainable manner.

to note that CLP considers these values essential for both the process of building and sustaining partnerships with CBOs and in the way CLP operates.[3]

B. Community and Social Context

CLP began working in Isolo, an autonomous community in metropolitan Lagos, Nigeria, which is part of the Isolo-Oshodi local government. This community, along with neighbouring communities, where CLP subsequently expanded – Oshodi and Mushin -- are largely low-income areas, or what is known colloquially in Nigeria as "grass roots". Many people in these communities are underemployed or work the informal sector in low-skilled occupations and micro-enterprises. These communities are characterized by dense social capital in the form of numerous community organisations, including unions and vocational associations; faith-based organisations; and community associations, which are essential to the CLP model.

While English is the lingua franca, people's capacity to understand and express themselves in English in these communities is uneven in quality. CLP noted that in a low income community like Isolo many people do not speak or understand English well; they speak Pidgin English or Yoruba. Therefore the language of communication for the project is mostly Pidgin English or Yoruba; the language of particular workshops and other activities is determined jointly with the participants.

C. Working with Community Associations

This section provides a summary description of how CLP works with community associations, drawing on our interviews with CLP management and staff. An assessment of how CLP actually implements this model in practice is provided below.

According to our interviews, CLP's principal activity has been to provide free educational workshops and training in HIV/AIDS, sexuality and reproductive health, and health, (broadly defined), to numerous different types of organisations and institutions. CLP began its efforts by working with community-based/vocational associations. It subsequently expanded to partner with primary and secondary health care facilities; faith-based organisations (churches and mosques); primary and secondary schools, vocational/tutorial institutes; local, state and federal governments, especially in the health sector; and commercial sex workers. The nature and depth of relationships differ within and between each category of organisations and institutions. According to our interviews with CLP staff, CLP works with its partners using an eight-step process to:

- Identify and contact partners
- Reach agreements to work together
- Identify topic(s) for educational modules. For the initial module, this meant agreeing to do a model on HIV/AIDS.
- Agree on the logistics of delivering the modules

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[3] SARAR was adopted from the United Nations Development Program (UNDP) which applied it to its community-level water and sanitation projects in the 1980s. The values underlying CLP's relationships and partnerships with CBOs can be summarized in the acronym SARAS – Self-Esteem, Associative strength, Resourcefulness and Adaptability, Action Planning, and Respect.

- Develop materials and content for educational sessions
- Deliver the training session
- Monitor and evaluate
- Review and Action Planning

CLP staff and management begin their work in each community by doing a social assessment or mapping of the associations that already exist in the community. CLP identifies potential partner groups in two ways: direct prospecting by CLP or by referrals. Referrals usually come from members of organisations with which CLP already has a partnership, or at least are aware of their activities. In the early years, direct prospecting (based on the outcomes of the social mapping) by CLP was the common option. In recent years, CLP has relied almost exclusively on referrals from personal contacts who put CLP in touch with the leaders of an individual CBO.

D. Activities

CLP began its activities by working with vocational associations in 1992. In 13 years CLP has expanded along many different dimensions: breadth and depth of services, client type, and geographically. It increased its breadth by offering a greater variety of topics in its educational sessions and training of health and educational professionals. Its depth increased by offering drop-in counselling and referrals, drama, and dance. Its client type expanded from vocational associations and their members to include members of faith-based organisations, brothels, and staff at schools and public health care facilities. Finally, in 1997 CLP expanded its activities to two communities in Lagos state, Mushin, and Oshodi, which border the Isolo community; Oshodi is part of the same local government authority (LGA). The expansion into these two communities was a conscious decision to prove that the model was replicable in other communities, as well as in response to the demand from vocational associations in these communities to come and work with them.

Vocational Associations

CLP initially worked with specifically vocational associations. When CLP started in the early 1990s, few people in Nigeria (or elsewhere in Africa) had any knowledge or awareness about HIV/AIDS. CLP started with two vocational associations in 1992, delivering educational modules on the issue of HIV/AIDS education, awareness, and prevention. Over the next five years the number of vocational associations with which CLP had partnerships increased; by 1997 CLP had established relationships with about one dozen organisations, including hair dressers, tailors, tyre repairmen, auto mechanics, market leaders, battery technologists, and community development associations. CLP began to increase and diversify the subject matter of the educational modules it offered at the request of its partner associations.

Other Associations

Along with expanding its topics and number of vocational association partnerships, CLP looked to broaden the number of access points with the community by working with other types of community organisations and institutions like primary health centres. This increase in breadth was an outgrowth of CLP's initial objective to use multiple channels of communication to reach different segments of the community. At the same time, CLP recognized that the organisation could not reach all groups or work on all fronts at the same time. The choice of organisations was largely opportunistic, as it relied upon the same use of referrals by community members pioneered with the vocational associations. There was also

an effort to access members of the community who were not being reached through vocational associations.

CLP began to work with faith-based organisations (FBOs) and commercial sex workers; training teachers and students in public and private schools and health workers in primary health clinics and hospitals. It also provided educational sessions to commercial sex workers in brothels, and to various associations within individual churches.

The process and content of the work with these community organisations was similar to the work with vocational associations. The educational sessions and trainings focused primarily on HIV/AIDS and STDs/STIs, and in some cases expanded to include broader topics in reproductive health and sexuality education. This was particularly the case with FBOs, where CLP provided workshops similar to those provide to vocational associations. Over time, one-off workshops evolved into the teaching of several modules in church-sponsored classes for couples and expanded into broader areas of sexuality education, reproductive health and family life. Unlike with the work with the vocational associations, FBO leadership usually were solely responsible for the decision whether to partner with CLP and the content of workshops or class modules.

CLP's decision to work with schools began in 1994 and was based on three reasons: the perception that adolescents and young adults were highly vulnerable to HIV/AIDS; the structured nature of the school system, which would make it easy for the schools to accommodate programmes that CLP could offer; and the perception that adolescents are more impressionable. Specific schools were identified by referrals and the willingness of an individual school's management to work with CLP. An agreement was reached only with school managers or the administrator. CLP initially trained all students and faculty itself directly with its own trainers, but over time shifted to training students as peer health educators, and the training of teachers and counsellors to integrate HIV/AIDS and other reproductive health issues into relevant portions of the school curriculum. To date, CLP has worked with two primary schools, 30 secondary schools and ten vocational/tutorial institutes located in Mushin, Oshodi, and Isolo communities.

CLP works with primary and secondary health facilities focused on providing training in HIV/AIDS prevention and control to health professionals. As with schools and FBOs, permission to work with these organisations was obtained from state and local government officials. The goals were to educate health personnel on how to treat HIV/AIDS patients appropriately and the types of precautions they needed to take to protect themselves. This training would in turn permit the dispensation of accurate information to the clients or patients on HIV/AIDS, since that is part of their statutory roles. Over time, education was expanded so that health personnel were trained on HIV/AIDS prevention and control, along with counselling. A total of 140 health personnel from ten PHCs and one Secondary Health Facility (General Hospital) in Isolo/Oshodi LGA have been trained. The process of partnering with the Health Facilities is similar to that of the public schools.

The partnership with the hotels of the Commercial Sex Workers (CSW) started in late 1993 with the residents of one hotel. The goals were three-fold: to reach members of the community who could not be reached through other associations; to reach a vulnerable groups that needed information about the risk of HIV infection and other STDs; and to curb the spread of HIV/AIDS to others through an "educational" role. CLP decided to work exclusively with CSWs in hotels where they were easier to reach and had potential for more effective and regular follow-up. Permission was obtained from the hotel Director or Manager and the Chairlady or leader of the CSWs. The work with CSWs differed somewhat from CLP's other training and educational work in that they would often conduct an informal survey of the hotel in terms of size, services offered, and issues of interest to the CSWs. CLP staff also attempted to have regular contact and follow-up with CSWs, which in addition to education, led CLP to provide some

CSWs with training to pursue alternative careers. CLP ultimately worked with 257 CSWs and trained 20 of them as Peer Health Educators. One major challenge of working with the CSWs was a high rate of attrition and turnover in the trade.

CLP complemented these specific educational efforts with outreach to the community as a whole. It initiated several annual fairs—World AIDS Day, International Women's Day and Day of the African Child—where it conducted community outreach and education. At the same time, CLP developed a youth group, a drama troupe, and an informal counselling and referral service.

As noted above, with each round of planning meetings with its partner groups, CLP expanded the subjects of educational sessions it was delivering, moving from its original focus on HIV/AIDS to broader areas of reproductive health, general health, and community and family life. It had offered educational sessions of about 70 different topics, though many are closely related.

Methodology

A. Introduction

As stated earlier, the leadership of CLP believes the project has demonstrated that a community based model which works in partnership with a network of community institutions and organisations is effective in improving people's lives and as such has began to increase in scale, seeking to spread this approach among stakeholders in Nigeria and beyond. To validate this, a formal evaluation was commissioned primarily to provide an independent objective assessment to potential partners interested in adopting the CLP model. The evaluation attempts to assess both the effectiveness of the CLP model as an aggregate of discrete components and how effectively CLP is operating in implementing its own model.

The main goal of the evaluation is to answer the following questions:

- What has been the impact of CLP in the lives of people and community in its target location?
- Is the programme and the outcome it has achieved sustainable?
- Is the CLP model/approach effective in improving human lives/health/community lives?
- How can CLP operations and programming be improved?

As noted in the introduction, the evaluation team faced numerous difficulties in conducting an actual evaluation. The project never identified clear indicators of success nor did it develop a monitoring and evaluation plan. Consistent with these gaps, the research design for the model did not include any comparative basis for impact evaluation, nor any form of a control group (or in this case a control "community"), nor was a baseline survey ever conducted. This project also did not construct a logical or results framework, so that at least the formal logic of the model could be assessed. In the face of these challenges, the team decided to use a combined approach of an enumerated survey, key informant interviews and focus group discussions (FGDs).

To achieve the overall goals, the evaluation team developed a specific set of questions to use in both a survey instrument and in interviews with key informants. These questions were:

- How did a person come in contact with CLP?

- What are the characteristics of the organisation (CBO) through which you had that contact? Or individual?

- What are the dimensions of the work CLP did?

- What did the process of CLP look like?

- How have the lives of those who have worked with CLP change as a result of working with CLP interventions? What is different now?

- Are the positive effects long lasting?

- What has been the impact of CLP services on capacity/strength of partner CBOs?

- Are the institutional improvements sustainable?

- Under what circumstances and with whom does CLP work best?

Along with methodological difficulties, the evaluation team faced a number of practical and logistical problems. For example, CLP's main interventions have been educational workshops with members of the community and faith-based organisations, and training of public health workers and school officials. However, interviews and surveys with CBOs/FBOs were only feasible in the context of their regular meetings, rather than a broad-based survey. Similarly, scheduling and transportation conflicts prevented the team from randomly selecting CBOs to interview. Finally, the only way of arranging meetings with CLP's partner organizations and individual interviewees was through CLP itself, which could potentially introduce some bias into the results.

B. Sampling

Sample Instruments and Groups Targeted

1. Community Association Survey: One-on-one survey questionnaires were conducted through an interview with each member of each Community Association (CA) visited. In addition to this, a FGD was held with the leaders of the CAs. The approach of reaching the partners was to follow CLP mode of activities, i.e. meeting the partners during their normal meeting time and venues. The CLP staff, in conjunction with a logistics consultant, mobilized the partners and the communities prior to the evaluation exercise. The staff secured the commitment of the groups to participate in the assessment and the pre-assessment mobilization also afforded CLP to update its information on each partner and communities.

As stated in **Table 1** below, the evaluation design contemplated interviewing the entire partner Community Associations. However, due to logistics difficulties, the research team decided to take a sample of the associations. In principle, the evaluation team tried to diversify its sample of CBOs to reflect the variety of relationships with CLP and the types of organisations. Thus, we targeted CBOs that had:

- Different lengths of time in partnership with CLP: longstanding (ten years or more), intermediate (3-8 years)and shorter term relationships;

- Different locations: groups from Isolo, Mushin, and Oshodi;

- Diverse gender composition: men only, women only, and mixed gender groups;
- Different number and regularity of workshops held with CLP.

In practice, the actual selection of groups surveyed was as much a function of logistical constraints as it was of the criteria above. Given that the total potential sample of active organisations was only 23, several did not meet at all during the evaluation period, several met at the same time, or similar enough times that it was impossible to get from one meeting to another given the transit time involved. As a result, only 12 CBOs were interviewed rather than the 14-16 originally anticipated.

Similarly, the evaluation team was only able to survey and hold FGDs with a much lower number of participants than had been initially anticipated. The team lacked sufficient background information regarding the status of the Community Association and its membership strength prior to the assignment. This affected the total number of persons interviewed. The pre-evaluation information made available to the team consisted of the registered membership strength and suggested that for each of the intended 14-16 associations there would be an average of 40-50 members present, for a total anticipated sample size of around 700. In practice, that was in most cases 300% - 400% higher than the actual attendance membership size. As a result, the combination of being only able to visit 12 community associations and the lower than anticipated attendance resulted in only 283 members actually interviewed. Therefore, the team had to develop a stronger qualitative approach for the study after the study had commenced to augment the information desired for the respondents.

2. PHC Interview: The PHC staff interview was conducted during a CLP sponsored training for the staff at Isolo LGA secretariat. One-on-one interviews were conducted with 30 PHC staff who had attended CLP training earlier. The team conducted an in-depth interview with four Isolo LGA PHC department staff to gain insight into the nature of the partnership with CLP.

3. Opinion Leaders Interview: Ten leaders were identified within CLP focal areas based on previous collaboration with CLP and influence in the community. However, due to logistical difficulties, the team could only interview a community leader in Ishaga**.**

4. Intercept Interview: The teams conducted intercept interviews around the target sites of CA interviews. The interviewers intercept any passer by and then administer the tool. A systematic selection of every tenth resident in Isolo area was used in selecting the potential interviewees to effectively establish the level of awareness of CLP**.** The team did not interview any neighbours or family members due to the difficulties of tracking such persons. However, attempts were made to solicit responses concerning immediate family members and friends from the direct beneficiaries.

5. Staff Interview: The team interviewed all programme staff who had responsibilities for programming and monitoring of different aspects of the CLP model. Invariably, the nine member staff was comprised of two management staff, a programme officer and six programme assistants. These staff provided insight into the running of CLP, CBO activities, and other partner organisations, as well as the successes and challenges of working with the communities.

Questionnaire Development

Dr. Kohl developed a draft tool, further revised and refined by the consultants and the field team. A set of all tools (developed by all evaluators) was shared with CLP management staff for input. The tools were developed for different categories of respondents as stated in the table below.

- Questionnaire for Community Association Members

- Survey questionnaire for PHC Staff
- Interview questionnaire for CSWs/Hotels
- Interview guide for Community Leaders
- Focus group discussion guide for youth volunteers in Youth Centre
- Focus group discussion guide for Drama Troupe members
- Focus group discussion guide for CACOM members
- Focus group discussion guide for Family Health Educators
- Questionnaire for leaders of partner groups
- Focus group discussion guide for Couples
- Manager interview guide for CLP
- Interview with Staff
- Intercept interviews

The tools were all developed in English. Some were translated by interviewers into Yoruba, Pidgin English, and other local languages. All tools were administered by interviewers.

Training of Survey Teams

The logistic's consultant in collaboration with CLP recruited the interviewers. These persons were recruited from Lagos State institutions. A group of 30 interviewers was recruited and trained by the consultants in the CLP conference room on June 14th, 2005. Training consisted of a review of the questionnaire, a review of the selection process, and the sampling methodology for all CBO members, role plays and pre-test of questionnaires. The evaluation team consisted of two evaluation consultants, one MSI official, one logistics consultant, 30 Interviewers, two supervisors and two data entry clerks.

Data Collection

A pre-test of the Community Association (CA) tools was conducted on June 15, 2005 in Isolo LGA. After which the CA tools were refined and a definition of terms in Yoruba was agreed upon by the interviewers and the research coordinators. The interviewers were later split into two teams for better management and productivity. Two survey supervisors were recruited to assist in ensuring consistent high quality of interviewing, data collection and completeness of the tool for data entry. CLP staff provided the necessary support in facilitating movement to survey sites and introducing the teams to the respondents. It is worth noting that the entire CLP staff cooperated immensely with the survey team.

Data Entry/Analysis

For the quantitative information obtained from the CA membership and the PHC staff, data entry was done using EPI INFO 2002 with a Microsoft Access front end for data capturing. The analysis was carried

out using SPSS. The qualitative information was tape recorded, and was transcribed for interpretation and analysis.

Table 1: Sampling of Community Associations for the CLP Evaluation

Subgroups	Interview	Proposed Survey	Method	Sampled
1. Hotels: 9	▪ Key informant interviews	▪ 9 interviews	▪ Qualitative	▪ 2 interviews
2. Community Associations in the 3 LGAs	▪ Individual interviews ▪ Management FGDs	▪ ALL ▪ 26 groups for CBOs ▪ 500-700 members	▪ Qualitative and Quantitative	▪ 12 CBOs ▪ 283 CBO members ▪
3. FBOs: Catholic, Protestant, Pentecostal	▪ Key informant interviews ▪ Couples FGDs	▪ KII Six pastors or leaders ▪ 4 FGDs with couples in 2 churches	▪ Qualitative	▪ 3 KII with pastors ▪ 4 FGD in churches
4. Health: 10 clinics, 6 in Isolo and 4 in Oshodi, plus general hospital in Isolo; health workers (total pop of 140 minus transfer), managers. Possible to go to Mushin to see non-trained nurses	▪ Individual interviews ▪ Management FGD	▪ 5 SDPs interviews: ▪ 3 in Isolo LGA and 2 in Oshodi LGA ▪ All trained personnel in each SDP	▪ Qualitative and Quantitative	▪ 30 PHC staff in Isolo representing 6 PHCs, 1 general hospital, Isolo LGA
5. Opinion leaders (Obas, LGA staff and other key informants)	▪ Key informant interviews (KIIs)	▪ 10 KIIs ▪ Oba of Isolo ▪ Isolo LGA chairman ▪ Isolo LGA Community Development staff ▪ FMOH/CDPA staff	▪ Qualitative	▪ 1 KII
6. Forums: CLP day, International Women's day, World AIDS Day etc. Have the attendance lists.	▪ Intercept interviews	▪ 10 persons in each LGA	▪ Quantitative	▪ 99 interviews
7. Volunteers	▪ FGD for youth club members, CACOM and family health counsellors	▪ 6 FGDs ▪ Youth (male and female) ▪ Drama troupe (mixed) ▪ CACOM (mixed) ▪ Family health counsellors (10 members) ▪ Recruitments over 5 years of participation I n CLP programmes	▪ Qualitative	▪ 5 FGDs with ▪ Youth (male and female) ▪ Drama troupe (mixed) ▪ CACOM ▪ Family health counsellors (10 members) ▪
8. Family, Friends, Neighbours		▪ As many as possible		▪ None

Findings

A. Programme Design and Implementation

a) The CLP Model

From inception, CLP designed a community organisation approach called "the CLP model". The model seeks to demonstrate how a participatory community-based approach could increase access to life skills , which would facilitate health improvement and community development through active engagement, and empower community groups and local institutions. Thus, the framework of the model hinges on a tripod of full community engagement, developing partnerships, and increasing access to diverse skills and knowledge. The model was applied specifically to increasing access to skills and knowledge in the areas of reproductive health and sexuality education, especially HIV/AIDS prevention and control.

Through the implementation of this model, CLP envisioned a sustainable improvement in knowledge and quality of life of people living in grassroots communities. A second expected outcome was to ensure that the model can be replicated on a large scale by development workers, policy makers, and other stakeholders and in doing so, bridge the gap between policy making and policy implementation.

b) Model Implementation

Our evaluation showed that the following steps are used in the implementation of the CLP model.

1. Identifying leaders of community-based organisations through visits to the community of interest.

2. Meeting with CBO leaders and introducing the CLP project's educational modules on HIV/AIDS and seeking approval for delivering this module to the organisations members (including possible dates for dialogue with all members of the organisation).

3. Meeting with the Executive Board of the CBO to get approval, and in many cases with the membership of the CBO as a whole.

4. Planning the logistics of educational sessions jointly with the community group including the language of instruction, venue, chairs, and refreshments. CLP accepts no payment for its work, but does accept in-kind contributions to help put together and deliver presentations.

5. Developing content of educational sessions by the CLP staff, based on individual competencies and a review of relevant literature in the field. When CLP does not have the internal expertise to deliver a module, it brings in outside professionals, e.g. a doctor or nurse to talk about the problems and solutions to hypertension.

6. Engaging with members of the organisation on their meeting days and providing lectures on HIV/AIDS (causation, transmission and prevention). Educational sessions are delivered by two CLP staff, one of whom acts as a note taker. CLP's presentations are participatory and interactive, with a question and answer session to ensure that information is delivered in a way that is relevant to participants. CLP has developed and published a small set of brochures and pamphlets which it hands out, and shows short films in some of its sessions, especially one film on the nature of HIV/AIDS, how it is transmitted, and how to prevent transmission.

CLP staff and management begin their work in a community by doing a social assessment or mapping of the associations that exist in a community. CLP identifies potential partner groups in two ways: direct prospecting by CLP or by referrals. Referrals usually come from members of organisations with which CLP already has a partnership, or at least are aware of their activities. In the early years, direct prospecting (based on the outcomes of the social mapping) by CLP was the common option. In recent years, CLP has relied almost exclusively on referrals from personal contacts who put CLP in touch with the leadership of an individual CBO.

Outside of the educational workshops, CLP staff visit CLP's partners regularly even when they are not running programmes with them. A major reason for this is to build trust and relationships with the community. Visits are often concluded with an open invitation to come to the CLP office or call CLP staff should they want to discuss any issue with them.

Communities are selected based on their accessibility to the organisation. It was clear from our interviews that physical proximity is important; CLP confined its work to groups in Isolo despite demands to expand further. A second set of criteria for groups to work with CLP include their stability, viability, and level of organisation. Some interviews suggested that the choice of organisations is a combination of opportunity, i.e. when a good referral is available, a desire to reach diverse and underserved members of the community, and an assessment by CLP management of where there is a need. One thing that was made clear was that CLP never intended to reach all members of the community.

Getting an accurate statistical picture of the number of partners and extent of work with each partner has been difficult. This is for two reasons. First, there have been regular inconsistencies in CLP's record keeping, particularly prior to 1997, which is likely to have underestimated the number of workshops and other interactions, especially in the 1990s. Secondly, there are often long gaps in between interactions with CLP's partners, from individual vocational associations and other CBOs. This is most often due to internal conflicts and other weaknesses in CLP's partners, rather than due to a lack of willingness on the part of CLP.

Despite this, CLP considers all partnerships as on-going even when institutions have not had an educational session or training organized by CLP in a couple of years. Using this criterion, the number of partner associations rose from two in 1992 to 13 in 1997. This jumped to 18 with the expansion into Oshodi and Mushin, and gradually increased, so that by 2004, CLP was working with 24 vocational or community associations in three communities. However, this figure must be treated with caution, as there are several associations with which CLP has not delivered a workshop in several years. It is perhaps more accurate to say that around 20, or 80 per cent, of partners that CLP has worked with are currently active.

The data provided to us by CLP shows that CLP was delivering only one workshop per year to each association prior to 1997, though this is likely to be a significant underestimate due to poor record keeping. After CLP expanded into Oshodi and Mushin the records show this number gradually expanding, so that a few organisations were receiving two or three workshops per year between 1998 and 2002, and in one case four. This accelerated rapidly after 2002, so that by 2004 CLP was averaging a little over two workshops per association per year, with some associations receiving seven or eight workshops in 2004. It appears that this figure increased markedly after 2002, apparently due to the fact that CLP began to give awards at the biannual planning meetings for those vocational associations who had done the largest number of workshops. However, it is likely that this figure may be an underestimate due to poor record keeping. On the other hand, the perceived increase in the extent of activities after 1997 may also be overstated because of underreporting prior to that date.

Organizing the data by topic is equally difficult because CLP often changes the title of a session in order to customize it to the requirements of a particular CBO. For example, CLP records separately sessions on "Living a Full and Happy Life" and "Successful in Life", or "Marital Love Life" and "Human Sexuality

in Marriage." Including these duplicates, CLP delivered educational modules on over 70 different topics by 2004. However, most of these modules were concentrated around a handful of topics. HIV/AIDS alone accounted for one-quarter of all sessions, and adding in Personal Hygiene, Family Planning, and Environmental Sanitation raises the total to over 50 percent. An additional 25 percent was accounted for by Drug Abuse, Nutrition, Diarrhoea Prevention, and Family Conflict Resolution, so that together these eight topics accounted for roughly 75 percent of all sessions delivered to vocational associations.

In addition to CBOs, the organization has organized workshops and training with the members of a number of Faith Based Organisations (FBOs); conducted training workshops for teachers, peer educators and students from numerous schools; carried out training for health workers from ten health facilities; and worked with owners, managers and commercial sex workers (CSWs) from several brothels. The list of organisations is attached as appendix 1. Furthermore, CLP has counselled and referred people from communities who come to their organisations.

c) Strengths of the model

- CLP identifies target groups using what we call a referral or snowball approach. In the referral approach an individual in a group CLP is already partnering with introduces CLP to another group they are a member of. They introduce CLP to other organisations they belong to, or act as referrals to third parties. In the snowball approach, an existing group introduces the organisation to their counterpart groups in other communities e.g. the Oshodi tailors introduce CLP to the Mushin tailors, enabling the programme to extend through the group's network. This has allowed CLP to expand throughout the community and into new communities.

- CLP works with a number of grassroots organisations and sustains relationships with many of them over a number of years, including periods where these organisations were experiencing internal difficulties or were meeting infrequently, if at all.

- CLP develops informal, personal relationships of trust with members of community organizations, particularly leadership, that have allowed CLP's programmatic content to be seen as a source of advice and a reliable source of information on health, family, and life issues.

- CLP engages the CBOs in participatory discussions on the project and on possible partnerships through leaders and members.

- CLP delivers to CBOs and other organisation's workshops on HIV/AIDS and other topics related to reproductive health and family life.

- CLP develops and distributes educational materials such as pamphlets, leaflets, posters, and videos on sexuality issues.

In summary, CLP has been successful in using its model to work with some existing grassroots groups within its targeted communities, engaging them in addressing some issues related to their health and well-being. This process of community engagement has allowed CLP to deliver health-related activities that could facilitate human and community development.

d) Weaknesses of the Model

- Poor Needs-Assessment of Target Groups.

- Inability to Work with All Target Groups/Lack of Clear Goals.

- Participatory Concepts Only Partially Implemented.
- Too Few Interventions with Individual Partners.
- Informal Interactions Emphasize Contacts With Group Leadership only.

Poor Needs-Assessment of Target Groups

CLP never conducted a needs assessment with target groups to ascertain the crucial needs for programme focus and planning, neither at the programme's inception[4] nor at various stages of expansion of CLP's activities,. The lack of a needs assessment resulted in a programme design based on assumptions. The model lacks a method for needs identification upon which the programme interventions can be based.

Lack of a Strategic Approach to Identifying Community Partners and Social

CLP's strength, its opportunistic approach based on snowball or referrals, is also a weakness. CLP does not have a clear strategy for identifying which groups or social strata it wishes to work with[5]. Which associations CLP works with is largely determined by chance rather than through a clear strategy for ensuring that partner associations are selected. While demand driven, this *ad hoc* approach does not allow CLP to target particular social groups effectively based on any criteria of objective need (e.g. HIV/AIDS incidence or vulnerability) and may lead to the exclusion of certain groups or associations. For example, social clubs/cultural and social organisations are excluded because CLP assumes that they are difficult to reach and are not known to other organisations. Thus while CLP does engage with many parts of the community, its referral approach does not necessarily allow it to engage and empower all social layers of the community. The model, while stating that it was never intended to reach all members of the community, claims to work with all the strata of the community. CLP management and staff claim that they undertook a social mapping of the community, yet the mapping seems to be incomplete in practice. Which associations CLP works with is largely determined by chance rather than through a clear strategy for ensuring that partner associations are selected so that all strata are reached. Instead, the choice of partner associations relies heavily on members of existing partners. They introduce CLP to other organisations they belong to, or act as referrals to third parties. While demand driven, this *ad hoc* approach does not allow CLP to target particular social groups effectively based on any criteria of objective need (e.g. HIV/AIDS incidence or vulnerability) and also leads to the exclusion of certain groups or associations. For example, social clubs/cultural and social organisations are excluded because CLP assumes that they are difficult to reach and are not known to other organisations. Thus while CLP does engage with many parts of the community, the means for engaging and empowering all social layers of the community are missing, undermining one of the tenets of the model.

Community participation favours logistical issues

The model posits that the community must be in the driving seat for participatory development. However, community participation is heavily concentrated in the choice of workshop topics and logistical issues with the community playing a lesser role in programme planning and development of educational

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[4] At the start of its activities CLP's leadership believed that HIV/AIDS prevention and control was such a clear and urgent need that a needs assessment was unnecessary and superfluous.

[5] The one effort to do so was a social mapping. CLP management and staff claim that they undertook a social mapping of the community, yet the mapping seems to be incomplete in practice.

materials[6]. In interviews with CLP staff, they were able to cite only one example of joint design of materials, e.g. a slogan on stickers that auto mechanics placed on cars. Furthermore, imposing an HIV/AIDS workshop (though an important issue) on target groups as the first programme and prerequisite for partnership is inconsistent with the philosophy of demand-driven, participatory development which CLP intends to showcase. Finally, the evaluation revealed that the principles of participatory community organization and development are inconsistently applied. Although CLP has written guidelines on how to work with partners, the organization does not always follow these guidelines for implementing its programme activities.

Too Few Interventions with Individual Partners

Historically, in any given year CLP does not conduct any workshops with several of its partner organisations. Between 1992 and 2004 16 out of the 20 associations went for at least one year without any workshops, and at least 11 of these had gaps in activity of more than one year. Because of this, for a long time the number of workshops delivered in any given year was well below the number of associations which CLP had as partners. In 1997 CLP had delivered workshops to 13 associations, but delivered only five workshops in that year. The average number of workshops per CBO which had a workshop remained at one until 1999, and then hovered between one and two until 2002.

Performance on both the number of partners which had workshops in a given year, and the number of workshops they had, improved after 2002 as more CBOs became active and more of them had workshops during the course of a year. In 2004 CLP delivered 38 workshops to 17 organisations, with the two highest organisations having seven and four respectively, all others were in the range of one to three. In 2003 and 2004 the average number of workshops per partner that had a workshop was above two in both years.

While we present our assessment of the impact of CLP in the review of the survey and interview data results below, given that most organisations only have one or two modules per year, there is a strong *prima facie* case that impact must be limited. It also raises the question as to whether it is an effective use of scarce resources to work with organisations that have only one or even two workshops per year, or skip a year or two, or both. While this appears to have improved in recent years, it remains a problem.

Informal Interactions Emphasize Contacts with Group Leadership

The CLP model emphasizes informal interactions with its partners in between formal educational modules. We were able to confirm very strong personal relationships and dedication to CLP by several community members, but these were mostly current or past leaders of community groups, not ordinary members. Given the infrequency of formal modules, this suggests that CLP's impact is likely to be greatest with selected community leaders and be substantially diminished with ordinary members.

e) Recommendations

1. Undertake a more systematic needs assessment of the health of the community and of the members of its current partner organization.

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6 Groups have been active in some areas, such as designing stickers with slogans, captions on pamphlets, designing reading material, for hairdressing and barbing salons. Several groups have staged drama presentations at community events like Isolo Day. Volunteers play an important role in programming in several areas. such as planning and implementing the project's community level events or the content and field testing of manuals.

2. Develop clear criteria for selection of partner organisations and develop a pro-active strategy for developing partnerships with those types of organisations which have been targeted, leveraging its referral and snowball approaches strategically..

3. Place greater emphasis on including community partners in the choice of subject matter, the design of workshop materials, and the process of developing content. Given that a stated goal of the model is to empower individuals to be able to access and interpret information on their own, it would be consistent with this goal to provide at least some community partners with the ability to research and digest materials on their own, embedding this capacity within the community.

4. Develop a strategy to increase the number of educational modules with individual organisations including strengthening organisational capacity of its partners. CLP has had success in recent years in increasing the number of modules per organisation. While it was impossible for us to verify, this was purportedly due to the simple innovation of creating competition between partners for the most number of modules done.

5. Expand possibilities to create more solid, regular interaction between CLP and its partner organisations, particularly ordinary members.

6. Develop criteria for when a partnership is sustainable or not, and terminate non-viable relationships. While it is laudable that all organisations remain "partners" regardless of long gaps in formal interaction, and this strategy may have been necessary as CLP was building credibility in the community, it increasingly seems to be counterproductive. An intermittent relationship is not likely to do much good for the partner and its members and leads to a waste of scarce CLP resources, while the possibility of being dropped may help "wake up" partners in difficulty, especially if combined with the offer of capacity building and leadership training of struggling partners. CLP should either drop organisations which are not able to sustain a regular relationship, or help organisations develop the capacity necessary to do so effectively.

B. Programme Planning Process

Programme planning is done with community groups and the second with CLP staff. This section covers both types of planning processes.

1. Planning with community groups

CLP holds regular review and planning meetings with partner organisations. When they were first initiated, these meetings were held annually and were attended by representatives (3-5 per group) of the partner organisations. The objective of the annual meetings was to enable the groups to review CLP implemented activities with the associations, to discuss the way forward, and to choose topics for future work. According to our interviews with CLP management, early on in the process, topics were chosen by individual associations in terms of what would be of interest to their individual association and its members. As CLP developed a large set of topics on the shelf, organisations working with CLP, especially new ones, were offered a menu of courses from which the partner groups could pick. If partner organisations feel that none of the existing courses can meet their needs, they ask CLP to develop new materials. Group work plans are then developed at the review and planning meeting, with the results incorporated into CLP's own work plan for the year. According to CLP, as the number of groups

expanded, the frequency of these planning meetings was changed from yearly to every two to three years. [7]

Strengths

- CLP enables executive members of various groups to get to know each other through the group approach,
- CLP coordinates its educational activities with individual partners
- CLP economize on scarce staff time and resources and achieves economies of scale so that it is not designing and implementing completely customized programmes with each group

Weaknesses

- CLP has insufficient opportunity for in-depth, group specific discussion of programming issues and planning for the next phase.
- Insufficient time (one day) is devoted to this planning activity because of cost considerations.
- Insufficient attention is paid to developing potential workshop topics based on partners needs. The agenda is largely determined by the menu of existing topics already offered by CLP. This last observation is in accord with what some of the opinion leaders told the evaluation team "[CLP]gives us yearly programmes and when we are finished with one they give us another." While this obviously makes sense in terms of limited resources, economies of scale and cost considerations, it suggests that community partners are less empowered in the choice of programming then would be desirable.

2. Planning at CLP

CLP's planning efforts have three components. At the beginning of each year, a three – day staff retreat takes place. Its purpose is to review and discuss the previous year's programmes, develop activities to be implemented the following year, and develop a draft of the annual plan. The annual plan is further refined during monthly programme planning meetings at the CLP Office. The second component involves a monthly meeting of the entire management and staff, including the project's Director, Administrative Officer, and Heads of Department. The third component is a weekly review meeting of field officers where field outcomes are discussed and the field work for the next week is decided and planned, including assignment of roles and responsibilities for the next week's work.

Strengths

- Meetings enable the completion of annual plans and allow for the organisation to finalize key programme issues for the next year.

Weaknesses

- Internal planning process is not effective in designing an overall strategy or reconciling programmatic goals with human and financial resources.

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[7] In our interviews with community leaders, discussed later in the report, they confirmed knowledge of the annual planning process for all CLP educational programmes, and inferred that the process of developing or deciding the topics was somewhat participatory. The community was always given the yearly work plan from which the community requests specific educational topics.

Recommendations

- Develop a planning method which occurs more frequently than every three years and which allows for planning with individual groups.

- Work with groups to develop their own plans, and to relegate annual planning to a staff member. At the same time, the multi-group planning efforts should be retained, especially as it allows for synergies and for creating energy around increasing the utilization of CLP by its partners.

C. Capacity for Developing Educational Materials

Strengths

- The production of information, education and communication materials is a major strength of CLP. To date CLP has produced series of booklets and some stickers on various health topics (see appendix 2). These materials are distributed widely, free of charge to beneficiaries, increasing beneficiary access to the materials.

- Training materials are revised regularly based on feedback and comments collected from their use in sessions over the years.

- The print quality of these materials is good.

Weaknesses

- Training materials are not pre-tested.

- Training materials are written in English, which is not the ligua franca of the majority of members.

D. Implementation of Training Programmes

Strengths

CLP's educational and training workshops are a major strength of the programme. The organisation has implemented various training programmes for in and out of school youths, CBO members, and health workers with the goal of providing them with adequate information on a variety of topics (Appendix 2).

- CLP delivers workshops at the meeting places of its partners rather than the CLP office.

- CLP treats participants with respect and is sensitive to cultural norms and traditions, e.g. respecting Yoruba customs regarding women and the elderly. In it work with faith-based organisations, CLP makes sure that their values are reflected in the design, content and delivery of its education and training module.

- CLP staff deliver educational sessions in an interactive and non-threatening manner. The choice of language, facilitators and drama is all determined by CLP audience segmentation.

- CLP staff facilitating workshops have a good command of Pidgin English and use it appropriately to make sure participants understand the content, which is commendable.

- CLP's uses drama and film to strengthen the messages, as well as audio visual tools. The drama presentations are often real with local music which adds colour and humour to the presentations.

- CLP brings in external skilled medical personnel to deliver workshops on specific medical/health conditions when appropriate(e.g. the blood pressure lecture was handled by a nurse.)

- CLP provides free health services during lectures. For instance, during educational sessions on Hypertension participant's the blood pressure was taken for free, and people with hypertension were referred to clinics.

- CLP uses former participants to assist in training. In most cases, partners noted that they began training and sensitizing others after attending CLP educational sessions. In other cases, CLP will ask for volunteer trainers to engage in training others. For instance at the Oshodi LGA, all LGA PHC staff were encouraged/invited to attend the session so that the staff would be sensitized to create awareness on HIV/AIDS.

- CLP provides pamphlets to reinforce topics which are distributed to workshop participants; CLP has produced 54 different pamphlets on various topics. The evaluation found this material very useful for all its partners and individuals.

Weaknesses

- Use of English in all the pamphlets. Much of the audience is unable to read the materials.

- Lack of illustration of educational materials in the project.

- Limited intervention time. Because educational modules are delivered during associations' regular meetings, the length of time and the amount of material they can be exposed to is limited. Most of the workshops given to the CBOs are limited to one hour or less with only a few minutes for discussion.

- Lack of training manuals on such issues as the provision of adolescent friendly services.

Recommendations

- The mode of delivery of educational sessions should be maintained.

- Translation of CLP pamphlets into Yoruba and other local languages would be desirable so as to reach a wider audience along with greater emphasis on illustration materials for teaching health topics.

- Develop a strategy to increase the length of educational workshops and training modules (as well as the number per year, discussed above). Just because CLP delivers its modules at locations selected by the organisation, does not necessarily mean that educational modules need to be confined to regular meetings which tends to limit their length. This is especially true with organisations with whom CLP has had a longstanding relationship and who understand the value

of CLP workshops and who have a history of attending workshops offered to the community at large.

E. Monitoring and Evaluation

Findings

CLP's monitoring and evaluation is largely confined to monitoring during and immediately after workshops which is used as a feedback mechanism for programme improvement, especially in certain programmes. CLP monitors the conduct of the educational sessions through the types of questions trainers receive during the course of a presentation as well as questions and comments from participants at the end of the educational sessions. CLP staff who conduct educational modules also write up a summary report of the session which describes the process used, any issues which arose, what went well, and what could be improved upon.

Although CLP reported that it conducted an end-of-training evaluation of its church and school programmes, the evaluation team did not find strong evidence that post training evaluation were conducted with these institutions. What information is gathered does not appear to be closely linked to the desired outcomes, nor is it well-analysed -- data analysis is weak.[8]

The major feedback mechanism for what information is gathered is the project is the weekly Friday staff meetings where experience is shared from activities of the week, and is used to improve and update educational modules on specific topics. We were not able to gather specific information on how the internal reflection process occurs in the annual staff retreats. As noted above, the partner meetings with the project do include an informal, qualitative, participatory evaluation of its programmes within the groups and the community. However, these meetings have not taken place for three years, and evaluations with individual groups are *ad hoc*.

Weaknesses

- CLP has not developed clear indicators for measuring the success of the model
- CLP has not developed a logical or results framework and associated monitoring and evaluation indicators
- CLP has not conducted an empirical evaluation of the model prior to this exercise.
- CLP's decisions about programme focus and design are largely informed by subjective partners' interest and not based on informed need as the CLP model specifies.

The evaluation team found that monitoring and evaluation are the weakest of all the programme components. CLP lacks a formal Monitoring and Evaluation system, which includes its Management

[8] An attempt of CLP to estimate its reach was conducted by a consultant in a documentation titled CLP: working with Community Groups. In this document between September 1992 to April 2003, CLP had conducted 315 IEC sessions on various topics and estimated 31,607 participants had attended such sessions. In the same document, CLP has given 372 educational sessions on HIV/AIDS during the same period reaching 18, 392 participants. This disparity in reported data supports the finding that MIS is weak in the project and as such information on attendance is open to errors.

Information System (MIS). This has been attributed to the lack of skill in these areas and the low priority that has been accorded to its importance in programme management and organisational development.

CLP has not developed clear indicators for measuring the success of the model

Given that CLP was constructed explicitly as a pilot project, it is surprising that there was no explicit research design, neither to compare the outcomes of using the model in an intervention community and with those obtained in control communities, nor a baseline survey to compare outcomes before and after the intervention. Instead, success is measured by occasional anecdotal remarks from beneficiaries that "the programme is improving their lives."

CLP has not developed a logical or results framework and associated monitoring and evaluation indicators

Programme impact is viewed in terms of the number of (youth, men, women, commercial sex workers), reached and giving them lectures was a period of years as indicator of partnership. Even when asked about specific number of people reached with information on different programmes based on evidence, it is common to say by CLP staff that the programme has reached tens and thousands of people which was interpreted to indicate that the programme is having the desired impact even in the absence of outcome/impact data. There is an apparent lack of understanding of what evaluation entails is a major challenge for CLP.

CLP has not conducted an empirical evaluation of the model prior to this exercise.

The "CLP model" has not been scientifically validated by the organization; except for anecdotal evidence there is no empirical evidence to validate this assumption. In the absence of such data, CLP has missed the opportunity to use evaluation of the model to improve its effectiveness, correct mistakes, or validate and verify assumptions that have led to certain strategic decisions. For example, one of the initial motivations for CLP's choice of communities has been based on the assumption that grass roots people are "outside the mainstream communication channels (such as T.V., Radio and Newspapers) because "many don't listen to Radio and Television as they are preoccupied with their daily activities". Yet since the time when CLP started working in Isolo, most people in the community now do have such access, as evidence from the field indicates. If CLP had a formalized logical framework that made explicit assumptions like this and engaged in regular monitoring and evaluation, it might well have modified the way it works to take into account this changed reality, perhaps modifying the subject matter to supplement publicly available information, or narrowing its target groups.

CLP's decisions about programme focus and design are largely informed by subjective partners' interest and not based on informed need as the CLP model specifies.

For example, teachers who participated in the school project identified poor monitoring as a barrier to the success of the programme but nothing was done by CLP to improve this situation which was reflected in the poor outcome of the school programme. Corrective actions which should have been taken when supervisors detect problems are lacking. This lack of data has been crucial given that CLP's current activities include specific activities with different approaches targeted at different community groups, from mosque members to commercial sex workers to out-of-school youth. The lack of objective evaluation data has meant that CLP has not been in a position to evaluate the relative effectiveness of individual programmes to inform strategic and programmatic choices, compounding the weaknesses with its planning efforts noted above. The absence of CLP MIS data may have also resulted in misleading or contradictory claims in its publications and reports.

As with the weaknesses identified with planning efforts and programme delivery, some of the blame is attributable to weaknesses in staff training and capabilities. Neither the staff nor management are familiar with evaluation designs that are appropriate for different programmes or with appropriate sampling procedures.

Recommendations

- Develop a Monitoring and Evaluation framework to assist its programme management and decision making.[9]

- Establish programme indicators to both guide and inform its attainment of success.

- Develop an organisational MIS that will be valuable for day to day management and overall efficiency of the organisation as it grows and expands.

- Provide training to CLP staff and management in programme, monitoring and evaluation. An institution based short term training in planning, monitoring and evaluation would provide the much needed skill in this area and competence.

E. Report Writing

Strengths

- Production and distribution of advocacy materials reflects the goals, objectives, and activities of the organisation with CBOs, schools, healthcare workers, and CSWs.

Weaknesses

- Most implemented programmes have no written report.

- There is a lack of guidelines for project report writing, leading to inconsistency in the format and content of writing reports.

- Records and documents are lost on a regular basis, though less so now than during the 1990s. Documents were lost during relocation to the present site. This is in addition to records lost between 1995 and 1997 for which there were no credible explanation. A key officer summarized the reports writing situation of CLP; "we aren't very good in record keeping and documentation".

Recommendation

- Management needs to signal that recordkeeping is an important priority as well as field work.

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[9] The fact that many of CLP's targeted outcomes are qualitative – self-empowerment, improved family and community life – is not an excuse for a lack of an effective monitoring and evaluation system. Extensive research and examples exist of successful monitoring of qualitative indicators using participatory, community based approaches which are consistent with the CLP model and underlying philosophy.

- Conduct a one-week training with hands on experience in report writing and record keeping, which will lead to improved performance and attraction of more funds.

F. CLP Staff and Leadership

Much of CLP's greatest strengths and weaknesses lie in its human resources. CLP hires staff from a diversity of backgrounds, including nursing, medical social work, sociology, and communications. However none of CLP's staff come with much experience in using a community-based approach to social service delivery or information dissemination. Thus CLP looks for staff that are open to learning new approaches. The organization gives field workers 4-6 months of field training in close partnership with an experienced field worker, and also provides for in-house training in diverse areas ranging from writing reports and grant proposals to substantive knowledge about reproductive health. The organization supplements in-house training by existing staff by bringing in expertise from other NGOs and by sending its staff to participate in national level trainings and national and international seminars and workshops.

Strengths

- The founder is a strong force in securing collaboration with the community. Her passion and large heart was cited as a motivating force for further collaboration.

- Turnover is low; a number of CLP's devoted and dedicated staff have worked at CLP for over 10 years.

- CLP staff are well known in the community.

- Extensive training and retraining of staff in HIV/AIDS and reproductive health, and the principles of working in partnership with community members based on mutual respect rather than a client relationship

Weaknesses

- Decision making is quite democratic and consultative both in form and in principle, but in practice staff feel that their voices are not reflected in proposals for change or new initiatives. This appears to occur often enough that it was raised in several interviews with the staff. Major decisions are open to input from all, and are often discussed at meetings of the entire staff. However in our interviews with the staff, many are frustrated as they feel that while they make proposals which they believe to be good ones, these are dismissed or not acted upon. The Executive Director, who cares for the staff like a loving parent, can also at times be quite fierce, curt and cutting in her interaction with the staff, deflating those who face it. This has negatively affected initiative, morale and left staff disinclined to be pro-active in generating new ideas or making suggestions. Consistent with this finding, our interviews with senior management revealed that they wish staff would be more proactive, take more initiative and have more of strategic view of developments so that they could better represent the organization in public for a such as national meetings.

- There is an inadequate number of staff. At present, there are 13 field and programme staff out of which four are programme staff. Given the volume of activities involved in working with numerous groups, the organisation is clearly understaffed.

- Staff is often either not adequately experienced or skilled for the job. While staff appear to get extensive and effective in-house training in field work with the community, staff lack experience and skills in MIS and effective reporting, planning and monitoring and evaluation. This has in some cases delayed programme implementation and impeded strategic planning so that some vital and important issues have been overlooked. It has also resulting in a wide skills gap between the management and staff.

- Absence of an effective staff evaluation process.

These weaknesses have a lot to do with human resource issues and management problems. While staff interviews indicate that they are generally strongly motivated by the mission of CLP, they complain of overwork and long hours, lack of benefits, and inadequate training. The evaluation team found that four out of the five programme officers have not received formal training in programme planning. The current challenge to planning is reflected in inadequate report writing of the minutes from meetings.

Ineffective staff training and evaluation begins at the hiring stage. Although vacancies for programme officers are usually advertised, applicants are inadequately screened during interviews. According to a senior programme officer most applicants claim that they had field experience during interviews, but after employment, major deficiencies in respect to planning begin to show.

Finally, while management claims that strategic and operational decisions are participatory and involve the staff as a whole; it is not reflected in our interviews with staff. The staff stated that their opinions are not valued, and that in fact management is not open to their suggestions. In interviews with the management, findings show that management complained about the lack of initiative by the staff and the inability of most staff members to effectively represent the organisation in public or to engage in high-level thinking and planning. In our opinion, this tension relates in large part to the low level of staff capacity at the hiring phase, the lack of internal training, and the resulting wide gap in skills between management and staff.

Recommendations

- Make decision-making more open to suggestions from staff so that they are either acted upon or staff understand why their proposals have not been pursued.. This can be achieved through an organizational development intervention with an external facilitator where these issues can be addressed directly.

- Formalize the meeting process to be clear on what decisions were taken and who is to implement them.

- Create a clear process for internal accountability.

- Hire more programme staff that are professionally trained in community social work and public health with a minimum qualification of a Master of Public Health Degree and with specialization in Health Promotion and Education. By adding such competent staff, CLP can enhance its programme capacity in a timely and effective manner and plan strategically to enhance high quality performance. This will ensure adequate competence in planning, monitoring, evaluation, design of IEC materials and writing of research proposals and reports.

- Provide training to CLP staff and management in programming, planning, monitoring and evaluation and participatory, community development. An institution based short term training in these areas would provide the much needed skill in this area and competence.

- Provide for annual staff assessments and individualized personnel development plans for each staff member.

G. Survey and Interview Results

a) Achievements

The majority, 80 percent, of all surveyed members have participated in CLP programmes. The survey confirmed that delivery of lectures to the CBOs has been on diverse health issues. Specifically, 64 percent of members of these CBOs confirmed that in accordance with the CLP model HIV/AIDS has been used as the entry point for working with them followed by Family Relations (52.7%) and Personal Relations (39 percent). Only 54.7% mentioned that their first experience of attending a CLP programme was over a year ago (from June 2005), while 59 percent had their sessions in the last one year. Many association members and their leaders commented that IEC materials like pamphlets and leaflets have served as useful reference materials that could be consulted from time to time.

Widespread impact among participants on health knowledge but less on attitude and behaviour

In terms of the impact of CLP activities on the lives of individual CBO members, 70.3% of the survey respondents noted that they learned something useful from CLP programmes, 36.4% testified that there were changes in their attitudes and behaviour as a result of participating in the sessions, and 30.4% attested to a change in their behaviours. Survey respondents specifically mentioned that CLP programmes helped reduced misconceptions in respect to some health issues.

The survey results indicated increased knowledge about HIV/AIDS, especially on its mode of transmission and prevention.

Many mentioned myths around HIV/AIDS, sexual relations, menstruation and breastfeeding as illustrative examples of such misconceptions.

CLP programmes have affected behavioural changes in individuals and families

Corroborating the impact of the education sessions on members lives, some noted that there is increased family communication on health related issues, leading to stronger family relations. Below is a quote expressing the change:

> "There was a time we had a programme and we were taught how a man should relate to his wife sexually, and if I tell you, before that time. It's only when I was to have sex that I call her near to myself, but since that time, I have been playing with her and it's that times that women love men to be at their side to play with them and romance them. It was from that lecture that I received that training and it has improved my family setup, the love has passed through the children, my wife play with them and I play with them".

Other areas of individual changes included an improvement in preventive health practices amongst the members. Many reported that as a result of the sessions they have been able to take personal preventive actions. Example of such actions ranged from prevention of HIV through the use of condoms, high blood pressure through regular checks, and a reduction of dental cavities through regular replacement of tooth brushes.

CLP's work has been generally well received by its partners

Apart from health education sessions, some community leaders confirmed that lectures on family harmony have been well received. Some leaders were also trained as Family Health Educators in an effort to sustain the educational sessions within the community.

The direct survey evidence from CBOs leaders and their members was confirmed in interviews with other community leaders. For example, two church pastors noted that CLP has been successful in impacting lives in the communities, with the greatest impact in the informal sector.

Box 1. Working with a community in Ishaga

A community leader, who is the chairman of the Ishaga Community Development Association since 1994, and a staff in the Isolo LGA Community Development Department attested to a long lasting partnership between CLP and his community since 1994.

The first contact was through a CLP staff who introduced the organisation and its missions to the leader. Upon consultation with the other community leaders, the association sent representation to CLP's office and this marked the beginning of the partnership 11 years ago. HIV/AIDS education sessions were held with all members of the community at central venues in the community.

"When we got there they showed us their programme and we saw that it was in line with our own programme, they are the source of our information of HIV/AIDS after then, they now come to lecture us on HIV/AIDS extensively"

In addition to the impact on their lives, the survey and interviews confirmed the long-term nature of CLP's' partnership with the community. The community leadership actively participated in all invited programmes of CLP. The motivation was that the programme is in line with the community's programmes. Also, the community noted that the CLP partnership has been sustained and consistent unlike other forms of collaboration.

b) Change in Community Knowledge of Life Supporting Behaviours and Practices:

Based on key informant interviews and focus group discussions, there are many anecdotal examples of changes effected by CLP's work that often were cited as effecting multiple cases:

HIV/AIDS

- HIV information sessions have reportedly helped to reduce extramarital affairs and mistresses.
- Members of CBOs are now educating others on how to protect themselves from HIV/AIDS.
- After HIV information sessions many members bought their clippers.
- Some partners now use sterilized equipment for pedi/manicure, hairdressing.

Other Sanitation

- Members wash their hands and understand why they needed to wash their hands before eating.
- Individuals use separate plates instead of sharing plates as they used to do.

Substance Abuse

- Drug abuse has been reduced; anecdotal reports cite at least five cases of boys in the community who have been affected.
- Some members stopped eating kolanuts since he learned about the kolanut being a drug and the dangers of drug abuse.
- Some members reportedly stopped patronizing chemist or drug hawkers and pain relievers recklessly.
- Members reduced alcohol consumption.

Marital Life

- There is reported improvement in the relationship between married couples.
- There is a better understanding about menopausal women and the reduced sexual drive among men. This has helped some men to adjust their marital lives.
- Members know when to have sex with wives to avoid pregnancy, and acceptance of Family Planning has increased.

Family Life

- Improved the relationship between parents and children.
- "made us closer to our parents" and it has changed our attitudes to the elderly especially in listening to their concerns : listen and ask questions
- Though anecdotal, members have reported that lectures have helped to develop healthier nutrition habits.
- Good environment sanitation practices.
- A significant reduction in the occurrence of family conflict.

However, the effectiveness of CLP in providing information to the community varied widely depending on the particular programme or community sector that CLP worked with. CLP has had some impact on the lives of the leadership and active members of some CBOs with whom CLP had extensive contact, on members of youth organisations, volunteers, and on participants in its programmes with FBOs, particularly the Catholic Church. By contrast, CLP's impact on the life-changing behaviour of the general membership of CBOs and CSWs was weak. Similarly, CLP has had the greatest impact in those areas where it has delivered the same workshop the greatest number of times. The above list suggests that workshops on family life, marital relationships, and HIV/AIDS may have had the greatest impact.

A second area of impact of CLP was on the organisational strength of its partner organisations. Based on the survey of members, CLP has not increased leadership skills or organizationally efficiency of CBO management; responses to questions on this two topics generated positive responses of eight and then percent, respectively. By contrast, there was substantial anecdotal evidence of a positive impact on increased attendance, membership strength and organizational unity. Interviews with the leadership

painted a slightly different picture. Some groups noted that there is better accountability in the group now with more focus and programmes designed to benefit members. Better programming and accountability increased membership, leading to a united and harmonized group, and increasing the resolve of members to keep the associations alive and active as a result of the CLP lectures. After CLP intervention, some groups thought of self help projects that could advance their association. For example, an association started a "Youth Association".

c) Conclusions

Interpretation of these findings in terms of evaluating actual impact is difficult given the lack of a base line study or control group. It is difficult to know how much of these changes to attribute to CLP's activities, and to know what types of impact alternate programmes dealing with the same issues and population might have, especially given the challenging and marginalized populations that CLP works with. Given these caveats, from the perspective of the evaluation team, thirty-four percent seems like a low percentage of effectiveness in terms of behavioural change, especially with those organisations that CLP has worked with for five years or longer. However, this is not surprising given that with many organisations, especially during the 1990s, they have had only one to two, one-hour workshops per year, with breaks in the interaction of one to two years in many cases. It is noteworthy that this figure seems to be the same whether organisations have worked with CLP for to five years vs. 10 years or more. While presumably those with a longer relationship or who have done more workshops have had multiple changes in different areas, it does suggest that the more frequent nature of workshops since 2000 has been more effective in terms of producing results. Another explanation is the substantial turnover in membership within these organisations.

These findings also suggest that there are, crudely put, three concentric circles in terms of interaction with CLP, roughly divided into the third (34%) who report an important change in attitude or behaviour, the third who report having learned something but no change in behaviour (70% less 34%), and the third (remaining 30%) who report neither. We submit that it is likely, based on our interviews, that the first group is largely composed of the leadership and highly active members of partner organisations, i.e. those who have a frequent contact with CLP and have often developed close relationships. We believe that the second group, those who report having learned something from CLP, are those that have some exposure to CLP, most likely active members of the organisations who attended some CLP workshops but otherwise did not have much contact. The third group are those that have little contact with CLP, most likely only a few workshops, and are probably irregular participants in their organisation.

We conclude that CLP's impact is directly proportional to the organisational strength of a partner organisation. From an individual perspective, CLP's impact is directly related to extent that that person participates in the organization; those in leadership roles appear to benefit the most from CLP programs.

d) Recommendations

- Expand educational topics to include targeting the unmarried population
- Address issues leading to improved health conditions through financial or economic empowerment.

From the perspective of the evaluation team, CLP should target improving the impact of its programmes on attitude and behaviours. The key recommendation is:

- Increase the length and frequency of training

It is unrealistic to expect that 1-2 short workshops per year will be sufficient to effect behavioural changes in a large number of people, even when combined with the possibility of attending larger community events. We suggest that CLP follow the example of the trainings given to married couples in FBOs discussed below, i.e. that there be multiple workshops over the course of a year. While we understand that this may be difficult to do until a relationship is established, we recommend that CLP

- Clearly set internal goals and expectations for the minimum number of workshops with CBO partners to be sustainable.

- Be more selective in terms of which CBOs it chooses to work with, i.e. those that are functioning at a high level with strong leadership and membership and willing to have multiple workshops, or be proactive in building organisational strength and leadership capacity.

H. Results of the Intercept Surveys

Findings

The evaluation team conducted an intercept survey among 99 people (62% females) around the various intervention areas in Ire Akari, Obada market, Isolo/Ishaga, Mafoluku and Oshodi to assess the level of awareness of CLP as a community based organisation within these areas. The survey results showed that 66 percent knew about CLP and its programmes. Out of the 65 people who said they knew about CLP, 34 persons (almost 50 percent) had attended an educational session organized by CLP within the communities. Impressively, 29 out of 34 persons (or 85%) could remember at large a topic or subject of the activities they attended. Out of the 65 people who are aware of CLP and its partners, 36 (55.4%) could identify some benefits accrued to them through their attendance.

I. Achievements

Community Members Benefited From CLP's HIV/AIDS Awareness Programmes

The intercept results confirmed the survey results on the impact on HIV/AIDS awareness. The majority No. (%) of people that benefited from understanding HIV and its dangers, reported that it led to improvement of their sexual health. for example, one respondent said (see **Table 2** below for the other topics). ". . . The reality of the menace of HIV, I got myself acquainted and desisted from all sorts of immorality." Another respondent commented that he learned to "use of condom, safe guarding ones self against sexual diseases, and when cutting of hair at barbing salon, the machine must be sterilized". Other respondents mentioned other types of knowledge related benefits. Mostly, they learned how to care for other members of the family, especially the elderly and children. Two respondents mentioned that CLP awarded scholarships to some students for study of the environment.

Weaknesses

- While two-thirds recognition of CLP within its target population should be considered a significant achievement, CLP should strive for greater recognition and awareness of its activities in the community.

Recommendations

- Identify whether there are clear parts of the community where CLP is largely unknown and target publicity. Improve publicity efforts generally.

J. Programme Faith Based Organisations

Findings

CLP's work with faith-based organisations began with a referral from St. Mary's church, where the project director attends services. The chairman of the Youth Harvest program invited CLP initially to give a talk on HIV/AIDS. This subsequently led to other single-session programmes, and eventually the church wanted to pursue a sustained program.

CLP began by teaching several modules of mandatory classes that these churches offered for engaged couples – the pre-marriage course. The work in the churches later expanded to broader areas of sexuality education, reproductive health and family life as CLP moved into the role of co-teaching the couple's classes. [10] CLP also offers a family life education programme at SS Peter and Paul Oke-Afa, derived from its sexuality education curriculum.

The work with FBOs is similar to the work with CBOs, with a few important differences. FBO leaders makes the decision regarding whether to partner with the CLP, identifies issues they want to see addressed, and how it should be addressed without conflicting with their doctrines. This is done on behalf of the congregation. The second difference is that CLP works increasingly in the context of long-term training courses, which allows for a more extensive curriculum and more detailed and comprehensive treatment of various topics in reproductive health and sex education.

Initially, delivery of all educational sessions was done by CLP staff and associates. As demand increased, CLP found it difficult to sustain activities in all churches given its limited staff. CLP then resorted to training volunteers to visit each church to deliver the training, using the CLP education manual. An internal review of the process in most churches revealed that this strategy was not successful. The trainers were not as committed or had some conflict of interest that did not allow regular delivery of the sessions. In 2004, a new strategy was devised that involved some church leaders nominating members as trainers for CLP's training of trainers. These trainers then delivered the various educational programmes in their churches.

Strengths

- The list of partners includes all types of churches and supports CLP's goal of reaching out to all types of people regardless of religious affiliation.

- Strong supervision system for religious programmes.

- HIV/AIDS awareness is the bedrock of education in the churches. CLP provides education on a number of topics.

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[10] Some of the topics covered included: Human Sexuality in Married Life, Marital Love life, Introduction to Billings Methods, Parenting, Violence in the Home, Resolving Conflicts in the Home and Managing Family Finances Strategic Planning, Marriage Counselling and Preparation, capacity building for counsellors and facilitators, and youth activities such as Youth Camp.

- Good community acceptance of CLP.
- CLP revitalized couples educational sessions in Catholic Communion.
- CLP developed a core of facilitators for sustaining Couples Programme.
- Couples Programme has a monitoring system for programme improvement.
- The central focus on family is a major plus.
- Perceived positive impact of CLP work.

CLP has a strong supervision system for its religious programmes

Supervision of programmes in some churches is very strong. In most of these cases, CLP had trained trainers and after training and handing over the programme to the Church, CLP staff were reported to conduct supervision of the trained personnel.

HIV/AIDS awareness is the bedrock of education in the churches

HIV/AIDS educational awareness was seen as essential to all CLP educational sessions and to the youth in the church. Interviews with both pastors mentioned that the organisation sought opportunities to include it in its activities. In both churches, there is a strong youth focus.

Good community acceptance of CLP

CLP has been well received and appreciated within the community.

CLP revitalized Couples Educational Sessions in Catholic Communion.

CLP helped in establishing more interactive couples' preparation educational sessions in some Catholic Churches. Specifically, at St. Mary's and St. Jude Mafoluku Catholic Churches, these programmes have been running for some years and the couples attested to the effectiveness of the programme.

CLP developed a core of facilitators for sustaining Couples Programme

CLP has trained facilitators for the churches to continue the educational sessions for the couples. Interviews with some of the facilitators of the Couples Marriage Seminars at St. Jude's Catholic Church showed that they were all able to describe the process for conducting the 16 weeks educational sessions.

Couples Programme has a monitoring system for programme improvement

The marriage programme with the Catholic Church is the only CLP programme that has a monitoring and evaluation system with a feedback system from the trainees. A post training questionnaire is used to solicit the couples' perception of the programme and provide some suggestions to improve the programme.

The central focus of CLP Model on Family is a major plus

Partners and staff perceived that CLP's work in the churches focuses on the family. They find that all programmes centred mainly on family, based on the assumption that each individual is an extension of the family.

> "they taught that if individual families could be strengthened then the community will be strengthened that's why there's no programme they would do that will be outside family setup or family structure"

Perceived Positive Impact of CLP work

The church pastors, facilitators and recipients all testified as to the positive benefits of CLP educational sessions. All the facilitators agreed that the programme has benefited many couples saying that: "They seem to say they picked up the new way of doing things for their life at marriage courses". In addition, the facilitators attested to personal benefits accruing to themselves.

> "I have been personally motivated by the commitment of my co- facilitator … into seeing that these going couples starting a new life has shown every thing like the dangers involved and has even gone a long way to make me sure that with this level of commitment to make these young couples live happily there after and I am part and parcel of them, what remaining is that if this particular ones could succeed 100% I must try to succeed 200%"

For the couples, facilitators and pastors, CLP has improved the knowledge of members about various issues concerning the family, especially parenting. The pastors are very impressed with the efforts of CLP.

Weaknesses

- Limited number of partners
- Limited training time
- Sustainability may be a challenge to the project
- Need for complementary counselling

Limited number of partners

Contrary to expectations, CLP is currently implementing programmes at only a few churches and most of these are Catholic Churches. Even within that group, the majority of churches only invite CLP to deliver occasional educational sessions, CLP has yet been able to replicate widely its longer term training programmes.

An analysis of the various programmes held in 14 churches and Christian organisations revealed that though some of the leaders may have benefited from some sort of training, they have not reported to be conducting step down trainings.

Limited training time

The various topics were perceived to be adequate for the couples. However, they complained that the time available for the sessions was insufficient.

Sustainability May be a challenge to the project

> "I can't really specify because the problem[s] with our people is [*sic*] many because of so many factors, the programme is good but how to follow up and sustain the programme that's the problem of our people. Because it needs time, it needs funding so on how to sustain it and make a follow up and this is foundation, and it'll take time before the result and the result can take 5 yrs or 10 yrs" (Pastor)

Recommendations

- Expand programming into other LGAs and strengthen collaboration with the local government.
- Expand the interactive marriage seminars to other Catholic Churches.
- Expand the curriculum should include post marriage experiences.
- Train more people that are capable to implement its programme.
- Increase the number of partner FBOs and deepen that relationship to longer-term courses.
- Improve written training materials and content for the curriculum.
- Lengthen the time of individual training sessions.
- Provide counselling to complement the training courses.

The pastors recommended that CLP expand its programming into other LGAs with a stronger collaboration with the local government for increased visibility and sustaining efforts in schools. Programme. Since Marriage Seminars are statutory to all Catholic Churches and in fact most other denominations, all facilitators recommended expanding the interactive marriage seminars to other Catholic Churches for greater benefit to the recipients. They also recommended that another type of marriage seminar should be designed for married persons. Several of the trainers recommended that the curriculum be expanded to include post marriage experiences using case studies in the programme manual. Finally, several informants recommended that CLP needs more capable hands for its programme implementation.

From the point of view of the evaluation team, we second the recommendations in the paragraph above. While largely anecdotal, the subjective feedback from sponsors and participants in the Christian programmes was extremely positive. Given the deeply felt religious commitment of CLP's staff and management, and particularly the fact that the leadership are active practicing Catholics, this programme plays to CLP's strengths. Furthermore, while this programme shares some of the weaknesses that characterize CLP's work in general, of all CLP's programmes, we assess that this programme is the best. It is the most comprehensive in several areas: coverage, length and depth; preparation of materials and training of facilitators; monitoring of results and feedback; and in meeting the expressed felt needs of the community it serves. We note that this context was one of several which mentioned the important role of individual counselling as a complement to CLP's educational and training workshops. We recommend

that as part of an overall reconsideration of CLP's strategy that it consider devoting more resources to counselling so that it can multiply the impact of its educational work.

K. Moslem Religious Leaders

Findings

The study met with the leaders of the most active mosque in CLP partnership portfolio. The leaders claimed to have known CLP for over five years and have been attending the various activities of the organisation. Initially, the leadership confirmed that only their past leader (*Missioner*) was attending CLP special events, and later the women and youth attended some other programmes or celebrations at CLP venues. The motivation to work with CLP came out of the realization that CLP programmes were not in conflict with Islamic injunctions but in fact in harmony with them. The members also liked the approach of CLP programmes because it contributed to improving the lives of people and covered topics relevant to every human being.

The process of selecting the topics was similar to the process adopted with other religious bodies: CLP took a brochure of programmes to the leaders out of which two topics were selected and CLP then prepared the content of the topics. A total of two sessions were confirmed to have been held, one was on Child Circumcision and the other was on HIV/AIDS. Problems internal to the Moslem community and a crowded community timetable initially impeded programme implementation, similar to problems with community associations[11].

Strengths

- HIV/AIDS education has had the greatest impact on the congregation.
- Using a member of the targeted religious group has facilitated a better partnership.

HIV/AIDS education has had the greatest impact on the congregation.

The leaders were quick to mention the HIV/AIDS session as the session which produced the greatest impact, and that the faithful learned much about the different ways the infection is transmitted. The leaders liked the CLP approach to teaching the topics, because it allowed for good understanding, which is key in promoting changes in behaviour.

Using a member of the targeted religious group has facilitated a better partnership.

Initially, CLP tried to work with the mosques, but these efforts did not yield the expected results. A review of the status and consultation with the community resulted in the employment of a Muslim staff member. Having a Muslim staff liaison with the mosques was a key factor in getting the mosques to work with CLP.

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[11] In this case, CLP programmes have been delayed since the last educational session because of internal leadership changes and the overcrowded timetable of events by the mosques for its followers. We were the ones delaying them till we have enough preparations for them. When the executive are ready to agree on a date to invite them we will call them"

Weaknesses

- CLP was only able to begin delivery of its educational sessions in the Mosque last year. As with CBOs, this is more a product of internal problems within the target (Muslim) community than with CLP, but it does hinder CLP's activities and effectiveness.

Recommendations

- Use the mass media to disseminate information on various educational activities to other communities so that non-members of CBOs will benefit.

- Expand activities with Muslims, and the capacity to work with that community. CLP has a comparative advantage in working with FBOs once trust has been created with that community, in this case by employing a Muslim.

- Emphasize leveraging the personal religious connections of its staff, and make an effort to have a religiously diverse staff that reflects the surrounding community, allowing them to work through multiple channels of FBOs effectively.

- Develop leadership training and other capacity building to strength the organizational effectiveness and cohesion of its FBO partners.

L. Volunteers

There are three categories of volunteers in CLP. They are: Youth Club members, Community Action Committee (CACOM), and Family Health Educators. This section briefly summarizes the activities of each group of volunteers, followed by an assessment of those activities.

1. CLP Youth Club

The CLP Youth Club (YC) membership is currently estimated to be about 200 members, mostly students and a few professionals. The objectives of the Youth centre as obtained from its members include:

- Building youth to live a responsible lifestyle and to face challenges of life. The members call this "training for positive change."

- Providing access to information / participation in programmes such as seminar, workshops and conferences.

- Providing avenue for counselling.

- Discovering talents in young people.

- Impacting the community – working with corporate bodies / groups and health facilities etc.

The length of membership of youth club (YC) varies substantially from one year to 10 years. Most of them have known and worked with CLP for over five years. Most of the YC members got to know CLP through friends and a few others ascribed their membership to sibling's influence. In addition, schools played a prominent role, with some deciding to become members after participating in CLP programmes at school: "I have known CLP close to seven years now, I got to know CLP through a friend in school"

(male), ""I have a friend who is a part of CLP and she invited me" (female) and "They (CLP) came to our school and ask the teacher to give three to four students that will come for their programmes, so my friends and I are among" (female).

Members claimed to have various motivations for joining the Youth Club/Youth Centre. These included: because they observed someone else's changed lifestyle; they liked the issues being addressed such as family roles/responsibilities, HIV/AIDS, values and manners; and the respect they accorded their friends who were already members of CLP because of their greater knowledge about various health issues.

Strengths

- Empowered youth, boosted confidence and changed behaviour.
- Establishment of the Youth Club and its theatre activities.
- Programmes are fully participatory in line with the CLP model.
- Built the capacity of youth members.
- Helped youth discover their individual talents.

Empowered youth, boosted confidence and changed behaviour.

The Youth Club members stated that they benefited immensely from their contact with CLP, including changes in lifestyle, changes in outlook on life, and attitude about specific subjects. Some averred to have gained more confidence and belief in themselves. Others claimed to have been liberated from peer pressures, with some also saying they had jettisoned bad habits and become more responsible. A couple of others mentioned a change of attitude (positive) to PLWHA. Moreover, respondents mentioned that they are more knowledgeable about issues affecting youth because of the information they accessed from CLP. An important benefit is that the youth see themselves as role models after being a member of the youth centre. The club presented a forum for youth support mechanism to be built for the youth to withstand external life pressures. The youth, in the course of participating in CLP activities, have gained life long friendships.

Establishment of the Youth Centre and its theatre activities.

The establishment of the Youth Centre itself is an achievement for CLP. The various activities of the centre have evolved over time to include drama and theatre. This all began in 1994 when CLP adopted the concept of Theatre for Development as a viable means of creating awareness, educating and motivating positive behavioural change. Since then the theatre has been used at various events such as World AIDS day campaign activities, International Women's day celebrations, Day of the African Child activities and other CLP special events and outings. Initially, CLP worked through various artists engaged to assist staging the theatre. Subsequently, with the assistance of Ford Foundation, the Youth Centre developed its own capacity to run its Theatre and Drama activities. Internal staff were employed in 1998 who were specifically trained to provide information dissemination services. Two theatre troupes were formed in 1999 (one with youth club members and second with CACOM members). Among the various activities of the centre, drama/theatre has been used to introduce issues, sustain attention, educate and entertain audiences during CLP organized activities, routine educational sessions with partner groups and when invited by community members or groups.

The centre has produced a demo of 18 songs it uses to educate and create awareness. The focus of these songs varies however, its strong encouragement for youth to abstain from sexual activities as a means of avoiding HIV/AIDS was noted.

Youth Centre programmes are fully participatory in line with the CLP model.

Initially the CLP staff was responsible for all planning, organizing and mobilizing youth for its activities. Over time the activities of the Youth Centre have become largely organized by members under the direction of their executives who they elected by themselves. Implementation of planned activities is also carried out by members. CLP staff mostly provide the policy thrust or focus of activities and logistical support.

CLP has built the capacity of youth members.

Members of the group were exposed to various training programmes organized by CLP. The capacity of youth club members was enhanced through workshops, seminars and relevant IEC materials. According to the members, the trainings provided more than knowledge, it also empowered the youth to make informed decisions on values, moulded their character and rehabilitated those in need of it. They confirmed that some activities of CLP included acquisition of vocational and facilitation skills. “In the training, we were given the chance to be a facilitator, if you want to act, this is an avenue, they will teach you how to act”

CLP Youth have discovered their individual talents.

Members of this centre asserted that they have recorded a measure of achievements. All participants mentioned that the most important achievement is the discovery of individual talents as a result of their participation in CLP activities. Among the talents that the centre had brought forth are K.C. Fresh (a musician), Lateef Adedimeji (an actor), Seye who acted in the popular T.V serial, super story and some youth presenters in both TA channel 5 and Galaxy television stations.

Weaknesses

- Limited funds for Youth Club programmes

A major challenge that is confronting the group is in the area of organizing programmes, especially with regards to financing and difficulty in effectively mobilizing people.

Recommendations for Improvement

The following suggestions for improvement were made by interview respondents:

- Providing more educational materials in the library.
- Re-introducing debate sessions.
- Strengthening communications with parents.
- Focusing on out of school youth e.g. bus conductors, vulcanizers, mechanics etc.
- Establishing structures to make CLP’s vocational centre more effective.
- Increasing visitation to schools to about once or twice a month.

- Encouraging the youths facilitate programmes.
- Encouraging networking with other youths serving NGOs.
- Using Youths as part of the school training.

M. The Community Action Committee (CACOM)

Introduction

The Community Action Committee (CACOM) is a group of community volunteers who assist CLP in its activities. CACOM was established in 1994 with 10 volunteers to work with CLP to plan and implement community–level health intervention programmes; CLP wanted representatives from groups they have worked with, so that these representatives will be able to carry messages back to people. Members are drawn from various backgrounds, and mostly joined CACOM through personal connections to CLP or CLP staff. Presently, there are nine active members, all women.

The group meets monthly to plan their activities, using CLP's work plan of community activities. CACOM members confirmed active participation in CLP annual planning process for the Community Associations and the organisation. They use the CLP's work plan of activities to plan their involvement in community activities.

Strengths

- Provides a forum for self expression.
- Provided informal needs assessments and facilitated contact with the community.
- Help plan, publicize and implement special events like World AIDS day and other educational activities.
- CLP has had a positive impact on the CACOM members.

CLP provides a forum for self expression.

Respondents were mostly driven by their desire to help people and they identified with CLP's humanitarian work. Similarly, some members saw an opportunity to motivate other people to good works by joining CLP, with a few others asserting to have quest for more knowledge as a motivating factor for being members.

Provided informal needs assessments and facilitated contact with the community.

CACOM members testified that CLP doesn't "know the grassroots, the area and what they need at a very particular time. So we individuals that live in different locations that know the need of the people, and we report to them (CLP) and they will carry this out. There are some areas or places like market, she will find out what topic they need and return to the people to convince them." They serve as valuable links to churches, community members, to village meetings. They attend the town meetings are held on Sunday; "we believe that we can go there at that particular time and teach something and we do that and bring the report to CLP."

Help plan, publicize and implement special events like World AIDS day and other educational activities.

Usually, before CACOM members go out to teach or disseminate information to their target audiences, the members would jointly plan and discuss the issue or topic during the monthly meeting with CLP staff, including identifying gaps and materials for the delivery of the session. Most of the topics revolve around enlightenment on AIDS and general health talk. Activities of CACOM also include distribution of CLP IEC pamphlets and organizing end of year Party.

CLP has had a positive impact on the CACOM members.

Members of the group attested that they have benefited from being a member of CACOM and collaborating with CLP. Most of the benefits have taken the form of improvement in personal skills, social support mechanism and improved management skills. Specific benefits mentioned frequently included intangible skills like changes in behaviour, demeanour and attitude, such as patience, courage, and parenting skills. CACOM members have also learned about health care and reproductive health:

"If I had known about AIDS earlier, I have an uncle he wouldn't have died, so what I learnt in CLP, I am able to help some family to come together and help the AIDS victims."

Weaknesses

- CACOM lacks funds to operate.[12]
- CACOM membership has been the same for a long time and has not grown. CACOM has had little turnover or infusion of new members for a long time, it remains small and is largely composed of its founding members. While the members are dedicated and devoted to CLP and its work, the lack of new blood has led to a lack of inertia.
- CACOM lacks funds to operate.

As a result of poor funding, the group has recorded some failed plans. For instance, the group embarked on a cooperative farming venture, which failed due to poor yield. Similarly, CACOM used to do drama and couples dinners, which have stopped as well.

Recommendations for Improvement

- CACOM should receive more training in the aspect of caring for People Living with HIV/AIDS.
- CACOM should get funding from CLP for transportation to attend programmes.
- Expand the volunteer programme in order to leverage staff resources at low cost.

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[12] For instance, the annual anniversary of the group had to be stopped due to lack of finance. Again, some members believed that a little financial assistance, if only for transport, would enhance the work of the volunteers.

N. Family Health Educators

The Family Health Education (FHE) group is composed of two members of associations such as Nigerian Automobile Technician Association (NATA), and Nigerian Battery Chargers Association (NBCA), with the former having over 400 members and the latter having between 60 – 100 membership base. The FHE imitative came into existence six years ago. Volunteers, who are the leaders of these groups, were trained as family health educators. There role was to deliver workshops and other support to their associations, thereby relieving CLP's project staff from some responsibilities.

Strengths

- Members have had a positive impact on the lives of their members.
- CLP has taught FHEs how to manage their homes and workshops.
- Anecdotal evidence of a change in behaviour regarding safe sex practices through the use of condoms.

Members of the group believed that they have had a positive impact on the lives of their members. The following quotes aptly captured their submissions in this instance: "We have achieved a lot…. because all these lectures we went to, we have passed it across to them and we have seen changes in their lives, neatness of environment….". "We have been able to re-orient our members to be time conscious and punctual in all what they do. That, it is better to give a customers a longer period to finish their work than telling them to come in two hours time and you haven't finish their job."

FHEs shared that they personally had gained a lot from their collaboration with CLP. Broadly speaking, they asserted that CLP has taught them how to manage their homes and workshop. In specific terms, the interviewees claimed they now have better understanding of HIV/AIDS which has led them to adopt safer sexual behaviours, embrace family planning by using condoms, improved their literacy levels and becoming calmer.

Weaknesses

- Lack of acceptance by other members.
- Members could not articulate FHE goals.
- Inability of people to understand the CLP pamphlets because they were in English, and general lack of desire to participate in the workshops.
- Lack of acceptance by other members.
- Some members of the associations did not grant the FHEs the same status or authority that they give to CLP staff. This has made it difficult for FHEs to be effective in their organisation, or to serve effectively as substitutes for CLP staff.
- Members could not articulate FHE goals.
- Members interviewed were not articulate about the objectives of FHE nor could they recount the specific activities of FHEs. However, they were able to state the following as part of their

responsibilities: ask about members' problem (need assessment); determine what is required and who to assist, and with what; and generally helping members and providing feed back of their activities to CLP.

- Inability of people to understand the CLP pamphlets because they were in English, and general lack of desire to participate in the workshops.

Recommendations for Improvement

- Continue the project and include more training for the Family Health Educators.

- CLP should make a renewed effort to make the FHE programme viable and more effective. As with other volunteers, we see this as a potentially important way of relieving pressure on CLP's already scarce human resources.

O. Working with Commercial Sex Workers

CLP collaborates directly with brothels (hotels) and CSWs. Our assessment was based on visits to two hotels which have been in existence for over 15 years. In one hotel, there are 15 resident CSWs while the other hotel has 41 resident CSWs. The population has been very mobile. At Oludare, collaboration with CLP is only three years old. For Maison Hotel, the first contact was about one year ago at the instigation instance of CLP.

The evaluation team's evidence on CSWs may not give an accurate impression of CLP's efforts or impact. During the pre-evaluation mobilization for the evaluation the CLP staff visited all six partnering hotels, which may have introduced some bias into our interviews. The study team visited only three hotels as the other hotels did not agree to participate in the study at all. Out of the three visited only two participated in the interviews. The last declined to participate due to hard feelings he has towards CLP for re-habilitating some of the commercial sex workers in that hotel.

Table 3

Hotels	Sampled
Oludare Hotel	Interviewed
Maysun Hotel, 3 Oshodi	Interviewed
Temidara Hotel	Declined
Endurance Hotel, Ilasa	Declined
Maysun Hotel, 1 Oshodi	Declined
Gbolington Hotel	Declined

Strengths

- The focus is on HIV prevention. During its initial visit to hotels, CLP conducts an HIV/AIDS education session using a film on HIV/AIDS. Thereafter, CLP holds monthly talks in the hotels with the CSWs. The talks centre on HIV/AIDS.

- CLP's mode of delivery and process is effective and generates trust. CSWs like the brevity and mode of delivery of the educational session--Pidgin English, simple approach and using their hotel venue – and the personality of the staff who are delivering the messages.

- CLP partnership is consistent and visitation is regular. Other groups have been giving some lectures and free condoms in these hotels. At Maysun, hospitals and a family health organisation were mentioned. However, CLP is said to visit more regularly and consistently. In addition, pamphlets of lectures are also given to them by CLP.

- CLP has had an impact on behavioural change in CSWs.

At Oludare Hotel, the respondents claimed to have learned to use condoms regardless of the financial enticement that the clients may offer thanks to their collaboration with CLP. As a result of the increased awareness generated by CLP's training and visits, it has become a policy that if a CSW declines a client on the ground of refusal to use condom, other CSWs would not oblige him. The chairlady noted that the CSWs have become more receptive to using a condom.

> "I learned about how to always use condoms even if he comes with condom or not, you must give him condom to use, if he doesn't to use it, let him leave. If the man leaves your room, nobody will allow him into her room because it has become law here that everybody must use condom."

At Maysun however, information about HIV/AIDS and STDs was not considered new. Rather, the efforts of CLP reinforcing similar messages that the CSWs had received from other sources. The chairlady had not noticed any visible change in behaviour as a result of the lectures by CLP, since even the policy on the use of condom for protection was already in force prior to CLP's first workshop. Yet, the respondent still expressed the desire that CLP should continue the visit, if only to serve as a continual reminder of the dangers of unprotected sex. At the Oludare Hotel, it is mandatory for the girls to attend CLP lectures; failure to attend often attracts a fine. This strongly suggests that management finds value in what CLP offers. Moreover, the desire was expressed for the contact staff to be coming everyday because of her likeable personality. "Anytime she is here, everybody must come outside and if you don't come, we will collect a fine from you,"

Weaknesses

- IEC materials are not appropriate because some are said to be incapable of reading them.

- Coverage of CLP's efforts has been uneven.

- CLP's training has narrowly focused on HIV/AIDS to the exclusion of other issues of concern to CSWs.

- Some segment of the community was not involved in all of CLP programmes. At Maysun Hotel, the Chairlady asserted that they have not attended any programme because they have not been invited.

Recommendations

- Education of CSWs should be expanded to include other diseases apart from HIV/AIDS. Collaboration with the CSWs and brothel needs to be re-strategized and reenergized for better support and impact.

Conclusions

Introduction

The primary purpose of this evaluation was to assess whether or not CLP had achieved its goal of developing a replicable and sustainable model of community-level grassroots intervention which could be applied to any field of human development. To come to a judgement on this question, we needed to assess whether CLP has been successful in achieving its goal of increasing the access of grassroots people to services and information about HIV/AIDS prevention and reproductive and sexual health. Specifically, we wanted to know whether CLP had reached considerable numbers of people in the community, especially marginalized parts of the community, and whether its programs have had a significant impact on those people it has reached. Finally, we also needed to assess how well CLP has functioned as an organization. Since our purpose was to see whether or not the CLP model has been a success, we needed to be able to separate out our assessment of the model from the model's implementation. Our assessment of CLP as an organization serves an additional purpose, in that it allowed us to make recommendations for improving the functioning and programming of CLP.

In this conclusion, we first assess each piece of the puzzle before we put them all together. We assess the overall strengths and weaknesses of the model, whether it has increased access to services and information for considerable numbers of people in the community, and what impact that has had. We then evaluate CLP's functioning as an organization and its implementation of the model. Finally, taking into account how well the model was implemented, we offer our assessment as to what degree CLP has shown that its model is a replicable and sustainable model of community-level grass roots intervention.

Strengths and Weaknesses of the model

The CLP model has been described at length in the Overview section of this evaluation. The essence of the model is its social capital paradigm: creating partnerships with existing community institutions and social structures and working with them to deliver information and training. In this regard, the four key components of its social capital approach are: (1) creating long-term relationships built on trust and respect; (2) building a network of institutions (partnerships) through referrals from existing partners, where trust and reputation have been established, to new organizations, creating a snowball effect; (3) using a pedagogic approach that has a sensitivity to its partners' culture, values, customs; and (4) delivering workshops and services which take into account the physical and logistical constraints and capacities of its partner organizations and the daily live challenges of their members. In all of this, the CLP model stresses the importance of using an integrated approach to development which works simultaneously at the level of individuals, family and the community, and incorporates a strong emphasis on empowerment and personal agency.

Strengths

In our assessment the key components of the CLP model are its major strengths. These are:

- Focusing on community institutions (the social capital approach) and opportunistically using referrals to build a network have been successful in creating an important set of partnerships and reaching various parts of the community.
- Developing educational workshops and materials which are geared to the needs of the community and treat subjects with sensitivity to the values, cultural norms and objective constraints that community members face.

- Delivering workshops has been particularly outstanding: the use of local language, e.g. Yoruba or Pidgin English; the interactive way it presents material so that participants can understand; and the effective use of use of drama, music, and audiovisual aids.

Taken together, these aspects of the CLP model have resulted in both long-term, sustained relationships and partnerships with community institutions built on trust and in community acceptance generally. They have also helped to create and strengthen community leadership and institutions, specifically noteworthy in this regard have been the joint planning and creation of workshops; the "annual" planning meetings, training of trainers, and, to a lesser extent, its volunteer programme.

We found that several of CLP's partnerships were particularly strong. CLP's partnership with faith-based organisations, especially the Catholic Church, was the most effective, in large part due to their length, greater frequency, and depth. We also found that the work with the youth club was a very strong an effective programme. The work with vocational and other community-based organisations was more mixed, which we discuss below.

Weaknesses

We assess that two of the major components of the CLP model which are its strengths are also its weaknesses. CLP's social capital approach means that the effectiveness of its work is directly dependent on the strength of local institutions. In the case of Isolo, Mushin, and Oshodi where CLP has been working for the last 10-15 years, the associative strength of its partners varies widely across organizations and over time with individual organizations. The CLP model is highly effective with strong organizations, or when associations are strong, and much less effective with weak organizations.

The same holds for individuals. The CLP model is much more effective with people with whom it has the most contact: leadership and other members who are active. For us, this raises a question as to the ability of the CLP model, as currently implemented, to reach marginalized parts of the community, as the model is less successful in reaching people who are either not in social institutions, in weak organizations, or who are not active in their organizations. Thus in its work with CBOs, workshops are short in length and often postponed several times, frequently with long gaps in between one workshop in the next, in many cases gaps of a year or more occurred with specific organizations that were having internal difficulties or other issues.

CLPs reliance on networking is allows it to build trust and take advantage of opportunities to expand its network as they develop. In our view, it also has a weakness of not being strategic. It results to a great degree in an *ad hoc*, unprioritised set of partners dependent on chance that certain people are connected with

The CLP model has increased access for grassroots people to services and information about HIV/AIDS prevention and reproductive and sexual health

The evidence from our survey results and interviews show that CLP has reached a significant number of people with information about HIV/AIDS, reproductive health and health. CLP has successfully created interactive information workshops for varying segments of society, especially through its work with FBOs such as the couples and pre- marriage programme and youth club. Its work with CBOs alone shows that it has reached well over a thousand people within these organizations. When the work with FBOs, schools and public health workers is added to this number, it is clear that CLP has touched thousands of people in the community, and this does not include those who have attended the various community day celebrations CLP has sponsored. Our intercept interviews showed that roughly two-thirds

of the population had heard of CLP, suggesting that there has been some ripple effect from those who have actually participated in workshops to the wider community.

Many of these populations are traditionally difficult to reach by other educational and outreach programs e.g. small entrepreneurs in grass roots communities and out-of-school youth. CLP's method of working with and through various community organizations and social structures has proven effective in reaching marginal populations and is unique. To our knowledge, there is no other model able to reach these segments of the community.[13]

CLP has had impact on the lives of some people in the target communities

CLP has reached a lot of people with information on HIV/AIDs and reproductive health, but the important question is with what impact. We found that our survey and interview data show that CLPs work did have an important impact on about one-third of participants in its workshops, and some impact on about two-thirds of those who participated in its workshops. About two-thirds of those who had contact with CLP gained important knowledge about HIV/AIDS, reproductive health and family life. People in the smaller group not only gained knowledge, they experienced important behavioural changes in areas ranging from personal sanitation, substance abuse to improved married and family life. For those with the most contact with CLP, it appears that the changes in their lives were in multiple areas.

Our analysis suggests that the variance in impact of CLP's work was closely related to the length and depth of exposure and the strength of the community groups it worked with. the impact of CLP's work seems to be best characterized as one of concentric circles with the extent of impact directly correlated with the frequency and degree of contact with CLP. CLP's greatest impact was on CBOs which had several workshops over the course of a year, and particularly those members and leadership that attended the workshop; people who worked frequently with CLP in planning events, attended most of the workshops, and had frequent informal contact with CLP. Similarly, the programmes with volunteers, youth and the Catholic Church appeared to be most effective because of the high levels of regularity, frequency and depth of contact. Thus, while CLP has generally emphasized the large number of people it has reached directly or indirectly, our analysis indicates that CLP's impact has been most significant on those people with which whom it has worked intensively, a much smaller number. The major exception to this, and a sources of strength, has been there work with FBOs, which has allowed CLP to work intensively with a larger number of people. We encourage CLP to build on its experience with FBOs in the recommendations below.

Improved implementation of the CLP model could greatly increase its impact

As noted extensively in the report, there are several areas in which CLP could improve its performance as an organization. These are:

I CLP's internal MIS, monitoring and evaluation and report writing systems are inadequate. What monitoring and evaluation does occurs focuses too much on quantitative measure of outputs rather than outcomes and focuses too narrowly on improving the quality of intervetions rather than evaluating the effectiveness of the interventions themselves.

II CLP's weaknesses in monitoring and evaluation are paralleled by weakness in internal planning process and being strategic in its actions. This applies to both identifying key community segments it wishes to target, and designing and evaluating programmes to reach

[13] While the mass media may be reaching some of these segments of the community, it is unlikely that it has having the kind of impact that CLP is having; there was no evidence of that in our survey or interview data.

those parts of the community. Like many many NGOs, CLP has been so busy implementing its programmes (with enormous effort and dedication) that it has placed insufficient emphasis on thinking about what it is doing, documenting it, evaluating it, and revising its strategy accordingly.

III CLP's weaknesses in strategic planning and programming have left the organization overcommitted and under-resourced. Resources are overstretched and are not concentrated in areas where they might be the most effective, e.g. the work with FBOs. CLP could do a better job of prioritization and reconciling programmatic goals with existing human and financial resources.

IV CLP's staff lack training in various skills, including MIS, report writing, programming, monitoring and evaluation and planning, which contributes to the problems noted in the previous bullet points. The ability of staff to propose and communicate ideas, proposals and suggestions to management could also be improved.

The CLP Model is an effective model of community-level grassroots intervention that can be replicated with greater impact if some minor modifications are made

The CLP model has proven itself to be effective in bringing information about HIV/AIDs, reproductive health, and health issues generally to large numbers of people in grass roots community. It has had an important impact on the lives of a subset of those it has reached. Its approach of working in partnership with existing community institutions and social structures to deliver educational workshops on health issues is clearly replicable and is applicable to other areas of human development. It is important to note that a necessary prerequisite to replicating the CLP model is that it requires a social environment with dense social capital and community institutions.

While the CLP model is replicable as it is, addressing some of the weaknesses in the model design or implementation discussed earlier in this section would substantially increase its impact. Most important of these is to concentrate its programming and partnerships on what it has been shown to work best. This has three components: being more strategic in deciding which groups in the community to target; working with associations which are strong enough as organizations to have sustained, frequent and deeper relationships with CLP; and designing programming with its partners that does allow for more regular and extensive contact between CLP and the organizations members. Given that not all marginalized parts of the community are members of strong organizations, adding a leadership development and capacity building program to complement its educational work would allow it to be more effective with all groups. This and other ways to improve the CLP model are discussed in detail in our recommendations below.

For those organizations and institutions considering replicating the CLP model, it is important to note that this is a demanding model to implement. Because the model emphasises social networking, it takes a long time to build up those kinds of relationships with community partners. Staff must have extensive field training in community relationships, how to treat people with trust, respect and cultural sensitivity, how to design educational workshops in partnership, and how to deliver them interactively so that marginalised groups can best understand and assimilate the information being offered. Because of these considerations, the model is time and labour-intensive and requires a patient, dedicated and committed team to implement effectively.

Recommendations

We have three broad sets of recommendations. First that CLP undertakes a substantial strategic review of its programmes and priorities with a goal of focusing and improving the impact of its work. Second, that CLP improve its capacity to implement its work more effectively. Third, that CLP put in place a monitoring and evaluation plan that has clear indicators of success and method for collecting that data. These efforts are likely to result in a much higher effectiveness, as well as the capacity to measure that impact. These recommendations are detailed below.

CLP Should Focus its Activities to Improve Impact and Effectiveness

CLP should decrease the number of activities it engages in, and focus its efforts on those activities which seem to be achieving the greatest impact, reaching the most underserved population, or both. Again, an effective M&E system would be essential in this regard.

CLP should work to increase its interactions and focus its efforts on partners willing to commit to a substantial partnership

We recommend that CLP work to find a way to increase the length, frequency and sustainability of its interactions with all groups, either by strengthening those groups, finding ways to hold workshops outside of the regular meeting times of CBOs, or by being more selective in terms of which groups it works with. As part of being more focused, we recommend that, after a honeymoon period during which a relationship is being established, CLP set minimum criteria for the extent of interaction with groups it is willing to accept in a long-term relationship, and terminate relationships where the frequency and degree of contact are insufficient to make an impact. The improvement in frequency of contact over the last several years is a welcome development, and also an indicator that more can be done in that direction.

Focusing on only groups that have strong commitment to partnering clearly runs the risk of excluding the weaker organisations and more marginalized members of the community who may most need the kind of information CLP offers. To address this concern, we recommend that CLP actively incorporate a programme of capacity building and leadership training for its CBO partners to increase their ability to engage in a sustainable way, and to do this on a regular basis as leadership turns over, perhaps biannually. The very positive reaction to the one leadership training and handful of organisational development interventions that CLP has done are indicative that more of this can be useful, which was also explicitly requested by several stakeholders.

CLP needs to be more focused in what it does

These observations point to a larger conclusion, namely that CLP pursues too many activities given its limited capacity and resources, and needs to be more focused in what it does. While this evaluation has made an initial attempt in that direction, the lack of clear indicators and information means that our conclusions on specific programmes can only be suggestive. We recommend that CLP develop specific criteria for evaluating the relative impact and cost effectiveness of each of its component activities as the basis for narrowing its focus; balancing those criteria with an understanding that efforts to reach more marginalized members of the community may be costly. However, ultimately the focus of CLP's activities needs to be on work where CLP can have a deep and sustained relationship and therefore a clear impact.

While our assessments of specific programmes are only preliminary, it does appear that some of CLP's activities are having a greater impact than others e.g. the youth club and the work with the FBOs, and the

Catholic Church in particular. We recommend that simultaneously with implementing an evaluation system for strategic redirection, CLP play to its existing strengths. Specifically, the strong spiritual orientation of the community and the CLP staff and the staff's personal relationships with specific FBOs provide a prime opportunity to expand on the existing success of the work with the Catholic Church. We recommend that CLP expand its efforts with FBOs, and if necessary pursue additional funding and hire additional staff that allow it access to specific religious communities, following the example of Lanre and the Muslim. Expansion of the youth club would also play to CLP's strengths, especially in the drama troupe.

The three formal volunteer groups namely, CLP Youth Club, CACOM and Family Health educators have performed their roles with varying degrees of successes, with the Youth Club probably the most effective. We recommend that the youth club be expanded. The same should be done with the other two volunteer programmes if they can be modified to be more effective; the operational difficulties of CACOM and the Family Health Educators will require special attention from the organisation. In that regard, recruiting new volunteers in CACOM, whose membership has become stagnant, will need to be a priority.

Numerous respondents commented on the importance they found in CLP's counselling services and "personal touch". The CLP model as postulated is expected to work within the community by working with a variety of informal groups and individuals. The evaluation revealed that CLP works more with persons in groups or affiliated with groups, yet work with individuals, or counselling as a complement to work in groups appears to be an important addition to CLP's formal workshops and training highly valued by its partners. While we recognize that it is also obviously very resource-intensive, we recommend that CLP explore mechanisms to reach individuals more effectively and strengthen and increase its counselling services and informal contacts. Leveraging the use of trained volunteers and the use of the mass media may be advantageous for increased counselling and reaching volunteers, respectively. Translating more of CLP's IEC materials into Yoruba and other languages would be helpful in both this effort and CLP's activities as a whole.

Strengthening CLP itself

A major factor which may have prevented CLP's impact and effectiveness is weaknesses in its own capacities and implementation of the model, rather than the model itself. The lack of focused and strategic planning in its approach relates to four underlying weaknesses in CLP as an organisation. These are: the lack of an effective M&E system; a weak internal management and planning system; inadequate and under trained staff; and an inadequate system of assessing its partners' needs and planning activities. We recommend that CLP:

Develop and implement a more effective monitoring and evaluation system based on a logical framework with indicators and a MIS to accompany that. (a draft logical framework for CLP is attached below.)

CLP needs to make this a high priority, develop clear indicators for its programmes, and shift its emphasis from numerical indicators in terms of number of participants to some measure of impact on attitudes and behaviours and are linked to internal planning and programming decisions. CLP should strongly consider constructing some "control group" to assess impact rigorously, either by doing a baseline survey in new communities into which it is considering expanding, or a survey of KAB in communities comparable to those in which it is now working. CLP should consider engaging a consultant with expertise in developing M&E systems for programmes which have a qualitative, community-based participatory approach.

Strengthen and systematize its internal management and planning processes.

This needs to include its MIS and record keeping, its process of regular staff meetings, and planning activities, especially strategic planning. Weekly staff meetings need to occur regularly and be well-attended, and based on sound information generated by the MIS. Monthly and annual review and planning meetings need to be made based on solid evidence from an M&E system.

Improve the planning process with external stakeholders.

Having planning meetings with its partner groups every three years is inadequate. It needs to occur more frequently, preferably annually. We recommend that the group planning sessions be supplemented with meetings with individual partners, beginning with more thorough needs assessments at the beginning of relationships. Again, while this will require additional efforts, this will make sense when combined with the more focused approach in terms of the selection of partners.

Hire more qualified staff, particularly at the senior project management level, and provide more ongoing training for all staff.

A key element to improving CLP's M&E and planning process are strengthening its human capital. CLP is understaffed and the staff are under-trained. While it is admirable and laudable how much CLP has tried to do, and actually done with so little resources, being so overstretched does a disservice to the model itself. Being more focused and selective in its programming will partly address this issue. At the same time, CLP needs to increase its staffing, hire more qualified staff and improve their ongoing training. CLP needs to be more rigorous in its interview process and initial screening, and hire staff who are professionally trained in community social work and public health. It is particularly important to have middle-level management with a minimum qualification of Master of Public Health Degree and with specialization in Health Promotion and Education. In the long run, we recommend that CLP create a system of annual staff appraisals and annual personal development plans with explicit training goals. Currently, project staff need training in programme planning, report writing and MIS, participatory community development, monitoring and evaluation and leadership. Improving staff capacity will also likely address some of the tensions we found between staff and management, allowing staff to participate more effectively in decision-making within the organisation.

Appendix I – Sample Logical Framework

In our findings above, we concluded that CLP's monitoring and evaluation system was grossly inadequate and this lacuna needs to be remedied by putting in an M&E system as quickly as possible. As evaluators, we have taken the liberty of making a first effort at constructing a logical framework for the CLP model, based on our understanding gained from interviews with the CLP staff and a review of CLP internal documents. It is presented in Table 4.

Table 4. Evaluators' Construct of an Alternative Logical Framework Narratives for CLP

Activities	1. Conduct Educational workshops on HIV/AIDS, sexuality education, and reproductive health	1a. Determine logistics of workshops in equal, respectful, partnership with community organisations	2. Develop and implement new workshop topics in response to community needs on health, family and life skills	3. Develop and implement educational and outreach activities (in response to community needs)	4. Develop and implement educational and outreach activities to reach marginalized, unserved and under-served populations
Outputs	5A. Individual and community knowledge about HIV/AIDS, STDs and other reproductive health issues improved, attitude and behaviours changed	5B. Individual and community knowledge about issues they identify (health, life skills) improved, attitude and behaviours changed	6. Individuals empowered with generic ability to access knowledge	7. Families, community institutions, and community strengthened	8. Services provided to diverse community segments, esp. marginal populations
Purpose	10. Improved quality of people's lives, families and communities in multiple dimensions, including reproductive health, general health, life skills, empowerment and freedom, among marginalized, grass-roots communities				
	11. Demonstrate that a demand-driven, community-based, participatory approach is a highly effective method for improving the quality of people's lives, families and community				
Goal	Replicate CLP model throughout Nigeria and Africa to help support				
	Sustainable, human development achieved				

Several things are noteworthy about the cells. First, looking at activities, only one cell in the grid, number 1, is a precisely defined activity. The contents of cells 1A and 1B are processes about the way that the activity in cell 1 is conducted (and technically are not activities.) The contents of cells 2, 3, and 4 are meta-activities: develop new educational modules, community partners and outreach activities over time in response to demand and needs-assessments. For activity 2, topics are developed, in principle, through meetings with partner community organisations, who expressed their needs. In the CLP model, there is no specific strategy on how to do Activity 3, rather a pedagogic approach was developed to achieve this based on a set of philosophical principles, such as equal respect and talking in people's own language, literally and figuratively, which we discuss further below. For Activity 4 is largely *ad hoc* and opportunistic, by working in the community, the implementing organisation will become aware of groups which are marginalized and not being reached, and be able to figure out how to reach them. This shows the dynamic, interactive, opportunistic and iterative nature of the CLP model: current activities (under 1) generate new partners, new subjects, etc. which then repeat themselves.