CHANGING LIVES (CLP STORY)

Preface

Community participation is central to the sustainability of human development programmes aimed at enhancing the health status and socio-economic well-being of the world's populations. For over two decades now, the bottom-up approach has been theoretically accepted as an effective strategy for implementing and sustaining human development projects. Yet, its application is mostly related to such infrastructure projects as the construction of roads, schools, community halls, potable water sources and income-generating activities.

There is a dominant school of thought which affirms that active community involvement in human development initiatives depends on the issue that is being addressed, and on whether or not that issue is perceived as a "felt need" by the people. This paradigm has given rise to a rather complacent attitude towards the universal adoption of the bottom-up approach to development work, so much so that the concept is in danger of losing its real meaning and of becoming a mere jargon.

It was against this background that the Community Life Project set out in 1992 to develop a model of grassroots/community level health intervention to demonstrate that achieving active community-level engagement in human development interventions depends on the issue that is being addressed, and much more on the correctness of the principles being applied.

This publication tells the story of this innovative and bold grassroots/community level health intervention by Community Life Project (CLP) based in the Isolo Community of Lagos, Nigeria. The CLP model demonstrates clearly that keeping faith with the key principles of the bottom-up approach ensures, not only active engagement of the people as agents of positive change, but also guarantees sustainability.

The CLP model is a success story. It gives meaning and content, in a practical way, to what the bottom-up approach is all about. The project has succeeded in shaping lives and in helping the people progressively become true guardians of their health and well-being.

The CLP Story is our story. It is the story of 21 community associations, 12 health facilities, scores of primary, secondary and vocational schools, 17 churches and 13 moslem leaders, government agencies, the local government, the traditional ruling council and sex workers. We tell the story with relish.

Our aim in telling our story is to share the successes of the CLP model and promote its wide-scale adoption. The CLP model is simple, replicable and sustainable. We strongly recommend that it should become the dominant model for attaining active community engagement in health and development programmes in Nigeria and, indeed, well beyond.

- **Ngozi Iwere**
- **Project Director**
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THE COUNTRY: NIGERIA

With a population of 124 million (2001 estimates) and an area of 923,768 square kilometres, the geo-political entity referred to as Nigeria is the 10th most populated country in the world.

Situated on the coast of West Africa, the country is bordered on the West by the Republic of Benin; on the North by Niger Republic; on the North East by the Republic of Chad; and on the East by Cameroon.

The diverse amounts and durations of annual rainfall, coupled with varying climatic temperatures, contribute to the four distinct vegetation zones in the country.

Stretching along the coast as much as 90 kilometres inland is a belt of mangrove swamps and creeks. On the North of the mangrove belt is a large area of Savannah woodland and grassland which extends into the Sahel.

The annual rainfall ranges from 65 cm in the North to 440 cm in the South. Rainfall is heaviest during the months of June to September, while the average annual maximum temperatures vary from 31°C in the South to 38°C in the North. The average annual minimum temperatures ranges between 18°C in the North and 23°C in the South.

Nigeria is a multiplicity of cultural identities. The population has many ethnic groups with not fewer than 505 different languages. The three largest ethnic groups are the Igbos in the South-East, the Hausa–Fulani in the North and the Yorubas in the South-West. Other groups include the Edo, Ibibio, Ijaw, Kanuri, Nupe and Tivi. The Igbos are predominantly Christians, the Yoruba's are a mixture of Christians and Moslems while the Hausa-Fulani are largely Moslems.

Two-thirds of the country's population live in an estimated 97,000 rural communities. Subsistence farming is the major occupation of the rural dwellers. Farm products include yam, cassava, okro, melon, potato, groundnut, corn, millet, rice, beans, tomato, orange and cotton. Availability of large areas of arable lands provide an enabling environment for farming in the rural communities. Other activities which are carried out on a mini-scale in the rural areas are fishing, livestock and poultry keeping, carving, pottery, weaving and tailoring.

Dearth of employment opportunities and gross shortage of basic facilities like safe and wholesome water, electricity, health care and all-weather roads have given rise to continuing exodus of productive segments of the rural population from the rural communities to the cities, urban and peri-urban areas. A sizeable percentage of the city and urban dwellers work in the public and private establishments as dust men, cleaners, clerks, administrators, accountants, engineers, architects, doctors, nurses, statisticians, bankers, epidemiologists, sociologists, teachers and environmentalists etc. An overwhelming proportion of the city and urban population are petty traders and artisans like vulcanisers, carpenters, barbers/ hairdressers, watch-repairers, welders and automobile technicians.

Rural urban migration in Nigeria has brought on its trail a rapid growth in the number of urban slums characterised by poor housing and sanitation, lack of safe water sources, high rate of infestation with insect and animal vectors of diseases, lack of access to orthodox health services, high incidence of communicable diseases, lack of access to information on existing health problems and services, malnutrition, high fertility rate and poverty.

Nigeria maintains a three-tier political structure, namely:

- Federal.
- State.
- Local Government.

For ease of administration and enhanced political, economic and social development, the country is divided into 36 states, namely: Abia, Adamawa, Anambra, Akwa-Ibom, Bayelsa, Benue, Borno, Cross-river, Delta, Ebonyi, Edo, Ekiti, Enugu, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nassarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe and Zamfara.

The states are further spilt into 768 Local Government Areas. Abuja, the Federal Capital Territory and the seat of the Government of Federal Republic of Nigeria, has six Local Government Areas. As at 1996, there are 774 Local Government Areas in the Country.

As the first point of contact with the political system, the Local Government has the responsibility for stimulating and sustaining community development, as well as promotion of security and social harmony, the management and implementation of primary levels of education, health care, food production and distribution.

The state Government, through its functionaries, facilitates and supervises the implementation of health and other programmes policy directives of the Federal Government and at the Local Government Area level. The programmes include Immunisation, Oral Rehydration Therapy (ORT),

Nutrition, Population Education and Family Planning, Vitamin "A" supplementation, Ochocerciasis control, HIV/AIDS prevention and control, Water Supply and Sanitation.

The economic and health status of Nigeria's population is poor despite the country being the 10th largest oil producer in the world with an average production of over 2.3 million barrels per day. It remains one of the poorest countries in the world with a per capita Gross National Product (GNP) of 300 compared to Cote d'Ivoire whose per capita GNP stands at US $700 *(Combating Childhood Communicable Diseases, Annual Report, Nigeria 1991 – 92).*

Life expectancy at birth in Nigeria is 53 years. Infant Mortality Rate (IMR) is as high as 85 per 1,000 live births while Maternal Mortality rate (MMR) stands at 15 per 1, 000 live births. On a similarly painful note, only 37.0% of the total population of the country have access to modern health services *(National Planning Commission Report, 1992).*

The major threats to health are diseases notably, malaria, dysentery, pneumonia, meningitis, tuberculosis, measles and HIV/AIDS. *(Nigeria Health Profile, 1991).*

Children under 15 years of age constitute 44% of the total population of the country. About three per cent of the country's population is made up of people who are aged 65 years and above. *(Population Resource Centre).*

The remaining 53% of the country's population consist of people in the economically productive age group (15 – 64 years). Therefore, the economically unproductive segment of the population who consist of 47% of the total population of the country depend on 53% of the population for feeding, clothing, education, housing, and medical care. Worse still, many of the people in the economically productive age cohort are under-employed, while some are un-employed.

It is estimated that only 51% of the total population of the country have access to safe water while less than 30% have access to adequate sanitation facilities. (*World Resource Institute*)

The interplay of the identified deficiencies result in high incidence of diarrhoeal diseases, notably dysentery. Diarrhoeal diseases account for over 20% of child mortality in the country. *(UNICEF/FGN Master Plan for Operation, 1991 –1995)*

Resistance to family planning practice among many married couples in Nigeria is partly blamed on high child mortality. Many couples prefer to have as many children as they can produce since they are afraid of losing some of them to diseases.

THE COMMUNITY: ISOLO

The Community Life Project is based in Isolo, a peri-urban community situated in Lagos mainland in Lagos State of Nigeria. With an area of 21.87 square kilometres and estimated population of 600,000, Isolo is one the 110,000 natural communities in Nigeria.

There are 20 Local Government Areas in Lagos State, including Oshodi/Isolo Local Government where the Isolo community is located. Oshodi/Isolo Local Government Area is bordered on the Northeast by Mushin Local Government Area, on the North and Northwest by Ikeja LGA, on the West by Alimosho LGA, on the Southeast by Surulere LGA, on the East by Mushin LGA and on the South by Amuwo-Odofin LGA.

There are five major residential areas in Isolo community. The areas are Ire-Akari Estate, Okota, Ago Palace, Akinbaiye and Lagos State Property Development Corporation (LSDPC) Housing Estate. The indigenous members of the community who are of the Yoruba stock are known as Aworis, and their local dialect is Awori. Other ethnic groups in the community include the Edo, the Hausa-Fulani, the Ibibio, the Igbo and immigrants from the West African Republics of Benin and Togo. The languages popularly used in the communities are Yoruba and Pidgin English. Farming and petty trading are among the major occupations in the community.

The two main religious groups are Christians and Moslems. There are 52 Churches and 48 Mosques in Isolo. The people in Isolo community derive their health care from seven government

health establishments comprising one General Hospital, one Primary Health Care Centre, three Health Clinics, two Health Posts and 40 Private Health Facilities. There are 12 trained Traditional Birth Attendants.

Fourteen Government Primary Schools, 25 Secondary Schools, two Vocational Institutions and one Polytechnic contribute to the educational/professional development of Isolo community.

At the apex of the leadership of the community is the Osolo of Isolo – Oba Rafiu Ayinde Yakinni Goloba II. The community development associations, made up of the representatives of each of the five wards in the community, assist the community leader in the administration of the community.

The leadership structure in the community in visible, stable and clearly defined. In every community, the ward heads constitute the council of elders who perform advisory roles in the day-to-day administration of the community by the community leader. The Community Development Committee consisting of representatives of community groups/organisations assist the community leader in the management of the affairs of the community.

Infrastructural development, security, education and health are among the key concerns of the Community Development Associations. The community groups and associations are organised along the social and economic interests of the members. They are reputed as the most cohesive and sustainable units of identify in the community.

The community leader is responsible to the Local Government in overseeing the welfare of the community. He is also an important entry point to the mobilisation of community support for programmes directed at community well-being and development.

CHANGING LIVES

THE CLP STORY

THE CLP MODEL

The date is November 18, 1992. Six people are cramped into a small "office" space in a mechanic's workshop on the rough and rugged Taiwo Street in the Isolo neighbourhood of Lagos, Nigeria. The room is small and stuffy, with a capacity to comfortably seat only three people. The host of this inauspicious gathering is simply known as Baba, which means father. Baba, whose real name is Chief Mathew Orimoguye, is the patron of the zonal branch of the Nigeria Automobile Technicians Association (NATA), popularly know as the mechanics' association). With him are Mr. Kola Shittu and Pastor Christopher Adedokun, the President and State Marshall of the Association respectively. The other three are staff of Community Life Project. The agenda of the meeting: to plan the AIDS Education Session that members of the Association have scheduled for December 4, 1992.

Baba is directing the affairs. First, the meeting discusses the methodology for the AIDS Education Session. There would be a brief introduction of the subject of Acquired Immune Deficiency Syndrome (AIDS). The pidgin English version of the film, "Dawn of Reality", would be shown. A discussion session would follow. Yoruba and Pidgin English would be the language of communication because, although the Association's members are mainly Yoruba-speaking, it also has members from other parts of Nigeria and the Republics of Benin and Togo.

Next, the discussion moves to the logistics for organising the programme and viewing of the film. The venue of the programme has no electric power supply. It is an open shed a few metres away from Baba's place, and hosts the fortnightly meetings of NATA. After sorting out the logistics, roles and responsibilities are assigned. What the NATA representatives will do and what the CLP staff will do are clearly defined. The meeting adjourns.

December 4, 1992. The AIDS Education Session is carried out as planned. After the event, there was unanimous agreement on the urgent need to spread the message about precautions to prevent HIV infection and AIDS. CLP suggests the production of posters to be pasted in mechanic workshops. But the mechanics ask for car stickers instead. One CLP staff cuts in: "Car stickers may not be the best because only a handful of your members have cars." A chorus of voices reply: "No. No. The stickers are for our customers. We need to create awareness about AIDS. Most people have never even heard of AIDS. We want to put the stickers on the vehicles of our customers in our various workshops."

There and then, the organising committee, comprising NATA representatives and CLP staff, agree to produce a car sticker. Again the task is shared: CLP would propose several messages around the theme that had been identified by NATA. NATA representatives will select one of such messages and design the shape and size of the sticker.

Back at the home of the CLP Project Manager, Mrs. Ngozi Iwere, which doubled as the CLP office, the staff meet and propose several messages. On the appointed date, Chuks Ojidoh, the CLP Programme Assistant, takes the proposed messages to the NATA representatives. He is expected to return with the selected message and a design of the desired shape and size of the sticker. Instead, he returns with a round paper clipped out of a calendar and bearing the message: "Share love, Not AIDS. Avoid causal Sex." This is to be printed on a sticker of the exact shape and size of the sample. The CLP staff, disappointed, cry out: "What is this? Is this what they want? A sticker of that shape, what would it look like?"

It dawns on the CLP staff that there is no going back on their commitment – that NATA would have the last say in the design of the sticker. For the CLP staff to turn around and "improve" that design would amount to imposing their own ideas and preferences on their NATA partners. The sticker is produced, exactly as specified by NATA, and delivered at the NATA meeting on the agreed date, for distribution among its members. They receive the sticker with delight, and a critique. One member points out that the sticker does not have an address. "We are going to be creating a lot of awareness about AIDS with these stickers, but how will people know where to go for more information on the disease?" he asks. CLP agrees to put its address on the sticker when it is reproduced and, meanwhile, NATA members will verbally direct interested people to the CLP office.

It turns out that CLP's apprehensions over the sticker were unfounded. The stickers were everywhere in the Isolo community within a few weeks. People simply loved it. It adorned cars, trucks, buses, Okadas (commercial motor bikes). It was on the gates of many homes. Students put them on their school bags, notebooks, etc. The Project staff were completely amazed at the success of the sticker and their respect for NATA grew. NATA had the common touch. CLP may have made a more sophisticated sticker, with a more exotic design, shape and message, but its mass appeal may not have recorded such success. The CLP "expert" mentality was, thus, challenged by its very first grassroots partner!

CLP staff may know more about HIV/AIDS, but they didn't necessarily know more about how best to spread the AIDS prevention message at the grassroots level. At that time, of the four CLP staff, only the Project Manager had any experience or training on participatory community development. They were getting their baptism of fire, learning "bottom-up" and "participatory" interventions from the NATA experience.

That was 10 years ago. Today, the CLP-NATA partnership for health and social development of the Isolo community is alive and well. After the first AIDS Education

Session, NATA asked CLP to organise a repeat session for its members who missed the previous session.

The second AIDS Education Session recorded a higher attendance and NATA also realised that working with CLP helped to strengthen its organisational capacity. NATA reported that the programme encouraged absentee members to renew their interest in the association, and outstanding membership dues and levies were collected from many defaulters. NATA took the initiative to move the relationship beyond health education, by inviting CLP to its arbitration meeting with the local police authorities. They were seeking ways of working with the police on the vexed issue of stolen cars for which they were suffering arbitrary arrests. The police were also accusing the mechanics of helping car thieves to change the colour and registration numbers of allegedly stolen cars or stripping them of spare parts for re-sale. The participation of CLP at this meeting evolved into a partnership with the local police for educational programmes at the police stations and barracks, and the support of the police in CLP's work with the commercial sex workers whom they "raided" from time to time.

CLP now enjoys similar partnerships with 21 community groups and associations in Isolo, Oshodi and Mushin communities. The grassroots groups have been working with CLP for several years: three for 10 years; five for eight years; two for seven years; three for six years; another three for five years; four for four years; and one for three years.

CLP has also been partnering with government agencies, schools and vocational establishments over the years. (See list of four CLP partner institutions).

WHY THE CLP MODEL?

People who are impressed with the CLP model have often asked: Why did CLP set out to develop such a model of community level/grassroots health and development intervention? The truth is that the CLP model was partly a product of frustration and partly a product of paradigm shifts; the result of the search for a fresh perspective. The frustration had to do with the failure of society to actualise or construct genuinely people-centred and people-driven health and development programmes in many parts of the developing world, especially in sub-Saharan Africa. Virtually everywhere in the sub-region, the majority of the populace are marginalised and alienated from governance and the so-styled human development programmes of governments.

In Nigeria, from the late 1970s, through the mid-1980s, there was a great deal of idealism about human development targets. The Nigerian government, like many of its counterparts in the developing world, promised to provide "education for all by the year 2000", "food for all by the year 2000", "shelter and health for all by the year 2000." Then, year 2000 seemed to be in the distant future. It became clear by the early 1990s that those targets were not likely to be met in 10 years. In fact, the situation was getting worse in many respects due to such factors as the structural adjustment policies introduced in the mid-1980s, political repression and economic mismanagement by military rulers and their civilian cronies. What is more, despite efforts to extend the primary health scheme, overall health coverage was well below 50 per cent. The user-chargers scheme in public hospitals also reduced patronage by the poor; with health status and life expectancy witnessing a progressive decline while unemployment and poverty were on the increase.

At the same time, a growing number of civil society organisations, international bodies and donor agencies intensified their activities in Nigeria. They sought improvements in different disciplines and areas of human development, and, through their commitment to action, succeeded in promoting the rights and well-being of vulnerable groups,

particularly women and children. These successes, nonetheless, did not diminish the challenge of how to evolve sustainable and participatory people-centred health and development programmes.

Of course, the buzz words of the population and development arena of the early 1990s were "women in development", "grassroots"/"community mobilisation and participation" and "participatory"/"bottom-up" approach. These were echoing side by side with such concepts as "target audiences/target populations" and "beneficiaries". These apparent contradictions underscored the need for clarity of concepts, meanings and values, especially those essential for the effectiveness of interventions.

The concepts of "target populations" and "beneficiaries" raised more than a few concerns. They seemed to polarise the human development field into "givers" and "receivers", connoting that human development programmes are a sort of charity. They also implied a certain sense of hierarchy where one party is "targeting" another with programmes. Such concepts tend to negate the whole issue of collective stake-holding and collective responsibility for social transformation. The expert-led, superiority complex can already be glimpsed from such a programme perspective. It similarly presented leadership as a vertical, top-down affair. Many interventions were also donor-driven and inflexibly time-bound. While there was a well-articulated quest for "sustainable development", there was a shortage of long-term interventions, with the result that short-term, quick-fix interventions and projects wound up after a few years of false starts.

The CLP model thus provides a response to this challenge to give meaning and concrete expression to the concepts of "bottom-up" approach and "community participation."

Two other important paradigm shifts also informed and shaped the development of the CLP model. The first had to do with the full-meaning of good health, and the second is rooted in Nigeria's historical realities.

The World Health Organisation defines sound health as the complete state of physical, mental and spiritual well-being. But, in action, many programmes seem to adopt a rather morbid perspective that is heavily disease-control orientated, suggesting that good health is mainly the absence of disease. Thus, where a child rights' programme would consider a 12 year old as being sexually abused, a "reproductive health" programme would consider it "adolescent friendly" to give condoms and contraceptives to a 12-year old; which implies that as long as that 12-year old did not get pregnant or contract a disease, she or he is sexually healthy. Under the law, however, a 12-year old cannot give consent for intercourse and "sexual activism" on the part of a 12-year old amounts to rape and child sexual abuse.

CLP believes that health interventions, especially reproductive health interventions, need to clarify their values and reflect a consistent and holistic philosophy of health. It believes that reproductive health interventions need to be located within a much broader framework of population and development. It believes in a framework that not only maintains the synergistic relationship between physical and mental health, but also addresses spiritual and socio-economic well-being. CLP also believes that such interventions should seek to influence the dynamics of human relationships, including sexual relationships, while promoting the highest standards of social ethics and social virtues.

The other fundamental flaw that CLP found in the paradigm prevailing at the time, which motivated the CLP model, was the tendency of programmes to completely ignore the socio-political history and heritage of the Nigerian people. Despite attempts in recent times to brush aside the nation's colonial history and its implications for long-term

sustainable development, Nigeria is still counting the cost of its colonial experience. For instance, some of the parallel political and institutional structures created by colonialism still constitute barriers to popular participation. Such colonial structures as schools, courts and the various arms of government have contributed significantly to the alienation of millions of people without formal western education from official and mainstream human development programmes.

The social fabric of the Nigerian society generally retains some of its traditional, pre-colonial features. For example, village level adjudication systems remain active in many rural communities and exist side by side with, and run parallel to, magistrate and customary courts. Similarly, many rural communities retain such social groupings as the age-groups, the council of elders and chiefs, the women's fora (e.g. the "Umu Adas" among the Ibos). Such structures continue to discharge their traditional roles and responsibilities within the communal body polity. In some cases, these social structures are recognised and accorded more weight than such a modern, western style governance system as the local government. Where these social groupings exist, they constitute the veritable local government of such communities. They serve to maintain law and order, discipline, social cohesion and security and wield power over even the educated elite of these communities who, either voluntarily or by social coercion, submit themselves to the authority of such groups.

Even in urban Nigeria such social groupings and structures abound, with an authority that is binding over their membership. The traditional practice of sanctions remains a key feature of many of such groups in the urban centres, and has been effective in maintaining group cohesion and democracy within such bodies.

THE CLP PARADIGM

The CLP model stands on the firm conviction that the existing social and grassroots structures, which are mostly outside mainstream communication channels, should be the cornerstone upon which health and development interventions must be built. For any programme striving for sustainable development, for a pervading spirit of active stake-holding, for agency and pro-activism, the people must be on the driving seat. Such persons must go to the people where they are and work with them as partners, not as experts versus subordinates. Above all, such persons must build upon the existing structures and not create parallel ones. The intellectual corps in the social development field need to learn from the mistakes of the political elite, and ground human development programmes within the framework of the existing solid and sustainable traditional social structures.

What CLP has done is to find a creative and innovative way of harnessing the existing structures towards attaining the goal of advancing the cause for a people-centred human development. The sense of community is still very strong in the Nigerian context. True, traditional family ties are breaking down due to the forces of urbanisation and modernisation. Truer, still, those ties still exist, albeit in weaker forms. The social fabric of the Nigerian society is still dotted by a myriad of reference groups; groups that contribute immensely to maintaining social cohesion.

What CLP did was to identify the existing grassroots groups within the community and to engage these groups as partners in addressing the issues of health and well-being. People are generally interested in their own well-being and, given the opportunity, they are prepared to commit themselves to working systematically to improve their quality of life.

The first issue around which the CLP grassroots partnership was built was HIV/AIDS. CLP chose HIV/AIDS because of the gravity of the problem of HIV/AIDS and concern for the lack of access to sexual and reproductive health information and services by the urban poor. In 1992, when the Federal Government of Nigeria, launched a public education campaign through the National AIDS Control Programme, it was done largely through the mass media – television, newspaper reports and advertorials. Grassroots people were once more marginalised. Being outside mainstream communication channels, they were hardly reached by these programmes. Moreover, at that time, there was a strong denial of the reality of HIV/AIDS on the part of the educated elite who saw HIV/AIDS as a foreign/white men's disease or as false propaganda to stigmatise Africans. Most people at the grassroots had never even heard the word AIDS!

Another reason why CLP focused on AIDS was the fact that community/home based care had already emerged in other parts of sub-Sahara Africa, particularly in Kenya and Uganda, as an effective strategy for managing HIV infection and AIDS. It helped to ease the burden on hospitals and provide infected people with material, emotional and psychological support. CLP felt that we should learn from the East African experience and prepare the communities in Nigeria for HIV/AIDS prevention and impact mitigation, long-before they start to see people infected with HIV.

Furthermore, CLP noted that HIV/AIDS had the potential to increase the burden of disease in the country and to worsen poverty. Although most poor people live in rural areas in Nigeria, there are also many poor people in the cities. In fact, between 1985 and 1992, the number of people living in poverty in towns and cities rose from 9.7 million to 11.9 million. At the same time, extreme poverty increased sevenfold. *(Poverty and Welfare in Nigeria, Federal Office of Statistics, National Population Commission and the World Bank*, 1992).

CLP reasoned that these realities would impact negatively on reproductive health and HIV/AIDS prevention efforts, and considered it critical to reach the grassroots with information on HIV/AIDS, sexual and reproductive health.

Nonetheless, engaging the identified grassroots groups in HIV/AIDS prevention was not an end in itself. The goal was to expand the scope of community/grassroots ownership of health and social development interventions by developing a sustainable and replicable model. CLP saw HIV/AIDS not just as a sexual and reproductive health problem but also as a much broader population and development challenge. It decided to address HIV/AIDS within a broader population and development framework. To this end, CLP would have to enter into long-term relationships with local groups and institutions.

GUIDING PRINCIPLES

The driving force of CLP activities

The CLP model is essentially about relationships and the framework embodies some of the finest attributes of human relationships. The partnerships are built and sustained on these vital principles:

- Authenticity, which is a key element of success. For the partnership to endure, CLP must not only be authentic, its partners must also perceive it to be genuine. Knowing that CLP has no hidden agenda helps to establish trust and a strong level of comfort in the relationship. Purity of motives is therefore a crucial factor.
- The importance of treating the partners with respect and a commitment to giving them ownership of the programme.
- Strengthening the unity and cohesion within the partner groups without interference in their internal affairs. This helps to ensure sustainability of the partnership. In addition, CLP

facilitates the process of accountability by ensuring that representatives to any action planning activities with CLP report back to their groups before decisions are implemented. CLP assures this through its field staff who join the groups' representatives in relating feedback to the associations.

- CLP generally applies the SARAR principles, which a unit of the United Nations Development Programme (UNDP) applied in its community-level water and sanitation projects in the 1980s. SARAR is acronym for Self-esteem, Associative-strength, Resourcefulness, Action-planning and Responsibility for follow up. In so doing:
- CLP works with the community groups in a way that enhances their self-esteem, their sense of collective strength; and their resourcefulness. These encourage them to make action plans and execute them. CLP also ensures that there is responsibility for following up.
- Linked to ownership is the ability to work towards the fulfilment of the partner's mission. This is even more true of CLP's work with government agencies and institutions. CLP seeks to help the agencies fulfil their mission and execute their mandates. In other words, CLP is always willing to provide free technical assistance to help them improve their overall performance. This transcends the collaborative aspects of CLP work. This also establishes a relationship of mutual dependability. CLP is perceived as a friend who is always there for them, and vice versa.
- CLP works with the groups as genuine partners and refers to them as "partner groups"; not "targets" or "beneficiaries." The relationship is not "exploitative" or "master-servant". It is cordial and egalitarian. CLP's does not, for instance, "bump" into their meetings with out first giving them prior knowledge of the visit and obtaining their necessary approval.
- In the conduct of educational sessions on issues identified by the groups, CLP does not take them away from their natural environment; rather CLP goes to their regular meeting venues. For instance, sessions with market women are conducted in the market place, and sessions for artisans like carpenters, vulcanisers, auto-mechanics are conducted at their workshops. This strategy ensures active participation by all members present at the meeting. It is also cost-effective as they do not have to rent chairs or canopies for the sessions. It is also time-saving as they do not need to drive or walk to another location for the sessions which could be far from their workshops or markets.
- CLP is also community driven. It works at the pace of the people. The form and shape of sessions to be conducted, the time for their completion and the language to be used are determined by the group. For instance, if a group can only accommodate three sessions in a year, CLP does just that, and respects the fact that they have other commitments outside the partnership programmes.
- CLP involves the groups in the planning, implementation and review of programmes. CLP plans with them, and not for them.
- In the conduct of educational sessions, CLP staff do not present themselves as experts having all the answers. Neither do they perceive grassroots people as "empty" recipients of health messages. Rather the Project staff recognise the fact that the partners are the experts in their own realities. Thus, the Project staff explore their own ideas and what they have to say, reinforce the good points and correct misconceptions where they occur. The Project staff don't talk down at them; they talk with them.
- CLP involves the community groups in the development of education materials on different issues of health concerns. Such materials include stickers, posters, pamphlets, etc. This kind of involvement helps to ensure that materials developed are what the community people can easily read and understand. It also ensures the acceptability of such materials by members of the community.

Core Values:

A key element of success which facilitates active engagement and sustains the partnerships is the values that the Project promotes. Through interactions with the partners over the years, CLP has grown close to its partners and understands their real problems and aspirations. Knowing these help to inform and shape the design of programmes.

CLP gives value-based sexuality and health education. It does not buy into the myth that there is a value-neutral sexuality education. Through its work it has come to realise that people aspire to adopt healthy lifestyles, to find happiness and fulfilment in married life, to be good parents, to be responsible children. CLP also recognises that absence of education on the vital skills needed to attain such healthy aspirations are barriers to the attainment of sound sexual and reproductive health.

Its educational sessions speak not only to the heads but also to the hearts of people and touching peoples' heart is a great motivator of behaviour change. Thus, in providing sexuality education CLP promotes compassion, understanding, tolerance, human solidarity, justice, peace and non-violence, family cohesion, discipline, obedience, honesty, hard work, perseverance, accountability, determination, etc.

Promoting gender equity

The gender dimensions of every issue addressed are highlighted at every single educational session. Except during events marking the International Women's Day, CLP does not place gender as a separate issue on the agenda. It tends to breed tension and make people either defensive, accusatory or guilty. It tends to polarise the scene or event into "us" and "them."

The CLP strategy is to mainstream the promotion of gender equity into every single educational session and address the issues in a non-antagonistic manner. The aim is to promote partnership between men and women in their day to day relationships and give men and women equal stake in ensuring one another's well being. Specifically, CLP promotes men's participation in domestic responsibilities, in parenthood and in ante/post natal maternal and child care.

THE PARTNERING PROCESS

Engaging grassroots groups and community organisations in a synergistic relationship

Building grassroots and community-level partnerships is like building any other lasting relationship. It was important to start off on a good note, and the first contact was crucial. If the group viewed CLP with suspicion from the start, it would make it more difficult to have a meaningful relationship. So, for a start, CLP approached the identified groups through a recognised and trusted reference (referee). In the cases of the Nigeria Automobile Technicians Association (NATA) and the Lagos State Vulcanisers' Association (LSVA), CLP's earliest partners, they were introduced by the Project Manager's mechanic and vulcaniser respectively.

These two referees gave CLP the names and contact addresses of the executive officers of the associations. CLP visited the designated executive officers - the president and secretary - and explained its mission. They were told how the project got to know of them; that is, who gave their names and addresses. The executive officers then consulted their colleagues informally before inviting CLP staff to a formal meeting of the executive. At the executive meeting, CLP again explained its mission: to be partners with them in preventing HIV/AIDS among members of their association. They then told the CLP staff that the matter would be tabled before their general meeting. The CLP staff were invited to attend that particular general meeting at which the partnership will be discussed. CLP staff go to the meeting; and, when the issue is announced from the agenda, CLP staff are invited to explain their mission to the general house.

In general, when CLP staff introduce CLP's interest in working with a group or institution it makes it known that such a potential partner is free to enter into the partnership or decline interest.

Once the general meeting of any associatin agrees to work with CLP, the next step is to designate the officers or members of the association who will discuss the modalities on

behalf of the association. These are usually members of the executive. CLP then schedules a follow-up planning meeting with the executives. As a rule, CLP meets the executives at their regular meetings. But sometimes, CLP agrees to meet some given officers at their workshops or for someone to come to the CLP office. This is mostly the case when either partner needs to drop or pick-up some information, such as the list of members selected to participate in some activities. Representatives of both parties could also call on workplaces if there is need to communicate some new developments.

Most of the community groups meet fortnightly, on a given day of the week, at a given time and at the same venue. Some of them meet once a month. So, when CLP speaks of scheduling a meeting or an educational session, it actually means putting the issue or the educational session on the agenda of a particular meeting. In other words, the sessions are slotted into the regular meetings of the association. It usually does not cost the members extra money or time to attend training programmes or educational sessions.

One of the crucial elements of success in the partnership with grassroots groups is the fact that they do not have to create extra space or time from their routine activities to have the educational sessions. Many of the groups are skilled workers in blue-collar jobs or petty traders for whom any loss of time on the job automatically results in loss of income. To leave their economic activities for programmes is a big sacrifice which they can only make after a cost-benefit analysis. The fact that the programmes take place during their regular meetings at their usual venue is one of the key elements of success of the CLP model.

At the beginning of the partnership with some groups, especially the first educational sessions, some partner groups tended to fix the educational session at the end of their meeting, after they had finished discussing other issues on their agenda. The result was that some of their members would attempt to leave before the sessions began, because it usually meant having to spend extra time at the meeting in order to participate in the sessions. Such members were however made to stay by invoking the sanctions which the associations normally apply to late comers and to members who leave before the formal closing of meetings. Once the members have attended one educational session, however, they are usually ready to participate in subsequent ones due to the perceived benefit of the programmes. Over time however, CLP and the partners adopted the practice of having the educational sessions before the group proceeded to discuss their organisational matters.

Over time, CLP and its partners also learned to schedule sessions on a day with light issues on the agenda. In other words, bearing in mind that we will be having an educational session a month away, more issues are put on the agenda of the preceding meetings and some are scheduled to be treated in the subsequent meetings following the educational session.

The pattern for scheduling educational sessions at the regular meetings was thus, something that was refined over time. Based on the prevailing group dynamics, each association worked out its own pattern.

The partnership has also waxed stronger over the years. The more we worked together, the more we appreciated the mutual benefit of working together, the more committed we became to developing our relationship. With time CLP and its partners were able to plan for two to three years at a time and develop work plans to that effect.

Developing two-to-three-year work plans:

Developing a two-to-three-year work plan evolved over time. Once CLP finished the HIV/AIDS education which is usually the first issue on the agenda of every partner group or institution, there are, naturally, follow-up activities or fall-outs from that session. For instance, one of the immediate fall-outs of the first AIDS education session could be the need to organise a similar session for members of a different association or to give the association more educational materials or have another session on a different issue.

After CLP had worked with NATA for about three years, for instance, one member suggested that CLP should meet with the Ifelodun Building Materials Suppliers' Association. He had discussed the CLP work with a member of the executive of that association who said they would be interested in working with the Project. Marshall, the member of NATA who made the suggestion, had to work with CLP as a link person in introducing the project to the new association.

Following the AIDS education session, the association would usually suggest other issues they will like to be educated on, such as drug abuse, sexually transmitted diseases, how to handle teenage children and deal with juvenile delinquency, etc. CLP and the partner group would, again, jointly plan the methodology and logistics of organising such sessions and schedule the meeting day to organise such a session.

CLP observed that members of some associations would informally share with other groups the issues covered with their respective associations, and they would suggest to their group that it had been educated on..... also works on those issues. This approach was time-consuming and required many field visits. When CLP shared its concern with the various partner groups we decided to find a less cumbersome way of articulating issues of interest to the associations. In 1995, CLP and its partner groups decided to organise the first Collective Action Planning Meeting by representatives of the various associations. The objective was to devise a more systematic way of addressing issues of interest to the various groups. The Project also wanted to use the opportunity to strengthen the networking between these associations, each of which offers services that are important and should be of interest to the others. CLP felt that bringing them together will help to increase their utilisation of locally available human and material resources. For instance, CLP worked with car battery chargers, mechanics, vulcanisers, tailors, market men and women, furniture makers etc. each having services that could be useful to the other.

Organising Action Planning meetings:

The Action Planning Meeting is one of the activities which requires the participants to leave their usual routine activities. Thus, the first Action Planning Meeting was only organised in 1995 after the project had worked with the various partner groups for two to three years. Secondly, it took place after a series of consultations and a process of joint decision-making on the best way to deal with the fall-out issues from the initial education sessions. At this time, both the associations and CLP had seen the value of the partnership and were committed to its growth. Thus, the associations were committed to sending their representatives to this Action Planning exercise. Besides, CLP noted that executive officers of the various associations were usually very active people who devoted time and energy to the interest of the association. Apart from having regular executive committee meetings, they routinely run errands on behalf of the association. Thus, attending the Action Planning Meetings naturally fell within the scope of their usual mandate and activities.

Selecting representatives at the

Action Planning meetings:

To ensure that the representatives at the Action Planning Meetings had been collectively selected by the General Meeting of the association and not appointed by the executive committee, CLP requested that each association sends not only executive committee members but also non- executive members. This was to facilitate a debate within the various associations on which non- executive members to elect to participate in the Action Planning meeting.

CLP realised that since executives come and go, strictly speaking, its partnership is with the association as an entity, and not with its leaders only, however, dynamic those leaders may be.

Conduct of the Action Planning meeting:

The Action Planning Meetings, as with every meeting or education session at the community level, begin with an opening prayer. The Nigerian society is a very religious one and most activities at the community level, usually feature opening and closing prayers. Since the Isolo community is predominantly Moslem and Christian, a Moslem usually said the opening prayer and a Christian said the closing prayer (vice versa). The person to say the prayers could either by selected by the project or asked to volunteer. The opening prayer is followed by self-introduction, participants' expectations and sharing of the objectives of the meeting. Having harmonised expectations and objectives at the first Action Planning Meeting, CLP then presented an AIDS Education Session; on drug abuse. The Nigerian Drug Law Enforcement Agency (NDLEA) is invited to facilitate the session on drug abuse. Next, the associations shared experiences on their work with CLP. This was and still is a very useful part of the Action Planning Meeting. The sharing of experiences helps the partner groups to learn from one another. It provides an opportunity to learn about leadership, democracy, accountability and organisational skills. It also serves to motivate the less dynamic groups in the partnership with CLP.

After the experience sharing, the meeting breaks into groups on the basis of associations. Thus, the representatives of each association sit together to articulate their issues of interest. They come up with the issues they will like to have educational sessions on over the next two years, including a tentative work plan with time frames. The suggested issues and work plan are taken back to the General House for endorsement by each association. The General House might make some adjustments, like a change of the topic or subject and/or the time frame. CLP usually holds between three and four education sessions a year with each group – an average of one per quarter.

Review Meetings:

After the first Action Planning Meeting, subsequent planning meetings are accompanied by programme reviews. Thus, beginning from 1997 CLP started to organise Review/Action Planning Meetings. The review exercise revolves around two main issues – the previous two or three year work plan and the over-all relationship. The review examines how far CLP and the partner groups have been able to implement the work plans, the outstanding activities as well as the partnership itself. In discussing the activities, the review meeting touches on the gains or perceived impact of the educational sessions it has organised and their challenges. When it comes to the partnership, the review meeting examines performances on both sides – how the partner associations and the project have discharged their roles and responsibilities, as well as any organisational lapses and challenges from the perspective of both parties. Both

parties make suggestions for improvement and then move on to the Action Planning for the next two or three year programme cycle.

The review exercise helps to strengthen the partnership. It is an opportunity for both the project and the partner groups to tell each other a few home truths. They confront each other, cordially pointing out where there are wrinkles that need smoothening out in the relationship. This helps to increase mutual respect and understanding as well as strengthen the relationship. It also helps to increase the sense of ownership of the programmes.

Strengthening Ownership:

Beginning from 1997 CLP trained volunteer health educators from the community associations, on issues of nutrition, family planning, Oral Rehydration Therapy (ORT), personal hygiene, environmental sanitation and immunisation. The trained family life volunteers are given 15 minutes during their routine meeting days to teach these issues to other members of the association.

- **THEATRE-FOR-DEVELOPMENT INITIATIVE**
- **Passing the word via innovative channels that use**
- **drama to address sensitive issues**

CLP is one of the few NGOs in the country with an active Theatre-For-Development (TFD) programme and a competent theatre troupe. Theatre is one of the channels through which CLP disseminates information on HIV/AIDS, Sexually Transmitted Diseases (STD), and other sexual and reproductive health issues within its host communities. It is a potent vehicle for creating awareness, educating and motivating positive behavioural change.

The TFD concept was introduced into Nigeria in 1975 by Michael Etherton. The concept aims at conscientising people to bring about people-centred development, through drama that are presented to both entertain and educate. It challenges the audience to analyse the situations presented in order to motivate them to self-improvement actions.

The use of theatre has always been a way of life for Africans. It is rooted in the culture and tradition of the people and serves as a tool of informing, educating, communicating, preserving the norms and values of the people and far character formation.

The use of theatre in CLP activities started in 1994 with the World AIDS Day celebration where three plays were presented by different partner groups of the Project. Since then, different components of theatre (plays, songs, poetry, mimes, dances, etc) have been used in various project activities and programmes.

Between 1994 and 1998, the project's major performers were mainly drawn from partner groups (especially from the hairdressers association and the Committee of Volunteers known as CACOM) as well as local comedy group known as "Easylocoloco". Since these groups did not originate within the ideological framework of the project, their understanding of the project mission was limited. Hence, before they presented a drama, they were educated on the issue. To further ensure that they were faithful to key messages, a CLP staff was assigned to participate in their rehearsals.

Through the years, however, the Project felt the need to develop its capacity to better utilise local skills and talents to improve its educational programmes. Thus, in 1998, with the assistance of the Ford Foundation, a staff enrolled in a two-year training programme in basic TFD skills.

In its first phase in 1998, the project staff, with staff of other three participating NGOs, studied various theatre skills like acting, costuming, make-up, devicing and directing; the various types of theatre and the basic TFD techniques. There were altogether one major and two minor productions, as well as solo production by NGO trainees during the training programme.

The trained CLP staff has since trained several youths and set up a robust drama troupe from among members of the CLP Youth Club. The CLP troupe, now complete with casts, costumes and drums, performs at large community-level events organised by CLP and its partners. However, in the year 2000, the Project decided to mainstream drama into its routine work with grassroots/community associations. Several street outreach programmes have also been organised to take educational programmes to such hard-to-reach groups as bus drivers, bus conductors, okada (commercial motorbikes) operators and street hawkers.

The use of drama has been an invaluable medium for addressing such sensitive issues as gender, imbalance, domestic violence and other sexuality issues. It also facilitates open discussion of issues of sexuality. The underlying principles of the theatre-for-development programme are:

- Addressing the issues in a non-aggressive manner.
- Portraying sensitive issues in ways that do not offend the faith and beliefs of the community.
- Highlighting the day-to-day realities of the people.
- Presenting issues in an unbiased way and without stigmatisation.
-
- **PROFILES IN PARTNERSHIP**
- Collaborative activities between CLP and its
- partner groups

Working with couples

The **"Love Feast"**: This was the beginning of CLP's work with married couples. The feast featured a drama show and a discussion session. The event created space for open and honest discussion about sexuality. Participants spoke of the advantage of open discussion, of treating women with kindness and respect, of foreplay before sexual penetration.

There was the suggestion that CLP should think of ways of having a sustained programme for couples to expose them to the vital information and skills needed to discuss sexuality and have a fulfilling sexual and family life. Some participants volunteered to help in planning such a programme. Consequently, there were a series of planning meetings over a period of 18 months. It was agreed that the couple's event should take place on the third Saturday of the month. Plans are under way to institute the couple's feast and have it thrice a year.

Community Life Project is also involved in the intensive instruction of intending couples (couples preparing for marriage) at the St. Mary's Catholic Church, Isolo. The CLP Project director had been involved in the programme since its inception in 1996, after St. Mary's became a Parish. The Project Director handled the topics: Human Sexuality in Married Life, Family Planning/ Billings Method. Another CLP staff handled Maternal and Child Care.

In the year 2000, the number of topics increased from eight to 16 in order to harmonise the duration of the course with what obtains in the Deanary and the Archdiocese. Such other topics as Violence in the Home, Parenting, Managing Family Finances and Marital Love Life were added in the curriculum. They were all handled by

the CLP project staff. The pre-marriage course is institutionalised within the Catholic Church and aims to equip the young couple with the catholic teaching on married life. It exposes catholics to the church's teaching on married life and to skills needed to have a fulfilling married life. At the last count, 1,600 intending couples have undergone the course which now registers an average of 100 couples per quarter. The pre-marriage course is compulsory and a pre-condition for marriage.

The pre-marriage programme is yet another example of the effectiveness of working within existing structures and putting sexuality education on the agenda of local organisations. The majority of couples find it very useful. For the project, it is another unique opportunity to Preventive Health Education. Since most of the couples are young and about to start families, CLP utilises the opportunity to promote Family Planning, Responsible Parenting, Gender-Equity, Sexual and Reproductive Rights as well as Safe Motherhood. A gathering of couples who had attended the pre-marriage course since inception, was held in July 2002. Here is a sample of their comments:

- "I learnt a lot from the marriage course. I learnt not to invite third parties to settle our differences and that it is not odd for a husband to assist his wife at home."
- "Sometimes I do the cooking and washing for my whole family. She is my wife, not my slave. I also learnt that sex is very vital in marriage. It is advisable to sweet talk your partner in sex and ask her if she is fulfilled before going off to sleep. And we have agreed on the number of kids we want and we will space our children by three years."
- "Since the marriage course, my husband has been helping me in domestic work. He treats me more as his wife and gives me a free hand in the house."
- "I learnt that husbands and wives are to sleep on the same bed always, not separately and that husbands must help their wives especially in washing their clothes and other tasks."
- "I learnt that I must not always force my wife to have sex with me because Sometimes she might be tired – thanks to the marriage course. I also learnt to listen to my wife's advice on things that I want to do. Her contribution helps a lot."
- "It is necessary for couples to attend the marriage course. Since we attended the course I and my husband have not been quarrelling again."
- "It is of importance that I should assist my wife in domestic affairs."
- "Extend the programme to married couples, and have an on-going education and counselling for them."

Partnership with Faith communities: CLP has generally been highly successful in engaging faith communities on HIV/AIDS and sexuality education. Part of the success lies in the ability of the project to work within the ideological framework of the respective Christian denominations and Moslem communities to expand the frontiers of sexual and reproductive health. In 1994, faith communities were still largely viewed in the AIDS prevention community as barriers to HIV/AIDS prevention because they preach abstinence and are opposed to the use of condom and sex by teenagers.

CLP, however, considers faith communities to be vital allies and major stakeholders in HIV/AIDS prevention and in the promotion of sexual and reproductive health and rights and human development in general.

These communities constitute a powerful medium for breaking the silence on HIV/AIDS and attacking denial, fatalism and stigmatisation. They have very large congregations and wield strong influences over their followership.

CLP's work with faith communities was pioneered in 1994 by the Women's Fellowship of the Power Pentecostal Church. The Women's Fellowship invited CLP to give HIV/AIDS education at the instance of Mrs. Jane Anwo who was teaching at Okota High school

where CLP had organised HIV/AIDS education sessions on a class by class basis for all the teachers and students. Mrs. Anwo, who was an active member of the Women's Fellowship, soon became a CLP volunteer.

In the same way, one of our volunteers, Mrs. Teresa Suleiman, a septuagenarian, retired magistrate and community development worker, inspired several chapters of the Catholic Women's Organisation in the Archdiocese of Lagos to invite the Project for educational sessions in HIV/AIDS and other sexual and reproductive health issues.

The evolution of the CLP partnership with faith communities, however, followed a slightly different pattern from work with the community associations. Whereas building a partnership with community associations required not only the commitment of the executive officers, but also the approval of the General Assembly, the reverse was the case with the faith communities. Here the commitment of members of the congregation or church groups was not enough to establish a partnership. It required the blessing and commitment of the religious leaders, pastor or priest. Naturally, CLP was invited by a church society or organisation which could be the women's group or the youth group. Usually, the pastor or priest will demand to meet with CLP staff before giving the consent to work in the church. CLP staff would introduce the Project to the church leader, after which they are allowed to conduct the educational session. Participants at such sessions usually requested that the educational sessions, especially an HIV/AIDS, be extended to cover the entire congregation.

Advocacy Meeting: An advocacy meeting was organised in October 2000 to engage religious leaders, in a more systematic and sustained manner, in HIV/AIDS prevention and control. Since many of these leaders already knew CLP through its work with groups within their churches, CLP invited the leaders of the churches where it had done some work in the past few years, as well as a few other churches within the community to an advocacy meeting. Fifteen religious leaders from 11 churches and nine denominations attended the advocacy meeting which took place in October 2000. There were representatives of Orthordox, Pentecostal and Spiritual churches such as the Anglican Church, two Catholic churches, the Seventh Day Adventist Church, Assemblies of God and the Celestial Church of God (white garment church).

The advocacy meeting had the theme "The Role of Religious Leaders in HIV/AIDS Prevention and Control." CLP wanted the religious leaders to help break the silence on HIV/AIDS and also attack the denial and stigmatisation of people infected with HIV. The advocacy meeting, which involved a presentation, film viewing, group work and commitment making, served to engage the leaders present. Each leader made a specific commitment to the activities they will undertake in their respective churches. They ranged from including HIV/AIDS prevention in the sermons, through holding vigils for healing of AIDS to organising HIV/AIDS education sessions. An Acton Planning guide was used to guide the commitment to action. The meeting agreed to hold the Religious Leaders Forum every six months.

Between 1994 and 2002, the project had organised 66 educational sessions in 17 Churches, involving 9,391 participants. Of the 66 sessions, 32 were on HIV/AIDS and involved 5,376 participants.

Comprehensive Sexuality Education in Faith communities:

In 1999, work with the youth organisation of the SS. Peter and Paul Catholic Church, Oke-Afa, created interest and a demand for a series of sexuality and life skills issues. At a meeting with the priest overseeing the church, Reverend Father Jan Pelczarski, a

curriculum was adapted from the country's National Guideline on Sexuality Education. The adapted areas were on Family Planning, Abortion, and Sexual Behaviour. Under Family Planning, all methods of family planning, including how they work, effectiveness, advantages and disadvantages, including the church's position on artificial contraception, were taught. Natural family planning was promoted, and Abortion and pre-marital sex was not promoted. The Project then went ahead to implement the approved curriculum.

As a rule, CLP respects the core values of every partner group and institution. It affirms them in their values and beliefs which promote sound health and well-being. This is one of the key elements of success of CLP work with faith communities, hence we are able to work with different denominations and invite their respective leaders to joint planning and review meetings without any tensions or conflicts. The Oke-Afa programme addressed such issues as family relationships, personal development, sexual and reproductive health. With the blessing of the priest the programme was institutionalised, and scheduled for every third Sunday of the month.

The programme was initiated by the youth organisation. But, as the benefits of the programme was spread among the parishioners, parents, youth and children began to turn out for the sessions. The church council subsequently adopted the programme as an official church activity and all church society meetings were subsequently cancelled on the third Sunday of the month to facilitate participation. Over a two-year period, the project implemented the comprehensive sexuality education curriculum at SS Peter and Paul.

At the Religious Leaders Forum of June 2001, the SS Peter and Paul's experiences and curriculum were shared with the religious leaders. Monsignor Okodua, Parish Priest of Regina Mundi Catholic Church, Mushin, requested that a similar programme be carried out at his parish. The other leaders present also expressed a same desire.

It was therefore agreed that CLP would train sexuality educators from the churches to implement the comprehensive sexuality education programme in various churches. The churches would select the participants based on the criteria to be established by CLP. Thus, in the last quarter of 2001, the Project trained 32 Sexuality Educators fron Nine churches and Six denominations. The majority of the educators have already started to implement the programme and some are also making use of drama and innovativeness to teach sexuality to their congregation. At St. Mary's for instance, the sexuality programme was tagged "YIP-YAP" to attract young persons.

Schools and Youth Organisations: CLP started working in schools in 1994. The schools programme started off through a gathering of neighbourhood youths in secondary schools who came to the CLP Youth Centre for educational sessions, debates and discussions on adolescent issues. After attending one of such sessions, a student of Okota High School, Nnamdi Eziefolam, went to his principal to obtain permission for CLP to organise an HIV/AIDS education session for members of his school club, The Interact Club. The principal, Mrs. Bolanle Owoade, asked to see the project staff.

When the Project Director introduced the Project, the school principal did not waste any time in deciding the scope of the programme. "Why should such a useful education session be for only Nnamdi's club members?" she asked. "I want it for every single student in this school and for all the teachers." She immediately detailed the biology teacher, Mrs. Jane Anwo, a dynamic woman with a great deal of zeal for her teaching profession, to plan with us.

Following a series of planning meetings in Mrs. Anwo's biology laboratory, schedule for the school-based HIV/AIDS education session was jointly worked out. It was to serve as model for our school-based work for several years. First, CLP trained the teachers.

Next, it trained peer facilitators from Junior Secondary classes. Then, it trained peer facilitators from the senior secondary classes. Finally, the trained peer facilitators and CLP staff organised class by class HIV/AIDS education sessions.

CLP and the school authorities had agreed that no teacher would be in the classrooms during the sessions so that the students would feel free to discuss their experiences and concerns.

The outcome of the educational session at Okota High School was a memorable and overwhelming experience for the project. The CLP staff were stunned two days after the programme, when they were inundated with secondary school students from the community. It was about 2.30 pm when droves of school children in different school uniforms trooped into the CLP office. The office was filled beyond capacity and there were youths on the stairway and in the compound. From the window of the project manager's office and the field office which over-look the street, project staff could see more youths walking towards the CLP office. Their mission: They had heard about the HIV/AIDS session at Okota High School and wanted to watch the film, receive some educational materials and ask questions.

It was through that experience that the project staff learnt about the young people's ability to network and spread messages. There was nothing to do but to tell the youths that there was not enough room for them. They were urged to return another time. Those who had managed to enter the small office space watched the film and had the education session. It became a daily affair. CLP could not get any work done once the schools closed. In order to strike a balance between satisfying the young persons' thirst for AIDS education and the need to carry out its normal work, the project staff decided to have the sessions at the CLP office on three days of the week.

Today, CLP works with over 27 public secondary schools on issues of HIV/AIDS and sexuality.

CLP Youth Club:

Some of the youths requested to be allowed to come to the CLP Centre on Saturdays to discuss other issues of concern. The project staff asked them to get parental consent. This core of students ended up forming the CLP Youth Club, with the aim of meeting to pursue their personal development through educative activities and working with the project towards fulfilling the project's mission. Over time, CLP designed the parental consent forms. When CLP noticed that some students filled out the consent forms themselves, project staff undertook to visit the families of every Youth Club member or aspirant. Visits to the youths' parents helped to obtain consent and to encourage greater parent-child communication. Some parents also visited the project office to see things for themselves.

Holiday Programmes:

Through the sustained interest of the CLP Youth Club, the project began to organise holiday programmes on health and sexuality for young persons. Some parents helped to recruit more youth club members by telling their friends to send their children to the Youth Club. One crucial success factor in working with the youths is the fact that the values promoted by the Project are in consonance with the aspirations of parents for their children. For instance, CLP promotes good parent-child relationship, open communication, being friendly with one's parents as a teenager, self-awareness, self esteem, goal setting, responsible behaviour, obedience of rules concerning domestic chores and outings, etc. Most parents are therefore quick to observe a more friendly and responsive attitude in their child who is a CLP Youth Club member. This, in turn, encourages parental support

for the youth and for CLP youth programmes. The age of admission into the CLP Youth Club is nine years.

Youth Development:

Apart from educational sessions, the youths are trained in drama, songs, poetry and dance. They are also taught such other skills as computer literacy, and tie and dye. The Youth Club has been the nerve-centre of the CLP Theatre-For-Development Programme. (See box). They script and produce skits and plays for use in the Project's routine educational sessions and Street Outreach Programmes.

The Salons:

CLP started work with salons in 1992 with a series of meetings with managers and owners of six hairdressing and six barbing salons. The objective was to introduce the Project and explore the possibility of working as partners to address the role of hairdressing and barbing salons in the prevention of HIV/AIDS. The salon owners agreed that both the barbers, hairdressers and their clients were at risk from their use of skin piercing equipment. The project staff subsequently conducted AIDS Education Sessions at the various salons for owners, workers and clients.

And following the CLP concept of community participation, five women, four young men, designed educational materials for men and women who visit the salons. The materials are placed in the salons for customers to read while receiving the services.

By the end of 1994, the Project had worked with 12 hairdressing salons through the Association of Salon Proprietors. The Project found the salons to be effective channels for bringing AIDS education to women.

The barbing salons also provide efficient channels for reaching men. The Project was working with 53 barbers in 15 barbing salons by the end of 1994. Between 1995 and 1996, the Project made routine follow-up visits to the barbing and hairdressing salons to reinforce the HIV/AIDS message, replenish their stock of educational materials, monitor their clients' response to the materials, observe the practices of the hairdressers in sterilising their manicure and pedicure instruments and educate them on safe ways to use sharp instruments.

Working with Market Associations:

Market associations are amongst the channels for reaching women and men in the community. There are two markets in the Isolo community – Obada and Ire-Akari markets. Work with the women in Obada market was initiated in August 1993.

Since most market leaders are post menopausal women and many of them are not sexually active, they desired AIDS education for the youths.

The market leaders introduced CLP to the Osolo Day Planning Committee because they wanted CLP to share the AIDS message with young people during the Osolo Day, a community event which brings together all the market groups, youth organisations, community associations and the Traditional Ruling Council. It is usually an occasion for feasting and fund raising towards the construction of a new palace for the Oba. But CLP was put on the agenda for the celebration for a presentation on HIV/AIDS.

In 1996, the Obada market leaders indicated their willingness to work more closely with the Project in disseminating AIDS information in the community. They informed the Project that there were different market groups (based on the type of wares they sell). Through the help of one of the leaders, the Project identified the leaders of the groups as

well as the date, time and venues of their group meetings. AIDS Education Sessions were conducted for the following market groups between 1996 and 1999:

- Elewedu Association (Vegetable Sellers)
- Onibata Association (Shoe Sellers)
- Eleja Association (Fish Sellers)
- Eleran Association (Meat Sellers)

As was done with other community groups, CLP also explored other health issues with some of the groups. The work with the market groups is also being replicated in Mushin and Oshodi communities.

The Traditional Council of Chiefs:

The Obada Market Elders were instrumental in facilitating a close rapport between CLP and the Traditional Ruling Council. Although CLP had, in 1993, introduced the Project to the traditional head of the community, Oba Yekini Goloba II, and received his blessing, the Project could not participate in the Osolo Day celebrations of that year. The reason was that CLP could not contact the key organisers and the active chiefs in the community. CLP kept visiting their homes to no avail. This convinced the project that there was something it was not doing right.

Fate smiled on CLP after the AIDS Educational Session with the market elders, many of whom had links with the Traditional Ruling Council. Following the session, having decided that AIDS education should reach the majority of the out-of-school youths in the community through the channel of the Osolo Day, the elders asked CLP to see the planning committee and say they sent the project staff to them. When CLP staff told them they were having difficulties contacting the chiefs involved, they directed the staff to "under the tree" in the next street. They told the staff which Chief to ask for. The staff was advised to introduce the Project and ask to be included in the Osolo Day plans. The project staff went to the tree, found the chief they were sent to, explained their mission and every thing fell into place. Not only was CLP allowed to give a talk and stage a drama on Osolo Day, its participation was put on the printed programme of events for the day and a chief personally delivered the invitation letter at the project office.

As it turned out, "under the tree" is a traditional power base in the community and the "under the tree" group, as they came to be known in the Project, are its power brokers. The local chiefs converged there once they finished their daily business. They had their meals there, said their prayers in the nearby mosque and returned home only at night.

The "under the tree" group were very committed to project activities. CLP held series of meetings and consultations with the group and they provided invaluable references to groups and resources within the community.

The Osolo and his Council of Chiefs have consistently demonstrated commitment to CLP activities within the community. At several community level events organised to mark the World AIDS Day or the International Women's Day, the Osolo was known to honour them with his Council of Chiefs.

The Health Institutions:

At inception, the Project identified the Health Centre and the General Hospital as vital channels for reaching women and other members of the community who come for medical attention. It noted that health workers, including senior medical personnel at the General Hospital (a secondary level of care) knew next to nothing about HIV/AIDS. In

1993, CLP approached, and introduced the Project to the chief consultant of the General Hospital who invited the Project to educate the senior medical, para-medical personnel and junior staff of the hospital. The outcome of that enlightenment programme was the need to integrate AIDS education into health care services, especially into the maternal and child care services. It was also established that the health care providers at the Primary Health Care (PHC) level needed to be equipped with the knowledge and skills to effectively do this work. For this, the medical officer of health (MOH), for Oshodi/Isolo Local Government was contacted and series of meetings were held with him, leading to the agreement that all health workers in the LGA should be trained. Consequently, between 1995 and 1997, all the health workers at the Oshodi/Isolo Local Government Area from the different units (nursing, environmental health, community health extension) were trained in batches on HIV/AIDS and counselling skills. This was to ensure that community people receive information on HIV/AIDS at the Primary Health Care centres in Oshodi/Isolo LGA. No fewer than 140 health workers in the local government area have since undergone both the initial training and the bi-annual refresher courses. They are trained on the epidemiology, counselling, prevention and precautions relating to HIV/AIDS. The training also covers the gender dimensions of HIV, the prevention of mother-to-child transmission and other sexually transmitted diseases.

An implementation committee comprising CLP, the medical officer of health, the chief nursing officer, the chief environmental health officer and the health educator has the responsibility of over-seeing the HIV/AIDS prevention activities at the PHC level.

The partnership with the health facilities was formally launched in 1999 by the chairman of the Local Government Council. The project meets regularly with the health care providers and the implementation committee members to review the programme, identify any lapses and find ways to strengthen it.

A major outcome of CLP work in this area is that the health workers strongly advocated and successfully persuaded the Ministry of Health through the General Hospital, Isolo, to supply disposable BCG needles to health facilities in the Oshodi-Isolo Local Government Area. At the start of the work with the health facilities, BCG needles were being re-used.

Commercial Sex Workers:

The Project originally planned to work with Commercial Sex Workers (CSW) in one brothel (Oyila Hotel) in late 1993. But after a successful programme with them, they requested that all the brothels in the community be reached. Consequently, by the end of 1994, the Project had reached four more brothels with education on HIV/AIDS, Sexually Transmitted Infections (STI) and Safer Sex Practices.

As the CSWs started visiting the Project for counselling and help in treating sexually transmitted diseases, the Project began to organise more intensive three-day workshops in the project office. The workshop covered sexually transmitted diseases, self-awareness, self-esteem and assertiveness. Between 1995 and 1999, 20 CSWs, mostly their more articulate peer leaders, were trained each year. The trained commercial sex workers usually serve as peer facilitators in CLP work with other girls in the brothels. In 1997, for instance, the trained CSWs helped to locate two other brothels to work with.

As a rule, work with sex workers also follows the CLP tradition. CLP would introduce the Project to the hotel managers and barmen through a reference, usually a CSW. If the manager of the brothel wanted to work with CLP, he or she would ask CLP to obtain the permission of the proprietor. Once that is done, the management and the chairladies (leaders of the CSWs) would help to mobilise the sex workers who live and work there.

CLP would then introduce the Project and get a date for the AIDS Education Session. The CLP experience indicates that sex workers are usually appreciation of AIDS education. From 1995 to date, CLP has had AIDS education for 427 sex workers in seven brothels.

The sex workers enjoy the same courtesies as other CLP partners. They are invited to activities involving the partner groups, especially community level events and the Project respects their privacy and maintains their confidentiality.

As a result of CLP activities with the sex workers, a number of them have quit sex work either to get married or engage in new means of livelihood. One left after she tested negative in a voluntary HIV test. She dropped in at the project office to announce: "I have just had an HIV test. I'm negative and so I quit." She switched to petty trading.

As at the end of 2000, the Project had seven sex workers who wanted to start alternative means of livelihood. But the project has only been able to help one of them establish a hairdressing salon. CLP assists all of them with feasibility studies. CLP staff visit them every Monday to see if they have any money to save from their work over the weekend. So far, five of them have been assisted through the weekly savings to open a bank account. CLP is seeking assistance from individuals and organisations to help these sex workers, who desire alternative means of livelihood, to implement their business plans.

The Hotels:

CLP planned to work with five hotels to reach out to men in the community but succeeded with only two (Moslado and Matbeny) by the end of 1994. The work involved meeting with the hotel managers to introduce the project and express interest in working with them to pass AIDS information to men who lodge in hotels. CLP explored the possibility of displaying AIDS education materials in the hotels' lobbies and rooms. Two hotels, Moslado and Matbeny, were reached and their managers and workers were educated on HIV/AIDS. The three other hotels that were visited declined to work with the project, partly for fear of losing their customers.

Government and Government Agencies:

The CLP partnership with the Oshodi – Isolo Local Government was facilitated in 1994 by the two Health Educators at the Local Government – Mrs. Salvader Bakori and Abiola Moronkeji. When CLP met them to introduce the Project, they were very excited. They expressed an eagerness to do community level health education, especially HIV/AIDS education but lamented the absence of funds to do the work. They were, however, willing to work with CLP in any capacity. They co-operated with CLP in reaching the Medical Officer of Health, Dr. M. A. Adeyemi, who was equally enthusiastic. "We don't have any money to spend but we will fulfil any other responsibilities that this collaboration will entail", Dr. Adeyemi told the CLP staff at their first meeting.

CLP has since worked with five different medical officers of health. The MOHs are the local government equivalent of the national Health Minister. They are the points of authority for community level health activities. The inclusion of HIV/AIDS education in the clinics at the Primary Health Care level continues after seven years; an indication of the sustainability of the partnership.

In 1999, through the partnership with Oshodi-Isolo local government, CLP was invited by the Lagos State Director of Primary Health Care and Disease Control to extend its activities to other areas of the State. The Director specifically suggested that CLP should

replicate what it had done at the PHCs in the Local Government, in the secondary schools, and ensure that HIV/AIDS education is in the school curriculum. That discussion led to the introduction of CLP to the Lagos State HIV/AIDS control programme.

CLP, with some other NGOs, was invited to work with the AIDS Control Programme. By year 2000, CLP was one of the NGOs on the executive body of the State AIDS Control Programme which later became the Lagos State AIDS Control Agency (LSACA). CLP provides technical assistance to the agency at the grassroots level in the areas of HIV/AIDS Prevention and Control activities at the community and primary health care level. CLP is also involved in training health workers, including medical officers of health from different local government areas of the State.

Furthermore, through its partnership with the State AIDS Control Agency, CLP has been engaged as a consultant to the New Era Foundation which was founded by the First Lady of Lagos State, Her Excellency, Mrs. Oluremi Tinubu. Under this programme, CLP provides training of teachers for HIV/AIDS education in secondary schools in Lagos State. So far, CLP has trained 541 teachers from 117 secondary schools in 15 Local Government Areas of Lagos State under the New Era Foundation programme.

THE CHALLENGES

Building synergies with partners at the local level can be a very demanding and challenging affair. It has its own fair share of frustrations. The initial contacts are slow to yield results because community groups may view the Project with suspicion. It takes time to build trust and the process demands a great deal of integrity and respect for the partner groups. Failure to fulfil the Project's obligations or discharge a responsibility as planned could cause friction in the relationship. There is therefore a great deal of field work to be done, requiring several visits and a lot of consultations.

- It also demands proper knowledge of the partner groups and their core values, as well as the ability to adapt. Naturally, partner groups and institutions tend to give priority to their own interests and activities. It thus requires political maturity to accept that this is how it should be and not get forceful and pushy.
- The internal dynamics of the partner associations could pose a challenge. There may be leadership problems and lack of democracy. It takes discipline not to meddle or to prefer or compare the performance of one executive to another.
- Because some of the groups meet monthly, cancelled appointments extend the time frame for activities, and could result in very low levels of activities with such groups.
- The sustainability of the partnership depends on the viability of the partner associations. Hence CLP organise leadership training for the groups. As a rule we respect the partners and work with whoever is elected to work with the Project. On one occasion, however, CLP had to do some troubleshooting, when the association of hairdressers fell apart. Some of the members opened up and accused their president of high-handedness. They invited CLP to mediate. Consequently, CLP called a peace-making meeting at the Project office and helped to resolve the conflict. Since then the association has been gaining strength.
- Work with government can also be very slow. Programmes may be continually postponed and staff morale could be very low. Sometimes, the available level of skill and competence fall below what is required to do an effective job. Such partnerships require a great deal of capacity building.

- **THE 'LOVE FEAST'**
- **Addressing women's lack of control over their sexual**

- **and reproductive health**

A major fallout of the initial AIDS Education Sessions was the issue of women's lack of control over their sexual and reproductive health. This was manifested in the contrasting reactions of men and women towards protecting themselves against HIV/AIDS. At the end of every AIDS Education Session, the men would immediately and independently begin to assess their personal risks and make decisions. People with multiple partners openly (or almost proudly) acknowledged that. They would tap each other by the shoulders, point to each other and say "You better take precautions", "Watch your steps". Some will say "Ah! No more, it's over from today".

But the story was completely different with the women. After an education session, there would first be an uneasy silence; followed by tension and heavy sighs. Sometimes there was sadness or panic in their response. They would say to us, "I wish there was a way to get my husband to watch this film." Or "I wish I could invite my husband to your office so you could have a talk with him." Or, "Ah, God...O! (My God!), what would happen to us and to our children? May God preserve us". It became obvious that it was ridiculous to talk about the use of condoms in such a situation.

It was clear that women needed to gain better control, to become guardians of their sexual and reproductive health and, indeed, of their very own lives. CLP had always known that its model of partnerships provided an opportunity and framework for addressing these issues and for concerted efforts to reverse the situation. CLP began to confront every one of its partners with this apparent resignation and helplessness of women. It became part of the discourse of every AIDS education session. CLP would say "we have observed that women feel helpless and resigned and unable to use the information acquired here to protect themselves. This is unfair; why is this so? And what can we do about it?" The response was that the men were generally moved or touched to hear about the women's vulnerability. In some cases, CLP noted that there were some guilt feelings on the part of some men. Some explanations and rationalisation of men's sexual behaviour began to emerge. Some men told CLP that the reason they had extra marital affairs was because they did not enjoy sex with their wives.

CLP began to probe: "Why did they not enjoy sex? "Because the women either did not know "different styles" (sexual positions) or did not care". "Why did the women not know or want to try "different styles?" Various speculative reasons are advanced. "Maybe they don't know how". "No, they are pretending". "That is how wives are conditioned to be". "They are women, it cannot be otherwise". "Women don't have the same sexual urges as men".

From the probing, CLP established two basic things: One, it is desirable for a couple to have a fulfilling love life in the face of HIV/AIDS. Moreso, as the use of condom is not a realistic and sustainable option for many poor husbands and wives. Two, in order to do that there is need to understand further why the situation is the way it is. As usual, the responsibilities are defined. CLP is to facilitate the process and members of the Association will participate actively in the process of understanding women's lack of power and how to improve the marital love life of couples.

Following these developments, CLP designed a study into the "socio-cultural and socio-economic factors which influence women's ability to practise safe sex." The aim was to identify factors which influence women's ability both positively and negatively with a view to reinforcing such positive factors and eliminating or drastically reducing the negative ones. The study which was conducted in 1995 involved both qualitative and quantitative methods. Twenty-five Focus Group Discussion (FGD) sessions were organised for youths, men and women in the reproductive age group, post menopausal women as well as Christian and Moslem groups. The quantitative study was a community-based household interview of 800 persons.

As usual, community representatives were part of the planning, design and conduct of the study. They were responsible for recruiting FGD respondents. We also trained community representatives as FGD facilitators and interviewers. Altogether, 1,012 community people were involved in both studies either as respondents, discussants or researchers.

The study generated a great deal of excitement and interest in the dynamics of sexual relations. The study helped to break down barriers. Sex and sexuality had been successfully placed on the community agenda and open discussions were taking place. The fact that the study was being conducted with a sense of mission helped to further encourage commitment. The mission was clear: CLP and its partner-groups were going to gain more knowledge and understanding of the dynamics of sexual relations so that they could jointly plan the actions needed to enhance women's position, promote sexual fulfilment and thus save their own lives. Everyone involved, from the planning stage, knew that they were not just having a research. They wanted to empower themselves to collectively design an intervention that would work. They all had a stake in the study. Dr E. E. Ekanem, an epidemologist at the Department of Community Medicine, College of Medicine, Idi-Araba, Lagos, and his team, helped to design the quantitative study and to analyse the data. Professor Oloruntimehin of the Department of Sociology, Obafemi Awolowo University, Ile-Ife, assisted with the qualitative study. Representatives of the community groups, the Oshodi Isolo local Government and the Commercial Sex Workers met with the Project staff at a local restaurant to review the findings of the study. The study found, among other things, that the psychological condition of the women and socio-cultural factors are far more relevant to their ability to have safe sex than their economic independence. (*CLP monograph*). It found:

- A strong desire in women to preserve their marital status or to become married;
- The fear of the unknown, emotional and social insecurity about a future life without a man;
- The fear of losing custody of their children in the event of a separation; the desire to have children; all these combine to inhibit many women from asserting their interests and rights in sexual matters.
- Sexual pleasure and sexual rights were seen largely by both men and woman as an insignificant part of a women's fulfilment in life.
- Both male and female respondents considered the enjoyment of sex as a male prerogative.

From these findings, it was suggested that CLP should start to work with couples and that the promotion of a more fulfilling sexual life should be mainstreamed into CLP programmes with its respective partners. Earlier, on March 8, 1995, during the activities marking the International Women's Day, it had been suggested that programmes should be organised for fathers to promote active male participation in domestic responsibilities and in family life. The current gathering therefore redesigned the intervention to move beyond a focus on men. Rather, it would focus on strengthening the fabric of the family by promoting solidarity, cohesion and collective responsibility for a fulfilling family life, including marital love.

The message of what came to be known as "Love Feast" was that sex and sexuality should be unequivocally put on the community's agenda. The Project had known from the on-set that it is impossible to improve and sustain sexual and reproductive health without addressing the social and environmental context within which sexual intercourse occurs. But it was only in 1995, after the study, that this became a shared philosophy through the very dynamics of its work with the partner groups and institutions. It was as if the scales had fallen from the eyes of the representatives of the partners who were present at the meeting on the findings of the study. There was still a big challenge though: how to sensitise more people in the partner groups and institutions on the need to adopt this new thrust in CLP work, so that discussing sex and sexuality will become a social norm if not the centre piece of its work.

The participants observed that although CLP worked with men, women, youths and children simultaneously, in many cases, these men and women were not married to each other, and were usually from different families. How then could CLP reach the spouses of the people it worked with who were not yet CLP partners?

The participants suggested that CLP should invite several couples from each of the partner groups and institutions including the faith communities, to a couple's event which would serve to

sensitise them on the need for improved spousal sexual relationship and a more fulfilling family life.

In line with the CLP tradition, the Project needed to integrate its couples work within the lifestyle of couples, so that they wouldn't have to deviate from their regular routine. That led to the decision to host a party for couples on a Saturday afternoon. Nigerian couples love such social functions as weddings, house warmings, naming ceremonies, etc. On such occasions, many of them dress in the same type of fabric – a practice known as wearing *Aso-ebi.*

- The party was tagged the "Love Feast" and several couples were invited. The first "Love Feast" took place on March 21, 1998 at the Century Hotel, a popular watering hole in the neighbourhood. Seventy-seven couples turned up for the event.

- **KEY SUCCESS FACTORS IN BUILDING**
- **GRASSROOTS PARTNERSHIPS**

Sustainability is the litmus test of a successful partnership. To enter into a partnership is a lot easier than to sustain it. In other words, the CLP model goes beyond the framework – the vast network of partnerships involving community associations, faith communities, sex workers, youth organisations, health and vocational establishments, schools and government agencies. The ideology, paradigm and principles which shape and inform the activities are also central to success. The values being promoted, participation in decision-making, a sense of ownership, and relevance of the programmes – these are critical success factors.

REPLICATING THE CLP MODEL

Part of the goal of CLP at inception was not simply to develop a replicable and sustainable model of grassroots community level health interventions, but also to advocate for the adoption of that model as the dominant model of community level programmes. Thus, after four years of developing and refining the model in Isolo, CLP embarked on a replication of that model in two neighbouring communities, Mushin and Oshodi. The replication programme was successful because we had the benefit of hindsight, having learnt from our experience in Isolo. The Project also had the success story in Isolo and references from the partner-groups. All these helped to facilitate the process of replication.

So far, the goal of having the model adapted and replicated elsewhere, others in the field of health,and social development by is starting to be realised.

The Zeno Project: The CLP couples' work is being replicated by the Zeno Comprehensive Rural Health Programme in Iwo, Osun State. CLP provides technical assistance to the Zeno Project.

Family Life Educators in Ghana: The Reverend Sister, Lena Nwaenyi, the HIV/AIDS coordinator for Bolgatanga, a province in Northern Ghana, heard from her nephew about the programme being run by CLP at the SS Peter and Paul Catholic Church, Oke-Afa Isolo. He gave her CLP educational material which she took to the Catholic Relief Services (CRS), directors of her HIV/AIDS programme. The CRS directed her to contact CLP for possible collaboration.

As a result, she visited CLP from Ghana a couple of times. CLP was then invited to Ghana in February 2001 to train their AIDS Educators from 13 parishes in northern Ghana in sexuality education. Due to the success of the initial training in sexuality education, CLP has been invited for a refresher programme in 2002.

Engaging the Clergy and Religious at the National Level: Collaboration with the Catholic Secretariat of Nigeria is another CLP scale-up programme. It is the result of an advocacy by the Project Director, from which the Catholic Secretariat produced a 28-

minute video recording in which the CLP director advocates the adoption of the SS Peter and Paul Sexuality Education Curriculum and the implementation of Comprehensive Sexuality Education in Catholic parishes nation-wide. The success of that advocacy culminated in July 2003 in a three-day training of 58 clergy and religious from 33 dioceses in Nigeria on the importance of sexuality education.

The Catholic Church is committed to implementing sexuality education at the parish level to help prepare parents to play their role as sexuality educators. The programme, which is being fine-tuned, is for all categories of members of the church community: men, women, youth and children, single and married. A component of the plan is to train more catholic clergy and religious throughout the country and CLP will continue to work with the Catholic Secretariat to attain this mission.

There are also a series of meetings, consultations and activities to scale–up sexuality education training among the top hierarchy of other denominations. Interestingly, it is clergy from the faith communities, with whom CLP works in the local churches in the community, who are facilitating these activities. They believe that the gains that CLP partnership has made in their churches need to be multiplied through scale-up activities.

CONCLUSION

In conclusion, beyond the methodology, approaches and processes discussed, certain vital elements are necessary in ensuring an effective and successful community-level intervention. First, the values being promoted are crucial and the guiding principles of the intervention must be such that genuinely respect grassroots people, irrespective of their socio- economic status, poverty, illiteracy, etc.

Another key element is the willingness to relinquish ownership of the intervention and allow the community to be actively involved in determining the scope and pace of the intervention. This is particularly challenging given the need to meet project deadlines and work plans. Since CLP aims at implementing enduring and sustainable interventions, such interventions must be based on mutual trust and respect on the part of the community and the project. The process is often slow and tedious but it almost always produces the desired results if steadfastly pursued.

Building partnerships with local institutions and other stakeholders greatly ensures the effectiveness of community-based interventions. It also creates a strong basis and framework for advocacy.

The CLP model is highly sustainable and simple to replicate. It works through existing structures and uses channels of communication that exist in virtually all communities in the country. It foretells the social transformation that would take place in the country if, in every local government are and every community, grassroots people are empowered to take greater control and responsibilities for improving their status and standard of life. This process would be accelerated if the CLP model becomes the dominant model for community-based interventions in the country and beyond.

CLP PARTNER GROUPS AND OTHER PARTNER INSTITUTIONS

COMMUNITY ASSOCIATIONS

- Committee Action Committee.
- Ifelodun Building Materials Suppliers' Association, Okota.
- Igbo Market Women Association, Isolo.

- Parrot Press Club, Ronik Institute Ejigbo.
- Rotaract Club, Govt. Technical College, Ikotun.
- Young Writers Club, Okota.
- CLP Youth Club.

CLP Partner Groups and other Partner Institutions

CHURCHES AND MOSQUES

- All Saints Anglican Church, Oshodi.
- Assemblies of God Church, Ejigbo.
- Assemblies of God Church, Isolo.
- Assemblies of God Church, Mushin.
- Assemblies of God Church, Okota.
- Ayetoro Gospel Baptist Church, Mushin.
- Dr. Maja Memorial Gospel Baptist Church, Mushin.
- Family and Human Life Committee; Dept. of Church & Society, Catholic Secretariat, Nigeria.
- Foursquare Gospel Church, Okota.
- Holy Trinity Anglican Church, Mushin.
- Ire-Akari Baptist Church, Isolo.
- Methodist Church of Nigeria, Oshodi.
- Regina Mundi Catholic Church, Mushin.
- Seventh-Day Adventist Church, Ilasamaja.
- St. Peter and Paul Catholic Church, Oke-Afa
- St. Barnabas Anglican Church, Oshodi.
- St. Cyril's Catholic Church, Okota.
- St. Mary's Catholic Church, Isolo.
- St. Peter's Catholic Church, Ejigbo.
- Ahmaddiya Muslim Jamat Mosque, Mushin.
- Ajumoni Central Mosque, Mushin.
- Ansar-ud-deen Society of Nigeria, Central Mosque, Mushin.
- Anwar-ul Islam Movement of Nigeria, Mushin.
- Ashiri-Abo Central Mosque, Isolo.
- Estate Muslim Community Mosque, Isolo.
- Federation of Muslim Women's Org. of Nigeria, Oshodi/Isolo.
- Ishagatedo Central Mosque, Ishagatedo.
- Islamic Dwaat and Guidance Centre, Ilasamaja.
- Mulku-deen Suadau Mosque, Mushin.
- Ogo-Oluwa Central Mosque, Mushin.
- Opeloyeru Mosque, Okota.
- Otitolere Mosque, Isolo.
- Rahmatu El-Islamiu Institute, Ishagatedo.

PRIMARY SCHOOLS

- Ire-Akari Primary School, Isolo.
- Jack 'N' Jill Children School, Ilasamaja.

SECONDARY SCHOOLS

- Ajumoni Grammar School, Okota.
- Ajumoni Secondary School, Mushin.
- Ansar-ud-deen College, Isolo.
- Ansar-ud-deen Comprehensive High School, Okota.
- Apata Memorial High School, Okota.
- A-Z International School, Ajao Estate, Isolo.
- Bolade Grammar School, Oshodi.
- Central High School, Okota.
- Eko Girls Grammar School, Okota.
- Excel College Ejigbo.
- Gideon Comprehensive High School, Okota.

- Ire-Akari Market Women and Men Association, Isolo.
- Ishagatedo Community Development Association.
- Isolo Hairdressers' Proprietresses Association.
- Lagos State Development Property Corporation (LSDPC) Residents' Association, Isolo.
- Lagos State Vulcanisers' Associations, Isolo.
- Lagos State Vulcanisers' Association, Mushin.
- Lagos State Vulcanisers' Association, Oshodi Zone.
- Licenced Electrical Contractors of Nigeria (LECAN) Mushin.
- Nigeria Automobiles Technicians Association (NATA), Moshalashi/Alakara Zone, Mushin.
- Nigria Automobiles Technicians Association (NATA) Okota Zone.
- Nigeria Automobiles Technicians Association (NATA) Oshodi Zone.
- Nigeria Battery Technologists Association, Isolo.
- Nigeria National Vulcanisers Association, Mushin Zone.
- Professional Carpentry and Furniture Association, Ilasamaja.
- Professional Carpentry and Furniture Association, Isolo.
- United Tailors' Association, Ishaga/Isolo Zone.
- United Tailors' Association, Oshodi Zone.
- United Tailors' Association, Paul Okuntola, Idi-Araba Branch, Mushin.
- United Welders' Association, Isolo.

HEALTH FACILITIES

Primary Health Care

- Ejigbo Health Clinic, Ejigbo.
- Ewutu Tun Primary Health Centre.
- Ilasamaja Primary Health Centre, Ilasamaja.
- Ishagatedo Health Clinic, Ishagatedo.
- Isolo Health Clinic, Isolo.
- Jakande Health Clinic, Jakande Estate, Isolo.
- Lagos State Development Property Corporation (LSDPC) Health Clinic, Isolo.
- Mafoluku Primary Health Centre, Mafoluku.
- Oshodi Primary Health Centre, Oshodi.
- Sogunle Health Clinic, Sogunle.

SECONDARY HEALTH CARE

- Isolo General Hospital, Isolo.

YOUTH ASSOCIATIONS

- Abazu Youth Association, Ilasamaja.
- Blossom Vision Production, Jakande Estate, Isolo.
- Excellence Carnival Group, Isolo.
- Frontliners Club, Ilasamaja.
- New Generation Group, Mushin.
- NYSC (Corpers) Association Oshodi/Isolo LGA.

- Holy Saviours College, Isolo.
- Ijeshatedo Grammar School, Okota.
- Ikeja Grammar School, Oshodi.
- Ilamoye Secondary School, Okota.
- Ire-Akari Grammar School, Okota.
- Isolo Comprehensive High School, Isolo.
- Isolo High School, Isolo.
- Isolo Secondary School, Isolo.
- Matori Grammar School, Okota.
- Metropolitan College, Isolo.
- Mushin High School, Okota.
- Mushin Boys High School, Okota.
- Nigerian Premier College, Mushin.
- Oduduwa Secondary School, Mushin.
- Okota Grammar School, Okota.
- Okota High School, Okota.
- Okota Secondary School, Okota.
- Oshodi Comprehensive High School, Oshodi.
- Oshodi High School, Oshodi.

VOCATIONAL / TUTORIAL INSTITUTES

- Adams Computer and Tutorial Institute, Oshodi.
- Bethel Educational Centre, Mushin.
- Boys Approved School, Isheri.
- Boys Approved School, Yaba.
- Boys Remand Home, Oregun.
- Canaan Tutorial Centre, Alagbado.
- Elim Institute, Egbe.
- Girls Approved School, Yaba.
- Progress Computer Institute, Isolo.
- Sandra Educational Institute, Isolo.

TERTIARY INSTITUTIONS

- Lagos State Polytechnic, Isolo.
- Lagos State University, Ojo.
- NNAMDI AZIKIWE UNIVERSITY, LAGOS OUTREACH, OSHODI.

COMMERCIAL SEX WORKERS

- Endurance Hotel, Ilasamaja.
- Gbolinton Hotel, Ilasamaja.
- May Flower Hotel, Mushin.
- May Sun Hotel, Oshodi.
- Oludare Hotel, Ilasamaja.
- Temidara Hotel, Isolo.

TRADITIONAL COUNCIL

- Osolo of Isolo and His Council of Chiefs.

LOCAL GOVERNMENTS

- Oshodi-Isolo Local Government.
- Mushin Local Government.

FEDERAL/STATE GOVERNMENT AGENCY

- Lagos State AIDS Control Agency.
- NDLEA