



Nigerian Urban Reproductive Health Initiative

NURHI 2 Youth and Adolescent Program Study Tour 22 – 23 November 2017

Over the years in Nigeria, the health care of youths and adolescents was included in the various health interventions under pediatric health, psychiatry, internal medicine and gynecology, but none of these focused exclusively on youths and adolescents. However, because of the rapidly expanding adolescent population and a progressive understanding and recognition of adolescent physical, emotional and intellectual growth – there has been a rapid response to address the growing needs of this group of young persons. It is of concern, therefore, that youths and adolescents do not have access to high-quality sexual and reproductive health care programs that meet their needs and empower them especially access to high-quality and use of modern family planning contraceptives. They are deprived of information, discriminated against and stigmatized.

During the implementation of activities in NURHI Phase I, the project did not focus on adolescents and youth. This was because the percentage of adolescents and youth who were sexually active and did not desire to be pregnant was too low to provide a meaningful increase in CPR and priority at that time was on proving the CPR in Nigeria with strategic interventions aimed at women aged 24-35 and older. However, social behavioural change materials, and service delivery materials testing often included younger women to be sure they were acceptable to them, but the target group was the core child bearing years.

From the endline research conducted on NURHI activities in Phase I, results showed some level of impact on youth and adolescent health in NURHI implementation cities. Based on these evidence, a youth and adolescent program is intended and this is being incorporated into the NURHI 2 basket of models to be tested.

A study tour of CSOs and NGOs that are involved in youth and adolescent program especially as it relates to family planning was planned and during the tour, the team visited several organizations and institutions focused on providing adolescent health services. The sites visited were chosen because they represent different institutional structures and service delivery locations, types, and models. These visits provided examples of health services being delivered specifically to adolescents, and they helped the team gain insight into various services, settings, financing arrangements, partnerships, approaches to coordination of care, and care models used in Oyo State to meet the health service needs of youths and adolescents. A description of each site and what was learned from these visits is presented below:

Study Tour Objective

- Learn best practices in youth and adolescents Sexual and Reproductive Health Right/Family Planning programming in Oyo
- Know more about why many young persons are still unable to access and use modern contraceptives
- Learn more from CSOs/NGOs that have made great progress in increasing access to and use of contraceptives by adolescents; and
- Learn more about new opportunities that exist for improving adolescent health

Leading/Guiding questions during the study tour

1. What are the best ways/means of talking to young people about sexual and reproductive health or family planning?
2. Who are the key influencers affecting young people's access to contraceptives?
3. From where do young people get information on sexual and reproductive health and services?
4. What are the gaps in current SRHR/FP service delivery to young people?
5. How can we get more young people to utilize SRHR/family planning services?

The NURHI Team Participants;

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- 2) Oris Ikiddeh, Knowledge Management Officer, AHQ
- 3) Margaret Bolaji, Youth Program Advisor AHQ
- 4) Adetoyeke Adedipe- Program Operations/Logistics Assistant, AHQ
- 5) John Oluseun Ayankola - Research and M&E officer
- 6) Adesola Fanimokun, Youth Program Officer – Oyo
- 7) Rachel Thomas- Front Desk Office Assistant

Places visited:

1. Lifebuilders

Lifebuilders is a registered non-profit and sustainable development outfit operational since 2004. The purpose of the organization is to contribute towards the human development of people especially youth and women in rural areas. The mission of lifebuilders is to add value to the general wellbeing of all community members by implementing high impact interventions that will empower youth and women mentally, socially and economically.

The key intervention areas of the organization are:

Youth Development: Using leadership and life skills training which empowers in and out of school youths with soft skills training.

Health Promotion: This includes school and community based HIB/AIDS prevention, care and support programs. Reproductive health and counselling for family planning, cervical cancer prevention services for women. Training of health workers on preventive health and management issues, nutrition education and key household practices for mothers and children.

Economic Empowerment: This includes promotion of the nutritional dense plant Moringa Oleifera for nutrition and business. Vocational training, agricultural extension services to rural dwellers, linkages for micro credits facility for the poor.

Model Services: Parenting seminars, establishment of HCT centres and various special projects.

The Lifebuilders Youth Programing has annual Life Skills and Leadership Training(LSLT) for in-school youth since year 2000. It is a training session on various youth issues, fully residential training of about 3-5days sponsored by parents, philanthropist and government. An adaptive curriculum has been developed for the LSLT to accommodate pre-teens, in-school youths and out-of-school youths on youth and adolescent issues. At these trainings, various Video shots like SILENT EPIDEMIC are shown to help them understand the consequences of wrong decisions as well as open them to the fact that there are people willing to help them. The video shots often lead to counselling after which referrals are being made to Association for Reproductive and family Health(ARFH) and other certified government hospitals for those who need medical attention or SRH/FP services.

Insights from Lifebuilders:

- Young people have become more sexually oriented because of negative media influence.
- Youths approach to sexuality today is 'Do it yourself'. Preventive measures for unplanned pregnancies are the ones learned from their peers who mostly have wrong information resulting in various cases of infertility or death in the extreme cases.
- Life skills and vocational training will help build the confidence of this young persons in discovering themselves. When they are equipped that will have self-esteem and therefore abstain from sex before marriage.
- Allowing young persons to know the disadvantages of having their dreams truncated by unplanned pregnancy will help them know the benefits of either abstinence or using contraceptives if sexual active.

➤ What is the average age for youth programming in the State:

- Upper primary school should be captured in any youth programing.
- Pre-teens from as low as 11years being sexually active in Ibadan whose first sexual experience is possibly incest or someone close to their family.
- Lifebuilders adopted a primary school in Ikolaba GRA to give the upper primary school students Sexual education to which the Headmistress was happy because the offer came at a time when they observe the high trend of sexually active children in the school. We forwarded the proposal to the Association of Private School Owners and some adapted the program for us to come to train their pre-teens on Sexual education but attempt to stem it into the state education curriculum has proved abortive.
- For seven (7) consecutive years the organization handled the YSRH of Federal College of Education (SPECIAL) Oyo, and were able to include reproductive health in the school curriculum as well as train the clinic staff to handle Youth RH issues.

➤ How do we address policy constraint and parental consent?

- Youth Programmers, CSOs and NGOs that intend to have an intervention in FP for young persons should always justify the emerging data and scenarios around AYSRH, the facts will speak for itself.
- Package the demographic implications (both positive and negative) of AYSRH
- Work with religious groups
- Create programs around 'TEENAGE MOTHERHOOD'
- Emphasize the negative effects of teenage motherhood- Unsafe abortion resulting in death, infection and or infertility, as well as disrupted future.
- Expose the consequence of the desire for 'GRANDMOTHER STATUS'

➤ On Religious constraints?

- There is always resistance on but not unsurmountable, more advocacy to these groups is needed.

- Focus on parent-Child communication and trainings
- Advocate with the available alarming data to religious bodies and discuss the way forward
- Develop IEC materials around Net-Mapping to help parents and people identify the flow of information and influence for the AYSRH. This will help the people see the clearer picture.
- **Integration into schools the school curriculum**
- Proposals has been sent to education boards to include AYSRH, but nothing has been done on it
- If government gets funding and support from partners for AYSRH, government will be more determined
- Consider synergizing available materials and resources on AYSRH. Coordinate Partners and Projects into a forum for AYSRH so everyone can be on the same page.

Recommendations:

- There should be awareness creation to empower the youth and adolescents with accurate FP information.
- Adolescents and Youth Sexual Reproductive Health (AYSRH) project should be strategically focused and intentional in reaching the targeted audience.
- There is need for health workers to be trained to be Youth friendly and a structure for Peer-to-Peer service provision should be established.
- Advocacy for sustainability of AYSRH should be intensified so that government can create a budget line to include AYSRH.

2. University of Ibadan – Youth Friendly Centre

UNIVERSITY OF IBADAN, YOUTH FRIENDLY CENTER.

The university of Ibadan is one of the foremost tertiary and post graduate institution in Nigeria. It has a population of about 21,000 students from all parts of the country as admission to the university is not based on State but on merit irrespective of your tribe in the country. The Youth Friendly Centre was established when a group of medical students observed the sexual and reproductive health trend and gaps on the university campus among students. They volunteered in working shifts to attend to the needs of their fellow students providing serves for FP service provision to as many youths as are interested in method uptake.

Insights on Youth and Adolescent programming in the University Youth Friendly Centre

➤ **How the center works?**

- The center works in collaboration with the University Health Services.
- Not only deal with health and reproductive needs of youth but also the psycho-social needs of youth.
- Serves majorly the students of the university and the surrounding communities.
- An average of 40 youths come to the center daily for either psycho-social services or sexual reproductive health issues including family planning.
- The staff of the center are friendly and non-judgmental.
- The center works with the university radio - Diamond FM to continuously notify the entire youth populace of the YFC

➤ **Why do students come to the center?**

- Friendliness and trust

- Game spot
- Periodic youth friendly programs: CHESS and STRESS, World Aids Day
- Programs at hall of residents and strategic places on campus
- Youth orientation programs for fresh students
- Souvenirs
- Reading room
- Relationship counselling
- Serving condoms on plates like refreshments(sweets)

➤ ***How do you follow up?***

Due to lack of funding, service provision at the center has stopped but there is an arrangement made with the University Clinic. There are 2 dedicated Doctors in the University Health Service that serve the center. When there is need for referral, a call is put through to them and we are of the exact consulting room the youth should come directly to without interference with other members of staff or having to seat at the waiting areas. We also have a social worker located at the UHS to follow-up such youth.

➤ ***What opportunities do you see for sustainability or re-introduction of service?***

- Non-judgmental providers
- Program for the youth by the youth
- Providers to wear casual clothes as against the regular white uniform
- Use of volunteers
- Need for documentation

The center has:

- Chill room
- Cyber café
- Counselling and testing room
- Reading room

3. Mentoring Assistance for Youth and Entrepreneurs Initiative (MAYEIN)

MAYEIN is a non-profit organization that promotes positive youth development, youth civic engagement and girl child empowerment. Her works include connecting youths with resources for improving literacy, entrepreneurial skills and leadership as well as organizing practical civic education programs and advocating for girl child education. The organization also ignites dialogues in communities about issues affecting the girl child. The mission of the organization is to empower youths and girls to flourish and participate in the economic and civil life of their communities. Primary beneficiaries include early youths and girls especially those in underserved areas.

Insights on youth programming from MAYEIN

How MAYEIN works?

- Peer mentoring models
- School clubs
- Role modeling
- School girls' conferences
- Girl connect- hotline to call to listen to inspirational messages and get advice.

➤ **Experience about AYSRH in Oyo state?**

- High rate of teenage pregnancy resulting high school dropout
- Cultural acceptance and or tolerance of teenage pregnancy

➤ **What could bring about change?**

- Community engagements.
- Involvement of opinion leaders
- Advocacy and involvement of Artisan groups, Traditional birth attendants (TBA)
- Health workers should move to the

4. **Society for Family Health (SFH) – 9JA Girls**

The project is a new program aimed at improving the lives of adolescent girls across Nigeria. The goal of the program is to create a safe space where adolescent girls aged 15-19 can gain vocational skills; learn about love, relationship, and health; access sexual and reproductive health services. The program consists of four primary parts:

- 9ja Girls spaces- create girls-only space
- 9ja Girls providers- 9ja Girls spaces are staffed with young youth-friendly providers
- 9ja Girls Skills Classes-offer classes for adolescent girls to learn skills for love, life and health.
- 9ja Girls online- offers on-line resources like Facebook, Private Messaging System for counselling and referrals.

➤ **How does the program work?**

The 9JA Girls project is presently in two LGAs and 3 facilities per LGA.

- Select facilities to use for 9ja girls
- Facilities are selected, renovated and equipped to be youth-girl friendly
- Young mobilisers (between ages 15-19) called 9ja designers to mobilize adolescents to the facility
- Train providers who is are young to be youth friendly
- Establish Mom Session to bridge the gap between parent and child communication so as to bring mothers on board and letting them know the realities.

➤ **Do you have a curriculum?**

- Handouts
- Dashboards
- Roasters on skills to be taught (preferable taught by someone from the community)

➤ **What services do the providers offer?**

Providers are employed and paid by SFH to offer counselling and all FP methods.

➤ **Do you provide funding for business startup after skills acquisition?** No

➤ **Are in/out of school youth reached?**

The program targets both in/out of school youths. A provider is available from 9am – 5pm to as to be able to attend to the youths even after school hours.

➤ **How do you reach these young persons?**

It's a process that involves meeting with stakeholders during which key influencers and gate keepers in the community are identified. With their help, adolescent girls with positive deviance and ability to influence others are identified, trained and engaged as mobilizers. Mobilization activities happen during the week with the girls referred to the 9JA Girls centres.

➤ **How did the parents react to the program at introduction stage?**

- Enthusiastic about skills acquisition
- Expressed reservations about sexual and reproductive health discussions.
- The parents were convinced with further advocacy and focus on the overall benefits.

9ja Girls clinic set up

- Beautifully painted exterior
- Pink and ladylike interior decoration with
- Counselling corner
- Case wall for 9ja girls
- Medical section
- Service provider dressed casually and friendly

Challenges

- Limited funding
- Reservations from parents

5. Association for Reproduction and Family Health (ARFH)

Youth is the heart of most of the organizations activities.

Youth Rescue Club- to harness youth strength as well as deal with challenges they face.

- Ages 14-24
- Involve in social activities
- Trained to be peer-to-peer counsellors
- This year training on Gender Norms
- Initially for in/out of school youths, but for the negative influence of out-of-school youths.
- Target specific global/national days to engage the youths.
- Go to schools to step down their trainings

Youth library- create conducive environment for reading for all youths

Youth friendly clinic- Service Provision 9am-5pm daily

- All reproductive health services are given to youths
- Less than 18years must come with parental consent
- STI Treatment and maintenance
- Malaria
- Open to all youths
- Students come with house mistress or teachers.

Youth club office- ARFH services are available to all, but youth rescue club is limited

Limitations and challenges

- Funding
- Limited space
- Community stigmatization of youths
- Gender biases

Youth Rescue meeting schedule? Once a month. At startup, it was every Friday.

Prospect for youth programing.

- Youth involvement at every stage.
- 'Catch them young'
- Include sexuality education in school curriculums
- Involvement of stakeholders
- Need to update FLE curriculum
- Social behavior should enjoy attention
- Intensive use of technology and Social media

Challenges to AYSRH programs

- Lack of information for the youths
- Lack of support from stakeholders and parents-advocate with evidence, statistics and scenarios.
Expatriate on the implications of 'teenage motherhood'
- Most government facilities are not youth friendly
- Providers are not youth friendly

6. FAHPAC-Family Health and Population Action Committee

The organization started in 1992 with reproductive health and skills acquisition for quality livelihood. FAHPAC has market based clinic, youth friendly clinic, orphanage and skill acquisition centers. The youth friendly clinic was birthed after a rape case was reported to the organization.

➤ ***Opinion about AYSRH program in Oyo state?***

- Stakeholders are important in programing, they must understand and own the program
- Advocacy to Parents particularly male involvement is expedient.
- Community ownership of any project cannot be overemphasized.
- Need for mentoring to enforce responsibility.

➤ ***Youth programing***

- For in-school, we have a program tagged “catch them young”. The adolescents come from different schools with their teacher during break time for a 1hr program on various life skills and health issues.
- Curriculum is SFH Extended Life Training manual
- Trained to become peer-educators and work with counsellors.
- For out-of-school youth, we work with their trainers who release them to come for the training howbeit with prior communication with parents.
- Reaches 15 Primary schools and 25 secondary schools

➤ ***Dealing with pregnant teenagers.***

- Understand how they got pregnant (in case of rape, incest, etc.)
- Offer “Rescue care”- where parents hide the children for the whole pregnancy period. We rescue such children and give free antenatal care and accommodation.
- Counselling, offer condom
- Referral to general hospital.
- When trust is built, they always confess.
- Youth with multiple sexual partners are advised to take LARC as well as a barrier method.

➤ ***Plans for unmarried youth***

- Parental involvement
- Where sexually active encourage FP uptake

➤ ***Source of contraceptives***

Purchase from DKT. Often enjoys DKT discounts.

