ASSESSMENT REPORT
OF THE NATIONAL RESPONSE TO YOUNG PEOPLE’S SEXUAL AND REPRODUCTIVE HEALTH IN NIGERIA

Federal Ministry of Health
July 2009

In collaboration with
ACTION HEALTH INCORPORATED (AHI), LAGOS

July, 2009
Citation

Assessment Report of the National Response to Young People’s Sexual and Reproductive Health in Nigeria.

This report presents results from the assessment of the national response to young people’s sexual and reproductive health in Nigeria in six states and FCT, Abuja. It was undertaken by the Federal Ministry of Health in collaboration with Action Health Incorporated.

Additional information about the survey may be obtained from the Division of Gender, Adolescent/School Health & Care of the Elderly (GASHE), Room 1016, Department of Family Health, Federal Ministry of Health and Action Health Incorporated, 17 Lawal Street, off Oweh Street, Jibowu, Lagos.

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List of Acronyms

AHD  Adolescent Health and Development
AHI  Action Health Incorporated
ASRHD  Adolescent Sexual and Reproductive Health and Development
CAUP  Campaign Against Unwanted Pregnancy
CIDA  Canadian International Development Agency
CSOs  Civil Society Organizations
DFID  Department for International Development
FCT  Federal Capital Territory
FGDs  Focus Group Discussions
FLHE  Family Life and HIV Education
FME  Federal Ministry of Education
FMOH  Federal Ministry of Health
FMWA  Federal Ministry of Women Affairs
HIV  Human Immunodeficiency Virus
ICDP  International Conference on Population and Development
IWHC  International Women’s Health Coalition
JICA  Japanese International Cooperation
JHU/CCP  Johns Hopkins University, Centre for Communication Programs
JSS  Junior Secondary School
LGA  Local Government Area
MDAs  Ministries, Departments and Agencies
NACA  National Agency for the Control of AIDS
NARHS  National HIV/AIDS and Reproductive Health Survey
NAHWDG  National Adolescent Health and Development Working Group
NDHS  National Demographic Health Survey
NGOs  Non Governmental Organizations
PHC  Primary Health Care
SMOH  State Ministry of Health
SRH  Sexual and Reproductive Health
UNAIDS  UN Joint Programme on HIV and AIDS
UNESCO  United Nations Education Scientific Culture Organization
UNICEF  United Nations Children Fund
UNFPA  United Nations Population Fund
USAID  United States Agency for International Development
WHO  World Health Organization
YFHS  Youth Friendly Health Services
YPHD  Young People Health & Development
Foreword

According to the 2006 national census, 33.6% (47 million) of the total population of Nigerians are young people between the ages of 10 - 24 years. Estimates show that by 2025, the number of Nigerian youth would have exceeded 57 million. Addressing the sexual and reproductive health needs of young people represents one of the most important commitments this country can make to its future economic and social wellbeing. The realization of the importance of young people has led to concerted efforts to develop and empower the youth to become healthy and productive Nigerians able to contribute to nation building.

The concern about the health and development of young people has been addressed in various international instruments, several of which Nigeria is a signatory. These instruments provide the overarching framework to deliver on promises made regarding the Nation’s commitment to meet the fundamental rights of all adolescents and young people, including their rights to health and education.

The Federal Ministry of Health (FMOH) is mandated to reduce the sexual and reproductive health vulnerability of Nigerian adolescents and young people. It has a lead role to play in providing the platform for a coordinated, multi sectoral, participatory response to adolescent health and development in the country. By articulating policies and strategies, the FMOH has laid the ground for institutionalised response by all partners on adolescent sexual and reproductive health (ASRH), and will continue to work with stakeholders to gain lost grounds and meet the national and international targets to which the nation has already committed itself.

However, findings from this assessment showed that young people lack appropriate knowledge on sexuality which is part of the education they need to grow up healthily and reduce their vulnerability to sexual exploitation and abuse, teenage pregnancy, unsafe abortion, HIV/AIDS and other Sexually Transmitted Infections (STIs). Appropriate health services that are close to the community, affordable and ensure privacy and confidentiality, provided by health workers who are trained on youth friendly services are crucial for improved Adolescent health seeking behaviour. Addressing these findings will assist in building synergy between policy formulation and implementation.

I urge all stakeholders in the field of Youth and Adolescent Sexual and Reproductive Health to make very good use of this document and to share their feedback with us at Federal Ministry of Health and Action Health Incorporated.

Prof. Babatunde Osotimehin, OON
Honorable Minister of Health

Acknowledgment

The assessment of national response to the sexual and reproductive health of young people in Nigeria was conducted through the collaboration between the Division of Gender, Adolescent/School Health and Care of Elderly (GASHE), in the Department of Family Health, Federal Ministry of Health (FMOH) and Action Health Incorporated (AHI) with funding support from the Ford Foundation, West Africa Office.

The Federal Ministry of Health acknowledges with gratitude the immense support given by the Commissioners of Health and Directors of Primary Health Care in the six states (one from each of the six geo-political zones) and FCT during the survey. We also appreciate the efforts of Adolescent Reproductive Heath Coordinators, the representative of young people and all our field respondents.

It is worthy of note to acknowledge the technical contributions of the Consultant, Dr. Ima Arit Kashim for the desk review, data entry and analysis, as well as final report development. Special thanks go to participants at the National Stakeholders’ meeting for their valuable inputs and to Dr. Kofo Odeyemi, Community Health Department, Lagos University Teaching Hospital for her technical contributions to the final report. We greatly appreciate the invaluable technical guidance and commitment of the AHI team, in particular, Mrs. Nike Esiet, Dr. Uwem U. Esiet and Ms. Damilola Abokede to this project.

Finally we acknowledge the relentless efforts and dedication of the FMOH team, in particular Dr. M. Arene, Head, Division of GASHE and Mr. David O. Ajagun, Head, Adolescent/School Health.

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Federal Ministry of Health, Abuja.
Executive Summary

In 2008, the Federal Ministry of Health (FMOH) in collaboration with Action Health Incorporated (AHI) commissioned an assessment of the national response to young people sexual and reproductive health in Nigeria. The assessment was conducted in two phases; a desk review and a field assessment. The findings from the desk review guided the design and conduct of the field assessment in six states (one per geopolitical zone) and FCT.

The overall goal of the assessment is to optimize the health and development of young people in Nigeria.

The specific objectives are:

- To review responses to young people’s sexual and reproductive health programming in Nigeria
- To identify gaps and challenges in young people’s sexual and reproductive health programming
- To propose action points for young people’s sexual and reproductive health programming in Nigeria

This assessment explores the response at policy, funding, programming and service delivery level.

The provisions of the 1995 National Adolescent Health Policy and the 1999 National Strategic Framework for Adolescent Reproductive Health provided the policy and programmatic framework to catalyse the multi-sectoral response to young people’s SRH at all levels of governance. The subsequent national multi-sectoral response to HIV and AIDS as well as the launch of the National Reproductive Health Policy and strategic framework also provided further opportunity for meeting the SRH needs of young people in Nigeria.

The field assessment exercise was conducted in six states, one per geopolitical zone and the Federal Capital Territory (FCT). Each team was led by a Federal Ministry of Health official, supported by the Adolescent Health and Development focal person and a Ministry of Education official in the states as well as two young people. In each of the seven study locations visited, key informants were interviewed, focus group discussions (FGDs) and exit interviews were held with young people at a facility or centre, known to provide some components of youth friendly health services.

Key highlights from the study revealed the following:

i) The country is replete with policies and frameworks that seek to promote young people’s SRH programming

...
1.0 Introduction

1.1 Background

The International Conference on Population and Development (ICDP), Cairo, 1994 brought the needed paradigm shift for the promotion of sexual and reproductive health of young people. Nigeria launched her first National Adolescent Health Policy in 1995. The policy identified eight focal areas for programming: Sexual Behaviour, Reproductive Health, Nutrition, Accidents, Drug Abuse, Education, Career and Employment as well as Parental Responsibilities and Social Adjustments. This effort catalysed the national response to young people's health and development in Nigeria.

In 1999, Nigeria held the National Conference on Adolescent Reproductive Health with a view to designing a framework for the implementation of the sexual and reproductive health component of the National Adolescent Health Policy. The framework was to provide the programmatic thrusts that will reduce morbidity, improve the quality of life and well being of all young people in Nigeria.

Over the last ten years, Nigeria has enjoyed uninterrupted democratic government accompanied by significant developmental strides in many spheres of national life. For example, Nigeria has responded multi-sectorally to the HIV/AIDS pandemic with significant reduction in the prevalence level as well as increased focus on child and maternal mortality reduction. A key education sector response to HIV and AIDS is the Family Life and HIV Education (FLHE) curriculum which has the potential of addressing some core issues on young people's sexual and reproductive health. Furthermore in 2007, the National Policy on Health and Development of Adolescents and Young People in Nigeria as well as the Strategic Framework were developed.

Over these years, several surveys have been conducted to determine the sexual and reproductive health situation of young people including the National HIV/AIDS and Reproductive Health Survey (NARHS), National Demographic Health Survey (NDHS), and the HIV Sentinel Survey. There is also an increase of programme efforts at all levels by stakeholders including Non-Governmental Organisations (NGOs) aimed at improving the sexual and reproductive health of young people. The current effort is meant to gauge the extent and depth of the national response to young people SRH with a view to identifying gaps and challenges in young people's sexual and reproductive health programming whilst proposing key actions that will help optimize the health and well being of young people.

Young people (age 10-24 years) constitute about 40 million of Nigeria estimated 140 million people. According to the survey by the Federal Ministry of Education in 2006, 21% of the Upper Primary School pupils surveyed indicated that they had been involved in sexual intercourse. A study conducted by Campaign Against Unwanted Pregnancy (CAUP) in 2006 revealed that young people contribute more than 60% of unsafe abortions taking place annually in Nigeria. Young people also contribute significantly to new HIV infections in Nigeria. According to the 2005 National HIV/AIDS & Reproductive Health Survey, seventy-three percent of girls between ages 13 and 19 are married in the North-East States of Nigeria. Thus, married adolescents in North West and North East Nigeria make up about 42% of the total number of Nigerian married adolescents aged 15-19, and they contribute an estimated 71% of the annual births by Nigerians in the 15-19 age group. These findings are not at variance with the situation of young people in Nigeria as at 1999, that prompted the need for the development of the national response.

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1.2. Assessment Goal and Objectives

The overall goal of the assessment is to optimize the health and development of young people in Nigeria.

The specific objectives are:
- To review responses to young people's sexual and reproductive health programming in Nigeria
- To identify gaps and challenges in young people's sexual and reproductive health programming
- To propose action points for young people's sexual and reproductive health programming in Nigeria

1.3 Methodology

The assessment was in two phases: the first phase was a desk review of relevant documents and information. The review of the national response to young people's sexual and reproductive health status in Nigeria focused on the following areas:
- Assessment of national, state, and local policies, guidelines and frameworks on young people's sexual and reproductive health programming in Nigeria;
- Information on young people's sexual and reproductive health programs in Nigeria, especially availability, accessibility and utilization, including gaps and barriers;
- Information on funding for young people's sexual and reproductive health programs and the focus of such funds.

To validate findings from the desk review, field assessment was conducted in six states, one per geo-political zone and the FCT. Each assessment team included five persons: a staff of the Federal Ministry of Health (team leader); Adolescent Health and Development (AHD) focal person in the State Ministry of Health and one State Ministry of Education official as well as two young people (female and male). In each of the seven study locations, key informants were interviewed, focus group discussions (FGDs) were conducted with five different categories of stakeholders (female in-school-young people, male in-school young people, female out-of-school young people, male out-of-school young people and community/religious leaders) and exit interviews were held with young people at either a health facility or centre that offered some component of youth friendly health services.
2.0. National Response To Young People’s Sexual And Reproductive Health

The national response to young people’s sexual and reproductive health as detailed in the strategic framework of 1999 is premised on eleven principles, one goal and eight objectives. The following are the strategic areas of the framework: Advocacy and Social Mobilization, Promotion of Healthy Reproductive Behaviours through Education and Skills Development, Equitable Access to Quality Adolescent Friendly Health Services, Capacity Building as well as Research, Monitoring and Evaluation. The framework recognizes the pivotal role of young people participation as major stakeholders.

The framework identifies the need for effective sustainable implementation with key factors for success as follows:

- Integrated approach to programme planning and implementation
- Effective co-ordination especially at the community level
- Young people’s participation
- Partnership and resource mobilization including budgetary allocation by Government at all levels.

The following programme areas were identified: Advocacy, Information Education and Communication, Education and Skills Development, Training; Services, Legal Rights and Protection, as well as Research, Monitoring and Evaluation.

The 2007 strategic framework is continuing with these actions. It is therefore imperative that to optimize the sexual and reproductive health of young people, government must respond to the needs of all the young people taking into consideration that their context and experiences vary be they in-school, out-school, residing in rural, urban or peri-urban areas, sexually active or not, married and unmarried, and with or without disabilities et c.

To achieve the goal of the implementation of the framework, thus ensuring the effective delivery of the national response the following must be addressed:

- Leadership and Co-ordination
- Partnership and Resource Mobilization
- Participation of Young People and Rights Based Programming

2.1. Leadership and Co-ordination

The FMOH is to provide the overall leadership for the implementation of the national response. Her roles include advocacy, policy formulation, coordination, research, planning, capacity building, monitoring and evaluation, budgetary allocation and ensure sustainability. As part of efforts in responding to the national response at the federal level, an Adolescent SRH unit was created in 1996, with a focal person, to provide leadership and institutional coordinating structure for which Ministries, Departments and Agencies (MDAs), Donor Organizations, Non Governmental Organizations (NGOs), Civil Society Organizations (CSOs) can share information with on the implementation of young people’s sexual and reproductive health programmes. This unit serves as the secretariat for the National Adolescent Health and Development Working Group with the focal person as the Secretary. This unit is also to serve as the national information and programmatic clearing house on young people’s health and development.

The SMOH is to provide leadership at the state level including coordination, research, planning, implementation, monitoring and evaluation, budgetary allocation and ensure sustainability.

The SMOH performs the following leadership roles:

- Establish a functional unit with a focal person;
- Inaugurate a technical advisory group;
- Advocate for increased government and stakeholders commitments to support sexual and reproductive health programmes;
- Create budget line for YPHD activities and provide funds annually in adequate amount to support effective implementation of the policy;
- Develop and implement state strategic plan to expand access to adolescent/youth -friendly health services through human resource development and establishment of service facilities;
- Provide technical assistance to Local Government Areas and agencies and institutions in the state in the implementation of relevant areas of the policy;
- Ensure the appropriate integration of adolescent/youth-friendly services into secondary health care facility activities; and
- Collect, collate and disseminate relevant data about adolescent and youth health services and issues within the State in a gender-disaggregated form.

The Local Government Area remains the main focus of sustainable health and development with emphasis on integrated approach to programme planning and implementation in line with the PHC delivery system adopted by the National Health Policy. The LG PHC Department is responsible for leadership at the local level with coordination and oversight functions of all community level programmes and activities.
2.2. Partnership and Resource Mobilization

To undertake any successful young people’s SRH response, many stakeholders must work in synergy using the framework as the basis. This multi-sectoral approach will guarantee the participation of all key stakeholders including Government, Donors, United Nations Systems, Bilateral Agencies, Private Sector, Non-Governmental Organisations, Community Based Organisations, Faith Based Organisations and Young People. Thus ensuring that every resource designated including money must be made to work for the young people. The 1999 Framework identified the need for the effective mobilisation of both internal and external resources for the successful implementation of young people’s SRH programmes. Governments at all levels should lead the way through the making of statutory budgetary allocation for AHD annually. This will be the key index of government responsibility and commitment to the SRH of young people in Nigeria. Government will then be able to effectively coordinate other resources for the same purpose. The framework did not specify the mechanism by which these other resources will be mobilised, but called for the framework to be costed and resources to implement it be identified. To date, despite the fact that several young people SRH activities have been undertaken across board, it has been rather difficult to specify what and how much have been committed especially by donors. At best what is available is the programme or activity areas that particular donors have been supporting. Donor organizations have provided support in the following listed areas:

- Behaviour Change Communication - USAID, UNICEF.
- Social Marketing - Society for Family Health, JHU/CCP.
- HIV/AIDS Prevention, Care and Support - UNAIDS, USAID, CIDA, JICA, Ford Foundation.

2.3. Young People’s Participation and Rights-Based Programming

To effectively deliver sexual and reproductive health information and services to young people, it is imperative that young people must be actively engaged in the planning, implementation and evaluation processes of all these SRH programmes.

The following principles are inherent in this approach:
- Rights are universal and
- Rights are interdependent and indivisible
- The holders of rights are subjects
- Rights imply an obligation on the part of someone else to safeguard those rights
- Rights are equal and non-discriminatory
- Right based programming applies an inclusive and participatory approach to all sexual and reproductive health intervention such that all young people may actively participate.

All these principles are within the 1999 framework and further actions on the implementation were proposed but might have been largely ignored as these were not translated in the provision of SRH information and services at all levels including facility level.
Needs And Rights

<table>
<thead>
<tr>
<th>Needs-based approach</th>
<th>Rights-based approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people deserve help</td>
<td>Young people are entitled to help</td>
</tr>
<tr>
<td>Government should be doing something to help by recognizing legal and moral obligations</td>
<td></td>
</tr>
<tr>
<td>Young people's rights are based on their age</td>
<td></td>
</tr>
<tr>
<td>Giving access to young people helps them fulfill their rights</td>
<td></td>
</tr>
<tr>
<td>Each piece of work has its own goal but there is an overarching goal to which all work contributes</td>
<td></td>
</tr>
<tr>
<td>Certain groups have the technical expertise to meet young people's needs</td>
<td></td>
</tr>
<tr>
<td>Looking at specific immediate situations helps in understanding the root causes</td>
<td></td>
</tr>
</tbody>
</table>

(SOURCE: Adapted from Save the Children UK (2001). An Introduction to Child Rights Programming: Concept and Application. pg 16)

3.0 Findings From National And States Field Visits

3.1 Enabling Environment and Political Commitment

3.1.1 Leadership and Coordination

The FMOH as the lead agency for the implementation of the framework is to provide the template which the States MOH will adopt. It is therefore necessary that the level of functionality of the FMOH, AHD unit will become the model.

3.1.1a. Federal Level Findings

The FMOH has an established AHD unit, but it lacks the necessary infrastructural and logistic support to deliver her mandate. As part of efforts to improve young people's SRH in the country, the National Adolescent Reproductive Health Working Group (NARHWG) was inaugurated in 2000. The group comprises stakeholders who work with and for adolescents and other young people. The group is expected to meet twice a year with terms of reference which include:
- Providing support for the FMOH in its overall coordination of young people’s SRH activities
- Assisting in development of institutional guidelines for effective coordination, monitoring and evaluation of ASRH interventions;
- Mobilizing resources for implementation of ASRH interventions and
- Performing any other assignments as directed by the Honourable Minister of Health.

The NARHWG comprises of four sub-committees namely advocacy; coordination and partnership; publicity and technical committees. Although the NARHWG was able to revise the 1995 National Adolescent Policy to conform to the National Strategic Plan of Action, it has not been functional recently and needs to be revitalised. The Revised Policy renamed the body as National Adolescent Health and Development Working Group (NAHDWG) to accommodate other issues of young people.

3.1.1b. State Level Findings

All the states and FCT have AHD focal persons. All the states except two (Lagos and Ebonyi) and FCT have no functional AHD unit. The State Working Group on Adolescent and Young People Health and Development are yet to be put in place in all the locations visited, as such partnership with other agencies and stakeholders in the state for young people's SRH programming is weak.
The absence of a functional unit in most locations does not enable the collection, collation and dissemination of relevant data in a gender-disaggregated manner. The monitoring of policy implementation within States is also not planned for or undertaken. In Lagos State, the government has a program on ASRH but there is inadequate awareness of their activities even amongst the line ministries visited. What is clear in all locations visited is that the absence of a clear state coordinating structure is hindering the synergy needed to ensure that the specific results in the policy are attained in the state. Table 1 below shows the key findings from interviews of key informants during the assessment.

Table 1: Coordination and Participation at State level

<table>
<thead>
<tr>
<th>State</th>
<th>Availability of coordinating body of stakeholders in the state on AHD</th>
<th>Availability of a focal person for AHD</th>
<th>Other State Ministries mandated to participate in AHD</th>
<th>Extent of participation of NGOs, private sector and young people in AHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCT</td>
<td>No</td>
<td>Yes in Public Health Department, Health &amp; Human Services Secretariat</td>
<td>Yes, Social Development Secretariat, Education Secretariat</td>
<td>Yes, local NGOs &amp; young people are well involved.</td>
</tr>
<tr>
<td>Akwa Ibom</td>
<td>No</td>
<td>Yes in the State Ministry of Health.No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Kwara</td>
<td>No</td>
<td>Yes in the State Ministry of Health.</td>
<td>SMOE, SMOL, SMWA, Finance &amp; Youth Development</td>
<td>Yes</td>
</tr>
<tr>
<td>Sokoto</td>
<td>No</td>
<td>Yes, the SMOH</td>
<td>SMOE, SMYD, SMOL, SMWA</td>
<td>Yes</td>
</tr>
<tr>
<td>Bauchi</td>
<td>No</td>
<td>Yes, BASPHCDA</td>
<td>SMOWA, SMOE</td>
<td>Yes</td>
</tr>
<tr>
<td>Ebonyi</td>
<td>No</td>
<td>Yes</td>
<td>Yes, SMOE, SMOI, SMOWA, SMOYS, SPC &amp; office of the First Lady</td>
<td>Yes</td>
</tr>
<tr>
<td>Lagos</td>
<td>No</td>
<td>Yes</td>
<td>SME, SMYD and SMOI</td>
<td>UNFPA, NGOs &amp; young people</td>
</tr>
</tbody>
</table>

3.1.2 Funding

There is no costed plan at Federal, State and Local Government level, thus no programme delivery platform for young people SRH programmes.

3.12a. Federal Level Findings

Findings show that at the FMOH, there is no budget line for young people's sexual and reproductive health. Activities conducted by the unit at the FMOH are most often funded by donor organizations with minimal financial input from existing budget lines in the ministry. A well costed National Strategic Plans is a key to ensuring budget considerations are made. Key ministries such as FME and FMWA have mobilized funds for SRH of young people. Progressively, NACA and Governments’ Millennium Development Goals have contributed significant funds to young people SRH related programmes, however many focal MDAs have been unable to do so and spending has been inadequate to meet the desired target.

3.12b. State Level Findings

In the FCT assessment findings showed that occasionally young people’s SRH activities are funded from the Primary Health Care (PHC) services budget. In Sokoto, young people's SRH project specific activities are supported by the provision of counterpart funds (such as UNFPA projects in the State). There is funding for Reproductive Health Commodities and the School Health in Lagos, however no funds for youth friendly health services. In Akwa Ibom, young people’s SRH programmes are not separated from RH activities.

The absence of an annual budget line for young people’s SRH and development activities in all the states visited does not enable effective implementation of the policy. Where funds are released for young people’s SRH and some related activities, it is from other health related budget lines.

3.2. Information Access

3.2.1 Promotion of Healthy Reproductive Behaviour/Information, Education and Communication

Over the last few years, there has been an increase in the access to sexual and reproductive health information for young people. Many NGO’s have been conducting outreaches targeted at young
people using a variety of media. Significantly, a key education sector response to HIV and AIDS is the implementation of the Family Life and HIV Education curriculum that has been mainstreamed into Basic Education, Upper Secondary School and Tertiary Education curriculum at all levels, as well as, Pre-Service Teacher Training in Nigeria.

However, findings from a recent National Survey on HIV and AIDS Knowledge, Attitudes, Practices, Skills and School Health conducted in 2006 by the Federal Ministry of Education showed that many Nigerian children were not accessing this education. Only 37% of Junior Secondary School (JSS) students surveyed had heard of the Family Life and HIV Education (FLHE), and 60% of the group indicated that it was being taught in their schools. The implementation at the other levels was low or yet to commence.

Also many young people were not aware of the locations and opening hours of the few existing youth friendly health centres/health facilities. Findings from the field assessment shown in figure 2 indicated that 20% of young people who visited a youth centre or youth friendly health facility said that they heard about the health facility or centre from the radio, 13% from the television. The largest number of respondents (36%) heard from friends, 24% had heard from other sources, while no one had heard about the facility or centre from newspapers, posters or pamphlets/brochures.

Figure 2: Distribution of Responses from Young People on Source of Information on Health Facility or Youth Centre

3.3 Provision of Youth Friendly Health Services (YFHS)

According to the 1999 National Strategic Framework on ASRH, efforts must be made to

- Establish youth-friendly, gender-sensitive services in public/private health institutions including youth centres.
- Establish an adolescent health unit in tertiary hospitals.
- Achieve sustainable and equitably distributed ARH services across the federation.

3.3.1a. Federal Level Findings:
There was no report on the commencement of YFHS in tertiary health institutions.

3.3.2b. State Level Findings:
Findings show that some element of youth-friendly services are provided by some NGOs and public health facilities. It was observed that youth clients were not seen at those facilities during the assessment visits. In Ilorin, young people were specifically invited to the ministry of health and schools for the interviews to happen. These facilities had limited human and material resources and the understanding of the components of YFH facility was poorly understood.

In Ebonyi state, assessment findings showed that the teaching hospital is the only institution that provides some forms of YFHS in the state. In Bauchi, there is one youth-friendly health center at the Specialist hospital.
In Sokoto and Akwa Ibom States, there is only one youth-friendly health facility in each of the states established with the collaboration between ECOBANK and the National Agency for the Control of AIDS (NACA).

There is no youth-friendly health service in any public health facility in Lagos and the FCT.

Figure 3 below shows the distribution of the male:female ratio of clients interviewed. In most states, there were more female clients visiting the health facilities or youth centres than males except in Sokoto and Akwa Ibom states respectively.

Figure 3: Distribution by Sex of Young People Who Visited the Youth Centre/Health Facility

The exit interview with young people revealed that there are wide range of reasons why young people visit youth centers and health facilities. Figure 4 below shows the range of services utilized by young people during the field assessment.

Figure 4: Distribution of Type of Services Utilized by Young People in Facilities Visited

Four percent were at the health facility or youth centre for STI screening, a further 4% went for the HIV screening test. 16% went for information on contraception, while 5% of the respondents actually went to purchase the contraceptives. 17% went for pregnancy test, while 13% went for abortion related services. Non-reproductive health issues such as malaria, headache etc constituted about 13%. 20% of the young people interviewed were at the youth centre for other non-health related issues.
3.4 Capacity Development

Capacity development for the successful implementation of the national response to young people’s SRH in Nigeria is central to reversing the poor health situation of the young people. The capacity development areas include advocacy, curricula and instructional materials development, training of programme managers at all levels and health care workers. The 1999 framework had envisaged the establishment of the national resource and training centres for these purposes.

3.4.1a Federal Level Findings

To date no national resource or training centre on young people’s SRH has been established contrary to what was envisaged in the framework. The FMOH in partnership with MDAs and donors have organised capacity building programmes.

- Training of Health Counsellors (97) and Peer Educators (260) under the Health Promoting School Initiatives in 10 States
- Implementation of Adolescent Reproductive Healthy/Roll Back Malaria Programmes in 31 schools spread across 19 states
- Establishment of referral linkages and provision of clinic equipments.
- Training of Trainers in provision of youth friendly health services for health care providers in 12 UNFPA states, and 5 COMPASS project states
- Refresher Training for Trained Health Providers and Step Down Training for Health Care Providers

As part of efforts to support effective implementation of young people’s SRH activities and in determining the status of youth friendly health facilities as well as school health system, resource materials were produced and assessment activities were also carried out at the federal level.

3.4.1b State Level Findings

Few health care providers have been trained to deliver YFHS in a few facilities in Lagos, Bauchi, and Kwara. However, the quality, content and depth of the training was not ascertained.

The institutional capacity at state level to deliver youth friendly health services is very weak. The findings from interviews of key informants at the states regarding capacity development efforts are highlighted in table 2.
Assessment Report Of The National Response To Young People’s Sexual And Reproductive Health In Nigeria

Table 2: Distribution of Responses from States on Capacity Development

<table>
<thead>
<tr>
<th>States</th>
<th>TOTs &amp; other training activities</th>
<th>Study tours on YSRH Conferences &amp; International meetings</th>
<th>Fostering partnership &amp; networks</th>
<th>Providing technical assistance to LGAs</th>
<th>Research promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCT</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Akwa Ibom</td>
<td>A few informants have received some training</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Kwara</td>
<td>Some respondents said yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sokoto</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Bauchi</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Ebonyi</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Lagos</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

3.5 Issues, Concerns and Expectations of Gatekeepers and Young People

3.5.1 Barriers that prevent young people from using existing services

There is a growing recognition of the values inherent in the provision of “youth-friendly” sexual and reproductive health services. Such services are able to effectively attract the young people, meet their needs comfortably and responsively, and succeed in retaining these young people for continuing care. Whether services are provided in a clinical setting, in a youth centre or at a workplace or through outreach to informal venues, certain youth-friendly characteristics are essential to ensure effective programs. Basic components include specially trained providers, privacy, confidentiality, and accessibility.


Key findings from focus group discussions with young people (in-school and out-of-school) in all locations visited during the assessment showed that barriers felt by young people to utilising existing services include: non confidentiality, fear, shyness, pride, financial constraints, fear of being treated harshly, distance to the health facility, attitude of health provider, lack of privacy don’t know where to access care, fear of the result of HIV test.

One community leader in Akwa-Ibom state said... “They don’t just talk to us because they believe we are “old school” and not current but they have forgotten that we are still their parents and that we have been in this world long before them. There are some experiences they can get from us only if they could trust us…”

3.5.2 Expectations of Young People on Service Delivery

Generally, expectations of respondents on service delivery pointed to their desire to have suitable services that cater for their peculiar needs. Responses from young people include: good equipment, qualified medical personnel, good services and skilled workers. One out-of-school respondent in FCT had this to say; “... The youth friendly centres should employ young people that have finished their SS 3 looking for job or waiting for their JAMB...”

Community leaders want to see “… well equipped health and social centres for our young ones …”, while the young respondents have a desire for confidentiality, correct information and counselling, privacy, ability to exercise their freedom without fear of being maltreated and youth service providers. They also want providers who are friendlier and accommodating, not judgmental and who would treat them first before insisting on payment.

3.5.3 Common Social and Health problems that Affect Young People

Common health problems associated with young people which were mentioned include: HIV and AIDS, STIs, headache, unwanted pregnancies, malaria and abortion. Female out-of-school group identified the following: lumps in the breast, painful menstruation, teenage pregnancy,
appendicitis, candidiasis, abortion and fibroids. Responses from the male out-of-school counterparts include:

- respiratory tract infections,
- drug addiction,
- weakness of the body
- wet dreams,
- psychological trauma, and
- ejaculation problems.

When asked about social concerns, female in-school respondents identified the following: sexual harassment from boys, peer pressure, poor sanitary conditions, unemployment, poverty, alcoholism, smoking, poor health facilities, poor education, moral decadence, parents cannot train their wards, and early marriage. In Ebonyi and Lagos states female circumcision was also mentioned.

Some in-school males noted the following as social problems affecting young people; lack of empowerment/skills, cultism, lack of opportunities and involvement in armed robbery. Community/religious leaders in Kwara state reported moral decadence, no respect for our cultural values, lack of contentment and impatience, lack of respect for elders, absence of decent mode of dressing, uncontrollable addiction to cigarette/drugs, psychological imbalance, alcohol addiction, lack of parental attention, insufficient attention from the government, bad association, constant exposure to pornographic media content and insufficient access to needed information. In Sokoto, the community/religious leaders expounded further; they said “…lack of education, lack of employment, lack of skills and no money to marry - these drive them into bad deeds like crime, rape, drug taking and hooliganism…”

3.5.4. Risks Young People Face

Female in-school young people noted that some of the risks they face include: men enticing girls with money to have sex with them, rape, sexual assault, sexual violence, even by family members. A similar position was shared by male in-school counterparts, who mentioned the following risks: rape, sexual assault/harassment, sexual abuse by older women.
4.0 Conclusion and Recommendations

There are several findings from the assessment of the national response to young people's sexual and reproductive health in Nigeria, and these include:

1. Several supporting policies and frameworks for programming on young people's SRH are available;
2. The FMOH has conducted some capacity development on young people's SRH programming for health workers, teachers and students;
3. The FMOH has produced training manuals, protocols and guidelines on young people's health and development;
4. The FMOH has commenced some advocacy, especially at the state levels, for increased attention to the health and well-being of young people in Nigeria, leading to the designation of the AHD focal persons in most states;
5. The FMOH has limited working collaboration with other MDAs who are also significant in the improvement of young people's SRH such as FMWA, NACA and office of the MDGs;
6. The FMOH has not developed a national costed plan for young people's SRH;
7. At the SMOH level, there has been very minimal activities on promoting young people's sexual and reproductive health;
8. Some SRH donor organisations in Nigeria have continued to support young people's SRH programming over the years;
9. Many CSOs have been involved in young people's SRH programming activities;
10. There has been an increase in the number of young people led CSOs across the country;
11. Many of the existing programmes are focused on in-school young people. There are very few programmes targeting out-of-school young people, married adolescents girls, young people with disabilities and young people in rural areas.

The Federal Government of Nigeria is committed to the attainment of the MDGs. It is therefore necessary that a national programme of action be put in place, in order to reduce the SRH-related morbidity and mortality of young people, especially if we want to achieve the MDGs.

The following are some key recommendations that will assist to fast track programming for young people's SRH:

- The FMOH should take the lead in mobilising a national multi-sectoral response to young people SRH. The Honourable Minister should be in the vanguard for this campaign;
- The FMOH AHD Unit should be strengthened to discharge her functions;
- The FMOH should coordinate the development of national costed programmes of action including Monitoring and Evaluation plan that places the young people at the centre;
- Governments at all levels should lead the way through the making of statutory budgetary allocation for AHD annually. This will be the key index of government responsibility and commitment to the SRH of young people in Nigeria;
- All federal health agencies and facilities must prioritize the provision of YFHS;
- The SMOH should establish national resource and training centres on young people's SRH;
- FMOH/National Planning Commission to coordinate all donors supporting young people's SRH;
- All donors supporting young people's SRH should work in conformity with the national plan of action;
- The Honourable Minister of Health should lead a high level advocacy for support to young people's SRH through multiple mechanisms including Federal Executive Council, National Economic Council and National Council of States;
- The FMOH should mount a vigorous and sustained national health promotion campaign on young people's SRH; and
- The NAHDWG should be reinvigorated.
Appendix I

Policies and Plans at National and State level that address Sexual and Reproductive Health of Young People

<table>
<thead>
<tr>
<th>National Policies and Plans</th>
<th>Year Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision 2020</td>
<td>2007</td>
</tr>
<tr>
<td>National Economic Empowerment and Development Strategy (NEEDS)</td>
<td>2004 revised</td>
</tr>
<tr>
<td>National Health Policy of Nigeria</td>
<td>1988, revised</td>
</tr>
<tr>
<td></td>
<td>1998, 2004</td>
</tr>
<tr>
<td>National Reproductive Health Policy and Strategy</td>
<td>2001</td>
</tr>
<tr>
<td>National FP/RH Policy Guidelines and Standards of Practice</td>
<td>2004</td>
</tr>
<tr>
<td>National Policy on Population for Sustainable Development</td>
<td>2004</td>
</tr>
<tr>
<td>National Youth Policy and Strategic Plan of Action</td>
<td>2001, revised</td>
</tr>
<tr>
<td></td>
<td>2007</td>
</tr>
<tr>
<td>National Policy and Plan of Action on Elimination of FGM</td>
<td>2002</td>
</tr>
<tr>
<td>Social Development Policy for Nigeria</td>
<td></td>
</tr>
<tr>
<td>National Strategic Framework on HIV and AIDS</td>
<td></td>
</tr>
<tr>
<td>National FLHE Curriculum</td>
<td>1999 Revised</td>
</tr>
<tr>
<td></td>
<td>2002</td>
</tr>
<tr>
<td>Armed Forces HIV/AIDS Control Policy/Guidelines</td>
<td>2003</td>
</tr>
<tr>
<td>Abuja Health Declaration</td>
<td>1995</td>
</tr>
<tr>
<td>Church of Nigeria (Anglican Communion) National HIV/AIDS Policy and Strategic Plan</td>
<td>2003</td>
</tr>
<tr>
<td>Islamic HIV and AIDS Policy</td>
<td>In progress</td>
</tr>
<tr>
<td>Nigerian Catholic Church HIV/AIDS Policy and Strategic Plan</td>
<td>2002</td>
</tr>
<tr>
<td>FMIA HIV/AIDS Policy</td>
<td>2004</td>
</tr>
<tr>
<td>FME HIV/AIDS Workplace Policy</td>
<td>2004</td>
</tr>
<tr>
<td>FMLP HIV/AIDS Workplace Policy</td>
<td>2004</td>
</tr>
<tr>
<td>National Contraceptive Logistics Management System in Nigeria (CLMS)</td>
<td>2003</td>
</tr>
<tr>
<td>National Health Human Resources Development Policy</td>
<td>2003</td>
</tr>
<tr>
<td>National HIV/AIDS Workplace Policy</td>
<td>2005</td>
</tr>
</tbody>
</table>

National Policies and Plans

- National Health Management Information System
  - Year Approved: 1996
- National Policy on Decentralization and Community Participation for Health Co-management and Co-financing
  - Year Approved: 1999
- National Policy on Education
  - Year Approved: 1977 revised
- National Policy on Women
  - Year Approved: 2000 revised
  - Year Approved: 2004
- National Gender Policy
  - Year Approved: 2006
- Policy for Prevention and Control of Malaria in Pregnancy
  - Year Approved: 2004
- Action Plan for Orphans and Vulnerable Children
  - Year Approved: 2004
- Child Survival Strategic Framework and Plan of Action
  - Year Approved: 2003
  - Year Approved: 2004
  - Year Approved: 2004
  - Year Approved: 2005
- Short Term National Plan of Action for OVC
  - Year Approved: 2002
  - Year Approved: 2003
- Nigeria National Reproductive Health Strategic Framework and Plan
  - Year Approved: 2002
- Plan of Action for the Control of Communicable Diseases
  - Year Approved: 1999
- RH Commodity Security Strategic Plan
  - Year Approved: 2003
Appendix II

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  (RYAN)
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- Chinyonso Ibe

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- Mr. Adebayo Emmanuel
- Miss Ikeh N. Chinere