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

Federal Ministry of Health
July 2009

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Federal Ministry of Health, Abuja

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
NAHDWG	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

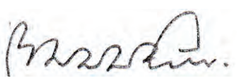
According to the 2006 national census, 33.6% (47 million) of the total population of Nigerians are young people between the ages of 10 -24 years. Estimates show that by 2025, the number of Nigerian youth would have exceeded 57 million[1]. Addressing the sexual and reproductive health needs of young people 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 Nations' 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

1 United Nations (1999). Population Division, World Population Prospects: the 1998 Revision. Vol. II. New York.

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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 comittment 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.

Dr. Philippa N. Momah
Head, Department of Family Health
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

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ii) The institutional arrangements for implementing programme components of the framework are weak at the National, Sate and Local Government Area Levels.
iii)The awareness of policies, strategic frameworks and guidelines etc at State and Local Government levels is very low, as well as political commitment at these levels are also inadequate to catalyse an effective response.
iv) There are no budget lines for young people's health and development at the Federal, State and LGA levels v) Young people's involvement in SRH programmes is minimal and their access to adequate and comprehensive SRH information and services is still limited. vi) The policies, frameworks, guidelines and protocols have not been used at the federal level health facilities to provide YFHS. vii) The strengthening of the FMOH AHD unit to coordinate and monitor the national response has not taken place. viii) No synergy of delivery of young people's SRH information and services between the FMOH and other MDAs.

Recommendations include;

- The FMOH should take the lead in mobilizing a national multi-sectoral response to young people's 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 a Monitoring and Evaluation plan that places 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 National Economic Council, National Council of States;
- The FMOH should mount a vigorous and sustained national health promotion campaign on young people's SRH.

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.

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Young people (age 10-24 years) constitute about 40 million of Nigeria estimated 140 million people[2]. 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[3]. 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[4]. Young people also contribute significantly to new HIV infections in Nigeria[5]. 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[6]. 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[7]. 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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[2] National Population Commission (2006). 2005 Population Census of the Federal Republic of Nigeria. National Population Commission Abuja, Nigeria

[3] Federal Ministry of Education (2006). National Survey on HIV/AIDS Knowledge, Attitudes, Practices and School Health in Nigeria. Federal Ministry of Education, Abuja. Nigeria

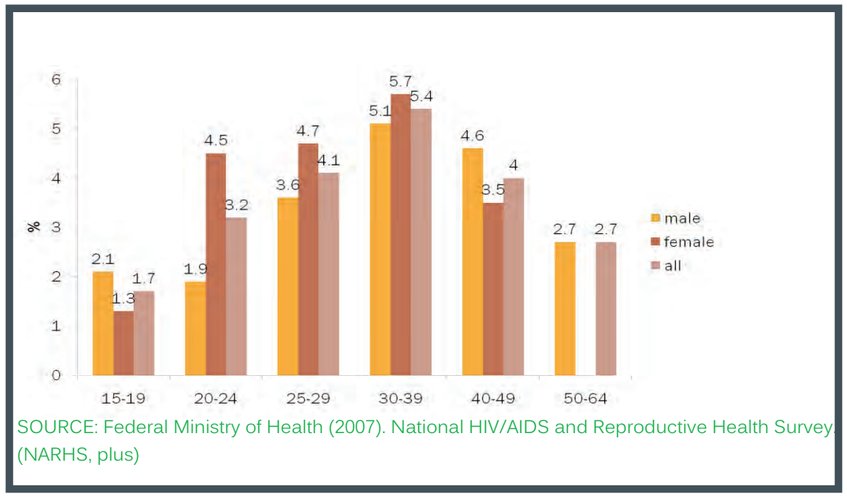
[4] Federal Ministry of Health (2007). National Strategic Framework on Health and Development of Adolescents and Young People in Nigeria. Federal Ministry of Health Abuja, Nigeria.

[5] Federal Ministry of Health (2007). National HIV/AIDS Reproductive Health Survey. Federal Ministry of Health Abuja, Nigeria.

[6] Singh. S., Adam. S., and Wulf. D. (2004). Early Child bearing in Nigeria: A Continuing Challenge. Research in Brief. The Alan Guttmacher Institute, New York.

[7] Federal Ministry of Health (2005). National HIV/AIDS Reproductive Health Survey. Federal Ministry of Health Abuja, Nigeria.

Figure 1: HIV Prevalence According To Age Group and Gender



SOURCE: Federal Ministry of Health (2007). National HIV/AIDS and Reproductive Health Survey. (NARHS, plus)

Thus, to ensure the sustainable growth and development of Nigeria, there is need to ensure that adequate investment is made in the sexual and reproductive health of young people.

To this end, the Federal Ministry of Health, Division of Gender, Adolescent/School Health and Care of Elderly in collaboration with Action Health Incorporated decided to undertake an assessment of the national response to young people's sexual and reproductive health including HIV and AIDS at the policy, funding, programming and service delivery levels.

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

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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 programmes in Nigeria, especially availability, accessibility and utilization, including gaps and barriers;
- Information on funding for young people's sexual and reproductive health programmes 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

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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 2007 Policy provides that each SMOH perform 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 age ncies 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 h ealth 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:

- ***Reproductive Health Commodities and Logistics***– *WHO, World Bank, Planned Parenthood.*
- ***Behaviour Change Communication*** – *USAID, UNICEF.*
- ***Early Marriage a nd Teenage Pregnancy*** – *Ford Foundation, Packard Foundation, MacArthur Foundation.*
- ***Policy and Advocacy*** – *USAID, UNFPA, DFID, Ford Foundation, MacArthur Foundation, Packard Foundation.*
- ***Social Marketing*** – *Society for Family Health, JHU/CCP.*
- ***HIV/AIDS Prevention, Care and Support*** – *UNAIDS, USAID, CIDA, JICA, Ford Foundation.*
- ***Curriculum development*** – *UNESCO, UNICEF, MacArthur Foundation, Ford Foundation, Packard Foundation, IWHC*
- ***Sexual Rights and Gender Issues***– *CIDA, UNICEF, UNIFEM, Ford Foundation.*

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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.

> Governments, civil society organizations at the national level and the United Nations system are encouraged to conduct youth participation in the design, implementation and evaluation of policies and programmes for youth
>
> *(SOURCE: International Conference on Population and Development, 6.15 pg 38*

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

Needbased aoapprh	Righbtased aoapprh
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(SOUR CE: Adapted from Save the Children UK (2001). An Introduction to Child Rights Programming: Concept and Application. (pg 16))

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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.

3.1.1.b. 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

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

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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.

3.1.2a. 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

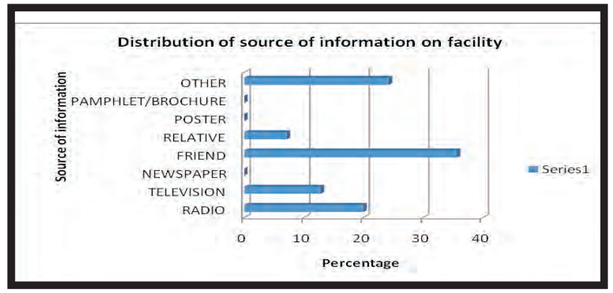
Over the last few years, there has been an increase in the access to sexual and reproductive health information for young people. Many NGO's have been conducting outreaches targeted at young

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[3]. 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:

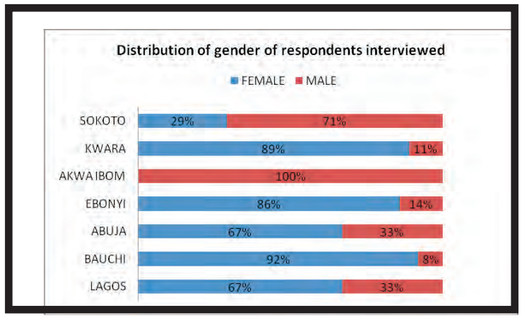
Findings show that some element of youth-friendly services are provided by some NGOs and public health facilities. It was observed that youth clients were not seen at those facilities during the assessment visits. In Ilorin, young people were specifically invited to the ministry of health and schools 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.

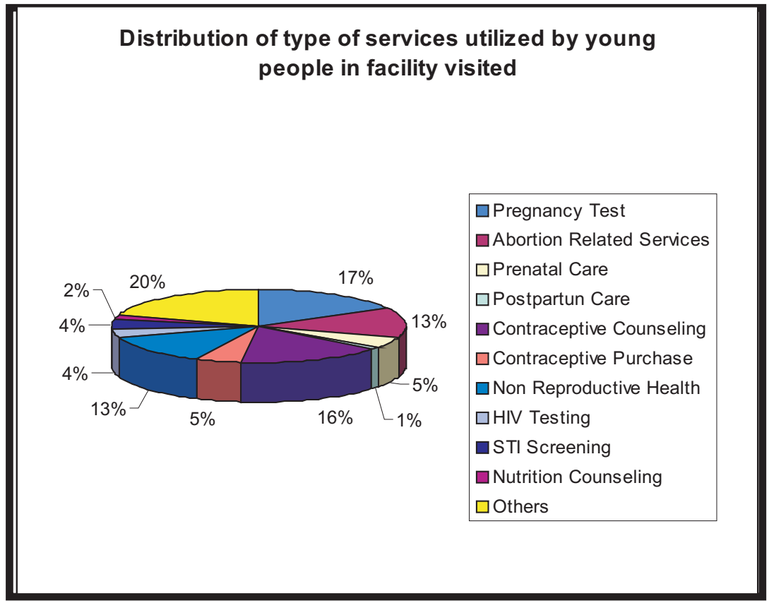
Figure 3 below shows the distribution of the male:female ratio of clients interviewed. In most states, there were more female clients visiting the health facilities or youth centres than males except in Sokoto and Akwa Ibom states respectively.

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 Health/Roll Back Malaria Programmes in 31 schools spread across I9 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.

- *National Training Manual on Adolescent Health and Development, 2001*
- *Clinical Protocol and ServiceGuidelines for Adolescent Friendly Health Services in Nigeria, 2001.*
- *A National Study of the School Health System In Nigeria, 2003.*
- *Rapid Assessment and Action Planning Process for School Health, 2004.*
- *Youth Friendly Health Services In Nigeria- The Bare Facts,*
- *National Training Manual on Promotion of Healthy Environment in Schools, 2005 (in print).*
- *An Assessment of Youth Friendly Services in Nigeria, 2006.*
- *Revised National Policy and Strategic Framework on the Health and Development of Adolescents and Young People in Nigeria, 2007.*

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.

Table 2: Distribution of Responses from States on Capacity Development

States	TOTs & other training activities	Study tours on YSRH Conferences, International meetings etc	Fostering partnership & networks	Providing technical assistance to LGAs	Research promotion
FCT	No	No	No	No	No
Akwa Ibom	A few informants have received some trainings	No	No	No	No
Kwara	Some respondents said yes	No	No	No	No
Sokoto	No	No	No	No	No
Bauchi	Yes	No	No	Yes	No
Ebonyi	Yes	No	No	No	No
Lagos	Yes	No	No	Yes	No

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[8].

8. Judith Senderowitz (1999) Making Reproductive Health Services more Youth-friendly. Research, Program and Policy Series.

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.

> *".....The providers think the clinic are for adults and do not attend well to the young people…"*
> FGD- Lagos State in-school female

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.

> *"Wet dreams which they are embarrassing. You don't have anybody to talk such issues with. Mothers and fathers are not around centres are very necessary"*
> Kwara State in-school male

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..."

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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.

> *"Girls are denied of thier rights and used for prostitution. Most of them are about 14 and 16 years old"... "It is very bad there are cases where their aunties tricked them into street hawking Most of them are about 14 and 16 years old..."*
> Lagos State, in-school Females.

4.0 Conclusion and Recommendations

There are several findings from the assessment of the national response to young people 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 on 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

National Policies and Plans	Year Approved
• Vision 2020	2007
• National Economic Empowerment and Development Strategy(NEEDS)	2004 revised
• National Health Policy of Nigeria	1988, revised 1998, 2004
• National Reproductive Health Policy and Strategy	2001
• National FP/RH Policy Guidelines and Standards of Practice	2004
• National Policy on the Health and Development of Adolescents and Young People in Nigeria	2007 earlier edition 1995
• National Policy on Population for Sustainable Development	2004
• National Youth Policy and Strategic Plan of Action	2001 revised 2007
• National Policy and Plan of Action on Elimination of FGM	2002
• Social Development Policy for Nigeria	
• National Policy on HIV/AIDS	2003 earlier edition 1997
• National Strategic Framework on HIV and AIDS	
• National FLHE Curriculum	1999 Revised 2002
• Armed Forces HIV/AIDS Control Policy/Guidelines	2003
• Abuja Health Declaration	1995
• Church of Nigeria (Anglican Communion) National HIV/AIDS Policy and Strategic Plan	2003
• Islamic HIV and AIDS Policy	In progress
• Nigerian Catholic Church HIV/AIDS Policy and Strategic Plan	2002
• FMIA HIV/AIDS Policy	2004
• FME HIV/AIDS Workplace Policy	2004
• FMLP HIV/AIDS Work Place Policy	2004
• National Contraceptive Logistics Management System in Nigeria (CLMS)	2003
• National Health Human Resources Development Policy	2003
• National HIV/AIDS Workplace Policy	2005

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National Policies and Plans	Year Approved
• National Health Management Information System	1996
• National Policy on Decentralization and Community Participation for	
• Health Co-management and Co-financing	1999
• National Policy on Education	1977 revised 1981, 1998, 2004
• National Policy on Women	2000 revised 2004
• National Gender Policy	2006
• Policy for Prevention and Control of Malaria in Pregnancy	2004
• Action Plan for Orphans and Vulnerable Children	2004
• Child Survival Strategic Framework and Plan of Action	
• Federal Ministry of Education National HIV/AIDS Action Plan	2003
• Health Sector Reform Programme: Strategic Thrusts with a Logical Framework and Plans of Action 2004-2007	2004
• HIV/AIDS National Strategic Framework 2005-2009	2005
• Short Term National Plan of Action for OVC	2002
• National Strategic Plan for Reproductive Health Commodity Security (Contraceptives and Condoms for HIV/AIDS).	2003
• Nigeria National Reproductive Health Strategic Framework and Plan	2002
• Plan of Action for the Control of Communicable Diseases	1999
• RH Commodity Security Strategic Plan	2003

Appendix II

Assessment Team

Bauchi State

- Mrs. L.K. Bako-Aiyegbusi
  Federal Ministry of Health, Abuja
- Mr Danlami Mohammed
  (SMOH, Bauchi)
- Mr. Ahmad S. Lame
  State Ministry of Education, Bauchi
- Mr. Joseph Barji
- Mrs. Nafisatu Abubakar

Ebonyi State

- Mr. Omoru E. A.
  Federal Ministry of Health, Abuja
- Mrs. Okpata Onyekachi
  State Ministry of Health, Ebonyi
- Mrs. Egbu V.
- State Ministry of Education, Ebonyi
- Mr. Akpa
- Miss Oselebe Ifeoma

Sokoto State

- Mr. Lawal Musa Mshelbwala
  Federal Ministry of Health, Abuja
- Hajiya Sadiya Mohammed
  State Ministry of Health, Sokoto
- Malam Rabi'u Gandi
- Alhaji Abdullahi Musa
- Malama Ruba Bello

Federal Capital Territory

- Mrs F .F Osobu
  Federal Ministry of Health, Abuja
- Haj Balaraba Sani
  AHD Focal Person, FCTA
- Haj Kaltume M Tanko
  School Health Service, FCTA
- Adams Peter Eloyi
  (RYAN)
- Zainab Mohammed
- Chinomnso Ibe

Lagos State Team

- Mrs. Salako
  Federal Ministry of Health, Abuja
- Mrs. Alakija Ladapo C.I
  State Ministry of Health, Lagos
- Mr. H.A Lamidi
  State Ministry of Education Lagos
- Oladele-Samuel Olusegun
- Miss Fasesin Tolulope

Kwara State Team

- Mr. David O. Ajagun
  Federal Ministry of Health, Abuja
- Mrs. Oluyemisi Adekunle
  State Ministry of Health, Kwara
- Mrs. Ronke Abiola Yusuf
  State Ministry of Education, Kwara
- Mr. Salau Adekunle
- Miss Victoria Fehintola Igbayiloye

Akwa Ibom State Team

- Mr. Abraham Sunday
  Federal Ministry of Health, Abuja
- Mrs. Roseline S. Udofia
  State Ministry of Health, Akwa Ibom
- Mrs. Bernadette B. Inyang
  State Ministry of Education, Akwa Ibom
- Mr. Adebayo Emmanuel
- Miss Ikeh N. Chinyere