

POLICY Project

CORE PACKAGE FINAL REPORT:

**Development of a Young Adult
Reproductive Health Strategy
in Edo State, Nigeria**

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March 2004



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I. Introduction

Despite the mounting problems associated with the sexual and reproductive health of young adults and adolescents in Nigeria, only recently was a national policy formulated and launched to address these issues. In 1999, the Federal Government of Nigeria adopted the *National Strategic Framework for Adolescent Reproductive Health*, and in 1995 it adopted the *National Adolescent Health Policy*. Together these documents outline Nigeria's priorities as well as broad strategies and approaches to addressing the sexual and reproductive health and rights of the nation's youth. Nigeria also has a comprehensive *National Reproductive Health Policy*, which has elements that pertain to youth. While these important documents indicate Nigeria's recognition of the health challenges of its young people, a lack of sufficient political will and resources prevents the policies from being translated into operational plans and programs at the state level. Until this occurs, the national policies and strategies are likely to have little impact.

Reproductive health is on the concurrent legislative list in Nigeria, and therefore the three tiers of government (federal, state, and local) are expected to formulate independent policies to guide their programs and service delivery. To date, there is little evidence that any of the 36 states and 774 Local Government Councils in the country has formulated specific policies aimed at promoting young adult and adolescent reproductive health (YAARH). Even the Federal Government has yet to articulate specific plans to implement many of the activities included in its relevant policies. Without such specific strategic thinking and planning, little progress can be made in improving the sexual and reproductive health of young adults and adolescents in Nigeria.

In consideration of the above limitations, POLICY decided to undertake a pilot project aimed at providing a framework for addressing YAARH in Nigeria. The project was conceptualized with three main objectives: (1) to undertake a situation analysis of YAARH in one state in Nigeria; (2) to develop a strategic plan using the results of the situation analysis; and (3) to establish a network of civil society organizations that would advocate for the adoption and implementation of the activities identified in the strategic plan. To achieve these objectives, the project emphasized networking among NGOs and other persons with a similar focus and vision, identifying and involving key stakeholders from the outset, and fostering collaboration between NGOs and state government.

The vision of the YAARH "core package" in Nigeria was to ensure that reproductive health information and services are accessible to all young people in a selected state by providing a package of technical assistance to strengthen the enabling environment for YAARH programs. In support of this vision, the core package used the full range of POLICY tools and strategies in Edo State, Nigeria. The goal was to facilitate collaborative, cost-effective, and sustainable interventions to improve the reproductive health and quality of life of young people in Edo State by developing a state-level YAARH strategic plan and advocating for its implementation. The ultimate objective, therefore, was to have a Nigerian state government approve and fund a statewide YAARH strategic plan, thereby taking the first crucial step in operationalizing (at the decentralized level) hitherto dormant national YAARH policies and strategies.

To achieve this objective, the core package included the development of a state-level strategic plan, which would outline interventions targeting specific YAARH problems and subpopulations and include a detailed budget and resource requirements for YAARH programs. In the course of developing the plan, an advocacy network, devoted to promoting an enabling environment for YAARH, would be formed to participate in the strategic planning process and to garner political and budgetary support for the strategy, as well as continue supporting other YAARH efforts beyond the POLICY-supported core package.

Given that government funds are disbursed, programs implemented, and services delivered at the local and state levels, the Edo State government was viewed as a key partner and stakeholder in achieving the objectives of the core package. The NGO community, however, as the most active sector in terms of YAARH outreach, health education, service delivery, and information dissemination, could play a pivotal role in garnering support for YAARH, and was therefore asked to lead civil society and other stakeholders in this effort.

The core package was designed with the following main components:

- An initial stakeholders consensus building meeting, and initiation of the advocacy network
- A situation analysis
- Network formation and capacity building
- Application of the NewGen Model
- Development of a state-level strategic plan for YAARH
- An advocacy campaign to promote the adoption of the strategic plan
- Adoption of the strategy by state government with a budgetary allocation for its implementation
- Legislation authorizing funding to implement the strategy
- Ongoing monitoring and evaluation

This paper documents the achievements of the Edo State YAARH core package, which was implemented over the period from August 2001 through March 2004. Section II presents the context, policy issues, and stakeholders affecting the successful implementation of YAARH policies and programs in Edo State. Sections III and IV focus on the interventions and results achieved under the package, and Section V discusses the legacy of the project. In summary, this paper documents a pilot effort to facilitate a participatory networking, strategic planning, capacity building and advocacy process, resulting in a strengthened role for civil society in policy processes; the development, adoption, and funding of an evidence-based state-level YAARH strategy; and an improved enabling environment for the implementation of national YAARH policies and strategies at the state level.



II. YAARH in Nigeria: Context, Policy Issues, and Stakeholders

Context

Nigeria, like many countries in Africa, has a young population. Nearly half of Nigeria's population (46% or 53 million people) is aged 15–24 years. Investments in young adult and adolescent reproductive health, therefore, are expected not only to have immediate benefits to young people, but also longer term benefits to the entire nation. If youths suffer from poor reproductive health and continue to make poor reproductive health decisions, they will not be able to contribute meaningfully to the development of Nigeria. Similarly, as the problems of young people grow worse, the outlook for the nation as a whole also deteriorates. As the following quote demonstrates, Nigeria recognizes that the well-being of its youth is paramount to the country's development.

...Youths are the foundation of society. Their energy, inventiveness, character, and orientation define the pace of development and the security of a nation. Through their creative talents and labor power, a nation makes giant strides in economic development and socio-political attainments. In their dreams and hopes, a nation finds her motivation; on their energies, she builds her vitality and purpose. And because of their dreams and aspirations, the future of a nation is assured... (President Olusegun Obasanjo, Federal Republic of Nigeria)

Nigeria's young people face the same risks as other young Africans, namely early sexual debut and marriage, early pregnancy, and complications from abortion. Sexual abuse and female genital cutting (FGC) are also common in Nigeria. International sex trafficking and prostitution among youths affect certain youth populations in Nigeria, especially in the South South zone. Current use of modern contraceptives among young people in Nigeria is low (7% among 15–19-year-old women; 16% among 20–24-year-old women; 9% among 15–19-year-old men; 21% among 20–24-year-old men) (1999 Nigerian Demographic and Health Survey). STIs and HIV/AIDS also affect Nigeria's youth; in 1998, 60 percent of Nigeria's reported AIDS cases were among 15–24-year-olds. Finally, while data on abortion are sparse, available evidence suggests that the majority of abortions occur among teenage girls. Clearly, there are many challenges to young adult and adolescent reproductive health in Nigeria that threaten the nation's long-term development.

Policy Issues and Environment

The policy environment for YAARH in Nigeria is favorable and has seen progress over the past several years. In 1999, a Nigerian youth-oriented NGO, Action Health Incorporated, organized a national conference on YAARH in association with the Federal Ministry of Health, and published a draft *National Strategic Framework for Adolescent Reproductive Health*. The Federal Ministry of Health had also drafted a national policy on YAARH. However, there has been little follow-up and little or no budgetary support for YAARH since these developments. In February 2001, POLICY co-sponsored, with the Focus on Young Adults Project, a one-week state-of-the-art (SOTA) workshop on YAARH as well as a three-day advocacy workshop for NGO executives and government

officials working in the area of adolescent reproductive health. The objective of the workshops was to introduce the concept of advocacy and build participants' advocacy skills. A major outcome of this activity was the desire of participants to come together at various levels (national, state) as a coalition or network to advocate and promote YAARH issues. The Edo State YAARH project was designed to build upon these efforts, and garner support for a state-level YAARH strategy based on the National YAARH policy and strategic framework.

At the state level, despite the poor sexual and reproductive health status of Edo State's youth, there are as yet no properly articulated policies aimed at addressing YAARH problems. The state government implements specific youth programs through its ministries of Youth and Sports, Education, Health, and Women Affairs and Youth Development. None of these programs, however, are specifically aimed at improving the sexual and reproductive health of youth. Public health institutions operated by the state government have made little effort to integrate youth-friendly approaches into their service delivery frameworks. Although the National Council on Education has approved a Family Life and HIV/AIDS Education Curriculum for use throughout Nigeria, Edo State has yet to introduce it into its educational system. It is generally acknowledged, however, that the political and social environment for introducing the curriculum into Edo State schools is favorable.

To date, most specific programming relating to the sexual and reproductive health of young adults in Edo state has been undertaken by NGOs. NGOs such as the Women's Health and Action Research Center (WHARC), the Lift Above Poverty Organization, the Girls' Power Initiative, the Youth Council of Nigeria, Idah Renaissance (a project of the Edo State governor's wife) and others have been active in promoting research, advocacy, training, resource mobilization, and service delivery. The core package, therefore, was designed to capitalize on the potential of Nigeria's large number of NGOs involved in



YAARH. Most of these NGOs deal with small neighborhood programs or programs limited in geographic scope and are not routinely involved in the policy process or advocacy. There are only a few Nigerian NGOs working in YAARH that have a broad reach and the capacity to participate in policy, planning, and advocacy work. Nevertheless, NGOs constitute a major provider of YAARH information and services, and as such are key stakeholders that can play a vital role in finding solutions to issues such as coordination of NGO activities and better YAARH programming at the state-level. Given their unique position in communities, NGOs have valuable knowledge and experience to bring to the policy arena. With adequate support, they are potentially a major force in policy and advocacy activities from the grassroots level up to the national level.

Since the return of participatory democracy in 1999, Edo State has led other states in Nigeria in formulating laws to promote the sexual and reproductive health of its youth. Edo State was the first state to pass a bill against the practice of female genital cutting

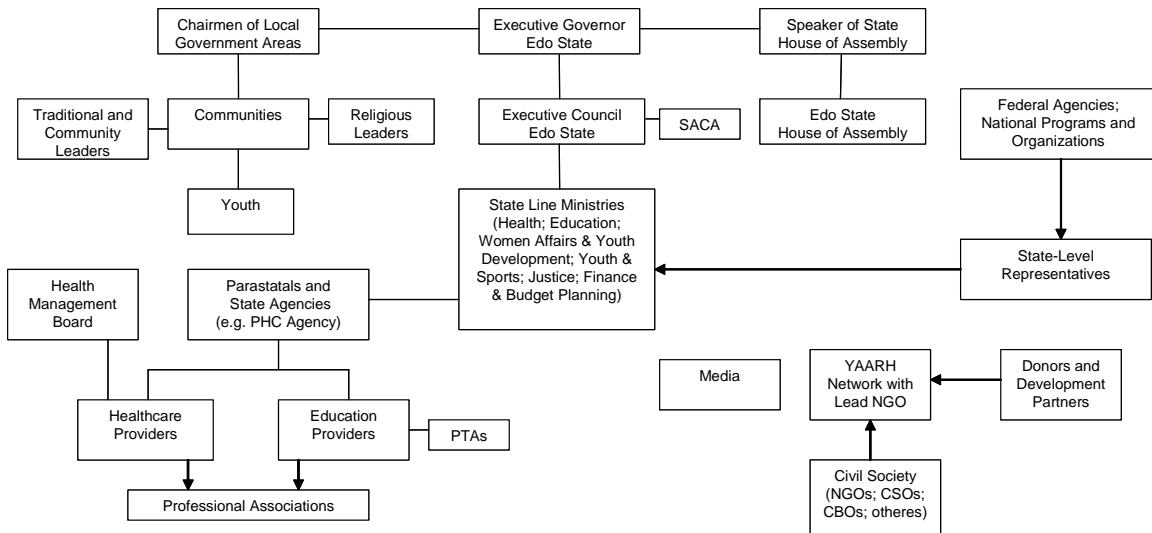
(FGC). This was a landmark bill that brought national attention to the harmful effects of FGC. Since then, more states have passed similar bills and the National Assembly has passed a bill to prevent the practice nationwide. In addition, the Edo State House of Assembly passed a bill against international sex trafficking and prostitution. The effects of these bills have not been dramatic, however, in terms of an actual reduction in the incidence of these practices. Clearly, there is a need to educate the general public and to re-train lawyers and judges on the correct interpretation and implementation of these laws. The laws have nevertheless provided a legal framework within which activists can advocate for the abolition of such harmful practices.

Overall, Edo State faces many difficult challenges to ensuring the sexual and reproductive health of its young people, but perhaps it is the unique nature and extent of these challenges that have made Edo State’s policy environment receptive and conducive to change.

YAARH Stakeholders

There are numerous YAARH stakeholders at all levels of government and society in Nigeria. All of the stakeholders represented in Figure 1 were involved in some aspect of the Edo State project, which was designed to be inclusive and participatory.

Figure 1: YAARH Stakeholders in Edo State





Core Package Activities

A. Problem Identification

Edo State is located in the South-South geo-political zone in the Niger-Delta region. Administratively, the state is divided into three senatorial districts (Edo North, Edo Central, and Edo South) and 18 local government areas. In 2002, Edo State was estimated to have a population of 2.86 million of which 33 percent are adolescents and young adults (National Population Commission) indicating that the state has a high concentration of young people. Edo State has higher male and female literacy rates compared with national averages, and more than 80 percent of its youths are in school. Despite the high level of literacy, the state is poorly industrialized with a consequent high level of unemployment among youths. These factors exacerbate certain social problems specific to the youth of Edo State (e.g., their confrontations with multinational corporations in the region) and do not bode well for their reproductive health and overall well-being.

Stakeholders in Edo State generally acknowledge that there are high levels of international sex trafficking, unplanned and clandestine abortion, female genital cutting, and sexually transmitted infections, including HIV/AIDS, among youth. These problems have been widely discussed in the popular press, and the growing public recognition that Edo State has critical YAARH problems support the urgent need to address them.

Unfortunately, in Edo State there is a near total lack of coordinated planning and programming to address YAARH issues. Current efforts are largely driven by nongovernmental and civil society organizations. These efforts are grossly inadequate to meet the needs of Edo State's young people. Donors and development partners such as Pathfinder International, the Packard Foundation, the McArthur Foundation, and UNFPA work with NGOs in Edo State on issues ranging from health and education to poverty alleviation. The need to expand the scope and magnitude of these efforts is great. New partnerships with relevant stakeholders are needed to have a measurable and sustainable impact on the reproductive health of young people in Edo State.

The results of the situation analysis (carried out under the core package), and other available data, have informed stakeholders of the status of YAARH in Edo State and the current level and nature of efforts to address YAARH issues to date. This information clearly pointed to the need for a strategy to improve the sexual and reproductive health of young adults and adolescents, and to address the special YAARH problems in Edo State. The development of a strategic plan can engender, among relevant stakeholders, a common understanding of the real needs of Edo State's youth, and this in turn can generate considerable political impetus and resources to address these needs.

B. Initial Activities under the Package

Identification of a Project State and Lead Local NGO. In collaboration with USAID/Nigeria, a POLICY team visited several states to assess the need and readiness for implementation of the proposed package of technical assistance. The candidate states were selected from USAID's nine focal states in order to enable cooperation and collaboration with USAID-supported projects, and gain leverage for those projects as well as the POLICY Project.

The major criterion for selecting a state was the reproductive health status of young adults and adolescents and the extent of YAARH problems in the state. Although the baseline sexual and reproductive health indices of youth in Edo State may be similar to other states, Edo State was known to have especially difficult YAARH challenges. Many young people in Edo State lack access to information and services that will help them make better choices, prevent unwanted pregnancies, avoid abortion and



sexually transmitted infections including HIV/AIDS, and ultimately fulfill their potential and contribute to society. A dire threat to the health and well-being of Edo State's youth in particular, however, is the unprecedented high rate of sexual trafficking. Indeed, recent estimates suggest that 90 percent of females trafficked to Europe from Nigeria are from Edo State. Additionally, there is evidence that Edo State's youth frequently engage in commercial sex. Both of these problems, as well as school dropout, have been linked to a lack of economic opportunity and means of livelihood for youth. Finally, certain harmful cultural and traditional practices, such as polygamy and female circumcision, affect Edo State's youth disproportionately. Youth from polygamous families have been reported to be more sexually active and to engage in risky sexual behavior, and female circumcision is known to have long-term adverse effects on the health and well-being of young women.

Another critical factor in selecting Edo State was the existence of a strong local NGO and its interest and willingness to lead the project's in-state activities. Hence, the state and lead NGO were chosen simultaneously. In January 2002, POLICY subcontracted with the Women's Health and Action Research Center (WHARC) to assist with the YAARH core package initiative. WHARC played a critical role in conducting the situation analysis, forming the advocacy network, developing the strategic plan, and conducting the advocacy campaign.

Other selection criteria included the existence of other youth-oriented NGOs, the availability of data, and the political climate in the state government.

Situation Analysis. Despite the evidence indicating that Edo State has high rates of international sex trafficking, unwanted pregnancy, and complications from abortion among its youth, there was a lack of substantive information on the determinants of young people’s sexual and reproductive health status. An assessment of YAARH issues was therefore conducted to provide baseline information on key YAARH indicators, programs, and projects in the target area, and to draw up a state-level YAARH profile. The situation analysis conducted by WHARC with technical assistance from POLICY, consisted of a household survey of 1,867 young adults and adolescents aged 10–24 years, drawn from both urban and rural areas in the state’s three senatorial districts. In addition, qualitative studies comprising in-depth interviews and focus group discussions were undertaken with key informants, policymakers, youth, parents, and health workers to explore the social, economic, and political context of the sexual and reproductive health of Edo State’s youth. The situation analysis revealed the following:

Strengths/Opportunities:

- One of the highest rates of school enrollment (primary and secondary levels) for young adults and adolescents compared with the rest of Nigeria (76% of boys and 71% of girls are in school).
- The average age at sexual debut is higher than the national average (16 years for boys and 16.8 years for girls).
- A high level of knowledge of contraception and sources for obtaining contraceptives among youth (86% of boys and girls had knowledge about contraceptives; 97% of boys and 84% of girls knew a source of condoms).
- A high level of knowledge of HIV/AIDS among youth (80% of boys and girls reported that they had heard of HIV/AIDS).
- A high level of use among adolescents and young adults of contraceptive methods for dual protection against pregnancy and sexually transmitted infections (55% of sexually active boys and 52% of sexually active girls reported condom use during last sexual intercourse).
- Low levels of risky behavior such as smoking, drinking, and drug use among youth (50% of boys and 33% of girls drink alcohol, 17% of boys and 5% of girls smoke, while 6% of boys and 1% of girls smoke Indian hemp).
- Private healthcare providers are often involved in YAARH programs.
- The presence of many NGOs focusing on YAARH issues.
- A high complement of private and public schools.
- A hard-working legislature, which was the first in Nigeria to pass landmark bills against international sex trafficking, prostitution, and the practice of FGC.
- A healthy relationship between government agencies and the NGO and civil society networks in the state.

Weaknesses/Threats/Challenges:

- Fewer girls than boys are enrolled in school.
- Up to 40 percent of families in Edo State are polygamous. This has unfavorable effects on the sexual and reproductive health of young adults. Indeed, polygamy is associated with high dropout rates from school and unemployment among youths.

- A high dropout rate for youths aged 16–19 years (only 50% of this cohort was enrolled in school at the time of the survey). Dropout occurs mainly between the primary and secondary levels and between the secondary and tertiary levels.
- A high number of unplanned pregnancies with a high number ending in abortion (46% of sexually active girls have ever been pregnant, 67% of pregnancies are unplanned, and 50% of these end in abortion).
- A high prevalence of sexual trafficking and prostitution among youth despite laws against these practices (39% of boys and girls know someone engaged in sexual trafficking abroad; 16% of girls have been offered assistance to go abroad for sex trafficking).
- Thirty-six percent of girls indicated that they have been circumcised. This has long-term adverse effects on their sexual and reproductive health including childbearing.
- A high proportion of sexually active boys and girls reported having had coercive sex (40% of girls and more than 20% of boys have been forced to have sex).
- Public health facilities are not youth-friendly.
- Most adolescent reproductive health programs in the state are NGO-driven.
- Lack of implementation of the sexuality education curriculum, which has been approved by the federal government of Nigeria.
- Limited government participation and resource allocation for YAARH programs.
- Poor reproductive health-seeking behavior among youth in Edo State.

The qualitative components of the situation analysis indicated both positive and negative contextual factors for YAARH programs:

Positive Factors:

- A positive policy environment
- Little cultural or religious barriers to providing sexual and reproductive health information and services to youths
- Existing laws and policies on reproductive health
- Calls for attention/action to include reproductive health in school curricula
- Calls for more government involvement in providing resources for youth and to reduce youth unemployment
- Support for effective parent-teacher communication
- Support for effective teacher-child communication
- Availability of NGOs working on youth programs

Negative Factors:

- Lack of youth-friendly formal health services
- Poor allocation of resources for young adult and adolescent reproductive health
- Poor enforcement of reproductive laws and policies

In addition, the situation analysis pointed to the following factors as the main underlying causes of reproductive health problems among young people in Edo State: (1) a poor national economy, (2) pervasive poverty, (3) persistent social disempowerment of youths, (4) lack of access to accurate information on sexual and reproductive health for youths, (5) cultural norms that determine the patterns of health beliefs and health-seeking

behavior, and (6) poor and inadequate health and social infrastructure, especially infrastructure related to youth needs.

Consensus-building Meeting. Fundamental to the initiation and ultimate success of this core package was the need to build consensus among stakeholders in Edo State that YAARH was a priority and that the proposed package of technical assistance was needed. This entailed initial visits to local NGOs working with youth, reproductive health, family planning, human rights, women's issues, and related areas to gauge the level of interest in working as a network, and to assess the extent of skills and resources available within civil society. Once a core group of interested organizations, individuals, church groups, and others had been identified, POLICY and WHARC organized a meeting of all stakeholders to introduce the idea of the core package, including the establishment of a network of stakeholders who would advocate for YAARH issues. At the meeting, held in January 2002, a formal proposal to develop an advocacy network was presented. Both government and nongovernment participants unanimously agreed that the activities proposed under the core package were timely and necessary, and pledged to support and participate in the network. The meeting also served to identify additional stakeholders and key issues to be addressed.

C. Network Formation and Development

Network Formation. The project sought to create a network of YAARH stakeholders that would carry out analysis, strategic planning, and advocacy to improve the enabling environment for better delivery and utilization of adolescent reproductive health services in Edo State. At the initial stakeholders' consensus-building meeting in January 2002, the Young Adult and Adolescent Reproductive Health (YAARH) Network was formed as a network of NGOs and individuals who share a common vision about improving the sexual and reproductive health of Edo State's youth. The network consists of NGOs, youth-serving organizations, relevant state and local government councils and agencies, youth, members of the mass media, religious organizations, traditional institutions, and interested members of the general public. The Network's next steps regarding training, participation in the situation analysis, strategic planning, and advocacy were also laid out at the January 2002 meeting.

Network Building and Activities. The situation analysis was a major undertaking that took about a year and a half. Work on the situation analysis was carried out by WHARC, which also facilitated other Network activities simultaneously. Activities that immediately followed the formation of the Network included membership recruitment, setting the Network's short-term agenda, and assigning roles and responsibilities. In February 2002, a management team composed of a Board of Patrons, an Executive Committee, and a Technical Committee was set up to guide the activities of the Network. Other ad hoc and standing committees were formed later. A few months after initiation of the Network, with the situation analysis well underway, the Network met again at a June 2003 workshop. The objectives of this workshop were to improve participants' knowledge of the characteristics, benefits, and operations of a network and to clarify the purpose of the YAARH Network; to define the Network's organizational structure and communications system; to create the Network's mission statement, a Network skills database, and tools for effective networking; and to learn about the basic elements of advocacy. Plans to carry out initial sensitization visits with public sector stakeholders

and potential Network patrons and to begin working on the strategic plan were also made. These activities were completed before the end of 2003. Twenty-nine persons representing 21 member organizations participated in the workshop. Feeling quite rewarded by their experience at this workshop, and recognizing the potential of the Network to continue beyond the POLICY supported initiative, many Network members made strong personal commitments to sustain the Network.



Capacity Building. In September 2003, an advocacy training workshop was organized for Network members to prepare them to carry out their mission. Building upon an introductory advocacy workshop conducted in conjunction with the February 2001 SOTA course, the objectives of this workshop were: to introduce the concept and practice of advocacy as a strategy for influencing policy decisions;

to understand the steps in the advocacy process; to review the steps involved in designing an advocacy campaign; to draft advocacy goals and objectives; and to discuss advocacy messages and channels of communication. As in most POLICY advocacy training workshops, an advocacy action plan was developed. The advocacy plan, which dovetails with the strategic plan, was used to guide the Network's advocacy campaign aimed at the adoption of the *Strategic Plan for Improving the Reproductive Health of Young Adults and Adolescents in Edo State, Nigeria*, as well as increased support for YAARH programs. Another output of the training was the identification of target audiences for advocacy, namely state and local government officials, religious and community leaders, and donors who support NGOs in Edo State. The workshop also provided participants with additional information on key YAARH issues to use in the strategic planning exercise.

D. Strategic Planning Process

The strategic planning activity began as the situation analysis was nearing completion. The *Strategic Plan for Improving the Reproductive Health of Young Adults and Adolescents in Edo State, Nigeria* was drafted through the active participation of all stakeholders. A six-member drafting committee, which included adolescents and young adults, was established, which met four times over ten months to complete the draft document. In December 2003, the draft strategic plan was discussed extensively by the full Network and other relevant stakeholders and was then finalized.

The strategic plan was developed within the framework of the existing *National Reproductive Health Policy*, the *National Reproductive Health Strategic Framework and Plan*, the *National Strategic Framework for Adolescent Reproductive Health*, and the *National Youth Policy and Strategic Plan of Action*. In order to formulate a plan that would build upon existing strengths and opportunities, as well as address the specific challenges to young adult and adolescent reproductive health in Edo State, the findings

and recommendations from the situation analysis were used, along with existing national policy and strategy documents and other sources, to identify strategies and activities appropriate for Edo State.

The goal of the strategic plan is to improve the sexual and reproductive health status of young adults and adolescents in Edo State. The specific objectives are:

1. To improve youth-parent, youth-teacher and peer-to-peer communication of adolescent sexual and reproductive health issues
2. To increase availability and access to quality reproductive healthcare
3. To improve youth participation and involvement in YAARH programs
4. To improve political commitment and community support for the implementation of young adult and adolescent reproductive health programs and policies
5. To reduce sociocultural and traditional barriers to YAARH
6. To improve the socioeconomic status of young adults and adolescents in Edo State
7. To build the capacity of young adults and adolescents to deal with challenges to their sexual and reproductive health
8. To improve the capacity of reproductive health personnel to provide youth-friendly services
9. To mobilize and maximize human and financial resources for YAARH programs and activities
10. To establish mechanisms and systems for monitoring and evaluation of reproductive health programs

The overall objective of the strategic plan is to provide a framework and guide for the implementation of YAARH programs in Edo State. The vision was to create an enabling environment to promote and support the objectives outlined above. In order to achieve these objectives, several crucial strategies and activities were included in the strategic plan, as described below.

Social Mobilization and Advocacy. This will involve creating awareness about YAARH issues. It will result in improved community support for YAARH among stakeholders especially “gatekeepers” such as parents, traditional rulers, religious leaders, and the media. In addition, advocacy will contribute significantly to improved political commitment and support, among politicians and other policymakers and decisionmakers, for YAARH programs. Advocacy will also improve resource mobilization and allocation for YAARH activities as well as enhance public-private partnerships.

Improved Access to High-Quality, Youth-Friendly Services. Within the limits of available resources, efforts will be made to establish sustainable and equitably distributed youth-friendly, gender-sensitive health services in public and private institutions, including youth centers, particularly in rural, urban, and other under-served communities. The package and quality of services provided should be based on existing international, national, and state guidelines.

Youth Involvement and Participation. Youth have an important role to play in the promotion and success of their reproductive health. Consequently, they must be empowered through the provision of information and services in schools, the workplace,

communities, and at home. Young people will be trained as peer educators and volunteers to provide information and services to their peers. This will enhance their involvement and participation as major stakeholders in the implementation of various aspects of the strategic plan.

Capacity Building and Skills Development. This component will promote the development of human resources in the delivery of high-quality YAARH information and services. Specifically, training will be geared to bridging the gap between the sexual and reproductive health needs of youth and the skills and attitudes of service providers, as well as the development of skills among youth to enable them to deal effectively with the demands and challenges of everyday life.

Education and Counseling. Within an enabling environment, all young people must be equipped with the necessary knowledge and support in order to develop psychosocial competence and confidence to adopt healthy reproductive behaviors. This information needs to be provided to youth starting in the pre-adolescent years.

Monitoring and Evaluation. Management information systems (MIS) will be strengthened for effective monitoring and evaluation of YAARH programs. In addition, the skills and capacities of health workers should be strengthened for effective monitoring and supervision of YAARH programs.

Research. Human resources need to be developed to conduct youth-oriented research. The capacity to collect health data and to analyze and use existing data sources for program planning, as well as for the conduct of relevant operational research, will need to be developed.

Resource Mobilization. The success of the strategic plan and the achievement of its objectives will depend on the state's ability to mobilize and commit resources to its implementation. Therefore, efforts should be directed at actively generating sufficient resources to facilitate the efficient and timely execution of all the programs included in the strategic plan. Financial resources will be mobilized from federal government annual budgetary allocations; grants from state and local governments; assistance from international donors and development agencies; and contributions from the private sector and persons of goodwill. In the long term, the state and local governments will be required to allocate at least 5 percent of their annual health budgetary expenditure on young adult and adolescent reproductive health programs.

The strategic plan includes a logical framework for implementing these activities, a realistic annual budget of ₦43,710,000 (\$324,000) over five years, and quantitative targets for key YAARH indicators. Several sources of funding from both the public and private sectors, as well as contributions from NGOs and the donor community, were recommended. The strategic plan, therefore, serves as a guide for stakeholders to identify areas they wish to support and as a tool to raise funds for implementing specific activities.

E. Advocacy

Equipped with advocacy skills, the Network developed an advocacy action plan. The primary goal of the Network's advocacy campaign was the adoption of the strategic plan by the State House of Assembly and the Executive Governor of Edo State. With WHARC as the primary facilitator, the Network took the lead in advocating for political support and funding for the strategy. Even before the advocacy plan was developed and Network members received advocacy training, however, informal advocacy activities were carried out. Starting in March 2002, the Executive Director of WHARC, and the directors of other organizations belonging to the Network, conducted preliminary discussions with high-ranking state government officials and politicians. During these visits, the goals and objectives of the Edo State YAARH initiative were discussed, as were possible strategies for the eventual adoption of the strategic plan.

In formulating its advocacy campaign, the Network identified its target audience as well as potential public sector policy champions. Advocacy messages were developed using the results of the situation analysis and the NewGen Model. The advocacy plan included specific activities targeting the primary audience (i.e., the Executive Governor; the commissioners of Health, Education, Youth and Sports, Women Affairs and Youth Development; the Speaker of the State House of Assembly; and legislators) to raise their awareness and gain their support and commitment for the YAARH strategy.



Changes in the Policy Environment for YAARH in Edo State

Changes in the enabling environment for YAARH in Edo State, achieved through technical assistance and support from POLICY, span the range of POLICY Project results. In conjunction with WHARC, POLICY was able to increase political and popular support for YAARH in the project state, increase in-country capacity for a range of policy activities including advocacy, generate data that was used in strategic planning and advocacy, and develop a state-level strategic plan to improve the reproductive health status and enabling environment for YAARH programs, which will ultimately lead to increased funding for YAARH programs.

The achievement of consensus among a broad stakeholder group on the need to address YAARH issues and set priorities in Edo State, the establishment of an advocacy network committed to promoting YAARH issues beyond the POLICY-supported initiative, and the identification of public sector policy champions together constitute a newly committed and consolidated constituency for YAARH in Edo State, and these developments are evidence of increased political and popular support for addressing critical YAARH issues.

The formation of an advocacy network through the POLICY-supported efforts of a local NGO; the newly acquired and strengthened skills in network formation and administration, policy dialogue and advocacy, and data collection and analysis; as well as the organization and facilitation of POLICY's core package of technical assistance by POLICY/Nigeria's NGO and Advocacy Advisor, demonstrate a significant increase in in-country capacity to conduct policy activities and training.

With assistance from POLICY, WHARC successfully designed and conducted a situation analysis of the reproductive health status of youth in Edo State. The information gleaned from this activity, data generated by the application of the NewGen Model, as well as data from other sources were used by YAARH stakeholders in Edo State to set priorities among YAARH issues, define issues within an advocacy campaign, and influence the strategic plan. This demonstrates not only the use of POLICY Project-generated data but also the overall improved use of data in general to inform and influence policy decisions and activities.

Finally, this core package activity culminated in the development and adoption of the first state-level strategic plan for YAARH in Nigeria. In the foreword to the strategic plan, the Executive Governor of Edo State re-affirmed his commitment, and that of the Edo State government and its people, to providing resources to support the implementation of the new strategy.



POLICY's Impact and Future Outlook on YAARH in Nigeria

This core package activity demonstrates that with concerted and focused advocacy on the part of a well-equipped group of committed stakeholders, political will and support can be mobilized at the state level to formulate YAARH policies and plan for their implementation. It also demonstrates the importance and effectiveness of NGO/CSO involvement in the policy and planning processes, especially at the decentralized level, and the potential of these stakeholders to help operationalize policies.



In April 2004, the Governor of Edo State approved final version of the YRH Strategic Plan along with resource requirements and a detailed annual budget of \$1.7 million. While civil society will have to advocate for actual allocations, formal approval of the document has established government support. The primary objective of the five-year strategic plan is to facilitate collaborative, cost-effective, and sustainable interventions that will improve the reproductive health and rights and ensure the quality of life of young adults and adolescents in Edo State. Critical activities include access to youth friendly services, youth education, and resource mobilization.

Ongoing monitoring and evaluation of progress, in terms of improvements in program planning and management, and ultimately improvement in YAARH indicators will be conducted. The strategic plan includes an ambitious list of outcome indicators and targets. Almost all of these indicators can be collected within the existing routine data collection system. In addition, more data can be obtained from the National Household Surveys, conducted every two years to measure changes in YAARH status, on the basis of which modifications can be made to the strategic plan. Ongoing monitoring and evaluation will help determine whether the following strategic plan objectives are realistic:

- Reduction in unwanted pregnancy among youth in Edo State.
- Reduction in number of youth who resort to induced abortion.
- Reduction in the number of youth who are involved in sex trafficking and child labor.
- Improved health-seeking behavior of youth in Edo State.
- Increase in the proportion of youth practicing sexual abstinence.
- Increased proportion of youth delay onset of sexual activity.
- Increase in proportion of sexually active youth using condoms.
- Reduction in proportion of young girls who experience female genital cutting.

- Increase in proportion of parents, guardians, and opinion leaders who are willing to speak out against the practice of FGC.
- Increased knowledge about existing laws/policies on RH in Edo State among youth.
- Increase in number of people advocating for implementation of existing laws on reproductive health in Edo State.
- Increased political will to implement YAARH policies.
- Availability of official and NGO publications on the status of youth and a database on YAARH.
- Increased job opportunities for youth in Edo State.
- Increase in number of youth in gainful employment.
- Increase in proportion of parents, guardians, and teachers who communicate reproductive health information to their adolescent wards.
- Increase in the number of schools that offer comprehensive sexuality education including Family Life Education and Life Planning Skills in their schools curricula.
- Increase in proportion of youth who have access to sexuality education and life planning skills.
- Increase in the number of IEC materials available on reproductive healthcare for youth.
- Increase in the proportion of available facilities that provide youth-friendly reproductive healthcare at all levels of the healthcare delivery system including private and public institutions.
- Increase in the proportion of service providers who undergo regular training on ARH problems and their management.
- Increase availability and access to reproductive health data in service outlets.
- Increase in budgetary allocation for YAARH programs.
- Increase in number of males involved in YAARH activities and programs.

Network members made strong statements of personal commitment to continue advocating for YAARH issues beyond the POLICY-supported project. This commitment, along with the continued receptivity and partnership of the Edo State government and local government areas of the sort displayed during this project, augur well for achieving the goals set forth in the strategic plan.

The success of the POLICY supported Edo State YAARH activity can serve as an example and generate interest in other states and among other development partners, including donors, to replicate the participatory civil society strengthening, networking, and advocacy approach to operationalizing policies at the state level. The approach can be adapted to other parts of Nigeria (as well as other countries), and to other health and nonhealth policy issues. In fact, as a direct off-shoot of the Edo State activity, POLICY went to Borno State in the North East to engage in YAARH activities. With co-funding from the Packard Foundation, between March and November 2003, POLICY worked with Action Health Incorporated and a Borno State NGO, the Community Health and Youth Friendly Association (CHAYFA) to establish and train a core group of policy champions for YAARH issues. Presently, POLICY is conducting a situation analysis in Borno State similar to the one it supported in Edo State and finalizing a subagreement with CHAYFA for advocacy activities.



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