



YOUNG ADULT AND ADOLESCENT REPRODUCTIVE HEALTH

An Initiative Of

USAID, POLICY PROJECT & WOMEN'S HEALTH AND ACTION RESEARCH CENTRE

Chapter 1

INTRODUCTION

Edo State is one of the 36 states of the Federal Republic of Nigeria. It is located in the South-South geo-political zone in the Niger-Delta region of the country. 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 people. Data from the National Population Commission (NPC) indicate that adolescents and young adults account for 32.9% of the total population, making her one of the states in Nigeria with very high concentration of young people. The state has a higher level of literacy compared to the national average, and more than 80% of its youths are in school. Despite the high level of literacy, the state is poorly industrialised, with consequent high level of unemployment among youths. These features probably explain the high level of social problems among youths, the most important and critical of which is the poor state of adolescent sexual and reproductive health.

Several published information indicate that Edo State has high rates of international sex trafficking, unplanned and unsafe abortion, female genital cutting and sexually transmitted diseases including HIV/AIDS among youth. These problems have been widely discussed in the popular press, and there is a growing

body of public opinion indicating that Edo State has critical reproductive health problems among young people that need to be urgently addressed.

Unfortunately, there is a near total lack of coordinated plan and programme designed to address these problems. Current efforts to address ARH in the state have been largely driven by non-governmental and civil society organisations. These efforts are grossly inadequate to meet the needs of young people in the state. There still exists a need to expand the frontiers and scope of these efforts as well as to seek new partnerships with relevant stakeholders so as to engender sustainable impact on the RH of young adults and adolescents in Edo State.

Consequently, it was considered necessary to develop a strategic plan for improving the sexual and reproductive health of young adults and adolescents in Edo State and to address the peculiar YAARH problems in the state. We believe that such a plan would engender common understanding of the real needs of adolescents and young adults by relevant stakeholders in Edo State, thereby generating considerable impetus and resources for addressing the problems.

Strategic Planning Process

The strategic planning process began in January 2001 with a consensus building workshop and the formation of a Young Adults and Adolescents Reproductive Health (YAARH) Network in the state. The network consisted of non-governmental organisations, youth-serving organisations, relevant arms of the state government and local government councils, youths, members of the mass media, religious organisations, traditional institutions and interested members of the general public. Soon after its formation, the YAARH network conducted a situation analysis of the sexual and reproductive health profile of young adults and adolescents in Edo State. The situation analysis consisted of a questionnaire survey of 1,867 randomly selected adolescents and young adults (aged 10–24 years) in the three senatorial districts of the state, focus group discussions with youths, parents, service providers and teachers, and in-depth interviews with key informants. The results were analysed and prepared as a document that describe the current state of adolescents and young adults' sexual and reproductive health in Edo State.

This document then formed the background working paper for the subsequent strategic plan developed by the network. The results of the situation analysis were presented at a workshop to relevant stakeholders including relevant government ministries and agencies in the state. Participants at the workshop were then requested to use the results of the analysis to generate ideas that could be included in a strategic plan for improving the sexual and reproductive health of adolescents and young adults in the state.

A six-member strategic plan drafting committee that included adolescents and young adults then took the ideas further

and developed a draft strategic plan document. The draft document was then discussed extensively by members of the network as well as relevant stakeholders and corrections made before being adopted.

In developing this plan, the committee undertook a SWOT (strengths, weaknesses/ challenges, opportunities and threats) analysis of the YAARH profile in Edo State, in order to develop a plan that will build on the existing strengths, identify available opportunities and resources for use to bridge existing gaps, and challenges for youth programming in the state. Apart from findings and recommendations from the situation analysis, the national reproductive health policy and the national strategic framework for adolescent reproductive health in Nigeria were also used to identify strategies and activities to be undertaken in conformity with existing policies and actions on adolescent reproductive health in the country.

Swot Analysis of the Reproductive Health Profile of Young Adult and Adolescents in Edo State

Strengths/Opportunities

- Edo State has one of the highest rates of school enrolments (primary and secondary levels) for young adults and adolescents compared to anywhere in Nigeria (76% of boys and 71% of girls are in school).
- The average age at first sexual debut is higher than the national average (16 years for boys and 16.8 years for girls).
- High level knowledge of contraception and sources of obtaining contraceptives (86% of boys and 85.7% of girls had

knowledge about contraceptives; 97% of boys and 83.7% of girls knew a source of condom).

- High level knowledge of HIV/AIDS (80% of boys and girls reported that they had heard of HIV/AIDS).
- High dual method use among adolescents and young adults for pregnancy and STI prevention (55% of sexually active boys and 51.9% of sexually active girls reported condom use in their last sexual intercourse).
- Low levels of risky behaviour such as smoking, drinking and drug use among YAA (50% of boys and 32.9% of girls drink alcohol, 17% of boys and 4.5% of girls smoke, while 6% of boys and 0.8% of girls smoke Indian hemp).
- Private health care providers are often involved in ARH programmes.
- The state boasts of the presence of many NGOs focusing on issues relating to the sexual and reproductive health of young adults and adolescents.
- Edo State has a high compliment of private and public schools.
- Edo State has a hard working legislature, which was the first in Nigeria to pass bills against international sex trafficking and prostitution and the practice of female genital cutting (FGC). These are landmark bills that brought the attention of the country to the harmful effects of these practices.
- A healthy relationship exists between government agencies and the NGO and civil society networks in the state.

Weaknesses/Threats/Challenges

- School enrolments for girls are significantly less than for boys (71% of girls in school compared to 76% of boys in school).
- Up to 40% of families in Edo State are polygamous. This has unfavourable effects on the sexual and reproductive health of young adults. Indeed, polygamy is associated with high dropout rates from schools and unemployment among youths.
- There is a high dropout rate between the ages of 16 and 19 years, with only 50% school enrolment recorded during this period. This dropout occurs between the primary and secondary levels and also between secondary and tertiary levels.
- High number of unplanned pregnancies with high number ending in abortion (46% of sexually active girls have ever been pregnant, 66.6% of pregnancies are unplanned and 49.6% of these ended in abortions).
- High prevalence of sexual trafficking and prostitution among YAA in the state (39% of boys and 38.6% of girls know someone engaged in sexual trafficking abroad; 16% of girls have been offered assistance to go abroad for sex trafficking). This is in spite of the laws against sexual trafficking and prostitution.
- Thirty six per cent of girls indicated that they have been circumcised. This has long-term adverse effects on the sexual and reproductive health as well as obstetric performance of these young women.
- High proportions of sexually active boys and girls reporting to have had coercive sex (40% of girls and > 20% of boys have been forced to have sex).

- Public health facilities are not youth-friendly.
- Most of the programmes on adolescent reproductive health in the state are NGO-driven.
- Non-implementation of the sexuality education curriculum approved by the Federal Government of Nigeria.
- Limited government participation and resource allocation for YAARH programmes.
- Poor reproductive health-seeking behaviours among YAA in Edo State.

Stakeholders' Analysis

The strategic plan would seek and draw upon the goodwill and support of identified stakeholders of YAA, who will ensure the implementation of its various aspects. These stakeholders include:

- The executive governor of Edo state
- The state executive council
- The speaker of the state House of Assembly
- The Edo State House of Assembly
- Wife of the executive governor
- The state Ministries of Health, Education, Women Affairs and Social Development, Youths and Sport, Justice, Finance and Budget Planning and agencies.
- Traditional institutions and gatekeepers
- Religious leaders
- Chairmen of local government areas
- Community leaders
- Young adults and adolescents
- Private schools associations
- All Nigerian Conference of Principals of Public Schools
- Non-governmental/civil society organisations
- Community-based organisations
- State primary health care agencies
- Teachers
- Parents-teachers associations
- Health management board
- Developmental partners and donor agencies
- Media practitioners
- The National Orientation Agency
- The National Poverty Alleviation Programme
- Professional bodies and associations such as NMA, NBA, etc
- The State Action Committee on AIDS (SACA)
- Public and private health care providers
- The National Poverty Eradication Programme (NAPEP)
- The National Directorate of Employment (NDE)
- Patent medicine association
- Trado-medical practitioners

Chapter 2

VISION, MISSION, GOAL AND OBJECTIVES

Vision

The vision of the YAARH initiative in Edo State is to ensure that reproductive health information and services are accessible to all young adults and adolescents in the state.

Mission

Our mission is to facilitate collaborative, cost-effective and sustainable interventions that will improve the reproductive health rights, quality of life of young adults and adolescents in Edo State.

Goal

The goal of this 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 in the state.
2. To increase the availability and accessibility of youths to quality RH services in the state.
3. To improve youth participation and involvement in YAARH programmes.
4. To improve political commitment and community support for the implementation of young adults and adolescents reproductive health programmes and policies.
5. To reduce socio-cultural and traditional barriers to YAARH.
6. To improve the socio-economic status of young adults and adolescents in Edo State.
7. To build the capacity of young adults and adolescents in dealing with various challenges in sexual and reproductive health.
8. To improve the capacity of reproductive health personnel to provide youth-friendly RH services.
9. To mobilise and maximise human and financial resources for YAARH programmes and activities.
10. To establish mechanisms and systems for monitoring and evaluation of RH programmes.

Chapter 3

STRATEGIES

In order to achieve the objectives of the strategic plan, the following strategies have been identified as key approaches that will assist in modifying contributing factors to the poor reproductive health profile of young adults and adolescents in Edo State. These strategies will also promote good health and an improved quality of life among youths in the state.

These approaches include:

Education and Counselling

All young people must be equipped with the required knowledge and an enabling environment for the development of their psychosocial competence to adopt healthy reproductive behaviours. This information needs to be provided right from their pre-adolescent years.

Improving Access to Quality Youth-Friendly Services

Efforts will be made to establish sustainable and equitably distributed youth-friendly, gender sensitive services in public/private health institutions including youth centres within the limits of available resources particularly for rural, urban and other under-served communities. The content, effectiveness and

implementation of services provided must be based on existing international, national and state guidelines.

Youth Involvement and Participation

Youths 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 within the home, schools, workplace and communities. Young people will be trained as peer educators and volunteers to provide information and services to their peers in the state. This would enhance their involvement and participation as major stakeholders in the implementation of various aspect of the strategic plan.

Social Mobilisation and Advocacy

This will involve creating awareness about ARH. It will result in improved community support for YAARH issues amongst stakeholders especially “gatekeepers” such as parents, traditional rulers, religious leaders, the media, politicians and other policymakers.

Added to this, advocacy will significantly contribute to an improved political commitment and support of policymakers for YAARH programmes. It will also improve resource mobilisation

and allocation for YAARH activities as well as enhance public-private partnerships.

Capacity Building and Skills Development

This will promote the development of human resources in the delivery of quality ARH information and services. Specifically, training will be geared towards bridging the gap between sexual and reproductive health (SRH) needs of YAA and the skills and attitudes of service providers as well as lead to the development of the skills of YAA to enable them to deal effectively with the demands and challenges of everyday life.

Monitoring and Evaluation

The management information systems (MIS) will be strengthened for effective monitoring and evaluation of YAARH services. In addition, the skills and capacities of health workers must also be strengthened for effective monitoring and supervision of YAARH programmes.

Research

Human resources need to be developed for ARH-oriented researches especially in the collection of health data, rational use of existing data sources and interpretation of its analysis for programme planning as well as for the conduct of relevant operational researches.

Resource Mobilisation

The success of this strategic plan and the achievement of its set objectives will depend on the ability to mobilise and commit resources to its implementation. Therefore, efforts should be directed at actively generating sufficient resources to facilitate the efficient & timely execution of all the programmes included in this strategic plan.

Financial resources will be mobilised from government annual budgetary allocations; grants from state and local governments; assistance from international donors/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% of their annual health budgetary expenditure on young adult and adolescent reproductive health development programmes.

Chapter 4

OUTCOME INDICATORS

The following indicators can be used for effective monitoring of YAARH programmes in Edo State. Almost all of these indicators can be collected within the existing routine data collection system. In addition, more data can be sourced from the NDH surveys conducted every two years to measure changes in the YAARH status on the basis of which modifications can be made to the strategic plan.

The findings should be utilised for monitoring of progress made at all levels and subsequent improvement of programme planning and management.

The outcome indicators for each objective include:

- Reduction in unwanted pregnancy among YAA in Edo State.
- Reduction in number of YAA who resort to induced abortion.
- Reduction in the number of YAA who are involved in sex trafficking and child labour.
- Improved health-seeking behaviour of YAA in Edo State.
- Increase in the proportion of YAA practicing sexual abstinence.
- Increased proportion of YAA delay of onset of sexual activity.
- Increase in proportion of sexually active YAA using condoms.
- Reduction in proportion of young girls who experience female genital mutilation.
- Increase in proportion of parents, guardians and opinion leaders who are willing to speak out against the practise of FGC.
- Increased knowledge about existing laws/policies on RH in Edo State among YAA.
- Increase in number of people advocating for implementation of existing laws on RH in Edo State.
- Increased political will to implement YAARH policies.
- Availability of official & NGO publications on the status of YAA and database on ARH.
- Increased job opportunities for YAA in Edo State.
- Increase in number of YAA in gainful employment.
- Increase in proportion of parents, guardians and teachers who communicate RH information to their adolescent wards.
- Increase in the number of schools that offer comprehensive sexuality education including FLE & LPS in their schools curricula.

- Increase in proportion of YAA who have access to sexuality education and life planning skills.
- Increase in the number of IEC materials available on RH for YAA.
- Increase in the proportion of available facilities that provide youth-friendly reproductive health services at all levels of the health care delivery system including private and public institutions.
- Increase in the proportion of service providers who undergo regular training on ARH problems & their management.
- Increase availability and access to RH data in reproductive health service outlets.
- Increase in budgetary allocation for YAARH programmes.
- Increase in the proportion of service providers who undergo regular training on ARH problems & their management.
- Increase in number of males involved in YAARH activities & programmes.

Chapter 5

LOGICAL FRAMEWORK

STRATEGY: Education and Counselling

Objective 1: To encourage and improve youth-parent, youth-teacher communication and improvement of peer-to-peer communication

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
1. Conduct training/seminars for parents, teachers and youth groups on communication about ASRH issues including HIV/AIDS, contraceptive use, abortion sexual violence, FGC, sex trafficking.	Teachers, parents, youth groups,	YAARH network in collaboration with other NGOs, CSOs, proprietors & employers of youth, PTA, ANCOPPS, SMOE & related agencies	Continuous	<ul style="list-style-type: none"> • Number & types of training modules adapted & used • Number of teachers trained & functioning • Number of peer parents trained & functioning • Number of peer educators trained & functioning 	<ul style="list-style-type: none"> • Training report • Teacher & peer educators' activity report 	<i>Risks</i> <ul style="list-style-type: none"> • Cooperation from relevant authorities • Human & financial resources 	1,000,000

STRATEGY: Education and Counselling

Objective 1: To encourage and improve youth-parent, youth-teacher communication and improvement of peer-to-peer communication

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
2. Organise IEC activities to improve parent-child, youth-teacher and peer-to-peer communication through debates, quizzes, dramas and other similar forums	Parents, teachers and youths	YAARH network in collaboration with other youth groups, NGOs, PTA, ANCOPPS & government agencies	Continuous	<ul style="list-style-type: none"> Number of activities organised 	Report of activities	<i>Risks</i> <ul style="list-style-type: none"> Cooperation from relevant authorities Human & financial resources 	1,000,000
3. Develop curriculum for parental education on ARH	PTA	YAARH network in collaboration with Schools, PTA, proprietors, NGOs, ANCOPPS & SMOE	Continuous	<ul style="list-style-type: none"> Developed curriculum 	Curriculum	<i>Risks</i> <ul style="list-style-type: none"> Financial resources 	300,000

STRATEGY: Improve Access to Quality Adolescent Youth-Friendly Services

Objective 2: To increase availability of, and accessibility to quality adolescent youth RH services

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
1. Integrate comprehensive adolescent youth-friendly service units into existing primary and secondary health care facilities	Government health facilities and primary health care centres, SMOH, school health clinics & private health clinics	YAARH network in collaboration with other NGOs/CSOs, SMOH, SPHCDA & owners of private health clinics	18 months	<ul style="list-style-type: none"> Number of comprehensive youth-friendly service units 	<ul style="list-style-type: none"> Assessment of youth friendly service units Project M & E reports 	<i>Risks</i> <ul style="list-style-type: none"> Political will & support 	500,000
2. Staffing and equipping of AYFS units to provide information and services on VCCT, STD management HIV/AIDS, contraceptive commodities & PAC	Integrated youth-friendly service units	YAARH network in collaboration with government at all levels, NGOs/CSOs & donor agencies	Continuous	<ul style="list-style-type: none"> Number of staff recruited Number and type of equipment provided 	<ul style="list-style-type: none"> Assessment report M & E report 	<i>Risks</i> <ul style="list-style-type: none"> Skilled personnel Political will and support 	7,000,000
3. Establish a logistics committee to ensure availability and timely supply of contraceptive commodity to AYFS units	AYFS units and centres	YAARH network in collaboration with PPFN, SMOH/RH Department & development partners	Continuous	<ul style="list-style-type: none"> Availability of contraceptive commodities 	Contraceptive commodities	<i>Risks</i> <ul style="list-style-type: none"> Lack of commitment from committee members Lack of political good will 	1,000,000

STRATEGY: Improve Access to Quality Adolescent Youth-Friendly Services

Objective 2: To increase availability of, and accessibility to quality adolescent youth RH services

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
4. Sensitise the community and youths on the availability of adolescent youth-friendly services	Youth & community leaders	YAARH network in collaboration with government, NGOs/ CSOs, community leaders, media gate keepers & youth groups	Continuous	<ul style="list-style-type: none"> Number of youths using AYFS units 	<ul style="list-style-type: none"> Report from centres Activity report 	<i>Risks</i> <ul style="list-style-type: none"> Socio-cultural barriers Inadequate staff strength to cope with numbers 	300,000
5. Establish and equip youth development centres to provide recreational, resource and skill acquisition services	18 LGAs	18 local government councils, state government, philanthropists, corporate organisations & multinationals, development partners, NGOs/CSOs, NDDC	18 months	<ul style="list-style-type: none"> Number of established and functioning centres Number of youths using centres Number of centres equipped, Number of facilities available 	Assessment report	<i>Risks</i> <ul style="list-style-type: none"> Financial resources Donor commitment Political will and support 	200,000,000

STRATEGY: Youth Involvement and Participation

Objective 3: To encourage youth participation and involvement in ARH programmes

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
1. Hold leadership training for youths in youth organisations and social clubs	Peer educators, community youth leaders, leaders of youth organisations	NGOs/CSOs, community leaders, youth groups, YAARH network	Continuous	<ul style="list-style-type: none"> • Number of trainings held • Number of youth leaders trained 	<ul style="list-style-type: none"> • Report of training activity • Project M & E report 	<i>Risk</i> Commitment on part of youth leaders	500,000
2. Establish and strengthen peer clubs in schools on ARH issues (for both in-school and out-of-school youths)	Public & private schools, vocational centres, NFEC	SMOE & related agencies, NGOs, SMOH, CSOs & YAARH network	Continuous	<ul style="list-style-type: none"> • Number of peer clubs established • Number of peer clubs strengthened • Number of participating schools • Number of students participating 	<ul style="list-style-type: none"> • List of functioning peer clubs • Report of activities from each peer club • M & E report 	<i>Risks</i> <ul style="list-style-type: none"> • Financial & human resources • Approval from relevant authority 	500,000

STRATEGY: Youth Involvement and Participation**Objective 3:** To encourage youth participation and involvement in ARH programmes

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
3. Conduct community-based youth exchange programme	Youths in urban & rural communities	Community leaders, NGOs/CSOs, youth groups, state Ministry of Youth & Sports, State Ministry of Women Affairs & Social Development, local government authorities & YAARH network	Continuous	<ul style="list-style-type: none"> • Number of exchange programmes held • Number of youths participating in programmes • Number of communities involved 	<ul style="list-style-type: none"> • Report of activity • M & E report 	<i>Risks</i> <ul style="list-style-type: none"> • Community support & commitment • Traditional beliefs • Lack of financial resources 	500,000
4. Organise annual youth conference	Youths in urban & rural communities	NGOs/CSOs, youth groups & YAARH network	One month	<ul style="list-style-type: none"> • Number of youths that participated • Conferences held 	<ul style="list-style-type: none"> • Report of conference 	<i>Risks</i> <ul style="list-style-type: none"> • Commitment on the part of youth leaders • Financial & human resources • Approval from relevant authorities 	300,000

STRATEGY: Social Mobilisation and Advocacy

Objective 4: To improve political commitment and community support for the implementation of YAARH programmes and policies

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
1. Conduct stakeholders' analysis	Polymakers, health care providers (including private pharmacies and patent medicine shops) politicians, parents, teachers, community leaders, youth groups, government officials, religious and traditional leaders & media	YAARH network in collaboration with other NGOS and government agencies	4 months	<ul style="list-style-type: none"> Developed stakeholders profile 	<ul style="list-style-type: none"> Report of stakeholders meeting held Stakeholders profile developed and printed 	<p><i>Risks</i></p> <ul style="list-style-type: none"> Lack of interest of identified Stakeholders and responsible persons/ groups Lack of funds <p><i>Assumptions</i></p> <ul style="list-style-type: none"> Broad-spectrum of stakeholders 	200,000
2. Capacity building workshops on advocacy and social mobilisation skills for ARH	NGOs/CBOs, youth groups, parents & the media	YAARH network in collaboration with other NGOS and government agencies	6 months	<ul style="list-style-type: none"> Number of advocates identified & trained Number of trainings held Number of advocacy activities conducted Number of improved skills of the advocates 	<ul style="list-style-type: none"> Report of training Project report 	<p><i>Risks</i></p> <ul style="list-style-type: none"> Poor commitment of potential advocates Lack of interest of responsible persons/groups Lack of financial resources <p><i>Assumptions</i></p> <ul style="list-style-type: none"> Availability of human resources 	500,000

STRATEGY: Social Mobilisation and Advocacy**Objective 4:** To improve political commitment and community support for the implementation of YAARH programmes and policies

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
3. Capacity building workshop for media practitioners on ARH Issues and the use of entertainment programmes to educate the youths	Media practitioners	YAARH network in collaboration with other NGOS and government agencies	1 month	<ul style="list-style-type: none"> • Number of media personnel trained • Number of training workshops held • Number of ARH programmes produced and implemented by media organisations 	<ul style="list-style-type: none"> • Report of training • Media reports and programmes on ARH issues 	<i>Risks</i> <ul style="list-style-type: none"> • Lack of commitment on the part of media practitioners • Lack of resources <i>Assumptions</i> <ul style="list-style-type: none"> • Availability of human resources • Availability of information on ARH 	300,000
4. Develop advocacy kits and adapt existing materials on ARH for advocacy purposes	Policy/decision-makers; government, community & religious leaders, parents, teachers, youths & media gatekeepers	Trained advocates, donor agencies & YAARH network	6 months	<ul style="list-style-type: none"> • Number advocacy kits developed • Number of existing materials adapted 	<ul style="list-style-type: none"> • Available advocacy kits • Report of activity 	<i>Risk</i> <ul style="list-style-type: none"> • Lack of financial & human resources <i>Assumptions</i> <ul style="list-style-type: none"> • Available materials to develop kits 	300,000
5. Hold sensitisation workshop to increase awareness	Community leaders, traditional birth attendants, health	NGOs, CSOs, youth groups, policy champions, schools, media	Three months	<ul style="list-style-type: none"> • No of awareness campaigns and work-shops 	<ul style="list-style-type: none"> • Activity reports • Impact survey reports 	<i>Risks</i> <ul style="list-style-type: none"> • Resistance by profiteers of sex trafficking and 	500,000

STRATEGY: Social Mobilisation and Advocacy

Objective 4: To improve political commitment and community support for the implementation of YAARH programmes and policies

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
about existing legislation on FGC, sex trafficking & violence against women	workers, victims of FGC, sex trafficking and gender-based violence, profiteers of sex trafficking and FGC, media gatekeepers, law enforcement agents, religious leaders, youth groups	gatekeepers, law enforcement agencies, government agencies (SMOI, SMOYS), YAARH network in collaboration with the above mentioned		held for identified target populations	<ul style="list-style-type: none"> Case files on violation of legislation 	<p>FGC</p> <ul style="list-style-type: none"> Socio-cultural barriers <p><i>Assumptions</i></p> <ul style="list-style-type: none"> Existing laws on sex trafficking, violence against women and FGC Human resources 	
6. Conduct advocacy campaigns for the implementation of existing ARH policies and laws	Polymakers, government officials including law enforcement agents & the judiciary, community leaders and media gatekeepers	YAARH network in collaboration with other NGOs/CSOs, youth groups, identified policy champions in various communities & groups, schools & media gatekeepers and other relevant stakeholders	Continuous	<ul style="list-style-type: none"> Number of advocacy campaigns conducted Reduced incidence of FGC Reduction in number of cases of sex trafficking Number of reported cases of violation of the legislation 	<ul style="list-style-type: none"> Activity report Impact survey report Report of key informant interviews Case files on violation of the legislation 	<p><i>Risks</i></p> <ul style="list-style-type: none"> Resistance by profiteers of sex trafficking & FGM Socio-cultural barriers <p><i>Assumptions</i></p> <ul style="list-style-type: none"> Cooperation of law enforcement agencies and the judiciary 	600,000

STRATEGY: Social Mobilisation and Advocacy**Objective 5:** To remove socio-cultural and traditional barriers to YAARH

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of Verification	Risks & assumptions	Cost (₦)
1. Conduct situation analysis of existing socio-cultural and traditional barriers	Youths, community leaders, parents, religious leaders, traditional rulers in the 18 LGAs	NGOs/CSOs, state & local government authorities	6 months	<ul style="list-style-type: none"> Number of socio-cultural & traditional barriers identified 	<ul style="list-style-type: none"> Report of situation analysis 	<i>Risks</i> <ul style="list-style-type: none"> Lack of community support & cooperation 	700,000
2. Design interventions based on the situation analysis (to include mobilisation of support.)	Youths, community leaders, parents, religious leaders & traditional rulers in the 18 LGAs	NGOs/CSOs state and LG authorities	12 months	<ul style="list-style-type: none"> Number of interventions designed 	<ul style="list-style-type: none"> Report of activity Developed interventions 	<i>Risks</i> <ul style="list-style-type: none"> Human & financial resources Community support 	200,000
3. Train advocates to main-stream gender issues into ARH programmes (rights, inequality, male virginity, attitude to females and responsibility)	NGOs/CSOs Govt. agencies, Youths, community leaders, parents, religious leaders, traditional rulers in 18 LGAs	NGOs/CSOs, Donor agencies	6 months	<ul style="list-style-type: none"> Number of trainings held Number of participants involved 	<ul style="list-style-type: none"> Report of training 	<i>Risks</i> <ul style="list-style-type: none"> Stakeholders' commitment & support Financial resources <i>Assumptions</i> <ul style="list-style-type: none"> Human resources 	500,000

STRATEGY: Social Mobilisation and Advocacy

Objective 5: To remove socio-cultural and traditional barriers to YAARH

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of Verification	Risks & assumptions	Cost (₦)
4. Community-based advocacy campaigns to reduce/eliminate harmful socio-cultural/ traditional practices	Community leaders, religious leaders, policy champions, youths and parents	NGOs/CSOs and media gatekeepers	Continuous	<ul style="list-style-type: none"> Number of advocacy campaigns held 	<ul style="list-style-type: none"> Report of advocacy campaigns Impact survey reports 	<i>Risks</i> <ul style="list-style-type: none"> Target group support Financial and human resources 	500,000

STRATEGY: Capacity Building and Skills Development**Objective 6:** To facilitate the improvement of the socio-economic status of young adults and adolescents

Activity	Target population	Responsible person/groups	Duration	Verifiable indicators	Means of Verification	Risks & assumptions	Cost (₦)
1. Conduct situation analysis of the socio-economic profile of YAA	Youths in the 18 LGAs	NGOs/CSOs, SMOYS, SMOWASD, NDDC, NDE and donor agencies	6 months	<ul style="list-style-type: none"> Number of youths reached 	<ul style="list-style-type: none"> Reports of situation analysis 	<i>Risk</i> <ul style="list-style-type: none"> Financial resources <i>Assumption</i> <ul style="list-style-type: none"> Human resources 	500,000
2. Develop and expand interventions for in-school and out-of-school youths to include: <i>For in-school</i> <ul style="list-style-type: none"> Provide scholarship for indigent students Create enabling environment for work while in school Create vacation jobs 	In-school and out-of-School youths	YAARH network in collaboration with other NGOS/CSOs, government agencies, corporate institutions, private sources, NDDC, multinationals, NDE, NAPEP & NFEC	Continuous	<ul style="list-style-type: none"> Number of interventions developed, No of beneficiaries 	<ul style="list-style-type: none"> Available interventions developed Report of activity 	<i>Risks</i> <ul style="list-style-type: none"> Donor support and commitment 	200,000

STRATEGY: Capacity Building and Skills Development

<ul style="list-style-type: none"> • Provide bur-sary awards <p><i>For out-of-school</i></p> <ul style="list-style-type: none"> • Skills acqui-sition training • Provide micro credit facilities • Provide sup-port for youths who wish to re-turn to school 							
<p>3. Create aware-ness about ex-isting national, state, LGA programmes on skill acqui-sition and micro credit facilities, e.g., NAPEP, NDE, NDDC & NFEC.</p>	<p>Youths in the 18 LGAs</p>	<p>YAARH network in collaboration with other NGOs, CSOs & youth-friendly centres</p>	<p>1 month</p>	<ul style="list-style-type: none"> • Number of youth benefi-ciaries 	<ul style="list-style-type: none"> • Report of activity 	<p><i>Risks</i></p> <ul style="list-style-type: none"> • Financial re-sources, human resources and youth popula-tion 	<p>200,000</p>

STRATEGY: Capacity building and Skills Development

Objective 7: To equip young adults and adolescents with correct information and skills to deal with the various reproductive health challenges

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
1. Develop appropriate, and adapt existing IEC materials	Young adults and adolescents	YAARH network in collaboration with other NGOs & youth groups, SOME, relevant agencies & ANCOPPS	6 months	<ul style="list-style-type: none"> Number of IEC materials adapted & developed 	<ul style="list-style-type: none"> Available IEC materials 	<i>Risks</i> <ul style="list-style-type: none"> Inappropriate adaptable materials Inadequate financial resources 	500,000
2. Promote peer education through formation of in-school and out-of-school youth clubs	In-school and out-of-school youths	YAARH network in collaboration with other NGOs/CSOs, PTA, ANCOPPS, government and relevant agencies, proprietors and employers of youths	Continuous	<ul style="list-style-type: none"> Number of in-school clubs established & functioning Number of out-school clubs established & functioning 	<ul style="list-style-type: none"> Report of club activities Project M & E report 	<i>Risks</i> <ul style="list-style-type: none"> Political support & commitment from relevant authorities 	500,000

STRATEGY: Capacity building and Skills Development

Objective 7: To equip young adults and adolescents with correct information and skills to deal with the various reproductive health challenges

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
3. Conduct seminars/skills building workshops for female/male adolescents to increase safe sex practices including delay on sexual debuts, decrease in number of sexual partners, consistent and correct use of condoms and contraceptives	Female/male adolescents in the 18 LGAs	YAARH network in collaboration with other NGOs, youth groups & SMOH,	Continuous	<ul style="list-style-type: none"> Number of seminars/workshops organised Number of female/male adolescents involved 	<ul style="list-style-type: none"> Report of seminars 	<i>Risks</i> <ul style="list-style-type: none"> Commitment from female adolescents Financial resources 	1,000,000
4. Advocate for inclusion and implementation of comprehensive sexuality education in school curricula	PTA, ANCOPPS, legislators, SMOE, SMOH, SMOYS, SMOWASD and other relevant government agencies	YAARH network in collaboration with other NGOs/CSOs, youth groups, PTA, COSSTS & ANCOPPS	12 months	<ul style="list-style-type: none"> Number of schools implementing sexuality education curricula 	<ul style="list-style-type: none"> School curriculum 	<i>Risk</i> <ul style="list-style-type: none"> Political will & support at all levels 	500,000

STRATEGY: Capacity building and Skills Development

Objective 7: To equip young adults and adolescents with correct information and skills to deal with the various reproductive health challenges

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
5. Train teachers on sexuality education curriculum	Relevant subject teachers and school counsellors	YAARH network, SOME & donor agencies	6 months	<ul style="list-style-type: none"> • Number of trainings held • Number of teachers that participated 	<ul style="list-style-type: none"> • Report of training 	<i>Risks</i> <ul style="list-style-type: none"> • Lack of commitment from teachers • Financial resources 	1,000,000

STRATEGY: Capacity Building and Skills Development

Objective 8: To improve the capacity of reproductive health personnel to provide youth-friendly RH services

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
1. Adapt existing training modules for various ASRH issues including HIV/AIDS, PAC, FGC, contraceptives, abortion, etc	RHSP at various levels in the 18 LGAs	YAARH network in collaboration with other NGOs/CSOs & SMOH	6 months	<ul style="list-style-type: none"> Number of modules adapted 	<ul style="list-style-type: none"> Available modules Report of activity 	<i>Risks</i> <ul style="list-style-type: none"> Non-existence of training modules for certain categories of RHSP Financial resources Human resources 	250,000
2. Conduct training for various categories of ARH service providers to include PAC, contraception & management of STD/HIV/AIDS	RHSP at various levels in the 18 LGAs	YAARH network in collaboration with other NGOs/CSOs, SMOH, LGAs, NDDC and donor agencies	Continuous	<ul style="list-style-type: none"> Number of trainings conducted Number of service providers trained 	<ul style="list-style-type: none"> Reports of training 	<i>Risks</i> <ul style="list-style-type: none"> Financial resources Human resources 	1,000,000

STRATEGY: Capacity Building and Skills Development

Objective 8: To improve the capacity of reproductive health personnel to provide youth-friendly RH services

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
3. Train patent medicine dealers and traditional medicine practitioners on the recognition of SRH symptoms, management and existing referral systems	Patent medicine dealers and traditional medicine practitioners	YAARH network in collaboration with other NGOs, SMOH & donor agencies	6 months	<ul style="list-style-type: none"> • Number of people reached • Number of trainings held 	<ul style="list-style-type: none"> • Report of activity 	<i>Risks</i> <ul style="list-style-type: none"> • Lack of commitment from patent medicine dealers and traditional medicine practitioners • Financial resources 	350,000

STRATEGY: Resource Mobilisation

Objective 9: To mobilise and maximise human and financial resources for YAARH programmes and activities

Activity	Target population	Responsible persons/groups	Duration	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
1. Train advocates on resource mobilisation to include mobilisation of contraceptive commodities from private, public and other sources	NGOs/CSOs & youth groups	YAARH network in collaboration with other NGOs/CSOs & donor agencies	6 months	<ul style="list-style-type: none"> Number of trainings conducted Number of persons trained 	<ul style="list-style-type: none"> Report of training 	<i>Risk</i> <ul style="list-style-type: none"> Commitment of trained advocates 	500,000
2. Fund raising	Government, private sources, CSOs, developmental partners & other donor agencies	YAARH network in collaboration with trained advocates	6 months	<ul style="list-style-type: none"> Number of targets met Funds mobilised 	<ul style="list-style-type: none"> Financial reports Report of fund-raising activity 	<i>Risk</i> <ul style="list-style-type: none"> Commitment and support of target groups 	200,000

STRATEGY: Monitoring and Evaluation**Objective 10:** To establish mechanisms and systems for monitoring and evaluation of YAARH programmes

Activity	Target population	Responsible persons/groups	Time	Verifiable indicators	Means of verification	Risks & assumptions	Cost (₦)
1. Adapt existing tools for M & E of YAARH programmes	Govt agencies, NGOs/CSOs & service providers	YAARH network in collaboration with other NGOs/CSOs, government & specialists in data processing	Two months	<ul style="list-style-type: none"> Number of M & E tools identified 	<ul style="list-style-type: none"> Available tools for M & E 	<i>Risk</i> <ul style="list-style-type: none"> Human & financial resources 	150,000
2. Train advocates including service providers and young people on the use of these tools	Govt agencies, NGOs/CSOs, service providers & youths	Government, NGOs/CSOs, specialists in data processing & YAARH network	Six months	<ul style="list-style-type: none"> Number of trainings conducted Number of individuals trained 	<ul style="list-style-type: none"> Training report 	<i>Risks</i> <ul style="list-style-type: none"> Commitment of trainee advocates Financial resources 	300,000
3. Conduct regular data collection, analysis and dissemination for planning and service improvement	Government agencies, NGOs/CBOs & service providers	Government agencies, NGOs/CSOs, specialists in data processing & YAARH network	Continuous	<ul style="list-style-type: none"> Frequency of M & E report Number of publications on YAARH issues Availability of monitoring instruments at various levels MIS operational at all levels 	<ul style="list-style-type: none"> M & E report Available publications on YAARH issues 	<i>Risks</i> <ul style="list-style-type: none"> Financial resources 	500,000

TOTAL BUDGET BREAKDOWN

	N
Resource mobilisation	700,000.00
Education	2,300,000.00
Capacity building	600,000.00
Access to youth-friendly services	202,500,000.00
Youth involvement	1,800,000.00
Mobilisation and advocacy	4,300,000.00
M & E	950,000.00
<u>Total (Five Years)</u>	<u>218,550,000.00</u>
Annual Budget	43, 710,000.00

References

1. Profile of the Sexual and Reproductive Health of Adolescents and Young Adults in Edo State, Nigeria: A Situation Analysis Report.
2. National Reproductive Health Strategic Framework and Plan 2002-2006: Federal Ministry of Health, Abuja, June 2002.
3. National Reproductive Health Policy and Strategy: Federal Ministry of Health, Abuja, July 2001.
4. National Adolescent Health Policy: Federal Ministry of Health, 1995
5. National Strategic Framework for Adolescent Reproductive Health in Nigeria: Federal Ministry of Health, 1999
6. National Youth Policy and Strategic Plan of Action: Abuja, February 2001.
7. Guidelines for Comprehensive Sexuality Education in Nigeria: National Guideline Taskforce.
8. National Sexuality Education Curriculum for Upper Primary School, Junior Secondary School, Senior Secondary School, Tertiary Institutions in Nigeria: Nigerian Educational Research and Development Council.
9. Time for Action: Report of the National Conference on Adolescent Reproductive Health in Nigeria 26-29 Jan 1999, Abuja, Nigeria.
10. HIV/AIDS Emergency Action Plan (HEAP), March 2002

YAARH Network Members

S/NO.	NAME	ORGANISATION	CONTACT ADDRESS	E-MAIL
1.	Scott Moreland	Futures Group/ Policy Project	Durham, NC, USA	s.moreland@tfgi.com
2.	Jerome Mafemi	Policy Project	2A Lake Chad Crescent, Maitama, Abuja	j.Mafeni@tfgi.com
3.	Prof. F. E. Okonofua	Women's Health and Action Research Centre	4 Alofoje Street, Off Uwasota Road, Benin City	wharc@hyperia.com
4.	Wole Fasemisin	Policy Project	2A Lake Chad Crescent, Maitama, Abuja	o.fajemisin@tgfi.com
5.	Ayobe Omoruyi	Foundation Builders	45 Owina Street, off Sakponba Road, Benin City	foundbuild247@yahoo.com
6.	Bayero Joyce	Forum of Nigerian Women in Politics	41 Efosa Street, Off Ekewan Road, Benin City	peculiarjoyce@yahoo.com
7.	Obadiaru Ebiuwa	Society for Water and AIDS in Nigeria	109 Uselu-Lagos Road, Benin City	
8.	Tessy Effa*	Policy Project	29 Lake Chad Crescent, Maitama, Abuja	t.ffa@tgfi.com
9.	Omokaro Kingsley	Youth Advancement Programme	5 Nodolomwanhy St, off Adolor, Benin City	kingsley4love2002@yahoo.com
10.	Matina Akpobi	Indomitable Youth Association	4 Uwaifo Lane, off Ehico Street, Benin City	ufuoma4real@yahoo.com
11.	Yvonne Nwamu	GENDEV	29 Airport Road, Benin City	
12.	Susan Iyoha	University of Benin	1 Iyoha Street, Upper Siluko Road, Benin City	susaniyoha@yahoo.com

13.	Dr (Mrs.) A.O. Imogie	University of Benin	Institute of Education, University of Benin, Ekenwa Road Campus, Benin City	abbyimogie@yahoo.co.uk
14.	Chisom N.D. Osayi	Youth Advancement Programme	4 Ighomo Aihie Street, off Uwasota Road, Benin City	cinolove4real2002@yahoo.com
15.	Ms Helen Uwangue	Forum of Nigerian Women in Politics	45 Owina Street, off Sakponba Road, Benin City	fonwip@yahoo.com
16.	Nwadishi Faith*	Koyenum Immalah Foundation (KIF)	30 First East Circular Road, Benin City Tel: 234-802-335-1878	kifgendev@yahoo.com faithlyn_Nwadishi@hotmail.com
17.	Ken Omogbai	Child Survival Campaigns & Documentaries	14 Idehen Avenue, off Upper Mission Road, Benin City	cwser@yahoo.com
18.	Mrs. O. Abbe	Edo Underprivileged	2 Ihama Road, GRA, Benin City	
19.	Joy Urhie	Youth Advancement Project	26 Oronsaye Street, off Igbinosa Street, Benin City	omojeve@yahoo.com
20.	Dunnie Ajenifiya	Society for Family Health	11 Agbado Street, Benin City	sfhbenin@yahoo.com
21.	Nogi Imoukhuede	RUFARM	28 Cooke Road, Benin City	pnojiede@yahoo.com
22.	E. J. A. Isuma	Bureau of Information	Ezoti Street, Benin City	
23.	Napo Shaka Momodu	The Observer	24 Airport Road, Benin City	
24.	Okemi Mike	The Comet	12 Butcher Street, Mission Road, Benin City	Okemi20022000@yahoo.com
25.	O. V. O. Obahaigie	Ministry of Youths & Sports	Edo State Ministry of Youths & Sports, Benin City	
26.	Omo Ugiagbe	AANFE	Agency for Adult & Non-Formal Education, Benin City	
27.	Ohio Deborah	Owan Women Empowerment Project	3 Odion Street, Afuze, Owan LGA, Edo State	

28.	Pastor Fidelis Uwag-boe*	Young Men Christian Association	81b Forestry Road, Benin City	esenosa@yahoo.com
29.	Mrs. V. A. Ilegar	National Council of Women Societies	Ministry of Information, Benin City	
30.	Akele Isoken	Project for Learning	9 Sakponba Road Benin City	projectforlearning@yahooo.com
31.	Kufre Okop	Women's Health and Action Research Centre	4 Alofoje Street, off Uwasota Road, Ugbowo, Benin City	okopkufreh@yahoo.com
32.	Josephine Ofeimun	Associate of the Women's Health and Action Research Centre	12 Osarodion Street, Benin City	Ofeimun@justice.com
33.	Margaret Abikwi	African Women Em-powerment Guild	29 Airport Road, Benin City	Aweg95@yahoo.com
34.	E. F. Iyoha	Idia College	Idia College, Iyaro, Benin City	
35.	Dr S.M. Ogbonmwan	Associate of the Women's Health and Action Research Centre	Department of Mathematics, University of Benin, Benin City	
36.	Fagbadebu Funke	Society for Family Health	11 Agbado Street, Benin City	sfhbenin@yahoo.com
37.	O.N. Uangbaoje	SWAAN Edo State	190 Uselu Lagos Road, Benin City	Uangbaoje-usena@yahoo.com
38.	G.E. Omoregie	AANFE	AANFE, Ministry of Education, Iyaro, Benin City	
39.	Okonjion	Girls' Power Initiative	2 Hudson Lane, off Akpakpava, Benin City	gpibu@linkeserve.com
40.	Oscar Ubahawin*	Edo State House of Assembly	Edo State House of Assembly, Benin City	neact@yahoo.com
41.	F. X. Pamni	MWASD	MWASD, GRA, Benin City	

Strategic Plan (2004–2009)

42.	Dr I. O. Uzzi	Associate of the Women's Health and Action Research Centre	P. O. Box 405, Benin City	uzziline@yahoo.com
43.	Dr Sam Barrah	Network of Private Obstetrical Providers	NEPOP, c/o Women's Health and Action Research Centre, 4 Alofoje Street, off Uwasota Road, Benin City	
44.	Miss P. O. Esokpunwu	Ministry of Commerce and Industry	Room 430, Floor 4, Secretariat Building, Sapele Road, Benin City	
45.	Ifeyinwa Madu*	Face-it Organization	2 Hudson Lane, off Akpakpava Benin City	gpibn@alpha.linkserve.com
46.	Dr (Mrs.) ANG Alutu	Associate of the Women's Health and Action Research Centre	Department of Educational Psychology, University of Benin	Alu_oea@yahoo.co.uk
47.	Ehigiator Hope	Indomitable Youths Association	172 Uselu-Lagos Road, Benin City	Indomitables@yahoo.com
48.	Dr Uche Menakaya*	Women's Health and Action Research Centre	4 Alofoje Street, off Uwasota Road Benin City	wharc@hyperia.com
49.	Igbodokwu Adrian	Keep Hope Alive Organisation	c/o Women's Health and Action Research Centre, 4 Alofoje Street, off Uwasota Road,	adigbodo@yahoo.com
50.	Samuel Emelike	President YAP Club	4 Alofoje Street, off Uwasota Road, Ugbowo, Benin City	Uzob2002@yahoo.com

**Member, Strategic Planning Committee*