

**Assessing and Planning for
Youth-Friendly Services:
A Training Course Sponsored by
FOCUS on Young Adults and
Pathfinder International, Nigeria**

**July 30 – August 3, 2001
Badagry, Nigeria**

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Training Course Report

Purpose: The purpose of this course was to 1) raise awareness of issues and opportunities related to young adult reproductive health (YARH) and 2) increase capacity among nongovernmental organizations (NGOs) in Nigeria in developing youth-friendly services and applying the FOCUS tool *Assessing and Planning for Youth-Friendly Services*. This course was a follow-up to the State of The Art (SOTA) training course that took place in Abuja in February 2001. Since the demand for attendance far exceeded the space available, a follow-up course was held. In addition, the increasing number of NGOs involved in YARH and the growing need for "youth-friendly" service delivery through health facilities and community programs necessitated a need to provide additional training for NGO staff. This course targeted those who were providing services to youth or well-positioned to begin doing so in the near future.

Format and design: The Youth-Friendly Services training course used the FOCUS tool *Assessing and Planning for Youth Friendly Services* to help participants 1) explore ways of making health facilities and services more appealing to youth; 2) be better able to retain young people in programs and services; and 3) engage service providers in continuous monitoring and improvement.

Site visits to three area youth facilities were arranged so that participants could see firsthand how health facilities operated and to apply the assessment tools. Participants met with groups of mothers, fathers, youth and center staff to learn about their perceptions of services for youth in general and the facility in particular, while applying the assessment tools.

Discussions over lunch were organized to allow participants time to address other issues that came out of the discussions. For example, when discussing the need to work with youth at younger ages, questions arose as to how to determine what information was appropriate for young children and how their parents could be supported in communicating information and values about sexuality with their children. Over lunch, participants explored specific information that was necessary and appropriate for children under age 10, how parents could be helped to improve communication with their young children, and resources and opportunities that might be available to parents to help them in this work.

Facilitators: The course was facilitated by one network trainer who had co-facilitated the same course at the SOTA held earlier in the year, as well as a Pathfinder consultant, one Pathfinder staff person from the Kaduna office, and one from the main office in Lagos who had just returned from the Youth-Friendly Services Training of Trainers (TOT) course in Tanzania. Kristin Nelson, one of the authors of the tool and trainer, provided two days of orientation to facilitators. Tijuana A. James-Traore, the FOCUS Program and Training Advisor, provided on-site technical assistance.

Participants: Twenty participants attended the training course from at least seven states, including Plateau State in the north; Benue State in the middle belt; and Lagos, Ogun, and Oyo states in the south. They represented largely the NGO community but did include one local government Ministry of Health (MOH) medical officer. Although most indicated on their registration form that they provided services to youth, in fact many defined services more broadly and in most cases did not include the provision of contraceptives, medical exams or STI screening and treatment. Only four participants worked for organizations that provided such services.

Observations: The composition of the group revealed that participants had varying levels of previous or current experience in working with youth. As a result, it was necessary to adapt and modify the agenda to inform and educate the group about more basic ARH issues. For example, exercises designed to explore and clarify values were added. This revealed that some participants had very different perceptions of what was meant by commonly used terms such as services and confidentiality. Several people, while feeling that services should be confidential, also felt that parents should be informed about the use of services by their children. And, since participants were not necessarily well-versed in recent data and key findings related to the status of ARH in general, and in Nigeria specifically, questionnaires in the form of games were developed to assess participants' knowledge and provide them with accurate information. Focus-group discussions with youth during site visits also provided the youth perspective on the realities of their lives, identification of their needs and factors that contributed to negative reproductive health outcomes.

Course outputs: Small-group activities led to the following consensus definition of youth-friendly services:

"Youth-Friendly Services are services designed to meet the basic health, social, mental and economic needs of youth with their full involvement in the planning, implementation and evaluation of these services."

Characteristics of Youth-Friendly Services	Needs of Adolescents	Barriers to Youth-Friendly Services
<p><i>Characteristics of youth-friendly services include services that:</i></p> <ul style="list-style-type: none"> • show respect for the opinions of youth • involve youth in design, planning, implementation and evaluation • ensure confidentiality • have flexible hours of operation • provide a range of services • are accessible to transportation • are delivered in a way that is acceptable to youth • are affordable 	<p><i>The needs of adolescents fell into the following five (5) categories:</i></p> <ol style="list-style-type: none"> 1. Emotional and mental needs, including: <ul style="list-style-type: none"> • Support from parents and the community • Counseling • Security, safety, and political stability • Positive interaction with peers 2. Physical needs, including: <ul style="list-style-type: none"> • Shelter • Good personal hygiene • Rest and exercise • Adequate and seasonally appropriate clothing 3. Need for information and services, including: <ul style="list-style-type: none"> • Counseling • Sexuality education • Prevention of STIs including HIV • Contraceptives • Treatment for abortion complications • Prevention of unplanned pregnancy 4. Nutritional needs, including: <ul style="list-style-type: none"> • a balanced diet • sufficient quality and quantity of food 5. Social and economic needs, including <ul style="list-style-type: none"> • Vocational training • Education and school fees • Discipline and structure • Access to information • Policies that support their needs • Employment/job opportunities • Recreation 	<p><i>Cultural and institutional barriers were identified, such as:</i></p> <ul style="list-style-type: none"> • Lack of confidentiality in existing services • Attitude of health providers • Cultural constraints including parental and community attitudes • Religion • Governmental policies • High cost of services • Economic needs, lack of income • Services not accessible or not easily accessible • Unnecessary protocols • Location not accessible

Site visits: As always, the site visits were one of the highlights of the course. Small groups of six to nine participants visited health facilities to begin applying the tools and newly acquired knowledge about the characteristics of youth-friendly services. Participants in this course visited the following sites:

- ***Action Health Incorporated (AHI)*** in Lagos is located in Gbagada, along the Oworonshoki expressway of the Somolu Local Government area of Lagos. It houses a youth center and health clinic. In addition to contraceptive and ob-gyn services, the center provides recreational activities, a resource library, video screenings and discussion sessions. AHI also trains peer educators, publishes a quarterly newsletter on ARH issues, and conducts community outreach activities. Most activities are coordinated and run by young people who are paid staff of the program. In so doing, they put the principles of youth development and leadership into practice.
- ***Association for Reproductive and Family Health Services (ARFH)*** in Ibadan operates a youth center and clinic located within the facility and provides family planning/contraceptive services to youth. They also have a well-stocked library where information and education (IEC) materials on RH issues can be obtained. Currently ARFH is managing a statewide school-based life-planning education program that includes sexuality education, life skills and responsible parenthood, relationship building, etc. ARFH also provides technical assistance to CBOs and smaller NGOs working in young adult reproductive health.
- ***Family Health and Population Action Committee (FAHPAC)*** in Ibadan is a clinic-based program that includes a vocational training and micro-enterprise component for area youth. Youth, including those who are socially marginalized, out of school, and young mothers, are taught skills in sewing, soap making and carpentry. The entertainment troupe affiliated with the site promotes RH messages by developing and recording music cassettes and through community theater presentations using the enter-educate approach.

Without question, the site visits made the content of the curriculum and tool come alive. Participants met with facility staff, young people who were both users and non-users of services, and mothers and fathers from the community. Indicators and questions were prepared in advance. The charts below reflect the work of each group, including the indicators they assessed, the data source, problems identified, possible solutions and resources needed to make improvements. General comments and recommendations are summarized at the end.

Indicators	Data source	Problems	Possible solution	Resources needed
1. Are the attitudes of providers supportive toward giving reproductive health services to adolescents?	Nurse and a counselor	Lack of discretion by providers of contraceptives	<ul style="list-style-type: none"> • Training providers in youth-friendly service provision • Proper supervision of providers by managers 	<ul style="list-style-type: none"> • Funds for training • Resource people • Workshop materials
2. Do policies support providing services to adolescents?	Nurses and a counselor			
3. Do adults support adolescents in seeking reproductive health services?	Adults in the community	Fathers feel strongly that adolescents should notify them before receiving RH services.	<ul style="list-style-type: none"> • Sensitization and enlightenment programs to educate parents to the fact that youth have the right to choose the RH services to receive 	<ul style="list-style-type: none"> • Funds for training • Workshop materials • Resource people
4. Do adolescents perceive that they would be welcomed and served regardless of marital status and age?	Youth who have never received reproductive health services from the center	<p>Youth perceive that some services, such as contraceptives, are provided only for married people.</p> <p>Youth feel that they will be uncomfortable talking to providers.</p>	<ul style="list-style-type: none"> • Advocacy during youth meetings • Training of peer educators • Enlightenment activities for youth 	<ul style="list-style-type: none"> • Funds for training • Resource people • IEC materials

Family Health and Population Action Committee (FAHPAC)

Seven participants visited FAHPAC. They conducted focus-group discussions in Yoruba with 6 youth, 14 mothers, and 9 fathers from the community. They also conducted in-depth interviews with 4four center health workers. They were unable to conduct client interviews because no clients were available during the visit.

Comments and recommendations – Team members felt that despite areas identified as needing improvement, the environment at FAHPAC was inviting to youth. In addition, the large piece of land the program occupies provides opportunities for future development and expansion. The FAHPAC strategy of using enter-educate models was seen as a powerful tool to reach a broad segment of the community with RH messages. Because FAHPAC is community driven and supported, it has greater credibility within the community and as well as sustainability and longevity.

Provider interviews revealed that they generally agreed that the range of services provided to youth were good and needed, including pre and post-test HIV counseling. All felt that youth should be counseled on all methods of contraception, but that they would not give contraceptives to all youth, especially younger adolescents. Most adults identified sexually transmitted infections (STIs) and unplanned pregnancy as major health problems in the community and discouraged premarital sex for adolescents. However, mothers more strongly agreed that their children should receive services without their knowledge, whereas fathers wanted to be asked permission before services were provided to their youth. Most adolescents perceived that they would be welcomed at the facility and could receive screenings and treatment for STIs but that they would not be given family planning services. Despite their comfort with the facility, they had concerns about the ability of particular staff to protect their confidentiality, even though providers felt the youth were entitled to privacy and confidentiality and accepted that parental consent would not be required.

As a result of the findings and observations, the group strongly encouraged the provision of ongoing training for providers as well as a public education campaign with a focus on youth rights and the need for privacy and confidentiality. Fathers in the community were seen as needing education on adolescent rights so that they would not pose additional barriers to youths' access to information and services.

Indicators	Data source	Problems	Possible solution	Resources needed
1. Are the attitudes of providers supportive toward giving RH services?	Providers and youth clients			
2. Do the policies support providing services to adolescents?	Providers, youth clients, and neighborhood youth			
3. Do adults support adolescents in seeking RH services at the facility?	Community mothers and fathers			
4. Do adolescents perceive they would be welcomed and served regardless of age, sex, and marital status?	Youth who have not been to the facility	Perceptions that the facility is meant for in-school youth only	<ul style="list-style-type: none"> • Conduct more advocacy activities among out-of-school youth and parents • Hold periodic awareness seminars on the range of services offered and appropriate beneficiaries 	<p>Additional IEC materials in Yoruba</p> <p>Trained Yoruba-speaking staff</p>

Action Health Incorporated (AHI)

The team visited Action Health Incorporated in Ifako, Gbagada, Lagos. The layout of the facility includes a reception area, vocational room, library, participatory video/communication room, IEC/health education room, consultancy rooms, and a laboratory. In-depth interviews were conducted with six selected staff members, clients received exit interviews, and focus-group discussions were held with 10 mothers and 6 fathers from the neighborhood as well as 8 area youth who were not users of the services and 5 who were. A feedback session was also held with the program director.

Comments and recommendations – Many youth in the community were knowledgeable about the services of AHI. However, those who did not use the services perceived that the community would be opposed to their using the services. Parents in the community did not initially identify RH-related issues as a major concern within the community until the issue and its implications for families and the community were discussed in more detail. While it was acknowledged that the community was generally aware of the programs and services available through AHI, their knowledge was not comprehensive. For example, they were aware of the availability of vocational training programs but felt they did not have sufficient monies to pay for their children to participate. They were unaware that the services were free. Fathers were generally more conservative in their views about their children's having access to services without their permission. It was believed that cultural factors necessitated that fathers be informed of all family decisions and be clearly in control of their children. Finally, youth overall had a very positive perception of the center, and many are involved as volunteers or paid staff.

Since the programs and services of AHI focus primarily on in-school youth, it was felt that more should be done to reach young people who were not in school. It was also recommended that advocacy efforts continue and be increased so that parents were more aware of and knowledgeable about all services provided by AHI. To accommodate the varying needs and groups within the community it was thought that IEC materials should be developed in local languages to increase awareness of the range of services provided by AHI. Lastly, participants felt that because the reach of AHI is limited to the communities in which they work, that they could increase collaboration with other interested community-based organizations to replicate youth-friendly services in other communities.

Indicators	Data source	Problems	Possible solution	Resources needed
1. Are the attitudes of providers supportive toward giving RH services to adolescents?	In-depth interviews with providers			
2. Do the policies support giving services to adolescents?	In-depth interviews with providers			
3. Do adults support adolescents seeking RH services at the clinic?	Focus-group discussions with mothers and with fathers	Cultural barriers	<ul style="list-style-type: none"> • Reorientation of mothers regarding cultural myths and beliefs • Advocacy involving traditional policy makers • Sensitization seminar for community leaders and traditional rulers 	<ul style="list-style-type: none"> • Additional IEC materials for the community
4. Do adolescents perceive they are welcomed regardless of marital status and age?	Focus-group discussion with adolescents	<p>Library provides information only on RH-related issues.</p> <p>Adolescents also indicated that the recreational facilities were inadequate.</p>	<ul style="list-style-type: none"> • Improve the library to include school textbooks and other resources. • Provide an opportunity for youth to borrow books from the library. • Additional leisure games like Scrabble, chess, etc. 	<ul style="list-style-type: none"> • Funding for additional books and materials • Additional resource materials

Association for Reproductive and Family Health (ARFH)

Team members toured the facility, which houses counseling services, examination rooms for men and women, a library, room for games and dramas and a separate reception area for youth. They also conducted focus groups with 8 mothers and 9 fathers from the community, as well as 15 youth who had not used the facility. Finally, in-depth interviews were conducted with three providers.

Comments and recommendations – Team members felt that ARFH was an example of youth-friendly services, given the range of programs and services offered. In addition to the center, outreach activities seemed to be an effective way of reaching more youth, including those who were in and out of school. Team members recommended that ARFH provide relevant social mobilization and sensitization activities for the community that reached more adults in order to achieve their aims and objectives. Improving the library services was seen as a way of providing an additional resource to youth, thereby meeting a need they identified for themselves. Improving recreational facilities and reinstating vocational training programs were seen other ways of attracting youth who could also benefit from other program components.

Participant evaluation: At the beginning of the course participants were asked to say what they expected from the course, from themselves, and from each other. Although their expectations were many and varied, the following statements capture the essence of what was shared by all:

From the course:

- To learn more about how to be friendly with youth
- To learn more about youth-friendly health services, how to design programs, organize and evaluate these services.
- To be enlightened on YARH needs
- To learn strategies for approaching ARH problems

From other participants:

- To share the wealth of experiences of their organizations and best practices for reaching and serving youth
- To encounter full participation, friendly interaction, and commitment
- To be exposed to what others are doing in relation to YARH and the difficulties they encounter and to be inspired by their work

From myself:

- To share my experiences with others and improve myself so that I can organize better programs for young adults
- To be attentive, committed to learning, and active in achieving the objectives of the training course
- To broaden my knowledge, improve my ARH skills, and be better equipped in rendering youth-friendly services

At the end of the course they were asked to evaluate the extent to which their expectations were met as well as comment on the relevance of the course to their needs, the structure content and facilitation, and share how they will apply what they have learned.

With very few exceptions, participants ranked the training content 4's and 5's (with 5 being the best score) in usefulness and relevance to their work. Similarly, the format of the course was rated high in participant involvement, the complementary nature of the exercises and visual aids, and the relevance of the site visits in helping apply the tools and newly acquired skills. Some felt that some of the facilitators could have been clearer in their presentations so that complex concepts and more challenging content areas could have been better understood. Since there were four facilitators it is difficult to assess the extent to which this was an issue. However, this problem will likely diminish as trainers become more comfortable with the content and improve their facilitation skills.

Among the skills, ideas, and concepts they will try to apply to their work include:

- the need to provide more confidential services and greater privacy to the adolescents
- the need to provide greater protection of the rights of adolescents
- the value of involving youth in program planning and implementation to ensure better utilization
- the need to assess the impact of services
- the need for periodic assessment even within "good" programs to improve service provision

- the need to assess the impact of services
- the need for periodic assessment even within “good” programs to improve service provision
- a better understanding of the needs of adolescents
- a better understanding of existing and potential barriers among health providers, parents and youth
- how to use assessment to identify improvement needs among managers and providers
- how to work in a group to achieve a common goal
- how to conduct focus groups and client interviews

Overall, participants found the course to be beneficial and believed that others within their organizations, from other NGOs, and those working with youth in areas other than health facilities would benefit from it as well. In addition to helping improve service delivery, the course was reported to have been useful in addressing personal bias and values that may be contrary to the principles of youth-friendly services.

Participants also identified some areas for improvement, including offering the course closer to site-visits locations; extending the length of the course to allow more time to address basic ARH issues and for more practical application of information and tools; increasing funding so that more could attend, especially from government; providing an opportunity for NGOs to present information about their work; and establishing a network or coalition from among the participants to encourage ongoing dialogue and support.

In addition, participants supported follow-up to see how they have applied their new knowledge and refresher courses to update and review their information and adapt and modify the content as service conditions change. Additional comments can be found in the appendices.

Other: Kingsley Bangwell of the Youth Rhapsody television program (formerly known as the Youth Perspective program) interviewed course organizers and selected participants. Youth Rhapsody is a 30-minute television magazine of the Youngstars Foundation, a youth-for-youth NGO based in Jos, Plateau State. Targeting young people between the ages of 5 and 25 and their parents, the show airs every Saturday from noon to midnight in Plateau State on NTA/Jos. Youth Rhapsody is designed specifically to educate and enlighten young people about topical issues relevant to them with an emphasis on reproductive health challenges. The program seeks to empower youth with accurate information to help them make the right choices about their everyday lives.

Youth Rhapsody is presented by a youth and sometimes co-hosted by peer. Adult expert views are sought, as is input from youth in the audience. Topics include HIV/AIDS, unplanned pregnancy, teenage abortion, contraceptive use, the influence of substance abuse, parent/child communication, peer influences, relationships, socio-cultural values, and the rights of youth. Although the show broadcasts from Jos it reaches five northern states, including Bauchi, Nassarawa, Kaduna, Taraba, and parts of the Federal Capital Territory, Abudja.

This segment was aired in August; video copies will be provided to Pathfinder.

FOCUS on Young Adults/Pathfinder International, Nigeria

Youth-Friendly Services Training Course Agenda

Badagry, Nigeria

July 30 - August 4, 2001

Name	Organization/address	Organizational description	Job responsibilities
1. David Atamewalen Programme Officer	Life Vanguard's P.O. Box 2182 Osogbo, Osun State (035)-242-738, 243552 jivang@skannet.com.ng atasdea@yahoo.com	Life Vanguard's provides information, education, and services related to reproductive health, HIV/AIDS prevention and control as well as youth development.	David's job responsibilities include serving as a facilitator and health educator, assisting in the development of IEC materials and proposals. He also assists with program development and implementation as well as micro-credit activities.
2. Georgania Chimeodo Ndulaka Project Supervisor	Amukoko Community Partners for Health C/O Shammah Hospital No. 15 Epe Street Amukoko, Lagos. Contact address: St Matthew's Catholic Church, P.O.Box 699 Apapa, Lagos	The Amukoko Community Partners for Health program provides information and services related to maternal health and child survival, family planning, HIV/AIDS prevention, women empowerment and poverty alleviation through micro-credit loans.	Georgania's responsibilities include supervising Community Based Distribution (CBD) agents and Peer Health Educators (PHE), writing monthly reports, collecting data from health facilities, and record keeping.
3. Rose Adejo Project Account Officer (Counselor)	Society for Women and AIDS in Africa (SWANN), Nigeria C/O LATH Office General Hospital Otukpo, Benue State 662-777	The focus of SWANN is on raising awareness about STIs, including HIV/AIDS, and promoting behavior change. This is done through a combination of peer-education training and other youth-focused activities involving drivers, cyclists, commercial sex workers, and the police.	Rose's responsibilities involve providing counseling to the various target groups of SWANN.

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<p>4. Janet Olusola Adetunji Youth Programme Officer</p>	<p>Sagamu Community Center No. 1 Baruwa, Ijoku P.O. Box 855 Sagamu, Ogun State</p> <p>(037)-641-267/641-902 dada@crrh.skannet.com</p>	<p>The Sagamu Community Center is an NGO established by the community to implement STD/HIV/AIDS Projects. It provides information and services to vulnerable groups such as commercial sex workers, youth, long-distance truck drivers, and people living with AIDS.</p>	<p>Janet is the programme officer for the youth task team and team leader on the DIFID STDs/HIV/AIDS project. As a result, she coordinates youth activities for in-and out-of-school youth, training of peer educators, and counseling and treatment services.</p>
<p>5. Francis Chidi Amankulor</p>	<p>STOPAIDS Organization P.O. Box 5052 M.M.A., Ikeja, Lagos</p> <p>263-5219 (tel) 263-5219 (fax) stopaids@fordwa.linkserv.org</p>	<p>STOPAIDS is actively involved in the fight against HIV/AIDS, working with long distance truck drivers, touts, hawkers, and other motor park users. It also works with out-of-school youth and provides services, care and support to PLWAs.</p>	<p>Among Francis' responsibilities are to provide counseling on HIV/AIDS in motor parks, write reports on activities, assess service needs, and refer clients for other activities.</p>
<p>6. Adenike Olusola Ajirenike Programme Officer</p>	<p>Youth Health and Women Development Projects, Incorporated. P.O. Box 1868 Ado-Ekiti</p> <p>(030) 251-994 folarichie-adewusi@yahoo.com</p>	<p>The Youth Health and Women Development Projects, Inc. focus is on youth development and women's empowerment through the provision of quality, accessible sexual and reproductive health information and skills development. This is done through advocacy, IEC and training activities.</p>	<p>Adenike's responsibilities include program design, organization, implementation and evaluation, report writing and fund raising, development of project proposals.</p>
<p>7. Oyeyinka Adedoja Ayo-Yusuf</p>	<p>Youth Empowerment Foundation 40 Johnson Street, Off Bode Thomas P.O. Box 7979 Surulere, Lagos</p> <p>(09) 774-8397 yefcry@skannet.com</p>	<p>The Youth Empowerment Foundation provides an HIV/AIDS hotline, providing information and referrals. They also implement mass media strategies for reproductive health promotion.</p>	<p>Oyeyinka consults on fundraising and publications. She is also the liaison with donors and develops project proposals.</p>

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<p>8. Esther Amichi Oigoga Task Team Leader</p>	<p>Society for Women and AIDS in Africa (SWANN), Nigeria C/O LATH Office General Hospital Otukpo, Benue State</p> <p>(044) 662-154 (044-662154, 662777)</p>	<p>The focus of SWANN is on raising awareness about STIs, including HIV/AIDS, and promoting behavior change. This is done through a combination of advocacy efforts, peer education training and other youth focused activities involving drivers, cyclists, commercial sex workers, and the police.</p>	<p>Esther serves as the task team leader for in-school adolescents. She also coordinated the Family Life Education (FLE) club activities and monitors the activities of SWAAN members attached to the pilot schools.</p>
<p>9. Sulaimon Owolabi Adekeye</p>	<p>STOPAIDS Organization P.O. Box 5052 M.M.A., Ikeja, Lagos</p> <p>263-5219 (tel) 263-5219 (fax) stopaids@fordwa.linkserv.org</p>	<p>STOPAIDS is actively involved in the fight against HIV/AIDS, working with long distance truck drivers, touts, handlers, and other motor part users. It also works with out-of-school youth and provides services, care and support to PLWAs.</p>	<p>Sulaiman coordinates and monitors zonal project activities, represents STOPAIDS at federal, state and local government meetings and organizes meetings of community leaders to elicit support for issues related to the rights of youth and PLWAs. He also participates in rallies, and counsels youth and long-distance truck drivers</p>
<p>10. Olalekan Tirimisiu Azeez Project Coordinator/Youth Coordinator</p>	<p>I Am Pregnant Project 33 Oyedeji Street (off Ojo Road) Ayota Arts Center</p> <p>587-6309.587-1698 pregnantiam@yahoo.com</p>	<p>The I Am Pregnant Project conducts advocacy, social mobilization, research, capacity building, and monitoring and evaluation activities on behalf of adolescents.</p>	<p>Olalekan helps provide information and education through the use of creative, participatory techniques for young people in and out of schools.</p>
<p>11. Tolulope Adekanmbi Program Officer</p>	<p>Youth Empowerment Foundation P.O. Box 7979 Surulere, Lagos</p> <p>774-8397 ajimoh@rcl.nig.com</p>	<p>The Youth Empowerment Foundation provides for the health and social development needs of youth through mobilization and empowerment. It also runs an AIDS hotline, providing information and referrals.</p>	<p>Toluope provides counseling through the hotline and logistics for the program.</p>

Participant list, page 4

<p>12. Kingsley Bangwell N.T. Project Director</p>	<p>Youngstars Foundation P.O. Box 515 Plateau State, Nigeria (073) 402-409 ystar27@yahoo.com</p>	<p>The Young Stars Foundation is a youth-for-youth NGO located in Jos. Activities include in-school pep talks, seminars, workshops, TV programs and competitions in schools.</p>	<p>Kingsley is charged with organizing meetings and programs.</p>
<p>13. Emmanuel Egli Ogbole Programme Assistant</p>	<p>Planned Parenthood Federation of Nigeria C/O LATH Office Otukpo Project Site Otukpo, Lagos (044) 662-77</p>	<p>PPFN provides reproductive health services, including family planning, health education, and STD screening and treatment.</p>	<p>Emmanuel's responsibilities include public education on family planning, STD/HIV prevention, management, and control. He also organizes and supervises youth activities and collects and analyzes data.</p>
<p>14. Elizabeth Olubukola Odusami Programme Officer, Gender and Youth</p>	<p>Planned Parenthood Federation of Nigeria 224 Ikorodu Road Palmgrove, Lagos PMB 12557, Lagos 497-5258 (tel.) 820-526 (fax) ppfn@rcl.nig.com</p>	<p>PPFN provides RH and family planning services in 34 states of Nigeria including the FCT. Its current focus is on adolescent reproductive health and HIV/AIDS prevention programs.</p>	<p>Elizabeth coordinates youth activities in PPFN run facilities nationally. She is also involved in the development of HIV/AIDS prevention programs, proposal development, program implementation and data collection and analysis.</p>
<p>15. Sylvester Namsak Dombin Coordinator for Youth</p>	<p>Church of Christ in Nigeria P.M.B. 2127 No. 5 Noad Avenue Jos, Plateau State (073) 453-679 cocinhgt@jos.rcl.nig.com</p>	<p>The Church of Christ in Nigeria (COCIN) is an evangelical church whose mission includes outreach to youth.</p>	<p>Sylvester coordinates the youth ministry of the Church of Christ in Nigeria.</p>

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<p>16. Omowumi Iyabo Ajagbe Consultant</p>	<p>Grace's Consulting Firm C/O P.O. Box 6749 Agodi, Ibadan</p> <p>(02) 810-9247/711-736 jilogart@yahoo.com jilogart@hotmail.com</p>	<p>The Grace Consulting Firm trains youth to become responsible citizens and live healthy lives, free from HIV/AIDS/STDs. The firm also trains youth in leadership skills.</p>	<p>Omowumi is responsible for designing school-based and community-based programs. She is also involved in training youth on life planning, ARH issues, STIs/HIV/AIDS and improving parent-child communication on sexuality.</p>
<p>17. Temitope Toyin Akinola Secretary</p>	<p>Grace's Consulting Firm P.O. Box 6749 Agodi, Ibadan</p> <p>(02) 810-9247/711-736</p>	<p>The Grace Consulting Firm trains youth to become responsible citizens and live healthy lives, free from HIV/AIDS/STDs. The firm also trains youth in leadership skills.</p>	<p>Temitope's responsibilities include typing documents and reports, assisting in getting the IEC materials ready for training workshops.</p>
<p>18. Stella Olajumoke Falaye Network Trainer/Consultant Health and ARH</p>	<p>Network Trainer/Consultant UI P.O. Box 22792 Ibadan, Oyo State</p>	<p>Same as above</p>	<p>Stella organizes workshops on ARH education, human sexuality education, STD/HIV prevention, manpower development, program design, leadership and citizenship.</p>
<p>19. Muideem Babatunde Olatunji Doctor</p>	<p>Ministry of Health Oyo State Iseyin Local Government Oyo State</p> <p>(02) 810-8114 olatunji@errands.skannet.com</p>	<p>The MOH provides primary health care to adults and youth.</p>	<p>Muideem is the medical officer who coordinates primary health care services, including RH services for youth. He also organizes workshops as part of HIV/AIDS campaigns.</p>
<p>20. Ebunoluwa Omolade Jaiyesimi Youth Program Officer</p>	<p>Sagamu Community Center No. 1 Baruwa, Ijoki P.O. Box 855 Sagamu, Ogun State</p> <p>(037)-641-912, 037-640981 dada@crrhskannet.com</p>	<p>The Sagamu Community Center is an NGO established by the community to implement STD/HIV/AIDS projects. It provides information and services to vulnerable groups such as commercial sex workers, youth, long-distance truck drivers, and people living with AIDS.</p>	<p>Ebunoluwa assists in the creation of HIV/AIDS awareness campaigns, trains peer educators, and provides RH counseling and treatment for youth.</p>

For additional information please contact:

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