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Young
Adult
Reproductive
Health
State
of the
Art
(SOTA)
Training
Course

N I G E R I A

FOCUS on Young Adults
February 18-23, 2001
Abuja
Nigeria



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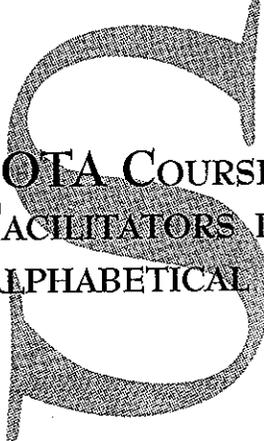
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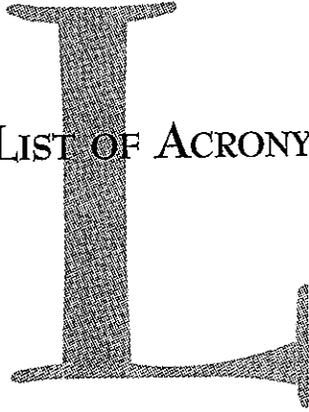
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LIST OF ACRONYMS



AHI	Action Health Incorporated
AHIP	Adolescent Health and Information Project
AIDS	Acquired Immuno-deficiency Syndrome
AIN	Adolescents in Nigeria
ARFH	Association for Reproductive and Family Health
ARH	Adolescent Reproductive Health
CA	Cooperating Agency
CCP	Center for Communication Programs
CDFON	Child Development Focus of Nigeria
CEDPA	Center for Development and Population Activities
CEO	Chief Executive Officer
CHESTRAD	Center for Health Sciences Training, Research, and Development
CRH	Center for the Right to Health
CSO	Civil Society Organizations
CSW	Commercial Sex Workers
FAHPAC	Family Health and Population Action Committee
FAWE	Forum for African Women Educationalists
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
FOCUS	FOCUS on Young Adults
FP	Family Planning



GPI	Girls' Power Initiative	PAC	Post-Abortion Care
HDI	Human Development Index	PACNet	Post-Abortion Care Network
HEAP	HIV/AIDS Emergency Action Plan	PHC	Primary Health Care
HMIS	Health Management Information Systems	PLWA	People Living With HIV/AIDS
HIV	Human Immuno-deficiency Virus	PVO	Private Voluntary Organization
HURUMA	Human Rights Union for Medical Action in Africa	RH	Reproductive Health
HPI	Human Poverty Index	RH&D	Reproductive Health and Development
HPN	USAID Health, Population, and Nutrition	SCC	Sagamu Community Center
IAC	Inter-African Committee	SFH	Society for Family Health
ICPD	International Conference on Population and Development	S&RH	Sexual and Reproductive Health
IEC	Information, Education, and Communication	SOTA	State of the Art Training
IPAS	International Projects Assistance Services	SWAAN	Society for Women and AIDS in Africa
JAAIDS	Journalists Against AIDS	SWODEN	Society for Women Development and Empowerment of Nigeria
LPE	Life Planning Education	TYE	Total Youth Empowerment
MIS	Management Information System	UNAIDS	Joint United Nations Programme on HIV/AIDS
M&E	Monitoring and Evaluating	UNDP	United Nations Development Programme
MOH	Ministry of Health	UNFPA	United Nations Population Fund
NACA	National Action Committee on AIDS	UNIFEM	United Nations Development Fund for Women
NDHS	Nigeria Demographic and Health Survey	USAID	United States Agency for International Development
NGO	Nongovernmental Organization NIMR	VSO	Voluntary Services Organization
NPC	National Population Council	WHO	World Health Organization
NPP	National Population Policy for Development, Unity, Progress, and Self-Reliance	WHON	Women's Health Organization of Nigeria
NYAP	Nigeria Youth AIDS Program	YARH	Young Adult Reproductive Health
		YEF	Youth Empowerment Foundation
		YFS	Youth-Friendly Services



E

EXECUTIVE SUMMARY

The training course titled Young Adult Reproductive Health State of the Art (SOTA) training course was held in Abuja, Nigeria, February 18–23 and February 26–28, 2001. The SOTA was designed and organized by FOCUS on Young Adults (FOCUS) and The POLICY Project, in partnership with the Ford and MacArthur Foundations, Pathfinder International/ Nigeria, Action Health Incorporated (AHI), and the Adolescent Health and Information Project (AHIP), all of whom provided both technical and material support toward the course. The course was designed for USAID Health, Population, and Nutrition (HPN) staff members, USAID-associated cooperating agencies (CAs), donors, other international organizations, government agencies, and nongovernmental organizations (NGOs) providing or preparing to provide programs and services to youth in Nigeria.

The aim of the SOTA was to (1) raise awareness of issues and opportunities related to young adult reproductive health (YARH) in Nigeria, (2) increase capacity among those who influence the design and funding of youth programs, and (3) assist stakeholders in advancing the national strategic framework and plan of action that emanated from the report of the National Conference on Adolescent Reproductive Health that was held in 1999, Time for Action.



The SOTA course consisted of two parts conducted over eight days. The first week was attended by 118 participants and provided a general overview of current data and issues related to YARH globally and to Nigeria specifically. During the second week, 83 people participated in one of three skills-based courses. Those courses were held concurrently on (1) Assessing and Planning for Youth Friendly Services, (2) Monitoring and Evaluating Adolescent Reproductive Health Programs, and (3) Advocating for Change in YARH. Course facilitators were guided by recently produced tools, training manuals, books, and other resource materials produced by FOCUS and the POLICY Project. Sessions were facilitated using participatory and experiential learning methodologies.

The SOTA began with an impressive opening ceremony attended by top-ranking officials from the Federal Ministry of Health (FMOH) and from the United States Agency for International Development (USAID), heads of USAID's CAs, and Nigerian implementing partners. The course progressively assisted participants to explore issues under eight thematic areas:

- understanding adolescence;
- creating an enabling environment;
- risk and protective factors;
- services;
- communication;
- strategies and approaches;
- tools/research, monitoring, and evaluation; and
- next steps.

Those eight areas were identified during meetings held throughout Nigeria with NGOs, government ministries, donors, and CAs, and were based on their assessment of their needs. Furthermore,

implementing partners considered the themes to be crucial to achieving the goals and objectives of the course.

The course was highly participatory; it included a significant number of young people who made presentations, officiated as session moderators, facilitated small groups, and served as discussants in small groups and at plenary sessions. Alongside the adults, the youths challenged ideas as they thoroughly analyzed the issues presented and as they put forth useful suggestions for improving YARH.

During the SOTA workshop, the participants reviewed the current situation of YARH in Nigeria and of programming efforts that are under way. The population of Nigeria was estimated to be 118 million in 2000, with more than 250 ethnic groups. The three dominant groups are the Hausa in the North, the Yoruba in the Southwest, and the Ibo in the Southeast. The population is predominantly rural, with only about 36 percent of Nigerians living in urban areas. Young people in Nigeria age 10–24 number 36.7 million, representing 33 percent of the total population (*The World's Youth, 2000*). Childbearing begins early, with about half of women aged 25 and older having become mothers before the age of 20 and with 18 percent of all women currently age 15–19 having given birth to at least one child.

Socioeconomic, environmental, and cultural factors greatly influence YARH in Nigeria. Public policies, traditional practices, and available resources are out of sync with the needs and realities facing young people. Poverty, poor educational attainment, high rates of unemployment, and a disintegration of traditional cultural and family supports often mark the



transition from childhood to adulthood for Nigeria's youth today. Years of military rule following colonization was marked by weak governance, mismanagement of funds, corruption, and the lack of infrastructure. Although democratic rule was returned to Nigeria in 1999, the process of rebuilding has been slow. It is against this backdrop that institutions and organizations are attempting to provide reproductive health (RH) information and services to youth.

The perceptions about young people and about their abilities held by those adults who make decisions about policies, programs, and services greatly influence the rights to which they feel youth should be entitled as well as the availability of programs and services. The current YARH environment reflects conservative and restrictive policies and programs that fail to support young people's rights and their access to appropriate reproductive health information and services. In addition, many programs treat youth as a homogeneous group, without regard for their psychosocial and emotional development, or for their life circumstances. However, young people's hope for a better future lies in a better understanding of their differing needs as they grow and develop.

Nigeria is making progress in creating an enabling environment for YARH as evidenced by the inclusion of fundamental human rights in the constitution and of national policies on health, HIV/AIDS, and education. Policy reform is a work in progress, with additional reforms anticipated in the near future. However, fulfilling the intention of those policies and plans has been hindered by poverty, poor funding of public health and education programs, weak advocacy for policy reforms or implementation, weak

intersectoral collaboration such as partnership with the media, and persistent conservative influences in dominant religions and cultures. As a result and to a large extent, the conditions in Nigeria have meant that young people have poor access to RH information and services. Despite those negative effects, culture, tradition, and religion also hold promise for exerting a positive effect on YARH.

As noted, the needs of young people vary with age, gender, development, and life circumstances. Therefore, in an effort for programs to be more responsive, Nigeria needs to better target programs and services on the basis of those factors. The groups that need more targeted services include youths living on the street or in refugee camps, commercial sex workers (CSW), youths living in rural or hard-to-reach areas, homosexual youths, youths who are HIV positive, young people who are physically and mentally challenged, victims of rape and incest, and those who are married or out of school.

Identified as a significant need was building institutional and organizational capacity in a range of areas, including program design, implementation, management and evaluation, staff training, management information systems, and advocacy. There is also a need for more information, material, and human resources. In part in response to this need, the course made the full range of FOCUS materials available, as well as relevant materials from other organizations, including the Population Council, Family Health International, and Johns Hopkins University's Center for Communications Programs. Each participant received a copy of all presentations made during the courses, a



resource directory (developed during the course with participant input), and a complete list of participants with contact information to facilitate and stimulate further collaboration and networking.

A fair amount of time was devoted to examining the relationship between YARH and the media. A combination of the media feeling prohibited from actively engaging the public in open discussions on sexuality and of the challenge of financial sustainability has led to the need for a mutually beneficial partnership between the media and YARH programs. This alliance will both increase and sustain the promotion of positive YARH messages while keeping the media financially viable. Besides the profound effect that the media have on the RH messages communicated, they also serve as a major source of information for many youth. However, decisions about what to report and how to do so are often driven not by social considerations but by economic and political factors that sometimes conflict with the social good. Throughout the course, representatives from the media were engaged in a variety of formal and informal forums to discuss those challenges and to strategize ways of enhancing the partnership. Representatives of organizations were helped to develop skills for working with the media more effectively and productively.

Even though most YARH programs in Nigeria have not been rigorously evaluated, a number of NGOs are using promising program models and approaches. Those programs include youth involvement, micro-enterprise, school-based life-planning education, work with religious institutions, market-based programs, youth involvement in advocacy, work with youth in rural

northern Nigeria, and post-abortion care (PAC). Learning about these approaches, their successes, and their challenges proved to be a special opportunity for many.

Finally, a review of the 1999 National Strategic Framework for Adolescent Reproductive Health in Nigeria revealed that only a modest increase in YARH programming has occurred in the past two years. Huge gaps—especially in the areas of policy and legal reforms, capacity building, and data gathering and information management—were identified. Individual and organizational commitments were made to begin to bridge those gaps. FOCUS agreed to send such written statements back to the participants with a brief survey to remind them of their commitment and to see the progress they have made in achieving their goals and the obstacles they have faced.

As a result of the course's success, participants proposed that a second SOTA be held in Nigeria to accommodate the increasing number of youth-serving organizations and others that this course was not able to accommodate.

The skills-building courses on Monitoring and Evaluation, Youth Friendly Services, and Advocacy that followed the SOTA workshop were designed to increase technical knowledge and abilities and to enable participants to apply concepts and materials to their own work. The participants selected for each follow-up course were those charged with that responsibility in their organization. They attended with the expectation that all participants had at least a minimal level of background and experience in the subject area and that after returning from the course, they would have their organization's mandate to apply what they learned.



I INTRODUCTION

A. STATEMENT OF PURPOSE OF SOTA

The Nigerian State of the Art Training (SOTA) course on Young Adult Reproductive Health (YARH) was designed and organized by FOCUS on Young Adults (FOCUS) and The POLICY Project, in collaboration with the Ford and MacArthur Foundations, Pathfinder International/ Nigeria, Action Health Incorporated (AHI), and the Adolescent Health and Information Project (AHIP).

Participants included policymakers and advisors at the federal and state government levels, program managers and leaders among donor and development agencies, members of the robust and burgeoning nongovernmental organization (NGO) community, and youth in Nigeria. Those professionals, benefactors, and beneficiaries of YARH reaped the intellectual and experiential harvest of this course, which provided an opportunity to review the current situation and forecast future needs for youth information, programs, and services in Nigeria.

The SOTA course aimed to raise awareness of issues and opportunities related to young adult reproductive health in Nigeria and to increase capacity among those who influence youth program design



and funding. In addition, the course sought to assist the stakeholders in advancing the national strategic framework and plan of action that resulted from *Time for Action*, the report of the National Conference on Adolescent Reproductive Health held in 1999.

B. GOAL AND OBJECTIVES

In accordance with the purpose of the course, the SOTA contributed to strengthening and increasing the capacity of the participants in YARH program knowledge and skills. Specifically, the SOTA course design and content were meant to:

- provide an overview of the Reproductive Health (RH) issues affecting young people in Nigeria and around the world;
- help individuals and organizations make more informed decisions and increase their capacity to design, implement, and evaluate YARH programs and services;
- define adolescence, explore factors that influence the transition from adolescence to adulthood, and examine the impact of this transition on sexual and reproductive behavior;
- identify program- and policy-related strategies that increase, enhance, and sustain services to young adults;
- increase collaboration, build networks, and decrease competition among youth-serving organizations; and
- lead to identifying specific steps for advancing the national strategic framework and plan of action that emanated from *Time for Action* (Federal Ministry of Health, 1999).

The skill-based courses that followed the SOTA aimed to

- increase technical knowledge and ability, and
- enable participants to apply concepts and materials to their own work.



PURPOSE OF THIS REPORT

The purpose of this report is to document the proceedings of the SOTA course on February 18–23 and the skills-building courses on February 26–28, 2001, in Abuja, Nigeria. The report is organized to present the course design, country background, outputs, and outcomes of the various sessions under eight thematic areas. Those themes were developed as a result of meetings with governmental organizations and NGOs in several regions of Nigeria wherein they discussed concerns, issues, and challenges faced in designing and implementing programs and services. Under each theme is a series of key questions that all of the presentations and group work sought to answer. The themes are as follows:

- understanding adolescence;
- creating an enabling environment;
- risk and protective factors;
- services;
- communication;
- strategies and approaches;
- tools, research, monitoring, and evaluation; and
- next steps.

The report appendices include the following:

- the agenda that guided the workshop (Appendix 1),



- a SOTA course resource directory to assist participants in accessing resources relevant to YARH work (Appendix 2),
- lists of participants in the SOTA and three skills-building courses (Appendix 3),
- session outputs and a materials list (Appendix 4), and
- bibliography and reference materials (Appendix 5).

A. COURSE DESIGN

The course had two parts spanning an eight-day period.

Part I consisted of five days of facilitated discussions and presentations by international and national program planners, managers, service providers, researchers, and young people. The course was attended by 118 people representing various levels of federal and state government ministries, international organizations, donors including USAID and its implementing partners, NGOs that provide or are preparing to provide YARH programs and services, and young people involved in program and service delivery.

The first day started with an official opening ceremony attended by a representative of USAID, top-ranking officials from the FMOH, heads of collaborating agencies, and Nigerian implementing partners. The sessions that followed over the five-day period progressively assisted the participants in exploring issues under the eight thematic areas of the course. By the end of the course, strategies evolved for increasing and enhancing efforts to reach and serve youth and for advancing the status of YARH through improved application of the National Strategic Framework outlined in the Report of the National Conference on Adolescent Reproductive Health in Nigeria held in 1999 (Federal Ministry of Health, 1999).

The SOTA featured presentations on a range of issues related to YARH including current research findings, demographic and other data that outline



the status of YARH in Nigeria, policy and advocacy issues that support or restrict YARH programs and services, and promising strategies and approaches that reach and serve youth.

A remarkable feature of the course design was the role given to young people—not only as participants, but also as presenters sharing their experiences, as session moderators and discussants, and as facilitators of small groups. Alongside the adults, the youths challenged ideas using a thorough analysis of the issues presented, thus leading to useful suggestions for improvements in YARH.

In line with the course design, most sessions began with presentations of key papers, followed by small-group discussions, presentations of the group work, critiques, and recommendations. Small-group facilitators prepared and submitted synthesized reports of discussions that were organized by the SOTA secretariat. Facilitators met daily to review and amend course content to accommodate the needs of participants and emerging issues.

Small-group facilitators were drawn from a cadre of local and international trainers, including two people from YARH programs in Zambia and Kenya. A few others had participated in previous SOTA courses. This combined experience enriched course planning and implementation. In addition, experiences that provided a broader YARH experience included those of official delegates from international agencies and other African countries—specifically Ghana, Kenya, and Zambia—in policy formulation and innovative activities that have had an effect on YARH programs in their countries.

Three communications “mini-versities” were added to draw particular attention to concerns about creating relationships with the media; developing quality information, education, and communication materials; effectively using old and new technologies; developing distribution plans; and monitoring and evaluating the effectiveness of communication strategies.

Discussions over lunch were arranged to provide an opportunity to discuss emerging issues not planned as part of the core course content. Those issues included further exploration of unserved and underserved populations, such as youths living in rural and riverine areas, homosexual youths, youths living on the street or in refugee camps, commercial sex workers (CSW), and youths who are physically or mentally challenged.

The course concluded with participants reviewing progress made toward implementing the 1999 National Framework for Action on YARH. Impediments to enhanced YARH programming in the country were identified and new strategies were discussed as participants made personal commitments to increasing YARH program actions and improving the YARH environment in Nigeria. As a follow-up activity to the SOTA, FOCUS pledged (1) to send back the “Statement of Commitment” to each participant after six months so it can serve as a reminder of the commitments they made and (2) to learn of their progress toward achieving their goals.

About 60 percent of the participants completed the SOTA evaluation. Most rated the course highly successful in terms of content, format, presenters’ knowledge of their subject



matter, delivery of presentations, visual aids and other materials, and the management of group sessions. The participants also valued the mini-university sessions and lunchtime discussions. There were recommendations for increased time for sessions and group work to allow for more in-depth analysis, discussion, and synthesis. In addition, the evaluations noted that little or no attention was given to nomadic and handicapped youths, victims of child abuse, problems of trafficking of youth (internal and external), and unemployed youths.

The SOTA course's closing ceremony was attended by the key collaborators and participants. Certificates were awarded and words of thanks were offered by FOCUS to all the participants.

Part II offered three days of concurrent skills-building courses on the following:

1. *Assessing and Planning for Youth Friendly Services (YFS)*,
2. *Monitoring and Evaluating (M&E) Adolescent Reproductive Health Programs*, and
3. *Advocating for Change in YARH*.

A total of 83 people from government agencies, international development organizations, and NGOs participated in the training courses. This number included 25 in the Youth Friendly Services course, 29 in Monitoring and Evaluation, and 29 in Advocacy.

The FOCUS-led training courses were adapted from two manuals of the same names in the FOCUS tool series. In this way, participants were helped to understand the concepts of principles of M&E and YFS, as well as to apply the tools to their work. The advocacy course used a training manual developed by The POLICY Project. All three courses used supplemental materials plus participatory and experiential learning approaches. The YFS course had the added feature of site visits to area health facilities to meet with staff members, parents, and youths to assess the youth friendliness of the facilities. This course also used processes outlined in the tool.

Even though the duration of the courses was judged to be too short, most participants believed that they garnered new experiences, clarified concepts, and shared ideas that will enhance their work.



B. EXCERPTS OF KEY SPEECHES AT THE OPENING CEREMONY

Adolescents are a large and growing segment of the population.... In Nigeria, young people represent over 30 percent of the total population, but most importantly they are the bedrock of the future of our country.... Adolescents may experience resistance or even hostility from adults in their attempts to obtain reproductive health information and services. They, therefore, stand an increased risk of sexually transmitted diseases, HIV/AIDS, unintended pregnancies, and other health consequences that can affect their future and the future of their communities for many years to come.

"... I must sound a note of caution that adolescent sexuality is a sensitive subject in all cultures. Programs that offer reproductive health services to adolescents can expect to encounter some resistance from their community. Efforts must be made to ensure that gatekeepers are fully aware, accurately informed, and involved in all activities.

"... It is clear that focusing on adolescent reproductive health is both a challenge and an opportunity for health care providers.... Targeting young people for health information and services can be a gateway to promoting healthy behavior. Working together, parents, community leaders, and health professionals can create programs that address young people's needs and help them enjoy a healthy adolescence and become healthy and responsible adults."

Speech of the Honourable Minister of State for Health Dr. Amina Ndalolo on the occasion of SOTA in Nigeria held at the Sheraton Hotel and Towers, Abuja, Nigeria, on Monday, February 19, 2001

"... Youth are a great and a most valuable resource. We as adults, governments, and the private sector have been granted an awesome and great privilege ... to protect and to cherish these precious and invaluable treasures.

"This SOTA that is about to start places Nigeria on the threshold of a brighter, more promising future for the Nigerian youth. Over the next three days, important questions will be raised and solutions will be explored for the enormous challenges of today and of the years to come regarding the reproductive health of young people in Nigeria ... and while these challenges may seem daunting, we are encouraged ... because we do not have to grapple alone on these issues.

"Rather, we are inspired and renewed in energy and in spirit by the very presence and participation of the young persons who will be participating in this training ... together ... we find mutual respect and dignity, and appreciation for the commitment and dedication that each brings.

"USAID is proud of its association with this SOTA. And that is why I am excited about it, why I pledge my support of this effort...."

Remarks of Ms. Lynne Gorton, Director of Health and Education, USAID/Nigeria, at the opening ceremony of SOTA, February 19, 2001



COUNTRY BACKGROUND

A. CURRENT SITUATION IN NIGERIA

Nigeria, the most populous nation south of the Sahara Desert, lies on the West Coast of Africa and occupies approximately 923,768 square kilometers of land. The borders stretch from the Gulf of Guinea on the Atlantic Ocean coast in the south to the fringes of the Sahara Desert in the north, with territorial boundaries defined by the Niger and Chad Republics in the north, the Cameroun Republic in the east, and the Republic of Benin in the west.

As a federal republic, Nigeria has 36 states and a federal capital territory, Abuja. In the recent past, for administrative convenience, the country has been divided into six geopolitical zones, namely the Northeast, Northwest, Southwest, the Middle Belt/North Central, Southeast, and the South-South. More than 250 ethnic groups are in Nigeria, with three dominant groups: the Hausa in the north, the Yoruba in the Southwest, and the Ibo dominating the Southeast zone.

More than 80 percent of Nigeria's earnings come from crude oil production. Even though a large proportion of the population is engaged in agriculture, because of its subsistence nature and lack of purposeful investments, agriculture's



contribution to the gross national product is low. The country is ranked among the poorest countries of the world. More than 72 percent of the population reportedly live below the poverty line, that is, earning less than one U.S. dollar a day. According to the Human Resource Development Report (United Nations Development Programme, 2000), Nigeria ranked 151 among 174 countries in the Human Development Index, 62 in the Human Poverty Index among 85 countries, and 123 in the Gender-Related Development Index among 143 countries.

Having experienced long military autocracy since attaining independence in 1960, the country lost huge opportunities for rapid development as a result of weak governance and a lack of transparency and accountability to its citizens. With great relief, democratic governance was restored in 1999, with the elected leaders struggling to learn democratic principles while also trying to dismantle the dictatorial culture of military rule.

According to the National Population Commission (Nigeria Demographic and Health Survey, 1999), using the 1991 Census baseline and projecting a population growth rate of 2.9 percent per annum, the population of Nigeria is estimated to be 118 million in 2001. The population is predominantly rural, with about 36 percent living in urban areas. There is an uneven distribution of urban areas in the six geopolitical zones of Nigeria, with the largest urban population in Lagos (94%) and the smallest urban population in Jigawa (7%).

B. HEALTH OF NIGERIA

The country's health system is anchored by a National Health and Welfare Policy.

Primary Health Care provides the thrust of services to the sizable rural population and is supported by secondary and tertiary health care institutions.

As part of the efforts aimed at managing the anticipated high population growth rate and its adverse effect on national development, a National Population Policy for Development Unity, Progress, and Self-Reliance (NPP) was adopted in 1988. The four cardinal planks of the policy were to (1) improve the living standards and quality of life of the people, (2) promote their health and welfare through preventing premature deaths and illness among high-risk groups, (3) achieve lower growth in population through the reduction of birth rates by voluntary methods of fertility regulation that are compatible with the attainment of economic and social goals of the nation, and (4) achieve a more even distribution of the population between urban and rural areas (Federal Ministry of Health, 1988).



Table 1 shows medical and financial information comparing Nigeria to a neighboring country, Ghana.

*Table 1: Selected Indicators of Development
in Countries in the Region*

	Ghana	Nigeria
Life expectancy at birth	60.0	50.1
Infant mortality (per 100 live births)	67	112
Maternal mortality (per 100,000 live births)	210	980
People living with HIV/AIDS (% of 15–49)	238.0	5.4*
No. of doctors (per 100,000 people)	4	21
No. of nurses (per 100,000 people)	NA	142
GNP (US\$ billion 1998)	7.3	36.4
GNP per capita (US\$ 1998)	390	300
Population below the average poverty line (US\$ 1 a day)	78.4	70.2

NA = not available; * = based on year 2000 Sentinel studies.

Source: United Nations Development Programme, Human Resources Development Report, 2000.



SOTA COURSE THEMATIC AREAS

A. UNDERSTANDING ADOLESCENCE

*S*essions related to this thematic area were designed to increase participants' understanding of adolescence as a developmental process, to provide background information on the status of young adult reproductive health in Nigeria, and to explore the myriad issues that affect sexual and reproductive health behaviors and decision making among Nigeria's young people, including our own perceptions of youths and their right to RH information and services.

OUR PERCEPTIONS

To set the tone for the rest of the meeting, we divided participants into two groups: those under age 25 and those over age 25. Each group was asked to brainstorm a list of adjectives that describe young people. The two groups derived a total of 86 words. The differences between the responses of the two groups were striking. Clearly the youths saw themselves in a much more positive light than the adults did. Young people listed words such as "intelligent," "competent," and "inquisitive," whereas the



adults included adjectives such as “irresponsible,” “mischievous,” “confused,” and “impulsive.” Exploring why those differences in perception were so great provided an excellent opportunity for youths and adults to engage in constructive dialogue that laid the foundation for building a partnership between the two groups over the next few days.

Clearly, our perceptions of young people and their abilities greatly influence the rights to which we feel they should be entitled. As a result, many adult participants were conflicted about the reproductive rights of youth. Overall, while they agreed that young people should have certain rights over their reproductive health, they also felt parents and significant others should maintain a certain amount of control over access to information and decisions about the reproductive health of their minor children.

Most participants felt that young people should have the right to receive affordable, accessible, high-quality, confidential, and nonjudgmental health services; to choose love partners, decide when to get married, and determine the number of children to have; to use condoms and contraceptives; to choose the outcome of pregnancy; to receive health education to aid in decision making; to participate in designing youth-friendly programs; to receive family life education and life-building skills; to attain education and protection; and to have an enabling environment that supports their overall development. However, while those rights are well reasoned, to a large extent the group felt that they are denied or deprived to Nigeria’s young people because of the prevailing social and economic conditions, and traditional practices.

By contrast, participants agreed that parents should have the right (1) to censor information (depending on the age of their child) and to control access to information; (2) to know what services are provided to their children and why; (3) to participate in programs that affect their children; (4) to educate their children about sexuality; (5) to monitor and control the movement of their children; (6) to give consent to their children’s involvement in RH services while supporting access to the information and services they deem appropriate; and (7) to participate in developing policies and programs that affect the reproductive health and rights of youth. The exercise of those rights by parents and others over youth has largely set the tone for YARH in Nigeria. While parental and community involvement is desirable, most of us recognize that these rights are often reflected in the strong and conservative policies and programs that create an environment that remains restrictive and fails to support the rights of youths so they can access appropriate information and services about reproductive health.

CURRENT STATE OF AFFAIRS

With this information as a backdrop, the data revealing the status of YARH globally, and in Nigeria specifically, provide a stark contrast between what is desired and what is the reality of life for the world’s youth, including Nigerian youth. This contrast has resulted in major concerns regarding the sexual and reproductive health of Nigeria’s youth, including sexual behavior and decision making, early marriage, social and health consequences of early child-bearing and motherhood, unintended pregnancy and



abortion, contraceptive practices, sexually transmitted diseases (STDs) and HIV/AIDS, harmful practices, sexual violence and abuse, and gender disparities that negatively affect young women and girls.

Worldwide, young people age 10 to 19 make up about 21 percent of the population and are growing in number. Virtually all of this growth is occurring in developing countries, with sub-Saharan Africa leading the way. In Nigeria, young people age 10 to 24 number 36.7 million, representing 33 percent of the total population (*The World's Youth, 2000*). According to the World Health Organization (WHO), the greatest burden of maternal mortality (about 50 percent) worldwide is borne by young women, because of their risk behaviors and poor access to information and services. In sub-Saharan Africa, data on indicators of reproductive health among young people include, but are not limited to, the age of sexual debut (average, 17 years); fertility rates above 200 per 1,000 women; contraceptive use that is less than 10 percent; and an unmet need for

contraception, which is estimated to be between 3 and 13 percent (McCauley and Salter, 1995).

By comparison, childbearing begins early in Nigeria. About half of women age 25 and older became mothers before the age of 20, and 18 percent of all women age 15–19 gave birth to at least one child. The median age of first birth is 20 years, although educated women, particularly those with a higher education, start bearing children later than those with only a primary or secondary school education.

Early childbearing, particularly among those under age 20, has negative demographic, socioeconomic, and sociocultural consequences. Teenage mothers are more likely than older women to suffer from complications during delivery, which results in high morbidity and mortality rates for them and their children. In addition, the socioeconomic advancement of teenage mothers may be curtailed because they tend to drop out of school and subsequently have fewer job opportunities.



Table 2: Knowledge of Contraceptive Methods

Age Group	Any Method (%)	Modern Method (%)
15-19	37.5	36.3
20-24	60.8	58.8
Total	64.4	61.9
<i>Ever Use FP Methods</i>		
15-19	9.2	5.9
20-24	26.3	17.1
Total	27.0	17.8
<i>Current Use of FP Methods</i>		
15-19	6.6	3.2
20-24	16.0	7.9
All women	15.0	9.0

Source: National Demographic and Health Survey, 1999.

FERTILITY REGULATION

Presently, 65 percent of women age 15-49 and 82 percent of men age 15-59 know of at least one contraceptive method. Knowledge of contraceptive methods is considerably higher among sexually active unmarried women and men than among the married. Among all women, more than one quarter (27%) have ever used a method of contraception and less than a fifth (17%) have used a modern method. Currently, few adolescents make use of family planning (FP) methods. Only 9.2 percent of adolescents have ever used any method, and even fewer (5.9%) have used a modern contraceptive. Even fewer

still are using contraception currently, as shown in Table 2.

HIGH-RISK FERTILITY BEHAVIOR

Certain patterns of reproductive health behavior also are associated with negative maternal and child health. These patterns include motherhood before age 18 or after age 35, short spacing between births, and high parity, especially high birth order. Children born to mothers younger than 18 are at particularly high risk of dying, with almost twice (1.9) the risk of those not considered to be high risk. (See Tables 3 and 4.)

Table 3: Knowledge of STDs and High-Risk Behavior

Age Group	Know of HIV/AIDS (%)	Know how to Avoid HIV/AIDS (%)	Perception of Risk of Getting HIV/AIDS (%)
15-19	85.0	5.9	69.2
20-24	93.8	5.3	62.6
Total	74.4	5.9	65.5

Source: National Demographic and Health Survey, 1999.



Table 4: Use of Condoms

Age Group	Women (%)			Men (%)		
	For FP	Use to Avoid STDs	Use During Last Sexual Intercourse	For Family Planning	Use to Avoid STI	Use During Last Sexual Intercourse
15-19	12.7	18.3	10.3	42.5	47.8	26.5
20-24	16.7	21.9	9.5	50.4	52.3	38.3
Total	11.9	14.9	6.5	30.8	32.0	14.8

Source: National Demographic and Health Survey, 1999.

Abortion and Young People. Several assessment reports on abortion in Nigeria show that between 24.4 percent and 71.5 percent of induced abortions were among single women, usually those younger than age 20. It is estimated that an additional 23.5 percent of those women probably have had more than one abortion. Although available data, mostly from urban or health facility-based studies, may indicate that abortion is an urban problem, surveys have demonstrated that similar situations are found in rural communities as well (Brabin, et al., 1995)

HIV/AIDS and Young People. HIV prevalence in Nigeria has increased from 1.8 percent in 1991 to 4.5 percent in 1996 and presently is estimated at 5.4 percent. Infection rates vary with age, with the highest rate, 8.1 percent, found among young adults (age 20-24). However, there is also an alarming prevalence rate of 4.9 percent among the adolescent population. In view of the size of Nigeria's population, this rate means that a large segment of youth have been exposed to HIV infection, posing the threat of an increasingly growing AIDS epidemic in the country (National Action Committee on AIDS, 2000).

Gender Issues Affecting Adolescent Girls. Violence against women is increasing, and that violence is embedded in the socioeconomic and political context of gender power relations. Violence occurs within patriarchal social relations in which male power dominates and in which sexual abuse and child marriages are tolerated, if not encouraged. Traditional practices that specifically affect adolescent girls include female genital cutting (FGC) or mutilation, forced early marriage, male child preference, detrimental labor and delivery practices, and wife inheritance. To begin to address these practices, it was recommended that Nigeria adopt global and national policies that have been articulated to protect the right of girls and women, examine laws (both customary and civil) that discriminate against women and girls, remove policy barriers that impede unmarried adolescent females' access to RH, and modify penal codes to discourage and punish gender-based violence (Giorgis, 2001).

Drug Abuse and Young People. There appears to be widespread use of drugs among young people in Nigeria, including an estimated lifetime consumption of cannabis (10.8%), followed by psychotropic substances (10.6%) and, to a lesser



degree, heroin (1.6%) and cocaine (1.4%), in both urban and rural areas. The use of volatile organic solvents (0.053%) is reportedly becoming popular, especially among street children, in-school youth, and women. Overall, the age of first use and the pattern of abuse show that those age 10–29 are the group most vulnerable to abusing drugs in Nigeria.¹

MAKING THE TRANSITION

Suffice it to say that all of those factors conspire to make the transition from childhood to adulthood a trying time for many of Nigeria's youth. The nature of adolescence as an immense time of growth and development requires a greater understanding of how young people make this transition within the Nigerian context, what the factors are that influence this process, and how those in the YARH field can seize this opportunity to promote health among these youth. Furthermore, the tremendous cultural, ethnic, and religious diversity in Nigeria necessitates an approach that takes those differences into account when one designs and develops programs and services.

Using the FOCUS tool titled *Developmentally Based Interventions and Strategies: Promoting Reproductive Health and Reducing Risk Among Adolescents*, participants identified the characteristics that define young people during prepuberty, early and middle adolescence,

and young adulthood. Participants considered the influences of family and society as well as the cognitive, identity, emotional, psychological, and physical development of young people on RH health outcomes. Armed with this information, participants were helped to move away from more generic "adolescent" programs that view youth as a homogeneous group to programs that are better suited to meet the needs of more specific groups of young people according to where they are developmentally and more targeted to their life circumstances.

SUMMARY

Young people in Nigeria compose a large segment of the population. Their potential and promise for building a better nation and better lives for themselves is often hampered by attitudes and beliefs that limit their access to information and services, traditional practices and customs that increase their risk of exposure to pregnancy and disease and that discriminate against women and girls, and limited educational and economic opportunities. However, their hope for a better future lies in a better understanding of their needs as they grow and develop and of their various life circumstances. Participants in the SOTA are in the special position of making decisions and designing programs that could conceivably change the course of life for millions of youth.

¹ Drug Control Priority Program for Nigeria, 2002–2005, in support of National Drug Control Master Plan, UNDCP, Nigeria.



B. RISK AND PROTECTIVE FACTORS

There is no doubt that socioeconomic, environmental, and cultural factors can and do have a negative effect on YARH in Nigeria. However, they can also be a source of hope and promise for supporting young people to make sexual and reproductive health (S&RH) decisions that will affect their lives in positive ways. Given the tremendous regional, ethnic, religious, and cultural differences that exist within Nigeria, it is necessary to tease apart those factors in such a way as to capitalize on the protective factors that exist within the society. Small groups met to discuss the socioeconomic, environmental, and cultural factors that both positively and negatively affect YARH in the various regions of Nigeria. Those meetings were followed by an examination of personal and programmatic experiences and strategies that have worked to minimize or eliminate the negative effect of such factors while enhancing the positive effect.

SOCIOECONOMIC FACTORS

One of the most important socioeconomic factors affecting YARH is poverty. Nigeria has seen a rapid increase in those living in poverty in recent years because of the unbridled devaluation of Nigeria's currency against the U.S. dollar, the galloping inflation rates, and the low earnings of the working class and rural farmers. Furthermore, for most of the 40 years since Nigeria's independence, the political leadership has been dominated by military rule, with the attendant instability

and mismanagement of the economy. Unemployment has risen in most urban areas, and downsizing has occurred among most private- and public-sector businesses. A weak educational system has led to an increase in the number of school dropouts and to rising illiteracy rates. Furthermore, modernization and urbanization have contributed to a breakdown of the traditional means of social control and support for many Nigerian youth. Needless to say, while those socioeconomic conditions have had a negative effect on YARH, modernization and urbanization have also opened up opportunities for young people to obtain basic, professional, and vocational education, and for increased employment opportunities for some.

ENVIRONMENTAL FACTORS

In view of economic downturns, the government is unable to provide the kind of social infrastructure that will ensure the provision of YARH information and services. Hence, most young people find access to RH information and services lacking and, consequently, go to unorthodox facilities where their safety is compromised, sometimes leading to complications, including death.

Rural-to-urban migration has continued, attracting young people with increased access to employment opportunities and the modern lifestyle found in the urban areas. However, most of the migrants have little or no education and lack the vocational skills needed for employment in the formal sector. Hence, many young people are forced to engage in low-paying jobs or commercial sex work (especially girls) and to live in squalid conditions.



CULTURAL FACTORS

Nigeria's primarily patriarchal culture encourages males to have multiple sexual partners, to marry early, and to practice polygamy. Girls are subjected to traditional practices such as FGC, wife inheritance, and widowhood rites and are prohibited from owning land, property, and other forms of wealth. Nonetheless, in some rural communities, chastity before marriage is encouraged, thereby protecting girls from unwanted pregnancies and sexually transmitted infections. Cultural norms also prohibit parents and other adults from discussing issues related to sex and sexuality with their youth, thus failing to prepare young people for sexual relationships and the resulting consequences.

THE MEDIA

The media have had both positive and negative influences on young people's reproductive behavior. Print and electronic media are increasingly more accessible to youth in urban and rural areas, and they provide information on a range of topics. In some cases, the media have been used to promote sexuality education and youth reproductive health services. However, those efforts are limited in their coverage and have not been sustained because of poor levels of funding. In addition, without censorship, some information found in media outlets is pornographic in nature and glamorizes spontaneous, unsafe sexual intercourse.

RELIGION

The major religious groups in Nigeria prohibit premarital sexual relationships, discourage contraceptive use by unmarried people, and restrict access to reproductive health information and services. Religious

groups continue to depend on moral persuasion to control sexual behavior, despite its apparent ineffectiveness in successfully countering the appeal of a more permissive lifestyle. As a result, most young people have limited access to reproductive health services and are exposed to inaccurate information when they are available. Unfortunately, all too often the result is negative RH outcomes. Nonetheless, there are examples of effective partnerships with the religious community whereby religious leaders recognize and support the provision of information so youth can make more informed, responsible sexual and reproductive health (S&RH) decisions that do not necessarily lead to increased sexual activity.

SUMMARY

Young people appear besieged and trapped in a milieu of socioeconomic, environmental, media, and religious forces that are, at the same time, both risk and protective factors for their reproductive health. Public policies, traditional practices, and available resources are out of sync with the needs and realities facing young people. Such conditions have resulted in youth having poor access to RH information and services and have led to a depressing picture of YARH in Nigeria. Conversely, programs and services that take those factors into account can and do go a long way toward meeting the needs of youth. As a result, programs are increasingly involving young people in their design and implementation and are working with families, communities, and religious leaders to change attitudes and perceptions and to engender support for S&RH programs, including services for youth. In addition, more and more RH programs link with income generating, vocational training, and educational activities.



C. CREATING AN ENABLING ENVIRONMENT

Much of YARH funding, programming, and services is driven by national and local policies. Those policies provide an operational framework for organizations and to a large extent, determine the allocation of resources. In many ways, Nigeria is in its genesis with respect to RH policies for youth. As a result, Nigeria has an opportunity to bring the lessons of others, including some of its neighbors, to bear on shaping the public policy debate. RH and other youth-serving organizations recognize the importance of mobilizing community support for effective policies for youth, but they also recognize that advocacy and policy development are areas sorely needing increased capacity.

Sessions in this thematic area explored existing formal and informal policies in RH and related areas, including education and HIV/AIDS, as well as the extent to which they enhance or restrict YARH. Participants also discussed how to move from policy development to implementation and how to involve youth, parents and communities, donors, religious groups, governments, NGOs, community-based organizations, civil society organizations, and the private sector in this process.

CURRENT POLICIES AFFECTING YOUNG PEOPLE IN NIGERIA

Beginning in 1946, Nigeria created five-year development plans that set the framework for policy formulations. It has

progressively adopted integrated approaches to achieving growth in all sectors. Since the 1970s, landmark policies have been developed in education, health and population, reproductive health, and HIV/AIDS. Those policies have had a positive effect on young people's reproductive health, even though such policies have not been dedicated to youth and their unique needs. However, more recent policies have begun to deal more explicitly with youth. In addition to formal policies, Nigeria, like other countries, has unwritten, informal policies that shape the lives and futures of young people. Those informal policies, though not universal, operate at the individual, family, and community levels and are passed on in the folklore and traditions of the people. Needless to say, those policies are harder to grasp and change.

Education. The education policies recognize the importance of education as a positive predictor of delayed marriage, delayed sexual initiation, prevention of pregnancy, acquisition of professional and vocational skills, access to formal employment, and access to economic viability. Hence, the government has continued to pursue a universal, free primary and basic education program, as it is encouraged by government scholarships and other schemes favoring the education of young people, especially girls.

National Adolescent Health Policy. Consistent with the Nigerian National Health Policy, 1988) and the Cairo International Conference on Population and Development Plan of Action, 1994), the government developed the *National Adolescent Health Policy* in 1995). Among other things, the policy facilitated providing effective and accessible information, guidance, and services for



promoting health, preventing problems, and treating and rehabilitating those in need. In line with this policy is the Adolescent Reproductive Health Policy currently under development.

Marriage Laws. At present, customary laws, penal codes, and criminal codes guide marriage in Nigeria. Under those laws, it is an offense to gain carnal knowledge of a minor under the age of 14, to cause her pregnancy, or both. However, early marriage is customary in most ethnic groups in Nigeria, and parents and families give girls (sometimes under age 9) in marriage to older men or bequeath them to other families. In this persisting tradition, formal laws are rendered inadequate. Therefore, consideration of the factors and conditions that sustain those practices—such as poverty, parental ignorance, and traditions—shows that laws and policies are needed that will discourage and regulate early marriage.

Gender Policy. At the moment, Nigeria has no specific policy on gender. However, the Nigerian constitution recognizes the fundamental human rights of all Nigerians, irrespective of gender, age, ethnic origin, level of education, or position in society. Implicit in the constitution is that all people, male or female, shall have equal access to opportunities for self-expression, preservation, protection, and prosperity. Beyond this statutory provision, women and young people are especially vulnerable to discrimination and deprivation in achieving those rights, because of the ascendant traditional practices and the huge gap in social, economic, and infrastructure development. Gender inequality in Nigeria puts women at a vast disadvantage, and a gender policy may be imperative to redress the current

situation and to incrementally bring about equal opportunities for males and females alike, especially in terms of reproductive health.

Harmful Traditional Practices.

Reports and surveys reveal that harmful traditional practices such as female genital cutting (FGC) and other social rites persist. Those cultural practices have a negative effect on the reproductive health of young people. The Nigerian federal legislative chambers have passed a bill that outlaws FGC and is now awaiting the president's signature to become law. This landmark development will contribute to reducing or eradicating this harmful practice in Nigeria, or both. However, despite the change in formal laws, informal practices will require additional work to change attitudes, beliefs, and values that perpetuate such practices.

HIV/AIDS. The Nigerian government has developed an HIV/AIDS Emergency Action Plan (HEAP), "A Strategy to Deal with HIV/AIDS in Nigeria," a three-year strategy for dealing with the HIV/AIDS epidemic. The HEAP is to be used to guide the implementation of activities and the appropriate assignment of available resources. HEAP is also intended to serve as an expression of the government's interest in and commitment to a dynamic and proactive response to the threat of the HIV/AIDS epidemic. It is expected that HEAP's strategies and activities will raise awareness, lead to changes in behavior, mitigate the effects of AIDS, provide care and support to people living with AIDS, and encourage research and data management. As the group with the greatest burden of HIV/AIDS, young people will reap the greatest benefit of HEAP if it is implemented at an optimum level.



National Population Policy. The current population policy was written in 1988 and thus predates the International Conference on Population and Development (ICPD). The POLICY Project, in concert with the United Nations Population Fund and the Ministry of Health (MOH), currently is working to revise the policy. The new policy will address specific YARH issues and will include a policy to integrate youth into the development effort and to recognize the particular reproductive health needs of adolescents and young adults.

FROM POLICY TO PRACTICE

As noted, a number of policies, guidelines, and plans are already in place and are designed to create an enabling environment for YARH, even while the policy on adolescent reproductive health is being developed. In spite of the statutory provisions, the achievement of reasonable progress in YARH has been constrained by myriad socioeconomic and political factors, namely the following:

- *Poverty.* As a developing country with a weak economy, Nigeria has increasing poverty among its urban and rural populations. Family earnings are low and cannot sustain the competing needs for nurturing, education, and enterprise. Consequently, children's education (especially that of girls) beyond the basic level is usually terminated so the child can assist in generating family income. Many engage in petty trading that often sustains them at a mere subsistence level. Because of permissive parental attitudes, their own desperation, or both, some young people resort to commercial sex work, drug abuse, and, sometimes, violent crime.

Therefore, overall improvement in the economy and family income will encourage stronger family life and values, and it will support young people's education.

- *Poor funding of health and education programs.* Despite government policies on education and health, the weak economy and poor government funding have reduced the program's effectiveness and the attainment of the improvements envisaged. To fill this gap, most programs and services are provided by NGOs and community-based organizations through international and foundation support. However, this funding tends to be for short cycles (from one to three years), which makes sustainability a constant threat. Corporate and private-sector funding is still largely an untapped resource.
- *Weak advocacy for policy reform.* There is a weak base of support and poor mobilization for advocating for policy reforms. Most stakeholders lack accurate and reliable data to help them galvanize support and sustain advocacy efforts. This newly democratic society also needs capacity building for effective advocacy strategies.
- *Lack of information.* A general lack of knowledge exists, even among key YARH stakeholders, about existing policies that can provide some measure of support for YARH issues. Furthermore, there is a need to harmonize such policies.
- *Weak intersectoral collaboration.* Despite the motivation for greater intersectoral collaboration,



partnerships have been difficult to sustain. The lack of human and financial support makes coordination extremely difficult, and funding mechanisms lack the flexibility required to work across sectors.

- **Insufficient investment in women's education.** Although the importance of girls' education is acknowledged and supported by available data, few policies and minimal resources reflect an insufficient investment in education. Consequently, most young women lack the professional or vocational skills required for access to formal employment and well-paying positions.
- **Religion and culture.** The major religious groups in Nigeria largely hold views that oppose policies that provide RH information and services. In addition, the largely rural environment in which many Nigerians live allows the persistence of conservative cultural practices and values that negate reforms in reproductive health policies.

THE GHANAIAN EXPERIENCE

Dr. Kwame Ampomah, United Nations Advisor, SAAYP

The impetus for Ghana's YARH policy advocacy was drawn from the Cairo ICPD and subsequent Plan of Action, 1994), the Beijing International Conference on Women (1995) and a recognition that the health of young people needed to be a priority. In addition, Ghana's National Population Policy (1969 and 1994) first defines the government's policy on population. Then it affirms the government's commitment to adopt and implement appropriate strategies and programs that will manage

population resources in a manner consistent with the ultimate objective of accelerating the pace of economic modernization and of improving the quality of life of all Ghanaians.

To facilitate a coordinated process, the National Population Council (NPC) was established with a secretariat and a coordinator. The NPC was composed of representatives from various groups throughout Ghana, including young people. Following the revision of the population policy, a draft Adult Reproductive Health (ARH) policy document was produced and disseminated nationally. This document was followed by an ARH summit held in 1996. The national summit and local meetings provided a forum for community input and dialogue. New initiatives were launched and the policy was formally adopted in October 2000.

SUMMARY

Progress has been made toward creating an enabling environment for YARH in Nigeria, and other policy reforms are anticipated in the near future. However, realizing such policies in practice has been hindered by poverty, poor funding, weak advocacy for policy implementation or reforms, poor information, poor intersectoral collaboration, and the conservatism entrenched in the dominant religions and cultures. Increased capacity in advocacy strategies is needed to remedy some of these barriers, as is better coordination across sectors with clear lines of authority and responsibility. Fortunately, there are lessons to be learned from Nigeria's neighbors and others, and tools are available to assist in those efforts.



D. SERVICES

Working in small groups, participants defined gaps in meeting the needs of young adults and identified strategies for bridging those gaps. Although access to information is of major concern, there is growing recognition that information alone is not sufficient to meet the needs of youth or to change behavior. YARH services, including the provision of contraceptives, are sorely lacking in Nigeria and are highly controversial. Many programs provide information and education although the accuracy of the content of some of this information is questionable. A few services are available through the private sector and NGOs, but what does exist seems to be concentrated in the urban areas of southern Nigeria. In principle, youth can access services through the public sector, but government services lack sufficient resources and are of generally poor quality. In addition, cultural and provider biases pose a significant barrier to access for youth.

YOUTH-FRIENDLY SERVICES

The establishment of Youth-Friendly Services (YFS) has been touted as one strategy for increasing young people's access to reproductive health. However, this concept takes on different meanings for different people. Therefore, for the purposes of this course, YFS was defined as "the provision of a range of reproductive health services that meet the specific needs of young persons, provided by youth-friendly staff, under youth-friendly

administrative procedures, and without psychosocial barriers that might prevent youth from seeking services." This definition can be applied in a variety of settings including educational and health facility programs.

A number of NGOs and public-sector programs have established YFS through integrating the services into existing development centers, into general health facilities, or into specially designed clinics for young people. This integration has led to only a marginal increase in utilization, reportedly caused by the restrictive social and religious milieu that discourages youth from using reproductive health services. Furthermore, the perceived high cost of services—especially for clinical tests, drugs, and condoms—deters many young people from using the clinics.

To address these shortcomings, the participants recommended that ongoing assessments (involving data collection, including in-depth interviews and focus-group discussions with staff members and with current and potential clients) be conducted and that indicators be selected and measured to identify where improvements are needed to achieve desired goals. Strategies recommended to increase and improve services for youth include improving the training for providers and volunteers on the special needs of youth; integrating RH into other youth programs and services; providing multiple venues through which information and services can be accessed; supporting other priority needs of youth such as the need for vocational and educational training and income generation; and involving young people in the design, implementation, and evaluation of services.



MEETING THE NEEDS OF SPECIFIC YOUNG ADULTS IN NIGERIA

With the growing recognition that youth are not a homogeneous group, participants explored some of the various segments of the adolescent population and began to identify young people's needs and suggest strategies for reaching and serving youth.

Children Living on the Streets and in Refugee Camps. Participants report that there is no conscious plan for meeting the reproductive health needs of children living on the streets or in refugee camps. Furthermore, there is reportedly scanty RH information available to them. Most of those youth come from very poor homes or are orphans and have no income to pay for services. They often live in open, squalid conditions, thereby increasing their vulnerability to such health and environmental hazards as rape, sexually transmitted infections, drugs, unwanted pregnancy, and induced abortion. In addition, those young people lack access to formal education and are generally at great risk of physical, economic, and social exploitation.

Some strategies that may help to mitigate the situation of those youth include increasing awareness of their plight to make more resources available to them and advocating for an inclusive policy; establishing comprehensive rehabilitation centers to provide housing, vocational training, and integrated health and RH services, as well as mobile schools and health clinics; and sensitizing and training service providers to their special needs.

Rural Youth. Young people living in rural areas constitute more than 50 percent of Nigeria's youth population. They

tend to lack knowledge and access to services. Poor roads and difficult access routes discourage NGOs and the private sector from establishing programs and services in rural communities. Because rural youth tend not to participate in formal groups that could be targeted readily, their needs are neither easily identified nor integrated into existing services. In the rural areas, strong attachments to culture and tradition also create additional barriers to providing services to young people.

The group that discussed rural youth suggested that strategies to reach and serve those young people begin with assessing their needs and identifying potential entry points for reaching them. This step can be followed by strengthening existing facilities and by providing outreach and capacity building to form strategic partnerships through community mobilization and advocacy, increasing the number of service points, and producing materials in local languages.

Homosexual, Lesbian, and Bisexual Youth. Generally, the numbers of Nigerian young people with same-sex orientation appear to be increasing, especially in the urban areas. However, there is a dearth of information for determining to what extent homosexual, lesbian, and bisexual youth are present in Nigerian society, or what this dearth means for the health and social dynamics of those young people. Generally, Nigerians abhor such sexual orientations, and many deny the existence of such behaviors and lifestyles within Nigerian society. Many young people do not expose their sexual preference for fear of being ostracized or even harmed. Consequently, there are no known services targeting this group. Most health workers have limited understanding of this group's



needs, and for the most part, reproductive health “champions” have not taken their needs seriously. Despite a pervasive denial that this population of youth exists, many participants were able to identify individuals and even communities of homosexual youth.

Therefore, SOTA participants suggested that more research be conducted to understand homosexuality and to create awareness about the life circumstances and needs of this population in Nigeria. In addition, health workers and RH champions should be trained to work effectively with homosexual youth. Finally, advocacy is needed to broaden the policy base to accommodate homosexuals, lesbians, and bisexuals in service provision.

Married Youth. At the moment, services do not distinguish married adolescents from married adults and, consequently, services are not designed to meet their special developmental needs. Nigeria has not yet implemented the existing legal protections of minors, such as the prohibition of child marriage (forced or otherwise). In addition, there tend to be discriminatory attitudes toward married youth in the educational sector and in access to formal education. Therefore, those young people fit neither existing programs and services designed for youth nor those programs designed for adults.

The participants recommended that a review of existing legislation be conducted and policies be broadened to support the education, health, and safety needs of married youth. They also recommended that programs and services be enhanced for this population. The review of legislation should pay particular attention to giving further protection to minors against early marriage, early

childbearing, and forced labor. Advocacy and awareness raising are needed among community leaders, the education sector, parents, and health-care providers to improve their attitudes toward married youth. Special interventions should be pursued to ensure male involvement in such efforts.

Out-of-School Youth. In Nigeria, most young people who do not attend school have limited or no education and are illiterate. Although many are forced to work out of economic necessity, they often lack access to vocational training opportunities. There is general agreement that the information, education, and communication (IEC) materials targeting youth are neither appropriate nor effective for meeting the needs of this population. In addition, many organizations lack the resources to provide these young people with vocational and life-building skills, and to help them secure employment. However, some efforts are under way to fill this gap.

Strategies recommended to bridge such gaps include reorienting youth-serving NGOs to design appropriate programs for this subset of youth; developing low-literacy IEC materials involving those youth to optimize the benefit of their experience; increasing the program’s sustainability by developing fund-raising, and credit schemes; involving parents, community leaders, and religious leaders in planning, implementing, and appraising program success; and forging partnerships with other organizations to assist in posttraining integration into community life and enterprise.

Victims of Rape or Incest. Rape is a known societal problem that occurs among a cross-section of the population. In part, because of gender discrimination, the community shows little or no concern for



victims of rape and incest. Rape and incest are underreported, and laws put the burden of proof on the victims. The lack of forensic equipment to confirm rape and the negative attitudes toward rape victims have further complicated this problem. In most cases, the victims are poor and may not feel they can compel the authorities to conduct a thorough investigation and successful prosecution of offenders. Likewise, incest is shrouded in secrecy, and family members often threaten the victims. Most incest victims are unaware of the channels for reporting or seeking redress. Existing programs for young people do not include counseling services for victims of rape or incest.

Participants suggested a number of strategies, such as raising awareness of the prevalence of rape and incest; strengthening the legal instruments to facilitate prosecution, conviction, and incarceration of offenders; improving DNA testing facilities; and training the police to effectively investigate and prosecute rape and incest cases. Other suggested strategies included teaching women and girls self-defense, providing counseling services to the victims of rape and incest, establishing reporting centers to provide legal support, and establishing an information database to provide data on the incidence of rape and incest in the community.

Commercial Sex Workers. Prostitution or commercial sex work is illegal in Nigeria. However, the weak legal and judicial systems have made arrests and prosecutions nearly impossible. Most sex workers are young people who have little formal education and who lack professional, vocational, and business skills. They often lack parental care and

guidance, and they tend to engage in sex work to generate income for survival. There is a huge gap in meeting the RH needs of sex workers.

To make services available to this population, the following was deemed necessary: advocacy for strengthening the legal system to protect young adults from sex work, human trafficking, and rape; providing special services to sex workers; and sensitizing the community, policymakers, and health workers. To forestall an increasing trend in young people's engaging in sex work, participants recommended that life-planning skills be integrated into the curricula of primary, secondary, and tertiary educational institutions. In addition, vocational training centers should be established for out-of-school youth.

Physically and Mentally Challenged.

Young people who are physically and mentally challenged are vulnerable to abuse, partly because of the prevalent social attitudes that discriminate against them. This vulnerability arises from the belief that their disabilities are the result of a punishment, a curse, or bad luck. As a result, there are no concerted efforts to ensure that they achieve their full potential. Government policies do not take them into consideration and, as a result, health services are not designed to meet their needs. A number of traditional beliefs encourage exploiting the disabled for personal gain. For example, women who are mentally challenged have been raped and their body parts removed and sold. Blind young people have been formed into musical bands for profit. Most youth-serving organizations do not generally work with this target population because of the lack of trained staff members, the need for



specialized and often expensive equipment, and the lack of government interest.

The perceived gaps may be bridged through creating awareness and sensitizing all stakeholders to the needs and issues affecting youth who are physically and mentally challenged. Advocacy for policy and legislative reforms to support integrated RH and rehabilitation programs for challenged youth may lead to adapting existing services to include the handicapped. This change can be achieved only when qualified personnel are recruited and trained.

Youth Involved in Drugs. Drug abuse is believed to be common among young people age 10–25 in Nigeria. Factors that contribute to this problem include frustration, stress, experimentation, poverty, unemployment or underemployment, and peer influences. While under the influence of drugs, young people may have unprotected sex, thereby increasing their risk of contracting STDs and HIV/AIDS. Those involved with drugs are also more likely to be involved in accidents and violent crime. A number of NGOs have integrated drug rehabilitation into their services, but those services are poorly used and follow-up support is lacking.

SOTA participants recommended that youth-serving organizations integrate counseling and rehabilitation services for drug abusers into their programs. Media interventions should include creating awareness of the problems of drug abuse and developing culturally sensitive and youth-sensitive IEC materials. The NGO community should advocate that the government improve socioeconomic conditions and should develop appropriate infrastructures in the rural areas.

Youth in Riverine, Arid, and

Disadvantaged Areas. Young people who reside in the riverine and arid areas of Nigeria will experience problems related to access to RH because of the difficult natural terrain and the hostility of the local communities. The rural nature of those settings gives rise to economic concerns about the productive engagement of young people in both modern agriculture and other micro-enterprises. Poverty, low literacy levels, and weak traditional leadership institutions are generally found in such areas. Currently, YARH programs are not available to most needy youth in these disadvantaged areas.

SOTA participants' recommendations for improvement include initiating income-generating activities, building the capacity of young people through vocational skills training, and supporting peace-making efforts and conflict resolution.

HIV/AIDS Effect Among Adolescents. The HIV/AIDS epidemic poses a significant threat to Nigeria. The HIV prevalence of 5.4 percent is lower than that of many Eastern and Southern African countries but, because of the large population size, the effect of the epidemic is felt more broadly than in countries with smaller population sizes. In 1999 it is estimated that some 2.6 million Nigerians were infected with HIV.

Although the true number of AIDS cases in Nigeria is unknown, it is estimated that almost 600,000 adults and children had developed AIDS by 1999. Many more are HIV-positive. A significant portion of both groups—those who are HIV-positive and those who have AIDS—is adolescents. There is considerable variation across zones and states, ranging from 3.2 percent in the Northwest zone to 8 percent in the North Central zone. Young



adults have the highest infection rate at 8.2 percent. As the social, economic, and psychological needs of young people increase, many do not feel they are accepted by adults or viewed as integral members of society. In the face of increasing isolation and disapproval by adults, many young people make decisions that have deleterious consequences for their health and future.

Participants identified an absence of accurate information about HIV/AIDS and a limited availability of quality condoms so youth can prevent HIV/AIDS. Some of the information and materials that are available contain inaccurate information that is sometimes grounded in myths and fear. Treatment and services for people living with AIDS are almost nonexistent. The HEAP does recognize the particular effect of the epidemic on young people and attempts to address their needs. NGOs and others also play a prominent role in counseling and preventing HIV/AIDS, although clearly more needs to be done. Multimedia campaigns to increase awareness, communicate abstinence messages, address the stigma toward people living with AIDS, and increase condom use are all suggested strategies for preventing the spread of the disease. Integrating behavior-change strategies into other existing services should also be part of the mix.

SUMMARY

The paucity of services for youth is a major shortcoming within the Nigerian health system. Conservative religious and cultural beliefs, plus provider bias, are key factors in need of change to reduce barriers to access to information and services. The specific needs of various subsets of the adolescent population—including children living on the streets and in refugee camps, rural youth, homosexuals, and married youth—pose special challenges for which there is little currently being done. Often little is known about such groups. Even where there is community support and political will, government organizations lack adequate human and financial resources, and anything being provided is done primarily through NGOs. However, such programs and services have shown only a marginal increase in usage, and they are perceived as expensive, with weak managerial and operational capacity to meet the needs of young people. Nonetheless, the potential exists for greater coverage by integrating HIV/AIDS and RH services into other programs and services for youth, as well as by providing more comprehensive services, including life-skills planning, vocational training, and micro-enterprise.



E. COMMUNICATION

Print, radio, and television media are the major vehicles for making people aware of social issues. Undoubtedly, modern technology has opened new avenues of communication and of increased access to information. This occurrence has brought with it new ideas about the role and responsibility of journalists and other guardians of information. Recognizing the critical partnership between RH and the media, organizers designed sessions under the communication theme to examine the messages that youth derive from the media; the role that journalists play in advancing the status of YARH; the media's perception of YARH issues and, consequently, of how they deal with issues related to sexuality, HIV/AIDS, contraceptive use, and gender; and the ways to develop stronger partnerships.

ROLE OF THE MEDIA IN REPRODUCTIVE HEALTH COMMUNICATION

For the most part, the media in Nigeria reflect society. They are constrained by the prevailing reluctance to openly discuss sexuality. They are also relatively uninformed about issues related to RH, including HIV/AIDS. The advent of HIV/AIDS has, however, led to spirited attempts by the media to create awareness about contraceptives and HIV/AIDS. Abstinence has been the major thrust of protective measures advocated by religious institutions and by some health professionals. Because they feel a

need to balance the positions of health professionals, communities, and religious institutions on the value and use of contraceptives, the media have resisted promoting the use of condoms, which leaves a huge gap in public education on condoms.

Gender issues are slightly easier to discuss, especially with the creation of the Ministry of Women's Affairs, the United Nations Development Fund for Women, and the NGOs, as well as the effort of all of those who tackle women's issues and rights. However, even efforts in this area have faced resistance from some men, irrespective of their social standing or professional status.

Concerns about fiscal viability have also contributed to RH coverage—or the lack thereof—and have led to the “brown envelope” syndrome. This syndrome is described as an unwritten rule in which journalists expect to receive financial incentives to ensure coverage of certain topics. Although there was some disagreement as to whether this expectation is appropriate or necessary, there was agreement about the importance of strengthening partnerships with the media.

The media have a profound effect on the development of sexual information, values, and behaviors and are often the primary source of information for youth. However, they often present an unrealistic image of courtship, marriage, and parenthood. The global nature of the media industry has introduced values from other cultures that are different and varied and that are sometimes in direct conflict with more traditional Nigerian society. Furthermore, decisions about who, what, where, when, why, and how to publish are



made by proprietors of media outlets who pursue specific objectives that sometimes result in competing interests.

Participants made recommendations for enhancing the partnership between RH and the media, including advocating for programming that does not glamorize sex and irresponsible sexual practices; increasing coverage of YARH issues and events; cosponsoring programs and media campaigns; and providing regular ARH training and workshops for journalists, editors, and other principal officers.

DEVELOPING EFFECTIVE COMMUNICATION STRATEGIES

Well-planned communication strategies with well-thought-out messages that are supported by each organization are critical to successful use of the media. The communications strategy should define current attitudes, actions, and changes that are desired, and appropriate communications channels and approaches that are needed. Messages should be strongly stated, direct and forceful, simple and clear. The strategy should also include establishing and maintaining productive dialogue with the groups who can, will, and do influence media programs, as well as with the targets or recipients of the messages. The messages should also appeal to emotion as well as to logic, should focus on one or two key points, and, to the extent possible, should be stated positively.

The use of high-tech and low-tech strategies was also discussed. Those techniques ranged from mailing lists and community theater to Web sites and listservs. Important to all of those efforts is the need to document experiences and

lessons learned, to involve youth and communities, to share information and strategies with others, and to evaluate efforts and make modifications based on those evaluations.

SOCIAL MARKETING AND BEHAVIOR-CHANGE COMMUNICATION

One approach to providing information and increasing demand for and access to condoms is social marketing and behavior-change communications. The principles of social marketing involve studying the needs and wants of the target population to design products to meet its desires. It then promotes those products so they become familiar, acceptable, and available in the most appropriate places and at an affordable cost. In the RH context, this process means applying commercial marketing techniques to promote social ideals and to facilitate behavior change. This concept calls for planning message and materials development based on market research and well-conceived market plans. It also requires ongoing testing, plus evaluation and feedback. Social marketing has been linked with behavior-change communication with the purpose of changing S&RH behaviors to lead to more desired RH outcomes. To this end, social marketing seeks to increase awareness and help young people perceive risk and be motivated not only to change behaviors but also to sustain this behavior change.

SUMMARY

Given the general conservatism perpetuated by religion, culture, and tradition, the media in Nigeria have not



actively engaged the public in open discussions on sexuality. Touting the challenge of the burden of financial sustainability, the media are advocating for mutually beneficial partnerships that increase and sustain YARH program momentum, while at the same time keeping the media financially viable. An effective partnership with the media has to involve a well-planned communication strategy with the input of media managers and message recipients and should be broad in its reach. Various forms of the media can be effectively used to facilitate behavior change through the application of social marketing techniques. In addition to work with the media, low-tech and high-tech methods are valuable, as are old and new methods of communication. However, ongoing evaluation and modification are crucial to keeping messages and information relevant.

F. YARH STRATEGIES AND APPROACHES

The lack of rigorous evaluation continues to be a major shortcoming of YARH programs. This problem has limited the ability either to stop doing what does not work or to better identify promising program approaches that do work. However, research has shown programs to be more effective in influencing knowledge and attitudes than in influencing behavior. Some evidence suggests that multiple-component and community-based YARH programs that target multiple risk and protective factors appear to be more effective than single-component programs. Workplace-based programs seem to affect knowledge and attitudes, although they do not appear to increase service utilization. Although there is uncertainty about the effectiveness of peer programs on those reached by such programs, it is felt that peer networks are an important means for ensuring greater outreach to young people with appropriate information, counseling, and referrals.

PROGRAM APPROACHES AND LESSONS LEARNED IN NIGERIA

The increase in YARH activity in Nigeria is driven by a rise in unintended pregnancies among young adults and by increased risks for pregnancy and disease associated with S&RH behaviors, among other factors. Although RH, including HIV/AIDS knowledge, remains an issue, access to programs and services seems to be a bigger problem. Where there is access,



young people need to be empowered to use the services and to change the behaviors that put them at risk. Furthermore, ways of communicating RH information that targets youth need to be more interactive, appealing, and dynamic.

The experiences of programs in Nigeria suggest the necessity of a mix of reproductive health IEC programs and services, clinical care and support, youth mentoring and leadership development, advocacy for civil and policy engagement, and livelihood programs that include access to credit and other supports. Also needed is an expansion of services to meet the needs of noneducated and out-of-school youth, enhanced partnerships with the private sector, and an improved connection to Web-based information.

Along those lines, a number of approaches are being used in YARH programs in Nigeria. A few of them are described here.

Youth Involvement. Many programs have attempted to involve young people in the design, implementation, and evaluation of YARH programs. Thus, it is felt that young people have a greater commitment to and ownership of programs; activities are also more relevant to their needs and are more credible. Challenges to greater youth involvement, however, include inadequate or insufficient training and high levels of mobility and attrition among those who are trained. The lack of incentives, especially financial ones, is also a major factor in an environment in which youth increasingly need an income.

Action Health Inc. has demonstrated the value of involving youth in many ways. Young people serve as paid staff members in clinical and educational programs and services. They play an integral part in organizational planning and keep their

pulse on the needs of their peers. As a result, the program is well used, although its reach is limited to the surrounding community. Duplicating those strategies in other communities is a challenge in an environment in which resources are scarce and capacity is lacking.

Micro-Enterprise. High rates of high school dropouts, increasing trends in unwanted pregnancy and unsafe abortions, early marriage, and widespread poverty have caused many organizations, including those offering YARH programs, to explore links with income-generating activities. The Family Health and Population Action Committee (FAHPAC) has introduced a micro-enterprise intervention that combines community mobilization and sensitization, peer education, and vocational training activities. Young men and women learn skills in soap-making, tailoring, tie-dye, batik, arts and crafts, and carpentry. Literacy skills building, small business development, and RH education and services are also a part of the service mix. The FAHPAC experience suggests that young people are likely to succeed with proper guidance, acquisition of skills, and an entrepreneurial spirit. Hope for a more promising future, as well as access to information and services, gives rise to greater motivation to make wise S&RH decisions.

School-Based Life Planning Education (LPE). The LPE approach integrates life-planning education into the school curriculum; establishes peer education activities; and promotes RH communication through magazines and newsletters, drama, debates, and radio programs and advertisements. Despite the fact that school-based programs provide an avenue to reach large numbers of youth on a consistent basis, school principals



continue to have lukewarm attitudes toward LPE. Teachers also tend to have poor attitudes about providing RH information to youth, to be poorly trained, and to lack commitment.

The Association for Family and Reproductive Health, in collaboration with the State Government Ministries of Health and Education, Science, and Technology, is piloting an integration of an expanded LPE curriculum into the Oyo State's public secondary schools. The curriculum includes information about human development, relationships, sexuality, family life, and personal skills development. This initiative includes establishing 40 youth-friendly clinics designed to increase access to information and services for male and female students, advocacy, IEC, networking, peer education, and community involvement, as well as to evaluate operations research and capacity building. The recent approval of national guidelines has given rise to greater support for school-based initiatives.

Work with Religious Institutions. The Nigerian Youth AIDS Program has tried an ambitious approach to working with religious institutions. Activities have been conducted to sensitize church leaders to help provide legitimate access to project activities for youth. A needs assessment was carried out and formed the basis for developing both training curricula and IEC materials in collaboration with church members. Progress with churches has thus far outpaced that with mosques, and the latter relationships will take longer to nurture and build. However, using religion as the foundation for RH information is seen as an effective way to gain community support and minimize resistance.

Market-Based Approach. Many young people frequent local markets, and the

markets are accessible and provide an unrestricted environment. Those factors have led to the development of market-based strategies to reach and serve young people. Market-based services bring services closer to youth; provide an informal atmosphere where they are not stigmatized; avoid parental restrictions against visiting a health facility; are effective in reaching out-of-school youth; and increase service utilization.

Working with community members, FAHPAC has implemented youth-friendly services in an area market, developed and distributed IEC materials, and made referrals to collaborating clinics and hospitals. Services are available from 8:00 a.m. to 7:00 p.m. on Monday through Saturday. Youth volunteers assist in providing a range of IEC materials, while a nurse provides contraceptives and early detection of disease and a counselor is available on-site for counseling services. More than 8,000 young adults use the services annually, with an average of 3,500 receiving contraceptives.

Youth Involvement in Advocacy. Youth are involved in RH programs and services in many ways. Advocacy seems to be an area in which their skills and expertise can be used effectively. As dependable partners and active players in RH programs, youth have the capacity to mobilize their peers and the community through meetings, media activities, and regular consultation. Through a sustained program of advocacy skills building, participation in national and international workshops and conferences, exchange visits and study tours, and improved knowledge and attitudes in reproductive health, youth are now rising to the challenge of advocating for and influencing policy reforms.



The Northern Strategy: Working with Youth in Rural Northern Nigeria. The rural northern region of Nigeria is a conservative society where the mix of tradition and Islam has suppressed the adoption of modernization, including expanded education, especially for girls, and other societal improvements. Boys are often sent off to the cities while girls as young as age 11 move from their parents' home to their husband's home, with little of the transition time that others have between childhood and adolescence.

AHIP is one of the few organizations working in YARH in this region. AHIP has developed and applied an integrated RH program to reach young people with vocational training, micro-enterprise activities, and recreational programs linked to RH education and services. Working within the Islamic culture, AHIP has gained the support of many religious leaders in the area as a result of building and nurturing relationships over time.

Postabortion Care. Nigeria has one of the highest maternal mortality rates in the world, with as much as 50 percent of that mortality attributed to unsafe abortion. Despite national program efforts to reduce maternal mortality, an estimated 20,000 Nigerian women still die of complications related to unsafe or clandestine abortions each year.

Adolescents are at particular risk, given the high rates of unwanted pregnancy and the low contraceptive prevalence. Postabortion care addresses the problem of unsafe abortion through emergency treatment of abortion complications, postabortion family planning counseling and services, and the linking of abortion treatment with other reproductive health services.

The Post-Abortion Care Network in Nigeria is a membership organization that mobilizes its members to advocate for more liberal abortion policies and laws, strengthened postabortion care services, and public awareness of the dangers of abortion and the value of contraceptive technology in preventing unwanted pregnancies.

SUMMARY

Even though most YARH programs in Nigeria—and indeed in much of the world—have not been rigorously evaluated, a number of NGOs use promising strategies and approaches. Youth involvement, micro-enterprise, school-based life-planning education, market-based programs, and the like are all making important strides in stemming the tide of unwanted pregnancies and sexually transmitted infections, and promoting healthy development for young people.



G. MONITORING AND EVALUATION (M&E)

This session provided only a cursory overview of M&E, because it was followed by a three-day skills-building course.

Nonetheless, this session did attempt to explore the importance of M&E programs, how this information could be used, and what tools and resources are available.

Process evaluations measure how a program is working, whereas outcome and impact evaluations measure what a program's results and effects are. All are deemed to be vital management activities that can assist an organization in showing how the program is working to improve interventions, shape decisions of funding agencies and policymakers, mobilize communities to support YARH, and contribute to the global understanding of "what works." Process evaluation activities can include the use of checklists, inventories of facilities and services, interviews with key informants, staff surveys, exit interviews, focus-group discussions, and mapping. Outcome and impact evaluations are conducted through the use of population and community surveys.

H. NEXT STEPS

Many SOTA participants had been involved in developing the 1999 national strategic framework. That framework focused on seven key areas: advocacy; IEC; education and skills development; training; services; legal rights and protection; and research, monitoring, and evaluation. Using this framework, participants examined where they were with respect to the goals, objectives, and activities outlined; the challenges and barriers to achievements, and the next steps. The results of those discussions are reflected in Table 5.



Table 5: Progress Toward Achieving the Goals of the "1999 National Strategic Framework for Adolescent Reproductive Health in Nigeria: A Status Report"

Accomplishments to Date	Challenges and Barriers	The Way Forward
ADVOCACY		
<ul style="list-style-type: none"> ■ Limited advocacy activities with stakeholders—including political, religious, and traditional leaders—have been carried out by NGOs and international organizations. ■ Some youth advocates have been trained. ■ Advocacy kits have been produced. ■ A needs assessment on intergenerational communication was initiated and resulted in a bill on female genital mutilation in a state legislature. 	<ul style="list-style-type: none"> ■ ARH policy not passed into law. 	<ul style="list-style-type: none"> ■ Strengthen capacity of NGOs to carry out an advocacy campaign. ■ Strengthen coordination bodies, such as NAPHAD. ■ Conduct a national assessment of what has been accomplished.
IEC		
<ul style="list-style-type: none"> ■ Additional IEC messages on HIV/AIDS issues have been developed for radio. ■ Some IEC materials have been developed in local languages. ■ Some efforts have been made to encourage youth to be screened for HIV before marriage. ■ Music has been used as a means of disseminating information on HIV/AIDS. ■ Road shows also have been used to disseminate information. ■ People living with HIV/AIDS have been helped by organizations that want to popularize care for AIDS victims and to reduce the stigma. ■ Newsletters, pamphlets, and publications have been produced and distributed. 	<ul style="list-style-type: none"> ■ Lack of research on the needs of out-of-school youth. ■ IEC materials for physically challenged youth. ■ Materials using more appropriate terms and local languages to present issues and ideas. ■ Lack of more innovative IEC materials such as pictorials. ■ Sociocultural attitudes and values that hinder program efforts. ■ Bureaucratic bottlenecks in RH. ■ Difficulty integrating entertainment into IEC messages in "Sharia" states. ■ Lack of skills to develop quality IEC materials. 	<ul style="list-style-type: none"> ■ Conduct training for IEC resource people. ■ Increase collaboration with local, indigenous groups. ■ Use scenarios that will stimulate response from the target audience. ■ Focus on behavior-change messages. ■ Use concrete images and real-life examples. ■ Monitor and evaluate IEC messages on a regular basis. ■ Revive NAHFAD.



Table 5: Progress Toward Achieving the Goals of the "1999 National Strategic Framework for Adolescent Reproductive Health in Nigeria: A Status Report" (cont...)

Accomplishments to Date	Challenges and Barriers	The Way Forward
EDUCATION AND SKILLS DEVELOPMENT		
<ul style="list-style-type: none"> ■ There has been limited achievement in integrating sexuality education into the school curricula. 	<ul style="list-style-type: none"> ■ Lack of political will. ■ Ignorance of the issues at stake. ■ Religious and cultural values restricting progress and integration. ■ Lack of ownership by the people. ■ Policies and resource allocation has not recognized the integration. 	<ul style="list-style-type: none"> ■ Educate policymakers and advocate for the need for increased funding for YARH. ■ Strengthen NGO and CSO networks. ■ Work with traditional and religious leaders. ■ Create pressure groups to consistently monitor implementation. ■ Conduct public education campaigns on YARH.
TRAINING		
<ul style="list-style-type: none"> ■ The capacity of some stakeholders has been built through training, situation analysis, and advocacy. ■ Training materials have been developed, such as manuals, curricula, handbooks, illustrated materials for students, guidelines for peer educators, an ARH counseling manual, and an HIV/AIDS counseling manual. ■ Training on program management for primary health-care coordinators, school principals, and area inspectors of education has been conducted. 	<ul style="list-style-type: none"> ■ Inadequate information on the strategic framework. ■ Weak networking among NGOs. ■ "Female teachers" issue. ■ "Lack of parental involvement in YARH. ■ A donor-driven agenda that is sometimes out of sync with needs. ■ Inadequate number of trained staff members. ■ Poor selection of trainees 	<ul style="list-style-type: none"> ■ Establish a more effective NGO network. ■ Lobby for adoption of the strategic framework by state health councils. ■ Better define the NGO-government organization relationship. ■ Define and determine the minimum YARH and advocacy packages. ■ Advocate for proper funding. ■ Phase in the training of teachers. ■ Negotiate with and convince donors to adopt the framework.
SERVICES		
<ul style="list-style-type: none"> ■ Some YFS centers have been established through the efforts of NGOs and donor agencies. ■ Pockets of research have been funded by donors on YARH needs. 	<ul style="list-style-type: none"> ■ Frequent and irrational transfer of trained personnel. ■ Mass retrenchment of workers. ■ Multiple reporting systems. ■ Contraceptive logistics problems. ■ Government not supportive of the work of NGOs. ■ Inadequate information on ARH policy. ■ Cultural barriers. ■ Inadequate funding. 	<ul style="list-style-type: none"> ■ Intensify training of all cadres of health workers. ■ Advocate that government establish YFS clinics. ■ Have government operate HMIS at all levels. ■ Increase collaboration and support between the government and NGOs. ■ Increase media involvement in YARH.



Table 5: Progress Toward Achieving the Goals of the "1999 National Strategic Framework for Adolescent Reproductive Health in Nigeria: A Status Report" (cont...)

Accomplishments to Date	Challenges and Barriers	The Way Forward
LEGAL RIGHTS AND PROTECTION		
<ul style="list-style-type: none"> ■ No legal or policy reforms have been achieved. 	<ul style="list-style-type: none"> ■ Lack of expertise or commitment among RH activists. ■ Cumbersome drafting and passing of laws. ■ Lack of identification of adolescent rights needing protection. ■ Lack of awareness of the right to RH, including RH violations such as rape and incest. ■ Persistence of stigma of victims of YARH violations and unresponsive legal system. ■ Limited M&E on ARH rights violations. 	<ul style="list-style-type: none"> ■ Galvanize YARH stakeholders to draft a bill on ARH rights. ■ Lobby the Senate and House health committees for YARH reforms. ■ Help NGOs develop the capacity for protecting YARH legal rights. ■ Involve the media, the judiciary, and the allied stakeholders in a roundtable discussion to form strategic partnerships. ■ Sensitize the public on ARH rights. ■ Strengthen NGOs' monitoring and evaluation of ARH rights through training. ■ Facilitate building networks on ARH.
RESEARCH, MONITORING, AND EVALUATION		
<ul style="list-style-type: none"> ■ There have been limited YARH activities at the local government and community levels. ■ Some research has been sponsored by international organizations and donors. ■ Information on research and national data has been maintained by some international agencies and donors, although it is scarce. ■ No legal or policy reforms have been achieved. 	<ul style="list-style-type: none"> ■ Lack of appreciation of the use of data. ■ A number of donors who don't consider research and M&E as priority program areas. ■ Weak capacity at local levels and in some NGOs to conduct research and carry out activity monitoring. ■ Inadequate funds to support an M&E system. 	<ul style="list-style-type: none"> ■ Make a conscious effort to conduct research on YARH and to develop a research plan. ■ Create awareness of ARH research. ■ Build the capacity for a management information system in both government and NGOs. ■ Establish a research data monitoring institution. ■ Increase donor funding for research. ■ Facilitate information sharing on research findings through networking.



COMMITMENT AND SUMMARY A REVIEW OF THE 1999

National Strategic Framework for Adolescent Reproductive Health in Nigeria (1999) revealed that a modest increase in programming has occurred, but huge gaps remain to be bridged. Policy and legal reforms, capacity building, data gathering, and information management are areas of immediate need. In addition, the framework should be used more often in program efforts among all organizations with periodic assessments of gains made and challenges faced.



C

CONCLUSION

By the end of the SOTA course, participants were challenged to explore their next steps by completing a "Statement of Commitment Form," in which each person wrote what he or she would do to advance the status of YARH in Nigeria over the next six months. A total of 56 responses was received. After six months, FOCUS agreed to dispatch the forms back to the individuals to enable them to measure their level of success in implementing the strategies and reaching their targets.

As a result of the perceived success of the course, the participants suggested that another SOTA be held in Nigeria for the burgeoning NGO community.

A. EVALUATION

Overall, the partners, presenters, and participants agreed that the SOTA and subsequent skills-building courses were a success. Despite the limited funding available to sponsor large numbers of participants, many were able to secure their own funding. Although there were many whom we were not able to accommodate, those who did attend felt they benefited greatly from their participation. The ability to provide resource information and copies of papers and presentations shortly after each



presentation was greatly appreciated by participants. Small-group meetings that followed the plenary sessions gave participants an opportunity to process the information and to develop relationships and network as a result of working with a group of people over time. Bringing people together from different parts of Nigeria provided an opportunity for those from different regions, religions, and cultures to work together in a way that many seldom experience.

Despite the course's success, participants felt that some areas could be improved, such as the need to establish a more organized plan for working with the press in advance. Although attempts were made, a great degree of stress could have been alleviated by our better preparing for contacts with the press. Fortunately, several members of the partner organizations were interviewed by print and television, giving greater exposure to YARH issues. However, much of the work with the press occurred on an ad hoc basis. Organizing a press conference, preparing press releases and press packets, and designating press contacts would also have been helpful.

Several other levels of evaluation and assessment of the training were conducted. Participants were asked to evaluate the SOTA course and each of the skills-building courses in terms of content, format, and delivery. In addition, partner organizations were asked to assess the effectiveness of the partnership and to identify areas for improvement.

B. PARTNER ASSESSMENT

This course represented one of the most successful partnerships experienced by the FOCUS training team. The efficient use of and access to modern technology, namely e-mail and the Internet, made regular communication with partners possible. The course also allowed partners to participate in shaping the agenda and in making decisions. Clearly defined roles and responsibilities in relation to planning and to contacting presenters and participants, as well as in the actual training course itself, gave each organization equal visibility in the SOTA and made it easier for people to fulfill expectations.

Overall, partners felt the following:

- The workshop was "very nicely organized, and exceeded expectations."
- "The coordinators were in constant touch with us via e-mail and telephone to provide updates as was necessary." Furthermore, the way in which each day's proceedings flowed was an important indicator of the level of thought and detailed planning that went into the process.
- "The outcome was really fantastic, and the debriefing with the youth who attended the first workshop proved this."

The strengths of the partnership were identified as flexibility, responsiveness, tolerance, friendliness, trust and the ease of communication. Weaknesses included the competing demands on some staff members that limited their participation in planning. In addition, the number of last-minute changes was seen as a negative in some case while reflecting flexibility in others.



C. SOTA COURSE EVALUATION

On a scale of 1 to 6, with 6 being excellent, the overwhelming majority of participants rated the sessions of the SOTA 4 and above for content, format, and presentation. Small-group work was ranked highest across all sessions, because it provided the greatest opportunity to process information and interact with colleagues. The time allotted for sessions was the most frequently expressed area for improvement, and one participant suggested setting aside time for prayer for Muslims. Nonetheless, participants worked beyond the designated end time on most days, and one day they worked well into the evening.

Although participants identified dealing with youth street hawkers, working on proposal development, meeting donor requirements, examining counseling techniques, and learning more strategies for influencing behavior change as areas they would like to have covered, the participants each found something that appealed to them. Policy and communication issues are foremost in participants' minds given the current climate in Nigeria, and it is positive that numerous organizations will assist in this area in the coming months and years.

There was a strong desire for a follow-up to the SOTA, which did, in fact, take place in August of the same year. Participants also desired periodic updates and materials on YARH issues, as well as other forums for maintaining contact with colleagues.



M MONITORING AND EVALUATION TRAINING COURSE REPORT

A. COURSE DESCRIPTION

On February 26–28, 2001, the course on “Monitoring and Evaluating Adolescent Reproductive Health Programs” was conducted. It had been designed to familiarize participants with the technical tool of the same name, which was developed by the FOCUS on Young Adults program. This three-day course introduced basic concepts of monitoring and evaluation (M&E), described the steps involved in evaluation planning, reviewed techniques for data collection and analysis, and presented various means of data dissemination. The course also was intended to provide a comprehensive introduction to the M&E guide and to cover its three main sections: the text instructions on how to carry out M&E, the indicator tables, and the data collection tools.

The course materials included:

- A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs, which was distributed to all participants;
- a trainer’s manual, prepared using the PowerPoint notes page format;
- a participant’s manual, which included a spiral-bound copy of the PowerPoint slides in handout format;



- four diskettes with PowerPoint slides for all material covered;
- color transparencies of all slides;
- several handouts and worksheets for small-group activities, including four case studies of YARH programs; and
- miscellaneous supplies including flipcharts, markers, and performance incentives (candy, stickers, etc.).

Because of the technical nature of the course content, an interactive lecture format was used to introduce most topics. The instructor presented material using PowerPoint slides, while soliciting input and questions from participants. Several exercises were carried out using four small working groups of about seven participants each. In addition, on days 1 and 2, participants were asked to complete brief self-evaluating exercises.

The course was held in Abuja, Nigeria, from February 26 to 28. Course facilitators were Susan Adamchak, an author of the M&E guide; Emily Zielinski, a graduate student at Tulane University and FOCUS team member; and Chris Onyejekwe, a local trainer.

B. GOALS AND OBJECTIVES

The goal of the M&E training course was to familiarize participants with the FOCUS on Young Adults tool titled *A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs* and to strengthen participants' understanding of and commitment to evaluation as a tool for improving YARH programs. The M&E training course had five key objectives. Following the training, participants would be able to

- use the M&E guide as an evaluation resource,
- identify the role of M&E within their own program,
- understand the elements of the M&E process,
- identify potential indicators for their own program, and
- implement at least three dissemination formats.



C. DESCRIPTION OF PARTICIPANTS AND ORGANIZATIONS

Twenty-nine participants attended the M&E training course. Of those, approximately three had carried out more than one M&E exercise, another six had participated in at least one M&E exercise, and the remaining 20 had no prior evaluation experience. The more-experienced participants were active in discussions, but they did not dominate the class or distort the level at which the course was presented. They appeared interested in the systematic review of stages of M&E and in consolidating their knowledge. The participants with less experience appeared comfortable asking questions for clarification and elaboration of selected topics.

Most participants represented local NGOs, with program emphases on youth development, reproductive health, or HIV/AIDS. Two participants were employed by

the United Nations Population Fund, and four were employed by U.S.-based cooperating agencies (Pathfinder International, the Center for Development and Population Activities, and International Projects Assistance Services). One participant worked for the Oyo State MOH.

Participants were highly attentive and motivated. They adhered to the course schedule and for the most part were conscientious about starting the morning and afternoon sessions promptly. They continued work until late in the day, with most sessions concluding between 5:00 and 5:30 p.m. Only one participant was absent for significant periods of time, because she had to attend meetings with a major foundation on behalf of her organization.

The majority of the participants (22) provided e-mail addresses as part of their contact information, although many cited the high cost of using the Internet in Nigeria. Nevertheless, the Internet may be a useful means of communication to maintain a network of course participants and to provide course follow-up.



D. HIGHLIGHTS AND EMERGING ISSUES

A highlight of the course was feedback from the participants about the M&E guide itself. Several of the participants' organizations had received copies of the manual as part of its postpublication dissemination, and they reported having already put it to use. Among the comments offered were the following:

- "While the M&E guide appears intimidating, the language is simple and instructional so that the book can be a self-tutorial."
- "We have reviewed the indicators and plan to use some in our program."
- "The sequencing of topics is good and builds on prior information."
- "We have used the M&E guide in developing a baseline study for youth-friendly services."

- "We have photocopied some of the tools and plan to adapt them for our use."
- "I like the image of the three young people dancing on the cover. It is cheerful and makes me think of my children being happy."
- "I would have liked seeing the book in three volumes."
- "We are glad to have so many instruments available. In particular, the mystery clients example is very useful."
- "Don't reinvent the wheel. It is good to have such a comprehensive source of information."

An emerging issue identified by the group concerned ways to provide ongoing support to participants after the training course ended. Several participants requested that the instructors be available to comment on M&E plans as they were being developed (and one had already e-mailed a paper on poverty and sexual activity of Nigerian girls for comments from the instructors before their arrival back in the United States).



E. RECOMMENDATIONS AND COURSE EVALUATION

Particularly because so many participants are able to correspond by e-mail, time should be allocated for course instructors to carry out remote follow-up through technical reviews.

Although a fair number of represented organizations are doing little or no M&E, many are doing something. However, what they are doing is not always well grounded in M&E principles. In addition, the results yielded are often not used to assist in program planning and improvements. Therefore, participants felt that more should be done within their organizations to make their M&E efforts more meaningful.

Several participants noted the collegial atmosphere and warmth of the facilitators, who created a fertile learning

environment. With respect to the course content and its relevance to their work, an overwhelming majority felt that the content was relevant, useful, and of interest to them. They found it useful in the systematic identification of goals, objectives, and indicators. The course also reinforced the importance of conducting M&E from the start, the role it can play in advocacy, and the need to allocate resources to M&E activities. However, depending on their level of skill, some people thought the material was too technical. Many suggested making sessions more participatory, providing more practical examples relevant to the context, having participants provide case studies, or including more experiential learning exercises to enhance learning. Most participants felt that the course was far too short and recommended a minimum of five days. They also identified a need for follow-up and retraining to ensure sustainability.



Y YOUTH-FRIENDLY SERVICES TRAINING REPORT

A. COURSE DESCRIPTION

The YFS training course took place over three days (February 26–28, 2001) and included a variety of interactive teaching methods including small-group exercises, lectures using PowerPoint slides, large-group discussions, visualized discussions, role-play exercises, and a field exercise. Participants were first oriented to the YFS tool and then trained to carry out the essential steps of a YFS assessment study. They were also exposed to the results of applications of the YFS tool in other African countries.

The last day of the training consisted of an actual “field exercise” in which participants conducted an assessment and synthesized their findings. Participants were divided into groups of three (with eight in each group) and visited three family planning clinics in Abuja. At each clinic, participants were assigned to measure the degree of youth friendliness by conducting focus-group discussions among fathers, mothers, and young people, as well as exit interviews of youth clients and in-depth interviews among nursing staff members. After the group processed and analyzed its data, it made

presentations about its assessment and suggested strategies of how a higher degree of youth friendliness could be achieved at each clinic site. Two health-care providers from the sites visited were present to listen to each group's assessment findings, as well as to participate in an open discussion following each group's presentations.

B. GOALS AND OBJECTIVES

The overall goal of the YFS training course was to have each participant feel comfortable in planning a study to assess the degree of "youth friendliness" at a health facility. Specifically, the YFS training course's objectives were to enable each participant to plan an assessment by (1) selecting appropriate youth-friendly indicators, (2) selecting the appropriate sources of information and data collection tools, and (3) planning how to improve the service environment for youth.

C. DESCRIPTION OF PARTICIPANTS AND ORGANIZATIONS

A total of 24 participants from USAID cooperating agencies and Nigerian NGOs attended the YFS training course. Participant introductions revealed that the majority of the participants either were in the process of designing a youth-friendly service program or were learning how to monitor and evaluate such a program. In addition, most were keenly aware of the barriers and key issues associated with providing RH services to adolescents.



D. HIGHLIGHTS AND EMERGING ISSUES

One of the most interesting discussions that took place at the training was during a visualized discussion about the “health needs of adolescents.” Participants became divided over the issue of “housing” and whether or not it was actually a reproductive health need or a factor for other health needs of adolescents. Many participants felt that because of the lack of appropriate housing, many adolescents are exposed to more health risks. Another important discussion related to the future of youth-friendly service programs for Nigeria given the uninviting climate for YARH in Nigeria, the cultural taboos, and the provider bias. Participants shared that parents were strongly against providing young people with family planning services and that nurses did not fully support providing youth with contraceptives. Therefore, the group discussed other possible strategies for moving forward in this area. Some participants felt that more community outreach activities were needed, whereas others emphasized the need to clearly define “reproductive health” in its broader context. Finally, participants felt that more innovative approaches were required to reach the young people, such as going to libraries and other centers where they spend their free time.

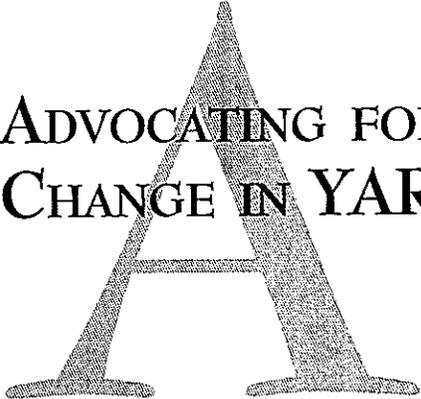
E. RECOMMENDATIONS AND COURSE EVALUATION

Course evaluations revealed that many people felt the training should be expanded to five days. Participants also felt that more local case studies were needed to make the situations and discussions more relevant to the circumstances under which the participants work. As always, the field visit was the highlight of the course. Having providers from the site available when the assessment findings were presented was seen as an important follow-up measure to assist that site in making improvements and addressing the challenges it faces.

Participants in the YFS course found the course to be highly useful in learning about data collection tools and methodologies, about data analysis and scoring, and about planning for improvement. The content was viewed as comprehensive because it covered all key aspects of youth-friendly services and was helpful in enhancing communication with youth. Participants felt that good visual aids and materials supported their learning and that small-group work and other activities provided good opportunities for participation. Suggested areas of improvement included additional days in which to cover the course content and to provide additional clarification of key concepts. Participants also suggested further training enhancements such as involving youth in the training, including more experiences from other African countries as well as from Nigeria, and providing additional field work. Participants recommended that the course be used as an orientation for front-line workers and that additional follow-up be added.



ADVOCATING FOR CHANGE IN YARH



A. COURSE DESCRIPTION

On February 26–28, 2001, the advocacy course was presented. It had been developed to assist in building capacity among organizations to advocate for changes in YARH policy in Nigeria. All planning meetings held throughout Nigeria revealed that advocacy was a much-needed skill among YARH organizations. To this end, a three-day course was developed using a variety of participatory approaches to transfer knowledge and share information. Drawing on the day-to-day experiences of participants, the course content was flexible and was adapted to meet participants' needs in the context within which they were working. Challenges to advocacy efforts were also addressed and strategies for overcoming them explored.



B. GOALS AND OBJECTIVES

The objective of the course was to enhance advocacy skills among participants to create an enabling environment for family planning, reproductive health, and HIV/AIDS programs. The purpose of the workshop was to provide participants with basic advocacy knowledge and skills. The objectives of the workshop included:

- introducing participants to the concept and practice of advocacy as a strategy for influencing policy;
- reviewing the steps involved in designing and implementing a strategic advocacy campaign; and
- examining and applying tools for effective advocacy, including networking, advocacy issues identification, policy audience analysis, and advocacy message development.

The course content focused on developing policies and plans that sustain access to high-quality services for youth. Furthermore, the skills acquired during the course would be used to raise awareness among key policymakers of the pressing issues to advocate for, to develop policies that support sustainable programs, and to plan for their implementation.

C. DESCRIPTION OF PARTICIPANTS AND ORGANIZATIONS

Participants were drawn from various states in the federation and were composed of top government officials from the MOH, executive officers of NGOs, and multinational donors. Of the 29 participants, 10 were executives, project directors, or coordinators from NGOs; 8 were program officers or facilitators; 3 were from the MOH (the director of the FMOH and two staff members from Lagos and River States MOH); 3 were program officers from multinational donor agencies (the United Nations Population Fund, the Center for Development and Population Activities, Pathfinder); and the remaining 5 were youth volunteers and other staff members from NGOs.

D. HIGHLIGHTS AND EMERGING ISSUES

Although a number of participants stated that they were involved in advocacy activities, many were not clear about what advocacy entailed. Some confessed that although they were mandated by their organizations to advocate for YARH, they did not have the skills and knowledge to do so. In addition, participants stated that their organizations confused IEC with advocacy, leading to a need to reexamine



organizational activities and to reshape them to fit the principles of advocacy. Interactions with participants revealed that YARH advocacy skills were highly needed but that capacity on the ground was very low. The workshop was, therefore, designed to meet this need, with the expectation that the participants transfer the skills and knowledge to their colleagues. Together they hoped to improve, reshape, and sharpen the advocacy activities of their organizations.

In addition, small-group work identified a number of key issues that could form the basis of an advocacy campaign. Those issues included the lack of youth-friendly services; the hostile legal environment, particularly to victims of sexual violence such as rape; and the lack of sexuality education for youth in Nigeria. The issues were used as case studies to identify key advocacy strategies.

E. RECOMMENDATIONS AND COURSE EVALUATION

The enthusiasm and motivation that participants showed throughout the workshop was an indication that they appreciated the course and recognized its importance to their work. There is clearly a need for well-planned and systematic advocacy activities. It is, therefore, critical that capacity be built in advocacy to equip participants with skills to design and implement advocacy strategies in ARH, especially for NGOs that are viewed as a driving force for advancing YARH.

The participants recommended that the training devote more time to designing and presenting advocacy messages. Because advocacy is a skill needed by many NGOs dealing with YARH, there is a need, therefore, to build capacity in every state for that purpose. To achieve this, a master trainer's course is recommended to transfer capacity to different states.

Finally, participants expressed a desire for follow-up in the form of an advocacy network to spearhead the issues of youth reproductive health, and they pledged their support for such a network. The POLICY Project was requested to assist in and facilitate the establishment of this network. The network would provide a forum for strategizing about how to mobilize funds to maintain and sustain the network and its work.



At the beginning of the workshop, a pretest questionnaire was administered to assess participants' level of knowledge. This pretest was followed by a posttest assessment that showed an increase in knowledge. Nine participants scored the workshop as an A (excellent) grade, and 17 awarded it a B (good) grade. Only two participants awarded the workshop a C (fairly good) grade. It was gratifying to note that even those who gave the workshop a B grade stated that the workshop was very good and that they benefited from their participation.

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APPENDIX 1:
SOTA COURSE
AGENDA





Course Agenda
State of the Art (SOTA) Training Course
Abuja, Nigeria - February 18 - 23, 2001

<i>Time</i>	<i>Duration</i>	<i>Activity</i>		
SUNDAY, FEBRUARY 18, 2001				
<i>Welcome Reception</i>				
6:00-6:30 p.m.	30 min.	<i>Arrival of Guests</i>		
6:30-7:00 p.m.	30 min.	<i>Welcome</i> —Tijuana A. James-Traore, FOCUS on Young Adults <i>Introduction of Partners</i> Lynn Gorton—USAID Mike Egboh—Pathfinder International Scott Moreland—The POLICY Project Babatunde Ahonsi—Ford Foundation Kole Shettima—MacArthur Foundation Nike Esiet—Action Health Incorporated Mairo Bello—Adolescent Health Information Project		
7:00-7:30 p.m.	30 min.	<i>Adolescent Health Information Project Youth Forum Presentation</i>		
<i>Time</i>	<i>Duration</i>	<i>Title of Session</i>	<i>Topic or Issues Covered</i>	<i>Presenter or Facilitator</i>
MONDAY, FEBRUARY 19, 2001				
<i>Daily Chairperson: Nike Esiet, Action Health Incorporated</i>				
8:30-9:00 a.m.	30 min.	Introduction	<ul style="list-style-type: none"> ■ Introduction to SOTA ■ Review course objectives ■ Discussion of participant goals and objectives ■ Review of agenda and format ■ Ground rules 	Facilitator ■ Tijuana A. James-Traore FOCUS on Young Adults
9:00-9:30 a.m.	30 min.	Official Opening	<ul style="list-style-type: none"> ■ Host welcome ■ Introduction of guests ■ Official opening 	Presenters ■ Mike Egboh Pathfinder International ■ Tijuana A. James-Traore FOCUS on Young Adults ■ Scott Moreland The POLICY Project ■ Lynn Gorton—USAID ■ Amina Ndalolo— Minister of State for Health, Federal Ministry of Health
9:30-10:00 a.m.	30 min.	I Wanna' Know Your Name	<ul style="list-style-type: none"> ■ Introduction of participants 	Facilitators ■ Mike Egboh— Pathfinder International ■ Holo Hachonda— Johns Hopkins University

Course Agenda
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<i>Time</i>	<i>Duration</i>	<i>Title of Session</i>	<i>Topic or Issues Covered</i>	<i>Presenter or Facilitator</i>
MONDAY, FEBRUARY 19, 2001 (CONT...)				
THEME 1—UNDERSTANDING ADOLESCENCE				
Moderators—Mike Egboh, Pathfinder International/Nigeria, and Holo Hachonda, Johns Hopkins University				
10:00–11:00 a.m.	1 hr.	Do You See What I see? Do You Hear What I Hear?	<ul style="list-style-type: none"> ■ Participants will be divided into small groups separating older adults and youth. ■ Each group will be asked to brainstorm the following: <ol style="list-style-type: none"> 1. What adjectives describe youth? List as many as you can in 15 minutes on newsprint. (Some discussion may follow.) 2. What rights should young people have over their reproductive health? 3. What rights and controls should parents and others have over access to information and services for their minor (under-18) children? 	Facilitators <ul style="list-style-type: none"> ■ Holo Hachonda— Johns Hopkins University ■ Vanessa Carroll— FOCUS on Young Adults ■ Moji Oyelami—Network ■ Bimbo Jide-Aremo— Action Health Inc. ■ Charity Ibeawuchi— The POLICY Project ■ Bahijatu Bello— Adolescent Health and Information Project ■ Leah Wanjama— The POLICY Project
11:00–11:15 a.m.	15 min.	Break		
Moderators—Mike Egboh, Pathfinder International/Nigeria, and Holo Hachonda, Johns Hopkins University				
11:15 a.m.–noon	45 min.	I Can See Clearly Now!	<ul style="list-style-type: none"> ■ Small groups will report back on their work. ■ The large group will discuss the similarities and differences between the two lists and what they mean. 	Facilitators <ul style="list-style-type: none"> ■ Mike Egboh— Pathfinder International ■ Holo Hachonda— Johns Hopkins University
noon–1:00 p.m.	1 hr	Lunch		



Course Agenda
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<i>Time</i>	<i>Duration</i>	<i>Title of Session</i>	<i>Topic or Issues Covered</i>	<i>Presenter or Facilitator</i>
MONDAY, FEBRUARY 19, 2001 (CONT...)				
THEME I—UNDERSTANDING ADOLESCENCE				
<i>Moderators—Mike Egboh, Pathfinder International/Nigeria, and Holo Hachonda, Johns Hopkins University</i>				
1:00–2:00 p.m.	1 hr.	This Is My Story	<ul style="list-style-type: none"> ■ Data will be presented on YARH issues affecting youth around the world and youth in sub-Saharan Africa, including indicators of contraceptive use, abortion, STIs, and HIV prevalence and variation by age, gender, region, and knowledge of services. ■ Profile of Nigerian youth with respect to the YARH data and issues presented above will be described. 	<ul style="list-style-type: none"> ■ M.O.T. Odunjinrin— The World Health Organization ■ Scott Moreland— The POLICY Project
<i>Moderators—Malro Bello, Adolescent Health and Information Project (AHIP)</i>				
2:00–3:00 p.m.	1 hr.	Adults Are from Mars; Adolescents Are from Venus	<ul style="list-style-type: none"> ■ Issues specific to Nigerian youth will be discussed, including the effect of war and civil unrest, democracy, gender, tradition, and culture. ■ Participants will discuss adolescence as a psychosocial development process. ■ They will discuss the stages of adolescent development, characteristics of young people as they move through the process, plus its relevance to YARH. ■ The FOCUS Adolescent Development Tool will be shared and applied. ■ Questions and Answers. 	Presenters <ul style="list-style-type: none"> ■ Belkis Welde Giorgis— Management Sciences for Health ■ Tijuana A. James-Traore— FOCUS on Young Adults
3:00–3:20 p.m.	20 min.		Break	

Course Agenda
State of the Art (SOTA) Training Course
Abuja, Nigeria - February 18 - 23, 2001

<i>Time</i>	<i>Duration</i>	<i>Title of Session</i>	<i>Topic or Issues Covered</i>	<i>Presenter or Facilitator</i>
MONDAY, FEBRUARY 19, 2001 (CONT...)				
THEME I—UNDERSTANDING ADOLESCENCE				
3:20–4:30 p.m.	1 hr., 10 min.	Adults Are from Mars; Adolescents Are from Venus (continued)	<ul style="list-style-type: none"> ■ In small groups, participants will be guided through the application of the Adolescent Development Tool. ■ Small groups will discuss characteristics that define adolescents at various stages in their growth and development. ■ This activity will be followed by a discussion of program goals and interventions appropriate to youth at each stage of development. 	Facilitators <ul style="list-style-type: none"> ■ Holo Hachonda— Johns Hopkins University ■ Vanessa Carroll— FOCUS on Young Adults ■ Moji Oyelami—Network ■ Bimbo Jide-Aremo— Action Health, Incorporated ■ Charity Ibeawuchi— The POLICY Project ■ Bahijatu Bello— Adolescent Health and Information Project ■ Leah Wanjama— The POLICY Project
4:30–5:15 p.m.	45 min.	Adults Are from Mars; Adolescents Are from Venus (continued)	<ul style="list-style-type: none"> ■ Feedback will be given to the larger group. 	Facilitator <ul style="list-style-type: none"> ■ Tijuana A. James-Traore— FOCUS on Young Adults
5:15–5:30 p.m.	15 min.	Wrap-up and Homework		



Course Agenda
State of the Art (SOTA) Training Course
Abuja, Nigeria - February 18 - 23, 2001

<i>Time</i>	<i>Duration</i>	<i>Title of Session</i>	<i>Topic or Issues Covered</i>	<i>Presenter or Facilitator</i>
TUESDAY, FEBRUARY 20, 2001				
Daily Chairperson: Scott Moreland, The POLICY Project				
8:30-9:30 a.m.	30 min.	Review		
Theme II—Risk and Protective Factors				
Moderator—Kate Onyejekwe, Pathfinder International/Nigeria				
9:00-9:45 a.m.	45 min.	Jungle City	<ul style="list-style-type: none"> ■ Small groups will define the socioeconomic, environmental, and cultural factors affecting RH (including sexual growth and development, sexual activity, and rates of STI and HIV infection) of youth today. ■ This list will be grouped according to those that affect youth positively and those that affect youth negatively. ■ Groups will then discuss the impact of those factors according to personal and programmatic experience and strategies that have worked in minimizing or eliminating negative effects and enhancing positive effects. 	Facilitators <ul style="list-style-type: none"> ■ Holo Hachonda— Johns Hopkins University ■ Vanessa Carroll— FOCUS on Young Adults ■ Moji Oyelami—Network ■ Bimbo Jide-Aremo— Action Health Incorporated ■ Charity Ibeawuchi— The POLICY Project ■ Bahijatu Bello— Adolescent Health and Information Project ■ Leah Wanjama— The POLICY Project
9:45-10:30 a.m.	45 min.	Jungle City (cont...)	<ul style="list-style-type: none"> ■ Feedback will be given to larger group. 	
10:30-10:50 a.m.	20 min.		<i>Break</i>	

Course Agenda
State of the Art (SOTA) Training Course
Abuja, Nigeria - February 18 - 23, 2001

<i>Time</i>	<i>Duration</i>	<i>Title of Session</i>	<i>Topic or Issues Covered</i>	<i>Presenter or Facilitator</i>
TUESDAY, FEBRUARY 20, 2001 (CONT..)				
THEME II—RISK AND PROTECTIVE FACTORS				
<i>Moderator—Leah Wanjama, The POLICY Project</i>				
10:50 a.m.- 12:30 p.m.	1 hr. 40 min.	What's Going On?	<ul style="list-style-type: none"> ■ Participants will learn from the latest data and research about what does and does not work in reaching and serving youth. ■ They will also examine the effects of sexuality education. What is it designed to do? What can realistically be achieved? ■ Participants will hear case studies of developing and implementing curricula. ■ Questions and answers. 	<p><i>Presenters</i></p> <ul style="list-style-type: none"> ■ Kristin Nelson— FOCUS on Young Adults/ Tulane University ■ Lola Dare— Centre for Health Sciences Training, Research and Development International
12:30-1:30 p.m.	1 hr.		Lunch	



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<i>TUESDAY, FEBRUARY 20, 2001 (CONT...)</i>				
<i>THEME III—STRATEGIES AND APPROACHES</i>				
<i>Moderator—Dr. Odiakosa, Action Health Incorporated</i>				
1:30–3:15 p.m.	1 hr., 45 min.	Part I—Ain't Nothing but the Real Thing	<ul style="list-style-type: none"> ■ Participants will hear a series of 5- to 7-minute presentations on program approaches to reaching and serving youth. ■ These presentations will be followed by roundtable discussions with presenters to learn more about their programs and services. 	<p>Topic Areas with Presenters</p> <ul style="list-style-type: none"> ■ Youth Involvement: Service Delivery— Adeola Olunloyo, Action Health Incorporated ■ Micro-Enterprise: Egun Omotosho— Family Health and Population Action Committee ■ School-Based: Temitope Adekunle— Association for Reproductive and Family Health ■ Faith-Based: Edem Effiong— Nigerian Youth AIDS Project ■ Rural: Hajara Mohammed— Adolescent Health Information Project ■ Market-Based: Bola Omotosho— Family Health and Population Action Committee ■ Youth Involvement, Advocacy: Emmanuel Etim— Adolescents in Nigeria
3:15–3:30 p.m.	15 min.	Break- Move into Roundtable discussions		

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<i>Time</i>	<i>Duration</i>	<i>Title of Session</i>	<i>Topic or Issues Covered</i>	<i>Presenter or Facilitator</i>
TUESDAY, FEBRUARY 20, 2001 (CONT...)				
THEME III—STRATEGIES AND APPROACHES				
<i>Moderator—Dr. Odiakosa, Action Health Incorporated</i>				
3:30–5:00 p.m.	1 hr., 30 min.	Part II—Let's Do It Again!	This session is a repeat of the previous session, but with five different presenters and new topics.	<p>Topic Areas with Presenters</p> <ul style="list-style-type: none"> ■ Community-Based: Charity Usifoh— Women's Health Organization of Nigeria ■ Media: Omololu Falubi— Journalists Against AIDS ■ Commercial Sex Workers: Soji Akinleye—Sagamu Community Center ■ Family: Wole Odutolu— Life Vanguard ■ Post-abortion Care: Bomi Ogedegbe— Post-Abortion Care Network
5:00–5:15 p.m.	15 min.	Wrap-up and Homework		



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<i>Time</i>	<i>Duration</i>	<i>Title of Session</i>	<i>Topic or Issues Covered</i>	<i>Presenter or Facilitator</i>
<i>WEDNESDAY, FEBRUARY 21, 2001</i>				
<i>DAILY CHAIRPERSON: MIKE EGBOH, PATHFINDER INTERNATIONAL/NIGERIA</i>				
8:30-9:30 a.m.	30 min.	Review		
<i>Theme IV—Communication</i>				
<i>Daily Chairperson: Mike Egboh, Pathfinder International/Nigeria</i>				
9:00-10:15 a.m.	1 hr., 15 min.	Last Night a DJ Saved my Life!	<ul style="list-style-type: none"> ■ What messages do youth derive from the media? ■ What role do journalists play in advancing the status of YARH? ■ How do the media perceive YARH issues? ■ How do the media deal with sexuality, HIV/AIDS, contraceptive use, and gender? ■ How can we strengthen our partnership? ■ Questions and answers. 	Presenters <ul style="list-style-type: none"> ■ Adeola Olunloyo— Action Health Incorporated ■ Hajara Mohammed— Adolescent Health Information Project ■ Iwalola Akin-Jimoh— Youth Empowerment Foundation ■ Lanre Arogundade— International Press Center ■ National Association of Women Journalists ■ Teresa Esien— Channels Television
10:15-11:15 a.m.	1 hr.	I Heard It Through the Grapevine	<ul style="list-style-type: none"> ■ Participants will develop effective communication strategies using local case studies, such as creating <ol style="list-style-type: none"> 1. messages with the audience in mind, 2. market segmentation, and 3. audience input using appropriate methodology for communicating with different audiences. ■ Questions and answers 	Presenter <ul style="list-style-type: none"> ■ Vanessa Carroll— FOCUS on Young Adults
11:15-11:30 a.m.	15 min.	Break		

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<i>Time</i>	<i>Duration</i>	<i>Title of Session</i>	<i>Topic or Issues Covered</i>	<i>Presenter or Facilitator</i>
WEDNESDAY, FEBRUARY 21, 2001 (CONT...)				
THEME IV—COMMUNICATION				
Moderator—Holo Hachonda, Johns Hopkins University				
11:30 a.m.– 12:30 p.m.	1 hr.	Reach Out and Touch Somebody	<ul style="list-style-type: none"> ■ Participants will examine social marketing for youth, including branding, pricing, and learning the perspective of pharmacists and other “nontraditional” distribution channels. ■ Then they will examine behavior-change communication strategies 	Presenters <ul style="list-style-type: none"> ■ Bernard Edet— Society for Family Health ■ Holo Hachonda— Johns Hopkins University
12:30-1:30 p.m.	1 hr.	Lunch		
Moderator—Dr.Olowu, Center for Development and Population Activities				
1:30-2:45 p.m.	1 hr., 15 min.	Try a Little Tenderness	<ul style="list-style-type: none"> ■ Participants will define youth-friendly services (YFS) and examine characteristics of youth-friendly staff members, the physical layout of facilities, accessibility of programs and services, privacy, and confidentiality. ■ They will identify characteristics of clinic-based and community-based YFS. ■ They will also be exposed to the FOCUS Assessing and Planning for YFS tool and its application to their work. 	<ul style="list-style-type: none"> ■ Kristin Nelson— FOCUS on Young Adults/ Tulane University



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<i>Time</i>	<i>Duration</i>	<i>Title of Session</i>	<i>Topic or Issues Covered</i>	<i>Presenter or Facilitator</i>
<i>WEDNESDAY, FEBRUARY 21, 2001 (CONT...)</i>				
<i>THEME V—SERVICES</i>				
<i>Moderator—Dr.Olowu, Center for Development and Population Activities</i>				
2:45-3:45 p.m.	1 hr.	Search for Tomorrow	<ul style="list-style-type: none"> ■ Providers of clinical and contraceptive services will share their experiences including what challenges and barriers they faced and how they overcame them, what lessons they learned, and what effective implementation strategies were. ■ They will also discuss how they involve youth, males, and families. ■ Questions and answers. 	<ul style="list-style-type: none"> ■ Mary Bawa—Planned Parenthood Federation of Nigeria ■ Bernard Edet—Society for Family Health ■ Funmi Doherty—Society for Women and AIDS in Africa ■ Grace Delano—Association for Reproductive and Family Health
3:45-4:00 p.m.	15 min.	Break		
<i>Moderator—Vanessa Carroll, FOCUS on Young Adults</i>				
4:00-5:00 p.m.	1 hr.	Where Were You When I Needed You Most?	<ul style="list-style-type: none"> ■ Participants will define gaps in meeting the needs of young adults. ■ They will also engage in a discussion about strategies to bridge the gap. ■ The discussion will focus on the specific needs of subsets of youth including commercial sex workers; homosexual, lesbian, and bisexual youth; victims of rape and incest; married youth; rural youth; street kids; and out-of-school youth 	Facilitators <ul style="list-style-type: none"> ■ Holo Hachonda—Johns Hopkins University ■ Vanessa Carroll—FOCUS on Young Adults ■ Moji Oyelami—Network ■ Bimbo Jide-Aremo—Action Health Incorporated ■ Charity Ibeawuchi—The POLICY Project ■ Bahijatu Bello—Adolescent Health Information Project ■ Leah Wanjama—The POLICY Project
5:00-5:30 p.m.	30 min.	Review and Complete feedback	<ul style="list-style-type: none"> ■ Small groups will give feedback on their discussion of gaps in meeting the needs of youth. 	Facilitator <ul style="list-style-type: none"> ■ Leah Wanjama—The POLICY Project
5:30-5:45 p.m.	15 min.	Wrap-up		

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<i>Time</i>	<i>Description</i>
WEDNESDAY, FEBRUARY 21, 2001 COMMUNICATIONS MINIVERSITY	
<p><i>*Note—Class is limited to 15 participants from NGOs, each on a first-come, first-served basis</i></p>	
7:00-9:00 p.m.	<p><i>Class 1—Effective Communication</i></p> <p><i>Objective: Participants will have an opportunity to create their own communications product that incorporates the strategies reviewed earlier in the day.</i></p> <p>Participants will be helped to (1) identify and involve target audiences; (2) explore sources of appropriate and accurate information on YARH; (3) develop quality control standards for communication including consistent imaging, punctuation and grammar, review processes, reproduction, and distribution; (4) develop appropriate budgets; and (5) evaluate effectiveness.</p> <p>(Participants should bring the most popular and widely distributed materials for an individualized review and analysis.)</p> <p><i>Class 2—Promoting Your Programs and Services</i></p> <p><i>Objective: Participants will learn about innovative strategies for promoting programs and services including those used in the private sector.</i></p> <p>This class will include (1) learning steps to access radio, television, technology, and traditional modes of communication; (2) developing press releases and fact sheets; (3) developing and cultivating relationships with the media; (4) acquiring media training including developing public-speaking skills; and (5) evaluating results.</p> <p><i>Class 3—Low-Tech versus High-Tech Methods of Distribution</i></p> <p><i>Objective: Participants will examine effective strategies for distributing materials in various settings.</i></p> <p>This class will include (1) developing and maintaining a mailing list, (2) using technology such as Web sites and listservs, and (3) evaluating success and learning from failures.</p>

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<i>Time</i>	<i>Duration</i>	<i>Title of Session</i>	<i>Topic or Issues Covered</i>	<i>Presenter or Facilitator</i>
THURSDAY, FEBRUARY 22, 2001				
Daily Chairperson: Mairo Bello, Adolescent Health Information Project				
Theme VI—Creating an Enabling Environment				
Moderator—Jerome Mafeni, The POLICY Project				
8:30-9:30 a.m.	1 hr.	Review/ Complete Feedback	<ul style="list-style-type: none"> ■ Small groups will give feedback on their discussion of gaps in meeting the needs of youth. 	Facilitators <ul style="list-style-type: none"> ■ Holo Hachonda— Johns Hopkins University ■ Vanessa Carroll— FOCUS on Young Adults ■ Moji Oyelami—Network ■ Bimbo Jide-Aremo— Action Health Incorporated ■ Charity Ibeawuchi— The POLICY Project ■ Bahijatu Bello— Adolescent Health Information Project ■ Leah Wanjama— The POLICY Project
9:00-9:30 a.m.	30 min.	What Have You Done for Me Lately?	<ul style="list-style-type: none"> ■ Participants will be led by The POLICY Project through a discussion of the following: <ol style="list-style-type: none"> 1. Why do we need policies? 2. What do they or can they do for me? 3. How can I use them? 4. How do they affect YARH, HIV/AIDS, gender, and parental involvement? 	Presenter <ul style="list-style-type: none"> ■ Scott Moreland— The POLICY Project
Moderator—Ollkoye Ransome Kutl, AIDS Foundation of Lagos				
9:30-11:00 p.m.	1 hr., 30 min.	You Got Me Going in Circles	<ul style="list-style-type: none"> ■ How are policies made? How are they changed? ■ Do they work? ■ How do we evaluate and modify policies? ■ What are the barriers to policy change? ■ How can they be overcome? 	Discussants <ul style="list-style-type: none"> ■ Khairat Gwadabe— Ministry of Women and Youth ■ A. Akinsete—National Action Committee on AIDS ■ Nike Adeyemi— Federal Ministry of Health ■ Ngozi N. Odu—Ministry of Health, Rivers State
11:00-11:15 a.m.	15 min.	Break		

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THURSDAY, FEBRUARY 22, 2001 (CONT...)				
THEME VI—CREATING AN ENABLING ENVIRONMENT				
Moderator—Emmanuel Etim, Adolescents in Nigeria				
11:15 a.m.– 12:30 p.m.	1 hr., 15 min.	I've Got A New Attitude	<ul style="list-style-type: none"> ■ The POLICY Project will share and discuss strategies, resources, and available tools that can be used to advocate for change. They will draw on some of the recommendations from the small groups as examples. ■ Questions and answers. 	Presenter <ul style="list-style-type: none"> ■ Scott Moreland— The POLICY Project
12:30–1:30 p.m.	1 hr.		Lunch	
Moderator—Nike Esiet, Action Health Incorporated				
1:30–2:15 p.m.	45 min.	Here's a Way	<ul style="list-style-type: none"> ■ Case studies will be shared of how YARH policies have been successfully advocated for in various countries including Ghana and South Africa. ■ Questions and answers. 	Presenter <ul style="list-style-type: none"> ■ Kwame Ampomah— Ghana
2:15–3:15 p.m.	1 hr.	If You Don't Know Me by Now	<ul style="list-style-type: none"> ■ Small groups will address the following: <ol style="list-style-type: none"> 1. What formal/informal policies exist in Nigeria in the areas of education, RH, HIV/AIDS, marriage, gender, harmful traditional practices, etc.? 2. What policies enhance YARH, including HIV/AIDS? 3. What policies pose barriers to YARH? 4. How have the policies affected YARH positively or negatively? 5. How do we move from policy development to implementation? 6. What role can youth, parents, communities, donors, religious groups, government, NGOs/CBOs/CSOs, and the private sector play? ■ Small groups report back. 	Facilitators <ul style="list-style-type: none"> ■ Holo Hachonda— Johns Hopkins University ■ Vanessa Carroll— FOCUS on Young Adults ■ Moji Oyelami—Network ■ Bimbo Jide-Aremo— Action Health Incorporated ■ Charity Ibeawuchi— The POLICY Project ■ Bahijatu Bello— Adolescent Health Information Project ■ Leah Wanjama— The POLICY Project



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<i>Time</i>	<i>Duration</i>	<i>Title of</i>	<i>Topic or</i>	<i>Presenter</i>
<i>THURSDAY, FEBRUARY 22, 2001 (CONT...)</i>				
<i>THEME VI—CREATING AN ENABLING ENVIRONMENT</i>				
<i>Moderator—Emmanuel Etim, Adolescents in Nigeria</i>				
<i>3:15-3:30 p.m.</i>	<i>15 min.</i>	<i>Break</i>		
<i>Theme VII—Monitoring and Evaluating Programs and Services</i>				
<i>3:30-5:00 p.m.</i>	<i>1 hr., 30 min.</i>	<i>Do You Know Where You're Going?</i>	<ul style="list-style-type: none"> ■ Why monitor and evaluate? ■ How can you monitor and evaluate your programs and services? ■ What tools are available? ■ How can you evaluate your commitments and progress? 	<i>Presenter</i> <ul style="list-style-type: none"> ■ Susan Adamchak— FOCUS on Young Adults/ Tulane University ■ Emily Zilenski— FOCUS on Young Adults/ Tulane University
<i>5:00-5:15 p.m.</i>	<i>15 min.</i>	<i>Wrap-up and Homework</i>	<ul style="list-style-type: none"> ■ Participants will review draft of the National Strategic Framework for Adolescent Reproductive Health in Nigeria, 1999. 	

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<i>Time</i>	<i>Duration</i>	<i>Title of Session</i>	<i>Topic or Issues Covered</i>	<i>Presenter or Facilitator</i>
FRIDAY, FEBRUARY 23, 2001				
DAILY CHAIRPERSON: TIJUANA A. JAMES-TRAORE, FOCUS ON YOUNG ADULTS				
8:30-9:00 a.m.	30 min.	Review		
9:00-10:30 a.m.	1 hr., 30 min.	People Get Ready; There's a Change a Comin'!	<ul style="list-style-type: none"> ■ Participants will meet in small groups to begin to develop a plan of action for moving forward to advance the status of YARH in Nigeria. 	Facilitators <ul style="list-style-type: none"> ■ Holo Hachonda— Johns Hopkins University ■ Vanessa Carroll— FOCUS on Young Adults ■ Moji Oyelami—Network ■ Bimbo Jide-Aremo— Action Health Incorporated ■ Charity Ibeawuchi— The POLICY Project ■ Bahijatu Bello— Adolescent Health Information Project ■ Leah Wanjama— The POLICY Project
10:30-10:45 a.m.	15 min.	Break		
10:45 a.m.- 12:30 p.m.	1 hr. 45 min.	People Get Ready; There's a Change a Comin'! (cont...)	Continuation of previous section.	
12:30 a.m.- 1:30 p.m.	1 hr.	Lunch		



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FRIDAY, FEBRUARY 23, 2001				
DAILY CHAIRPERSON: TIJUANA A. JAMES-TRAORE, FOCUS ON YOUNG ADULTS				
1:30-3:00 p.m.	1 hr., 30 min.	People Get Ready; There's a Change a Comin'! (cont..)	<ul style="list-style-type: none"> ■ Report back 	Facilitators <ul style="list-style-type: none"> ■ Holo Hachonda— Johns Hopkins University ■ Vanessa Carroll— FOCUS on Young Adults ■ Moji Oyelami—Network ■ Bimbo Jide-Aremo— Action Health Incorporated ■ Charity Ibeawuchi— The POLICY Project ■ Bahijatu Bello— Adolescent Health Information Project ■ Leah Wanjama— The POLICY Project
3:00-3:15 p.m.	15 min.	Break		
3:15-4:00 p.m.	45 min.	Closing	<ul style="list-style-type: none"> ■ Remarks from cosponsors ■ Presentation of certificates 	<ul style="list-style-type: none"> ■ Tijuana A. James-Traore— FOCUS on Young Adults ■ Mike Egboh— Pathfinder International ■ Jerome Mafeni— The POLICY Project

APPENDIX 2:
RESOURCE
DIRECTORY





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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
Training Centers				
African Council on Communication Education (ACCE)	PO Box 47495 Nairobi, Kenya	254-2-27043		
Center for African Family Studies	Famstech House Woodvale Grove Westlands PO Box 60054 Nairobi, Kenya	254-2-448618 254-2-448621 (fax)	http://www.cafs.org/	<ul style="list-style-type: none"> ■ Capacity building of organizations and individuals providing sexual, reproductive, and family health services. ■ Training topics include IEC materials design, RH counseling, youth sexual and RH program management, and supervision of community-based RH programs.
Ipas: Improving Reproductive Health Worldwide	PO Box 999 Carrboro, NC 27510 USA	919-967-7052 919-929-0258 (fax)	http://www.ipas.org	Ipas works globally to improve women's lives through a focus on reproductive health. Ipas concentrate on preventing unsafe abortion, improving treatment of its complications, and reducing its consequences.
ReproLine@: Reproductive Health Online	JHPIEGO Corporation 1615 Thames Street, Suite 200 Brown's Wharf Baltimore, MD 21231-3430 USA	410-955-8558	http://www.reproline.jhu.edu	<p>Sexually active adolescents are in need of safe and effective contraception because studies show that large numbers of teens are sexually active, at least occasionally. This section provides an overview of the key issues involved with teens and contraception and provides guidelines for providing contraception to adolescents.</p> <ul style="list-style-type: none"> ■ Service delivery ■ Sample role play ■ Articles

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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
Donors				
The Affinity Group	Info@affinitygroup.org	301-270-2223 301-270-4302 (fax)	http:// www.affinitygroup.org/	The Affinity Group is a network of grantmakers who address issues of population, reproductive health, and reproductive rights, both domestically and internationally.
The Ford Foundation	Ford Foundation AIB Plaza, Level 6 Akin Adesola Street Victoria Island PO Box 2368 Lagos, Nigeria	234-1-262-3971 234-1-262-3973 (fax)	http:// www.fordfound.org/	The Ford Foundation is a resource for innovative people and institutions worldwide. Our goals are to <ul style="list-style-type: none"> ■ strengthen democratic values, ■ reduce poverty and injustice, ■ promote international cooperation, and ■ advance human achievement.
The MacArthur Foundation	MacArthur Foundation- Nigeria Plot No. 2 Ontario Crescent off Mississippi St. Maitama A6 Abuja, Nigeria	234-9-413-2919 234-9-413-2920	http:// www.macfound.org/	The Foundation seeks responsible choices about human reproduction and a global ecosystem capable of supporting healthy human societies. The Foundation pursues this mission by supporting research, policy development, dissemination, education and training, and practice.
United Nations Publications	2 United Nations Plaza New York, NY 10017 USA	800-253-9646	http:// www.un.org/Pubs/ index.html	



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<i>Organization Name</i>	<i>Mailing Address</i>	<i>Phone</i>	<i>Web Address</i>	<i>Type of Resource Available</i>
<i>Donors (cont...)</i>				
UNAIDS	20, avenue Appia CH-1211 Geneva 27 Switzerland	4122-791-3666 4122-791-4187 (fax)	http://www.unaids.org/	<p>“Expanding the Global Response to HIV/AIDS through Focused Action”</p> <p>“HIV Testing Methods”</p> <p>“Community Mobilization and AIDS”</p> <p>“Learning and Teaching about AIDS at School”</p> <p>“Integrating HIV/STD Prevention in the School Setting: A Position Paper”</p> <p>“Report on the Global HIV/AIDS epidemic”</p>
UNFPA	UNFPA Representative United Nations Development Programme PO Box 2075 Lagos, Nigeria		http://www.unfpa.org/	<p>UNFPA, the United Nations Population Fund, helps developing countries find solutions to their population problems. It is the largest international source of population assistance. The Fund has three main programme areas: Reproductive Health including Family Planning and Sexual Health, Population and Development Strategies, and Advocacy.</p>
UNICEF	PO Box 1282 Lagos, Nigeria	234-1-269-0276 to 269-0280 234-1-774-0761 to 774-0763	http://www.unicef.org/	<p>UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential.</p>

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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
<i>Donors (cont...)</i>				
UNICEF	United Nations Office Cooperative House Ibrahim Babangida Way Maitama, Abuja FCT, Nigeria	234-9-413-5671 234-9-413-5673	http://www.unicef.org/	UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential.
UNICEF	PMB 038 Bauchi, Nigeria	234-77-543-573 234-77-542-954 234-77-5410-12	http://www.unicef.org/	UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential.
UNICEF	PMB 1644 Enugu, Nigeria	234-43-256-390 234-43-252-373	www.unicef.org/	UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential.
UNICEF	PO Box 581 Kaduna, Nigeria	234-62-234-243 234-62-240-114 234-62-240-115	www.unicef.org/	UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential.
UNICEF	PO Box 1282 Lagos Lagos State, Nigeria	234-1-269-2481 234-1-774-0764	http://www.unicef.org/	UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential.



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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
Donors (cont...)				
USAID			http://www.usaid.gov/	<p>USAID has been the principal U.S. agency to extend assistance to countries recovering from disaster, trying to escape poverty, and engaging in democratic reforms. The agency works in six principal areas crucial to achieving both sustainable development and to advancing U.S. foreign policy objectives:</p> <ul style="list-style-type: none"> ■ economic growth and agricultural development; ■ population, health, and nutrition; ■ environment; ■ democracy and governance; ■ education and training; and ■ humanitarian assistance.
International Organizations				
CARE	151 Ellis Street NE Atlanta, GA 30303-2439 USA	1-800-521-2273 x 999	http://www.care.org/i	Promoting Quality Maternal and Newborn Care: A Reference for Health Managers
Global Health Council	1701 K Street, NW, Suite 600 Washington, DC 20006-1503 USA	202-833-5900 (tel) 202-833-0075 (fax)	http://www.globalhealth.org/	<p>The Council is an umbrella organization composed of professionals in the health-care field, nongovernmental and governmental organizations, academic institutions, foundations, and corporations. The Council's priorities reflect the major contributors to the global burden of ill health:</p> <ul style="list-style-type: none"> ■ Child health ■ HIV/AIDS ■ reproductive and maternal health ■ infectious diseases ■ emerging global health threats

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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
<i>International Organizations (cont...)</i>				
International Planned Parenthood Federation	Planned Parenthood Federation of Nigeria (PPFN) Family Planning House 224 Ikorodu Road Palm Grove, Somolu Lagos, Nigeria PMB 12657 Lagos, Nigeria	234-1-497-5254(tel) 234-1-820-526(fax)	http://www.globalhealth.org/	IPPF and its member associations are committed to promoting the right of women and men to decide freely the number and spacing of their children and the right to the highest possible level of sexual and reproductive health. The six major challenges agreed by IPPF and its member FPAs are <ul style="list-style-type: none"> ■ to meet the demand and unmet need for quality services; ■ to promote sexual and reproductive health for all; ■ to eliminate unsafe abortion; ■ to take affirmative action to gain equity, equality, and empowerment for women; ■ to help young people understand their sexuality and to provide services that meet their demands; and ■ to maintain the highest standards of care throughout the Federation.
Johns Hopkins University Center for Communication Programs (JHU/CCP)	111 Market Place, Suite 310 Baltimore, MD 21202 USA	410-659-6300 410-659-6266 (fax)	http://www.jhuccp.org/	CCP was established at the Johns Hopkins University School of Hygiene and Public Health in 1988 in recognition of the proven importance of communication in public health programs and in keeping with the leadership role the Johns Hopkins University has played in this field. HU/CCP is part of the Department of Population and Family Health Sciences and collaborates closely with the Departments of International Health and Health Policy and Management. Center staff and faculty members teach health communication courses in several departments.



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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
<i>International Organizations (cont...)</i>				
The Packard Foundation	300 Second St, Suite 200 Los Altos, CA 94022 USA	650-948-7658	http:// www.packfound.org/	<p>The mission of the Population Program is to slow the rate of growth of the world's population and to expand reproductive health options among the world's poor. To attain this goal, grants are made in five key areas to</p> <ul style="list-style-type: none"> ■ expand family planning options and reproductive health services to women and men; ■ prevent childbearing and to promote safe sex to young people; ■ support efforts to mobilise interest, commitment, and resources to address population growth in developing countries; ■ preserve and enhance reproductive rights, both in the United States and internationally; and ■ develop the next generation of population and reproductive health experts. <p>its international work is focused in Ethiopia, India, Mexico, Myanmar, Nigeria, Pakistan, the Philippines, and Sudan.</p>
Population Council	One Dag Hammarskjold Plaza New York, NY 10017 USA	212-339-0514 (voice)	http:// www.popcouncil.org	<p>Journals and publications on</p> <ul style="list-style-type: none"> ■ <i>adolescents</i> ■ <i>community-based distribution</i> ■ <i>emergency contraception</i> ■ <i>female genital cutting</i> ■ <i>integration</i> ■ <i>male involvement in RH issues</i> ■ <i>post-abortion care</i> ■ <i>quality of family planning services</i>

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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
International Organizations (cont...)				
Population Services International (PSI)	1120 19th Street NW, Suite 600 Washington, DC 20036 USA	202-785-0072	http://www.PSI.org	PSI develops and implements programs worldwide to encourage healthful behavior and to increase the availability of health products and services at prices low-income people can afford.
Reproductive Health Outlook (RHO)			http://www.rho.org	RHO website provides up-to-date summaries of research findings, program experience, and clinical guidelines related to key reproductive health topics, as well as analyses of policy and program implications.
Save the Children	54 Wilton Road PO Box 950 Westport, CT 06881 USA	203-221-4000	http://www.savethechildren.org	Save the Children's health programs continue to center around child survival, maternal health care, and AIDS awareness, as well as nutrition, clean water, and sanitation.
World Health Organization			http://www.who.int	"The Implication of Anti-retroviral Treatments: An Informal Consultation"
Listserves				
Africa Cinema Conference			http://catalog.com/dsr/afcin.htm	This conference is for the discussion of African Cinema.
AFRO-NETS			http://users.harare.iafrica.com/~gtz-hsr/	The main purpose of the conference is exchange of information between the different networks active in Health Research for Development in the Eastern and Southern African Region.



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<i>Organization Name</i>	<i>Mailing Address</i>	<i>Phone</i>	<i>Web Address</i>	<i>Type of Resource Available</i>
<i>Listserves (cont...)</i>				
The Communications Initiative	5148 Polson Terrace Victoria, British Columbia, Canada V8Y 2C4	1-250-658-6372 1-250-658-1728 (fax)	http:// www.comminit.com	
Fahamu	38 Western Road, Oxford OX1 4LG United Kingdom	44-0-1865-436446	http:// www.fahamu.org	Fahamu produces and publishes CDROM-based learning materials especially for this sector; designs and manages websites, runs training courses (including on-line courses), and provides support for Internet-related work.
Family Planning Operations Research: A Book of Readings			http:// www.popcouncil.org/	Its mission is to improve the well-being and reproductive health of current and future generations and to help achieve a humane, equitable, and sustainable balance between people and resources.
Global Intersections	PCI 777 United Nations Plaza New York, NY 10017-3521 USA	212-687-3366 212-661-4188 (fax)	http:// www.population.org	PCI's mission is to work creatively with the media and other organizations to motivate individuals and communities to make choices that influence population trends encouraging sustainable development and environmental protection.
Global Knowledge for Development (GKP)	Global Knowledge Partnership Secretariat World Bank Institute 1818 H St., NW Washington, DC 20433 USA	202-473-6442 202-676-0858 (fax)	http:// www.globalknowledge.org	GKP is an evolving, informal partnership of public, private, and not-for-profit organizations committed to sharing information, experiences, and resources to promote broad access to, and effective use of, knowledge and information as tools of sustainable, equitable development.

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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
Listserves (cont...)				
Global Participation Network (GP-NET)			http://www.info.usaid.gov/about/part_devel/gpnet.html	GP-NET is an electronic discussion board that provides an opportunity for USAID staff members (in Washington and in the field) and development practitioners around the world to exchange information, share ideas, and discuss issues related to participatory development.
Kabissa	98-100 Fleetwood Rd Dollis Hill London NW10 1NN United Kingdom	44-0-20-82-08-20-77 44-0-20-82-08-20-79 (fax)	http://www.kabissa.org	Kabissa seeks to support African nonprofits in their effort to take advantage of ICT and Internet as a means for achieving their humanitarian objectives.
Journals and Publications				
African Journal of Reproductive Health	Women's Health and Action Research Centre 4 Alofoje Avenue, Off Uwasota Street PO Box 10231, Ugbowo Benin City, Edo State, Nigeria	234-52-600151 234-52-602334	http://www.inasp.org.uk/ajol/journals/ajrh/index.html	The African Journal of Reproductive Health is a multidisciplinary and international journal that publishes original research, comprehensive review articles, short reports, and commentaries on reproductive health in Africa.



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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
<i>Journals and Publications (cont...)</i>				
African Journals Online	27 Park End Street Oxford OX1 1HU United Kingdom	44-1865-249909 44-1865-251060 (fax)	http://www.inasp.org.uk/ajol/journals/ajrh/index.html	African Journals Online (AJOL) began in May 1998 as a pilot project managed by INASP. At its re-launch in August 2000, AJOL features <ul style="list-style-type: none"> ■ up to fifty African-published journals (for the time-being in English and excluding journals published in South Africa) in agricultural sciences, science and technology, health and social sciences; ■ TOCs and abstracts (where the latter are available), with back files maintained for up to five years; ■ a key word search service; ■ a photocopy document delivery service for all titles; ■ a link to full text of an article/journal (if available on the Web).
Free Medical Journals			http://www.freemedicaljournals.com	The Free Medical Journals site was created to promote the free availability of full text medical journals on the Internet. We welcome your comments and suggestions.
Journal of Adolescence Limited	Academic Press 24-28 Oval Road London NW1 7DX United Kingdom		http://www.academicpress.com/adolescence	<i>The Journal of Adolescence is an international, broad based, cross-disciplinary journal that addresses issues of professional and academic importance concerning development between puberty and the attainment of adult status within society.</i>

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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
<i>Journals and Publications (cont...)</i>				
Pathfinder International Medical Services	Pathfinder International Plot 248, Muri Off Ajose Adeogun Street Victoria Island Lagos, Nigeria	234-1-262-4034 (tel) 234-1-262-1779 (fax)	http://www.pathfind.org/html/Publications/mod_links.htm	<p>Module 1: Introduction/Overview—Training Objective: Increases the awareness of participants of the value of child spacing for the health of women and children, and the contribution of private practitioners in providing FP services to the community. It also provides an overview of contraceptive methods, including, hormonal methods, IUDs, surgical methods, barrier methods, and the lactational amenorrhea method.</p> <p>Module 2: Infection Prevention—Training Objective: Prepares providers to practice appropriate infection prevention procedures in order to reduce the risk of disease transmission during the provision of reproductive health services. It includes information on protective barriers such as handwashing, gloving, and skin preparation, as well as the processing of instruments and gloves.</p> <p>Module 3: Counseling—Training Objective: Prepares service providers to provide effective general, method-specific, and follow-up counseling to FP clients and their families.</p>



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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
<i>Journals and Publications (cont...)</i>				
Pathfinder International	Pathfinder International Plot 248, Muri Off Ajose Adeogun Street Victoria Island Lagos, Nigeria	234-1-262-4034 (tel) 234-1-262-1779 (fax)	http://www.pathfind.org/html/Publications/mod_links.htm	(Cont. from page 86) It helps participants identify their own attitudes, feelings, and values and their significance and effect on the counseling process. It explains the factors that influence counseling outcomes, describes the principles and elements of counseling, and enables counselors to respond to the myths and rumors raised by counselors and their families. The module places special emphasis on communication skills, and participants practice their communication skills in an actual clinical setting. Module 5: Emergency Contraceptive Pills (ECPs)—Training Objectives: Prepares providers to offer ECP services to clients in appropriate situations, accompanied by clear and correct information and explanations. It includes information on the mechanism of action, effectiveness, characteristics, and appropriate uses for ECPs. It instructs participants on the screening of clients for the use of ECPs and management of side effects and complications.

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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
Journals and Publications (cont...)				
Pathfinder International Medical Services	Pathfinder International Plot 248, Muri Off Ajose Adeogun Street Victoria Island Lagos, Nigeria	234-1-262-4034 (tel) 234-1-262-1779 (fax)	http://www.pathfind.org/html/Publications/modules_2.htm	<p>Module 6: DMPA—Training Objectives: Prepares providers to safely provide Depot Medroxyprogesterone Acetate (DMPA) in a clinic or community-based service delivery setting. The module includes information on mechanism of action, effectiveness, advantages and disadvantages, indications for use, and eligibility criteria for the use of DMPA. Participants are trained in client screening and in the management of side effects and complications related to the use of DMPA.</p> <p>Module 7: IUDs—Training Objectives: Prepares providers to safely provide IUDs for clients who chose this method. The module includes complete information on the method. By the end of training, participants are able to counsel, screen, and provide safe and competent insertion and removal services for IUD clients. They can then manage side-effects and provide follow-up care for IUD acceptors.</p> <p>Module 8: Lactational Amenorrhea and Breast Feeding Support—Training Objectives: Updates the participants on LAM as a new, effective, introductory method of child spacing,</p>

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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
<i>Journals and Publications (cont...)</i>				
Pathfinder International Medical Services	Pathfinder International Plot 248, Muri Okunola Street Off Ajose Adeogun Street Victoria Island Lagos, Nigeria	234-1-262-4034 (tel) 234-1-262-1779 (fax)	http://www.pathfind.org/html/Publications/modules_2.htm	(Cont. from page 86) and improves their counseling skills in the promotion of LAM and breastfeeding among their clients. The module also orients reproductive health care providers to promote successful breastfeeding. <i>Module 9: Condoms and Spermicides—Training Objectives:</i> Reviews with the participants the importance of the condom not only as an effective contraceptive method but also as a method that can protect against the transmission of sexually transmitted diseases (including HIV/AIDS). It prepares participants to provide spermicides to enhance the protective effect of condoms and other barrier methods.
Pathfinder International Medical Services	Pathfinder International Plot 248, Muri Okunola Street Off Ajose Adeogun Street Victoria Island Lagos, Nigeria	234-1-262-4034 (tel) 234-1-262-1779 (fax)	http://www.pathfind.org/html/Publications/modules_3.htm	<i>Module 13: Postpartum/Postabortion Contraception—Training Objectives:</i> Prepares participants to provide contraceptive services immediately postpartum and immediately postabortion. The module provides information on the essential components of postpartum and postabortion contraceptive services and prepares participants in counseling and in provision of appropriate methods. <i>Module 14: Training of Trainers—Training Objective:</i> Prepares service providers to fulfill the role of health care trainers in public sector service delivery systems or nongovernmental family planning organizations. It includes information on adult learning, facilitation skills, training methodologies, visual aides, conducting a training needs assessment, and planning and evaluating training.

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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
<i>Journals and Publications (cont...)</i>				
Population and Development Review	The Population Council One Dag Hammarskjold Plaza New York, NY 10017 USA	212-339-0514 (voice) 212-755-6052 (fax)	http://www.popcouncil.org/pdr	<i>Population and Development Review seeks to advance knowledge of the interrelationships between population and socioeconomic development and provides a forum for discussion of related issues of public policy.</i>
Studies in Family Planning			http://www.popcouncil.org/sfp/	<i>Studies in Family Planning is a peer-reviewed international quarterly concerned with all aspects of reproductive health, fertility regulation, and family planning programs in both developing and developed countries.</i>
The Uncharted Passage: Girl's Adolescence in the Developing World			http://www.popcouncil.org/gfd/gfd.html	<i>The Gender, Family, and Development (GFD) program explores how social, economic, and cultural factors, such as gender roles, women's and girls' nondomestic activities, and male partners' roles and responsibilities, affect individuals' reproductive and sexual health.</i>



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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
Bibliographies				
USAID Population and Health Materials Working Group (PHMWG)			http:// www.med.jhu.edu/ccp	The PHMWG is a group of organizations that work with the Population, Health, and Nutrition Center of USAID. Its purpose is to encourage cooperation among organizations, to eliminate duplication of materials, and to promote the dissemination and the use of each organization's materials.
Datasets				
Demographic and Health Surveys (DHS)	Macro International Inc. 11785 Beltsville Drive, Suite 300 Calverton, MD 20705 USA	301-572-0456 301-572-0999 (fax)	http:// www.measuredhs.com	MEASURE DHS+ assists developing countries worldwide in the collection and use of data to monitor and evaluate population, health, and nutrition programs. Demographic and health surveys provide information on family planning, maternal and child health, child survival, HIV/AIDS/STIs (sexually transmitted infections), and reproductive health.
Development Data		202-473-7824 202-522-1498 (fax)	http:// www.worldbank.org/ data	The World Bank is the world's largest source of development assistance, providing nearly \$16 billion in loans annually to its client countries. It uses its financial resources, highly trained staff, and extensive knowledge base to help each developing country onto a path of stable, sustainable, and equitable growth in the fight against poverty.

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Organization Name	Mailing Address	Phone	Web Address	Type of Resource Available
Databases				
International Development Research Centre (IDRC) Development Databases			http://www.idrc.ca/library/ddbs/index.html	The IDR is a public corporation created by the Parliament of Canada to help researchers and communities in the developing world find solutions to their social, economic, and environmental problems.
Search Engines				
International Network for Development Information Exchange (INDIX)			http://www.indix.org	
Pamphlets and Posters				
Advocates for Youth	1025 Vermont Avenue, NW, Suite 200 Washington, DC 20005 USA	202-347-5700 202.347.2263 (fax)	http://www.advocatesforyouth.org	Advocates for Youth is dedicated to creating programs and promoting policies that help young people make informed and responsible decisions about their sexual health. It provides information, training, and advocacy to youth-serving organizations, policy makers, and the media in the United States and internationally.
Family Care International (FCI)	588 Broadway, Suite 503 New York, NY 10012 USA	212-941-5300	http://www.familycareintl.org	FCI is dedicated to improving women's sexual and reproductive health and rights in developing countries, with a special emphasis on making pregnancy and childbirth safer.

APPENDIX 3: PARTICIPANT LIST





Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3a: SOTA Participants - State of the Art Training (SOTA) Course
 Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
<i>Nongovernmental Organizations</i>			
Adeola Olunloyo, Youth Volunteer	Action Health Incorporated	Plot 54, Somorin Street Off Ketu-Oworonsoki Expressway Ifako, Gbagada PO Box 803 Yaba, Lagos, Nigeria	7743745 (phone) 863198 (fax) ahi@linkserve.com.ng
Bimbo Jide-Aremo, Senior Programme Officer	Action Health Incorporated	Plot 54, Somorin Street Off Ketu-Oworonsoki Expressway Ifako, Gbagada PO Box 803 Yaba, Lagos, Nigeria	7743745 (phone) 863198 (fax) ahi@linkserve.com.ng
Bunmi Odiakosa, Adolescent Health Services Advisor	Action Health Incorporated	Plot 54, Somorin Street Off Ketu-Oworonsoki Expressway Ifako, Gbagada PO Box 803 Yaba, Lagos, Nigeria	7743745 (phone) 863198 (fax) ahi@linkserve.com.ng
Chiemezie Ndukwe, Program Officer	Action Health Incorporated	Plot 54, Somorin Street Off Ketu-Oworonsoki Expressway Ifako, Gbagada PO Box 803 Yaba, Lagos, Nigeria	7743745 (phone) 863198 (fax) ahi@linkserve.com.ng
Nike O. Esiet, Project Director	Action Health Incorporated	Plot 54, Somorin Street Off Ketu-Oworonsoki Expressway Ifako, Gbagada PO Box 803 Yaba, Lagos, Nigeria	7743745 (phone) 863198 (fax) ahi@linkserve.com.ng

Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3a: SOTA Participants - State of the Art Training (SOTA) Course
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<i>Name and Title</i>	<i>Organization</i>	<i>Address</i>	<i>Phone/Fax/E-mail</i>
<i>Nongovernmental Organizations (cont...)</i>			
Olapeju Fausat Osunkayode, Program Officer (IEC)	Action Health Incorporated	Plot 54, Somorin Street Off Ketu-Oworonsoki Expressway Ifako, Gbagada PO Box 803 Yaba, Lagos, Nigeria	7743745 (phone) 863198 (fax) ahi@linkserve.com.ng
Olubunmi Adeniyi, Program Officer (Advocacy and Documentation)	Action Health Incorporated	Plot 54, Somorin Street Off Ketu-Oworonsoki Expressway Ifako, Gbagada PO Box 803 Yaba, Lagos, Nigeria	7743745 (phone) 863198 (fax) ahi@linkserve.com.ng
Abdul-Rahman Abdul, Member, AHIP Youth Forum	Adolescent Health and Information Project (AHIP)	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gclonline.net
Bahijatu Bello, Facilitator	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gclonline.net
Hajara Jummai Mohammed, Member, AHIP Youth Forum	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gclonline.net
Magaji Shu'aibu Gasakole, Member, AHIP Youth Forum	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@samdav.com ahip@gclonline.net
Mairo V. Bello, Project Coordinator	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-660185 (office @ home) 064-663193 (fax) ahip@gclonline.net ahip@gclonline.com ahip@samdav.com



Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
3a: SOTA Participants - State of the Art Training (SOTA) Course
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Name and Title	Organization	Address	Phone/Fax/E-mail
Nongovernmental Organizations(cont...)			
Mamman Sani, Member, AHIP Youth Forum	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) [REDACTED] 064-663193 (fax) ahip@gclonline.net
Maryam Osman Bala, Member, AHIP Youth Forum	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) [REDACTED] 064-663193 (fax) maryambala@yahoo.com
Mathias Achimi Okpanachi, Head of Depart- ment, In-School Outreach	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064.667286 (off. phone) 064.663193 (fax) ahip@gclonline.net
Nuhu Khadijah Kubura Ibrahim, IEC Officer, HOD Youth Center/Unit	Project Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064.667286 (off. phone) 064.663193 (fax) ahip@gclonline.net
Safiya Abdulmumini Sani, Member, AHIP Youth Forum	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (office phone) 064-665185 (home office) 064-663193 (fax) ahip@gclonline.net
Shafi'u Iliyasu	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (office) 064-663193 (fax)
Suleiman Garba Muhammed, Member, AHIP Youth Forum	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gclonline.net
Umar Adamu, Member, AHIP Youth Forum	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gclonline.net

Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3a: SOTA Participants - State of the Art Training (SOTA) Course
 Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
Nongovernmental Organizations(cont...)			
Usman Garko Bello, Program Assistant, AHIP Youth Forum	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gconline.net
Wilson Osigbeme Idanwekhai, Member, AHIP Youth Forum	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gconline.net
Yetunde Awe, Member, AHIP Youth Forum	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gconline.net
Yusif Yakubu Yusif, Member, AHIP Youth Forum	Adolescent Health and Information Project	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gconline.net
Adama Zakari	Adolescent Health and Information Project—Youth Forum	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gconline.net
Adamu Umar	Adolescent Health and Information Project—Youth Forum	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gconline.net
Badriya Shehu Bala	Adolescent Health and Information Project—Youth Forum	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-665321 (home) ahip@gconline.net
Fatima I. Bello	Adolescent Health and Information Project—Youth Forum	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gconline.net



Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3a: SOTA Participants - State of the Art Training (SOTA) Course
 Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
Nongovernmental Organizations(cont...)			
Victoria Boma West	Adolescent Health and Information Project—Youth Forum	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gclonline.net
Zuwaira Abdulsalam	Adolescent Health and Information Project—Youth Forum	Plot 9, Tarauni Market Road PO Box 12846 Kano, Nigeria	064-667286 (off. phone) 064-663193 (fax) ahip@gconline.net
Emmanuel Etim, Executive Director	Adolescents in Nigeria	Legico Postal Agency Legico Flats Block A, Ahmadu Bello Road Victoria Island, Lagos, Nigeria	ainnl@yahoo.com ainnlavsa.net
Grace Ebun Delano, Vice President/Executive Director	Association for Reproductive and Family Health	ARFH HOUSE 815A Army Officer's Mess Road Ikolaba GRA, PO Box 30259 (Secretariat) Ibadan, Nigeria	02-8100164 (phone) 02-8101669 (fax) arfh@skannet.com.ng
Temitope Adekunle, Member	Association for Reproductive and Family Health	ARFH HOUSE 815A Army Officer's Mess Road Ikolaba GRA, PO Box 30259 (Secretariat) Ibadan, Nigeria	02-8100164 (phone) 02-8101669 (fax) arfh@skannet.com.ng
Lola Dare, Chief Executive Officer	Centre for Health Sciences Training, Research and Development International	29, Aare Avenue New Bodija Estate Ibadan, Oyo State, Nigeria	02-8102401 (phone) 02-8102405 (fax) chestrad@yahoo.com
Joline Van Lier, Health Educator (VSO Volunteer)	Community Health Agency	Dass Road Yelwa Tudu, Bauchi Bauchi State, Nigeria	077-544163 Jolinevanlier@hotmail.com

Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3a: SOTA Participants - State of the Art Training (SOTA) Course
 Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
Nongovernmental Organizations(cont...)			
Pearl Osakue, Program Officer	Face-It	c/o GPI Benin Office 2 Hudson Lane Off 85 Akpakpava Street, By Dawson Junction PO Box 7400 Benin-City, Nigeria	052-252497 (phone/fax) 052-255762, 052-250668 (fax)
Bola Omotosho, President	Family Health and Action Population Action Committee	Ode-Aje Iwajowa Cooperative Ogbere-Oloba, Gbaremu Ibadan, Nigeria	gpibn@alpha.linkserv.com
Ebun Omotosho, Youth Volunteer	Family Health and Action Population Action Committee	Ode-Aje Iwajowa Cooperative Ogbere-Oloba, Gbaremu Ibadan, Nigeria	02-8106950 (phone) bosmat@yahoo.com
Dympna Amadi, Project Officer	Global Health and Awareness Research Foundation	S/34 Chief Edward Nnaji Paek New Haven, Enugu, Nigeria	042-258078 (phone) onwaorgu@infoweb.abs.net
Eka Bassey, Programme Facilitator	Girls' Power Initiative	44 Ekpo Abasi Street Calabar, Cross Rivers State, Nigeria	gpibn@alpha.linkserv.com
Joy Abieyuwa Ogbomo, Facilitator/ Research Assistant	Girls' Power Initiative	2 Hudson Lane Off 95 Akpakpava Street, By Dawson Junction PO Box 7400 Benin-City, Nigeria	052-252497 (phone/fax) 052-255762, 052-250668 (fax) gpibn@alpha.linkserv.com
Okojion Isi Eituajie	Girls' Power Initiative	2 Hudson Lane Off 95 Akpakpava Street, By Dawson Junction PO Box 7400 Benin-City, Nigeria	052-252497 (phone/fax) 052-255162, 052- 250668 (fax)



Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3a: SOTA Participants - State of the Art Training (SOTA) Course
 Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
Nongovernmental Organizations(cont...)			
Joy Onyebuanyi, Program Officer	Human Development Initiatives	8, Foia Agoro Street Somolu, Lagos, Nigeria PO Box 127, Unilag Post Office Akoka, Lagos, Nigeria	825398 (phone) 4706643 (phone) hdi@infoweb.abs.net
Cesnabnuhilo Dorothy Aken'ova, Executive Director	INCRESE	PO Box 904 Minna, Niger State, Nigeria	Increase@eudoramail.com
Adeniyi Kazeem Adeneye	Inter-African Com- mittee	14A Akin Adesola Street PO Box 71607 Victoria Island, Lagos, Nigeria	615627, 614912 616887 (phone) 2637547, 2631231 (fax)
Omololu Falobi, Project Director	Journalists Against AIDS	42, Ijaye Road Ogba Lagos, Nigeria	01-4921292 omololuf@micro.com.ng
Dupe Oluworin, Principal Consult- ant	Konors Operations Consultants	A5 Ahmadu Bello Way PO Box 547 Kaduna, Nigeria	062-238782 (phone) 214729 (fax)
Oluwole Odutolu, Project Director	Life Vanguard's	Opposite Osogbo Grammar School PO Box 2182 Osogbo, Osun State, Nigeria	035-243552 (phone) 035-242738, 035.242092 (fax) livanig@skannet.com
Eden Effiong, Head, Research and Training	Nigeria Youth AIDS Programme	9 Adebola Street Surulere, Lagos, Nigeria	01-5455268 01-5840622
Florence Forobunu, Program Officer	Ogoni Youth Develop- ment Project	45 Kenule Street Bori, Rivers State, Nigeria	084-870192 (phone)

Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3a: SOTA Participants - State of the Art Training (SOTA) Course
 Abuja, Nigeria

<i>Name and Title</i>	<i>Organization</i>	<i>Address</i>	<i>Phone/Fax/E-mail</i>
<i>Nongovernmental Organizations(cont...)</i>			
Uji Inalegwu, Field Officer (LATH)	Planned Parenthood for Nigeria	c/o LATH STD/HIV Project Office Otukpo General Hospital Otukpo, Benue State, Nigeria	044-662777 662436
Abdul M. Abdallah, Head of Branch	Planned Parenthood for Nigeria	Federal Capital Territory Association Room 226, Block A Open University Complex Garki Area 3 Abuja, Nigeria	090-800365 abdulabdallah@yahoo.co.uk
Mary N. Bawa	Planned Parenthood for Nigeria	Niger State Association Bay/Clinic Road PO Box 2501 Minna Niger State, Nigeria	066-224855 (phone/fax)
Bomi Ogedenbge, Strategic Management Team	Post-Abortion Care Network	College of Medicine University of Lagos Idi-Araba, Lagos, Nigeria	
Bolanle Somoye, Youth Volunteer	Sagamu Community Center	1A Baruwa Road Sagamu, Ogun State, Nigeria	037-641902 037-641368
Olusoji Akinleye	Sagamu Community Center	1A Baruwa Road Sagamu, Ogun State, Nigeria	037-641902 037-641368 dadacrnh@skannst.com
Yelwa H. Alkasim, Project Coordinator	Social Support Organization	c/o Army Day Sec. Sch. Dukku Barrack, Birnin Kebbi Kebbi State, Nigeria	
Funmi Doherty, Treasurer	Society for Women and AIDS in Africa	28 Moleye Street Alagomeji, Lagos, Nigeria	5837618 (phone) 863530 (fax) Swann@cyberspace.net.ng



Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
3a: SOTA Participants - State of the Art Training (SOTA) Course
Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
Nongovernmental Organizations(cont..)			
Oihi Ejoganu, Field Officer	Society for Women and AIDS in Africa	c/o LATH STD/HIV Project Office Otukpo General Hospital Otukpo, Benue State,Nigeria	044-662777 (phone) 662436 (fax)
Maimuna Y Mohammed, Project Director	Society for Women Development and Empowerment of Nigeria	Plot 2, Badawa New Layout, Phase II Kano, Nigeria	064-667316 (phone) 090-81957 (fax)
Bernard Nwabuko, Secretary General	STOPAIDS Organisation	95, Suite A&B East Pavilion Tafawa Balewa Square Complex PO Box 5052, Murtala Muhammed Airport Ikeja, Lagos, Nigeria	263-5219 (phone/fax) stopaide@fordwa.linksolve.org
Charity Usifoh, Program Officer	Women's Health Organization of Nigeria, Lagos	Lofom House 21 Mobolaki Bank, Anthony Way, Maryland PMB 21178 Ikeja, Lagos, Nigeria	234-1-4937937 (phone/ fax) Whon@infoweb.abs.net Whon20@hotmail.com
Adesola Adebamgbe Afuye, Deputy Na- tional Secretary General	Young Men's Christian Association, Nigeria	111 Borno Way Ebute Metta, Lagos, Nigeria	01-860583 solaafuye@unilagonline.com
Fiwashade Onifade, Program Officer	Youth Empowerment Foundation, Lagos	40 Johnson Street Off Bode Thomas Street Surulere, Lagos, Nigeria	234-01-7748397 (phone/fax) vescry@skannet.com.ng ajimoh@rcl.nig.com
Iwalowa Akin- Jimoh, Executive Secretary	Youth Empowerment Foundation, Lagos	40 Johnson Street Off Bode Thomas Street Surulere, Lagos, Nigeria	234-01-7748397 (phone/fax) vescry@skannet.com.ng ajimoh@rcl.nig.com
Yahaya Ibrahim Al Yakub, Program Officer	Youth Society for Prevention of Infections, Diseases, and Social Vices	No. 13, First Floor, Lamuya Shop- ping Complex BUK Road, PO Box 11406 Kano, Nigeria	064-664118 (phone/fax) yospis@samdav.com

Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
3a: SOTA Participants - State of the Art Training (SOTA) Course
Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
<i>Cooperating Agencies</i>			
Sydney Lorraine West, Interregional Project Manager	Advocates for Youth	1025 Vermont Avenue, NW, Suite 200 Washington, DC 20005 USA	
Asiwa Obishai, Program Assistant	AVSC	AVSC Secretariat, 2nd Floor Elephant Cement House, Alausa Ikeja, Lagos, Nigeria	234-1-4707477 (phone) aobishai@avsc.org
Aisha Abubakar, Program Officer	Center for Development and Population Activities	A5 Tukur Road by Muktar Moh'd Link Nasarraw, Kano, Nigeria	234-64-633626 (phone) cedpa@usips.org
Angela Odiachi, Assistant Program Officer (Reproductive Health)	Center for Development and Population Activities	18 Temple Road, Ikoyi PO Box 53373, Falomo Ikoy, Lagos, Nigeria	2600020 (phone) 2600022 (fax)
Dr. Olowu, Senior Program Officer (Reproductive Health)	Center for Development and Population Activities	18 Temple Road, Ikoyi PO Box 53373, Falomo Ikoy, Lagos, Nigeria	2600020 (phone) 2670359 (phone) 2600022 (fax)
Kolawole Oyediran, Assistant Program Officer (MIS/Evaluation)	Center for Development and Population Activities	18 Temple Road, Ikoyi PO Box 53373 Falomo Ikoy, Lagos, Nigeria	2600020 (phone) 3205273, 2670359 (phone) 2600022 (fax)
Mary Mujomba, Program Officer	Centre for African Family Studies	PO Box 60054, 12th Floor Nairobi, Kenya	254-2-448618 (phone) 254-2-448621 (fax) mmujomba@cafs.org
Femi Faweya, Program Officer	Family Health International, Nigeria	18 Temple Road Ikoyi, Lagos, Nigeria	2670361 (phone) 646353, 260021 (fax) foke@usips.org



Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3a: SOTA Participants - State of the Art Training (SOTA) Course
 Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
<i>Cooperating Agencies (cont...)</i>			
Susan Adamchak, FOCUS Consultant	FOCUS on Young Adults, Pathfinder International	1201 Connecticut Avenue, NW, Suite 501 Washington, DC 20036 USA	202-835-0718 (phone) 104043- 503@compuserve.com
Tijuana A. James- Traore, Program and Training Advisor	FOCUS on Young Adults, Pathfinder In- ternational	1201 Connecticut Avenue, NW, Suite 501 Washington, DC 20036 USA	202-835-0818 (phone) 202-835-0212 (fax) ghegroup@aol.com
Vanessa Carroll, Communication Ad- visor	FOCUS on Young Adults, Pathfinder In- ternational	1201 Connecticut Avenue, NW, Suite 501 Washington, DC 20036 USA	202-835-0818 (phone) 202-835-0212 (fax) vcarroll@pathfind.org
Emily Zielinski- Gutierrez	FOCUS on Young Adults, Tulane University	School of Public Health and Tropical Medicine 1440 Canal Street, Suite 2200 New Orleans, LA 70112 USA	504-587-7331 (phone) knelson@tulane.edu
Kristen Nelson	FOCUS on Young Adults, Tulane University	School of Public Health and Tropical Medicine 1440 Canal Street, Suite 2200 New Orleans, LA 70112 USA	504-587-7331 (phone) knelson@tulane.edu
Florence Nyamu, Programmes Man- ager	Forum for African Women Educationalists	International House Mama Ngina Street PO Box 53168 Nairobi, Kenya	254-2-226890 (phone) 254-2-210709 (fax) knyamu@fawe.org fnyamu@africanonline.com.ke
Fatima Bello Aliyu, Assistant Program Officer (Reproduc- tive Health and Development)	Johns Hopkins University Center for Communication Programs	A5 Tukur Road, By Muktar Moh'd Link Nasarraw, Kano, Nigeria	234-64-633626 (phone) cedpa@usips.org

Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
3a: SOTA Participants - State of the Art Training (SOTA) Course
Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
<i>Cooperating Agencies (cont...)</i>			
Mike Egboh, Country Representative	Pathfinder International	Plot 248, Muri Okunola Street Off Ajose Adeogun Victoria Island, Lagos, Nigeria	2624034 (phone) 2621779 (fax) megboh@pathfind.org
Dije Gimba, Project Officer	Pathfinder Interna- tional (Field Office Kaduna)	c/o Plot 248, Muri Okunola Street (Off Ajose Adeogun) Victoria Island, Lagos, Nigeria	2624034 (phone) 2621779 (fax)
Charity Ibeawuchi, Senior Program Officer	The POLICY Project, The Futures Group International	2A Lake Chad Crescent Maitama, Abuja, Nigeria	Mageni@infoweb.com cibeawuchin@hotmail.com
Jerome Mafeni, Resident Advisor	The POLICY Project, The Futures Group International	2A Lake Chad Crescent Maitama, Abuja, Nigeria	09-4135944-5 mafeni@infoweb.com
Leah Wanjana, Consultant	The POLICY Project, The Futures Group International	Box 50027 Nairobi, Kenya	law@africaonline.co.ke
Scott Moreland, Country Manager	The POLICY Project, The Futures Group International	4309 Emperor Boulevard, Suite 350 Durham, NC 27703 USA	919-941-9295, ext. 106 919-941-9154 (fax) smoreland@tfnf.com
Bernard Edet, Head, Marketing Department	The Society for Family Health	Awaye House 2nd Floor, Suite 6 Lagos/Badagry Expressway Orile Iganmu, Lagos, Nigeria PO Box 71323 Victoria Island, Lagos, Nigeria	7742745 (phone) 7747045 (phone) 5850539 (phone) 7744522 (fax) mfonedet@yahoo.com



Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3a: SOTA Participants - State of the Art Training (SOTA) Course
 Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
<i>Cooperating Agencies (cont...)</i>			
Christain Haruna Enenche, Field Operations Manager-North	The Society for Family Health	Away House 2nd Floor, Suite 6 Lagos/Badagry Expressway Orile Iganmu, Lagos, Nigeria PO Box 71323 Victoria Island, Lagos, Nigeria	7742745 (phone) 7747045 (phone) 5850539 (phone) 7744522 (fax)
Ifeoma Charles-Monwuba, Senior Communications Coordinator	The Society for Family Health	Away House 2nd Floor, Suite 6 Lagos/Badagry Expressway Orile Iganmu, Lagos, Nigeria PO Box 71323 Victoria Island, Lagos, Nigeria	7742745 (phone) 7747045 (phone) 5850539 (phone) 7744522 (fax)
<i>Donors</i>			
Angel Pariola, Program Assistant (Human Development and Reproductive Health)	The Ford Foundation, Office for West Africa	AIB Plaza Level 6, Akin Adesola Street, Victoria Island PO Box 2368 Lagos, Nigeria	234-1-2623971 (phone) 234-1-2623972 (phone) 234-1-2623973 (fax) A.Pariola@fordfound.org
Adesegun Fatusi, Advisor, National Reproductive Health Sub-Program, Lagos	United Nations Population Fund	11, Oyinkan Abayomi Drive, Ikoyi PO Box 2075 Lagos, Nigeria	234-1-2693108 (phone) 234-1-2692141 (phone) 234-1-2692143 (phone) 234-1-2690531 (fax)
Samaila Bala Baba, Sub-Program Advisor, Borno State	United Nations Population Fund	Ministry of Budget and Planning Maiduguri, Nigeria	076-235158 (fax)

Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3a: SOTA Participants - State of the Art Training (SOTA) Course
 Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
Donors (cont...)			
Prosper Ifeanchio Okonkwo, Sub-Program Advisor, Delta State	United Nations Population Fund	State Planning Bureau, New Secretariat Asaba, Nigeria	056-280008 (phone) ngobros@infoweb.abs.net
Elias Dalington Anzaku, Sub-Program Advisor	United Nations Population Fund	UNFPA Programme Advisory Unit c/o Planning and Budget Bureau Gombe, Nigeria	72-222476 (phone)
Titilayo Omobola Odutolu, Sub-Program Advisor, Ogun State	United Nations Population Fund	Bureau of Budget and Planning Ministry of Finance Abeokuta, Nigeria	39-243428 (phone)
Olubunmi O. Dosumu, Senior Program Manager	USAID	Global House, Plot 1612 Adeola Hopewell Street Victoria Island, Lagos, Nigeria	614412, 2614621 (phone/fax)
Government			
Babatunde Segun, Senior Medical Officer, Lagos	Federal Ministry of Health	7B Olatunde Ayoola Avenue Obanikoro, Lagos, Nigeria	1-4966448
Olapeju Oreofe Adenusi, Family Planning Program Manager	Federal Ministry of Health	8 Harvey Road Yaba, Lagos, Nigeria	1-7745455
Romanus Nriagu, Project Director, Awka, Anambra	Federal Ministry of Health	Ministry of Health, State Secretariat Awka, Anambra State, Nigeria	056-280052
Tosan Luck Popo, Project Director, Awka, Anambra	Federal Ministry of Health	Ministry of Health, State Secretariat Awka, Delta State, Nigeria	056-280052



Appendix 3: Participant Lists (SOTA and Three Skills Workshops)

3a: SOTA Participants - State of the Art Training (SOTA) Course

Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
<i>Government (cont...)</i>			
Nike Adeyemi, Deputy Director of Primary Health Care and Disease Control	Federal Ministry of Health, Abuja	Department of Community Development and Population Activities Federal Ministry of Health Federal Secretariat Complex New Shehu Shagari Way Abuja, Nigeria	
Lanre Arogundade, Coordinator	International Press Center	42 Ijaye Road by Ceterpillar Bus Stop Oregun, Ikeja, Lagos, Nigeria	238242 (phone) 230279 (phone)
Jacob Akintola, Director, Imple- mentation Task Force, Oyo State	Ministry of Education	Ministry of Education, State Secretariat Ibadan, Oyo State, Nigeria	2-8104466
Ngozi N. Odu, Per- manent Secretary	Ministry of Health, Rivers State	Secretariat Complex, Ministry of Health Block C Port Harcourt, Nigeria	084-231073 (phone/fax) 084-234389 (phone/fax) 084-331522 (res) rminhealthl@phca.linkserv.com
Kwame Ampumah, UN Advisor	South African Adolescent Youth Program	National Department of Health Pretoria, Republic of South Africa	27-82537688 kamp53@hotmail.com
Abubakar Mu'azu, Project Director, Primary Health Care and DC, Bauchi State	State Ministry of Health	Ministry of Health PMB 065 Bauchi, Nigeria	77-542911
Agbata Krukruo, Director, Primary Health Care, Rivers state	State Ministry of Health	Ministry of Health, State Secretariat Port Harcourt, Rivers State, Nigeria	084-232079, 084-238886 (phone) 084-234073 (fax)

Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3a: SOTA Participants - State of the Art Training (SOTA) Course
 Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
Government (cont...)			
Akobundu Chidorondu Origa, Director, Primary Health Care	State Ministry of Health	Ministry of Health, State Secretariat Umuahia, Abia State, Nigeria	088-221632 (phone)
Musibau Oladepo Adelasoye, Project Director, Oshogbo, Osun State	State Ministry of Health	Ministry of Health, State Secretariat Osogbo, Osun State, Nigeria	035-204117 (phone/fax) fetven@hyperia.com
Others			
Theresa Essien, Journalist	Channels Television	Kresta Laurel 376 Ikorodu Road Maryland, Lagos, Nigeria	234-9-2342046 (phone) 234-9-2342860 (fax) hid@cyberspace.com
Jonathan A. Karshima, Director, Family Health Program	ECWA Evangel Hospital	Zaria Bye Pass Jos, Plateau State, Nigeria	
Chris Onyejekwe, Network Consultant		19 Lawani Street Onitiri, Yaba Lagos, Nigeria	2624034 (phone) 2621779 (fax)
Lanre Arogundade, Coordinator	International Press Center	42 Ijaye Road, By Ceterpillar Bus Stop Oregun, Ikeja Lagos, Nigeria	238242 (phone) 230279 (phone)
Moji Oyelami, Network Consultant	Otyl Consultants	9B Bodajoko Office Complex Idi Ape/Bashorun Road, Idi Ape Ibadan, Oyo State, Nigeria	2624034 (phone) 2621779 (fax) 02-711736
Kwame Ampomah, UN Advisor	South African Adolescent Youth Program	National Department of Health Pretoria, Republic of South Africa	27-82537688 kamp53@hotmail.com



Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3b: Advocacy Training Course - State of the Art Training (SOTA) Course
 Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
Amadi Onemtein, Head of Institution Building Unit	Nigeria Youth AIDS Programme	9 Adebola Street Off Adeniran Ogunsanya Street Surulere, Lagos, Nigeria	234-1-5455268 (phone) 234-1-5840371 (fax) Nyap-lagos@yahoo.com
Iwalola Akin-Jimoh, Executive Secretary	Youth Empowerment Foundation	40 Johnson Street Off Bode Thomas Surulere, Lagos, Nigeria	234-1-7748397 (phone) yefary@skannet.com
Emmanuel Etim, Executive Director	Adolescents in Nigeria	Legco Postal Agency Legco Flats, Block A Ahmadu Bello Way Victoria Island, Lagos, Nigeria	ainnl@usa.net ainnl@yahoo.com
Eka Bassey	Girls' Power Initiative	44 Ekpo Abasi Street Calabar, Cross River State, Nigeria	087-230920 gpi@fouwa.linkserve.com
Aisha Abubakar	Center for Develop- ment and Population Activities/United States Agency for In- ternational Develop- ment, Kano	USAID Field Office A5 Tukur Road, By Muktar Moh'd Link Kano, Nigeria	064-633626 646353
Placidus K. Onwuka, Project Coordinator	Care for Life/Center for Development and Population Activities	Suite 6, Moh'd Farm Mem Shopping Complex Billiri, Gombe State, Nigeria	072-46000
Kolawole Ojo	Centre for Health Sci- ences Training, Re- search and Develop- ment International	2A Aare Avenue Bodija, Ibadan Oyo, Nigeria	02-8102401
Funmi Doherty	Society for Women and AIDS in Africa/ LUTH	28, Moleye Street Alagomeji, Yaba, Lagos, Nigeria	01-863530
Dr. Moji Aderonke Odeku	Family Ministry of Health, Safe Mother- hood/Reproductive Health	8 Harvey Road Yaba, Lagos, Nigeria	01-4705692 modeku@yahoo.com

*Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
3b: Advocacy Training Course - State of the Art Training (SOTA) Course
Abuja, Nigeria*

<i>Name and Title</i>	<i>Organization</i>	<i>Address</i>	<i>Phone/Fax/E-mail</i>
Aminu Yusif	StopAIDS Organisation	Kazaure Health Stand Jigawa, Nigeria	01-2635219
Calmday Ombo, Youth Chairman, Nembe Creek	Nembe Creek Progressive Youths	Nembe Creek, Nembe West Bayelsa State, Nigeria	
Bashiru A. Lasisi, Program Officer	Family Health and Population Action Committee	94, Shittu Street Beere-Adeoyo Road Ibadan, Oyo State, Nigeria	02-8106950
Asmau Ahmed, Admin and Advoca- cacy Manager	Adolescent Health and Information Project	Plot 9, Tarauni Market Road Tarauni, Kano, Nigeria	064-667286
Bunmi Adeniyi, Programme Officer	Action Health Incorporated	Plot 5,4 Somorin Street Ifako, Gbagada, Lagos, Nigeria	01-7743745
Ikechi Ugwa, Programme Officer	Rural Health Foundation	No. 7 Amaram Street Owerri, Imo State, Nigeria	083-234794
Bisi Tugbobo, Senior Programme Officer	Pathfinder International	248 Muri Okunola Street Victoria Island, Lagos, Nigeria	01-2621779
Biola Lawal	Adolescents in Nigeria	Legico Postal Agency Victoria Island, Lagos, Nigeria	
Stella Iwuagwu	Center for the Right to Health	3 Obanle Aro Avenue Ilupeju, Lagos, Nigeria	01-7743816
Chidi Odu	Ministry of Health, Rivers State	7 Wokoma Street, Port Harcourt, Nigeria	



Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
3b: Advocacy Training Course - State of the Art Training (SOTA) Course
 Abuja, Nigeria

<i>Name and Title</i>	<i>Organization</i>	<i>Address</i>	<i>Phone/Fax/E-mail</i>
Elias Darlington Auzaku	United Nations Population Fund	UNFPA, PAU c/o Bureau for Budget and Planning Gombe, Nigeria	072-222473
Bimpe Ojikutu	CMUL/LUTH, ARH Committee, AGAN	Lagos University Teaching Hospital PMB 12003 Idi-Araba, Lagos, Nigeria	ojixba@usa.net
Dorothy Akaen'ova	INCREASE	1007 Bosso Road Minna, Niger State, Nigeria	increase@eudoramial.com
Hadiza Mohammed	Grassroot Health Organization, Kano	3 Abdu Sambo Street Kano, Nigeria	064-669223
Baba Smaia Bala	United Nations Population Fund	Ministry of Budget and Planning Maiduguri, Borno State, Nigeria	076-235158
Tunde Aremu	International Press Centre	42, Ijaye Road Ogba, Lagos State, Nigeria	01-4921292 4925568 ipc@micor.com.ng taremu@nigeriapress.net
Pearl I. Osakue, Program Director	Face-It	2 Hudson Lane Off Akpakpava Street PO Box 7400 Benin City, Nigeria	052-255162 (phone/fax) gpibn@alpha.linkserve.com
Mohammed Farouk Auwalu	Nigerian AIDS Alliance	24/26 MacArthur Street Onikan, Lagos, Nigeria	01-2600047 2600029 aidsalliance@micro.com.ng
Estella Mbanugo	The Adolescent Project, Port Harcourt	5 Eleienwo Street GRA Port Harcourt Rivers State, Nigeria	084-235889
Omololu Falobi	Port Harcourt Journalists Against AIDS	42 Ijakpo Road Ogba, Lagos, Nigeria	234-1-4927292 omololuf@micro.com.ng

Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
3c: Monitoring and Evaluation Training Course - State of the Art Training (SOTA) Course
Abuja, Nigeria

Name and Title	Organization	Address	Phone/Fax/E-mail
Chinyere Udonsi, Project Coordinator	Nigerian Youth AIDS Programme	9 Adebola Street Off Adeniran Ogunsanya Street Surulere, Lagos, Nigeria	234-1-5455268 5840622 nyap-lagos@yahoo.com
Fiwasade Onifade, Programme Officer	Youth Empowerment Foundation	# 40 Johnson Street Off Bode Thomas Surulere, Lagos, Nigeria	01-7748397 yefcry@skannet.com
Ekine Ibifri, Field Of- ficer	StopAIDS Organisation	95 Suite A & B Tafawa Balewa Square Lagos, Nigeria	01-2635219 01-2621779 4706064 konyejekwe@pathfind.org
Kate Onyejekwe, Program Develop- ment Officer	Pathfinder International	248 Muri Okunola Street Victoria Island, Lagos, Nigeria	01-825398 4706643 hdi@infoweb.abs.net
Joy Onyebuanyi, Programme Officer	Human Development Initiatives	8 Fola Agoro Street Somolu, Lagos, Nigeria	035-243552
Baruwa Olatunde, Research Officer	Life Vanguard, Osogbo	Lordship Avenue Osogbo, Nigeria	phebian@yahoo.co.uk
Akinwale Olaoluwa Phebian, Senior Research Officer	NIMR, Yaba, Lagos	NIMR Yaba, Lagos, Nigeria	02-8100292
Oyelakin Oluwatoyin, Reproductive Health Programme Officer	Ministry of Health, Oyo State	PHC, Ministry of Health Secretariat Ibada, Oyo State, Nigeria	037-641902
Akindele Gabriel Adepoju, Youth Programme Officer	Sagamu Community Centre Sagamu Ogun State	Sagamu Community Centre 1A Baruwa Street Sagamu, Ogun State, Nigeria	037-641902



*Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
3c: Monitoring and Evaluation Training Course - State of the Art Training (SOTA) Course
Abuja, Nigeria*

<i>Name and Title</i>	<i>Organization</i>	<i>Address</i>	<i>Phone/Fax/E-mail</i>
Joseph Okeibunor	Global Health and Awareness Research Foundation,	S/34 Chief Edward Nnaji Park New Haven Enugu, Nigeria	042-258078
Ajao Bayo	Family Health and Population Action Committee	PO Box 28351 Agodi Ibadan, Oyo State, Nigeria	02-8106950 bosmof@yahoo.com
Gbenga Ishola	Association for Family and Reproductive Health	Army Officers' Mess Ikoloba, Ibadan Box 30259 (Sect) Ibadan, Oyo, State, Nigeria	02-8102760
Charity K. Usifoh	Women's Health Organisation of Nigeria	Lofom House 21 Mobolaji Bank Anthony Way PMB 21178 Ikeja, Lagos, Nigeria 18, Temple Road Ikoyi, Lagos, Nigeria	whon@infoweb.abs.net whon20@hotmail.com
Kolawole Oyediran	Center for Development and Population Activities	54 Somorin Street Ifako Gbagada, Lagos, Nigeria	01-3205273 koyediran@usips.org
Chiemezie Ndukwe	Action Health Incorporated	9 Tarauni Market Road Tarauni, PO Box 12846 Kano, Nigeria	01-7743745 ahi@linkserve.com
Mairo V. Bello, Director/Project Coordinator	Adolescent Health and Information Project	248 Muri Okunola Victoria Island, Lagos, Nigeria	064-667286 (phone) 064-663193 (fax) ahip@samdav.com; ahip@gconline.com
Dr. Kechi Anah, Assistant Program Officer	Pathfinder International, Lagos	State Running Bureau New Secretariat, Asaba, Nigeria	01-2621779 kechian@cmpmail.com
Dr. Prosper Okonkwo, Sub-Programme Advisor, UNFPA, Delta	United Nations Population Fund (UNFPA), Delta State		056-28008 ngobros@infoweb.abs.net

*Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
3c: Monitoring and Evaluation Training Course - State of the Art Training (SOTA) Course
Abuja, Nigeria*

<i>Name and Title</i>	<i>Organization</i>	<i>Address</i>	<i>Phone/Fax/E-mail</i>
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Appendix 3: Participant Lists (SOTA and Three Skills Workshops)
 3d: Youth-Friendly Services Training Course - State of the Art Training (SOTA) Course
 Abuja, Nigeria

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APPENDIX 4: SESSION OUTPUTS

Following are the presentation materials submitted by the resource people and guest speakers during the SOTA workshop.

1. Monday, February 19, 2001, "Do You See What I See? Do You Hear What I Hear?" (Groups 1-7)
2. Belkis Welde Giorgis, "Gender and Adolescent Reproductive Health Agenda"
3. Scott Moreland, "Adolescents and Young Adults in Nigeria Fertility and Reproductive Health"
4. Monday, February 19, 2001, "Adults Are from Mars; Adolescents Are from Venus"
5. Tuesday, February 20, 2001, "Jungle City"
6. Kristin Nelson, "Preliminary Research and Evaluation Findings on Program Effectiveness for Youth Programs"
7. Lola Dare, "Improving Sexual and Reproductive Health of Young Persons in Nigeria: What Works?" Total Youth Empowerment, Center for Health Sciences Training, Research and Development International, Ibadan, Nigeria (CHESTRAD)
8. Adeola Olunloyo, "Youth Involvement," Action Health Incorporated, Nigeria
9. Ebum Omotosho, "Micro-Enterprise," Family Health and Population Action Committee, Ibadan, Nigeria

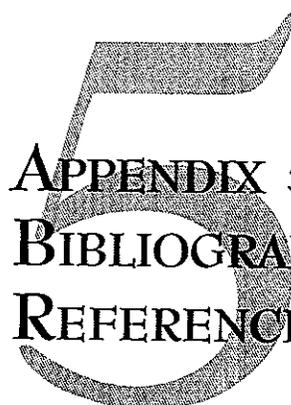


10. Temitope Adekunle, "School-Based Strategies for Sexuality Education: My Experience of ELPE," Association for Reproductive and Family Health, Ibadan, Nigeria
11. Edem Effiong, "Concepts and Practices in Addressing Adolescent Reproductive Health in Religious Institutions," Nigerian Youth AIDS Project, Lagos, Nigeria
12. Bola Omotosho, "Program Approach to Reaching and Serving Youth: Market-Based," Family Health and Population Action Committee, Ibadan, Nigeria
13. Emmanuel Etim, "Youth Involvement in Advocacy," Adolescents in Nigeria, Lagos, Nigeria
14. Charity Usifoh, "Community-Based Approach to Youth-Friendly Reproductive Health Services," Youth Action Project, Women Health of Nigeria, Lagos, Nigeria
15. Onololu Falobi (compiled), "What Nigerian Youths Think About Coverage of Youth Issues in the Nigerian Media," Journalists Against AIDS, Lagos, Nigeria
16. O. B. Akinleye, "Program Approaches to Reaching and Serving Youth—Commercial Sex Workers," Sagamu Community Centre, Sagamu, Ogun State, Nigeria
17. Odutolu Wole, "(Re)creating Social Space for the Family in Provision of Sexuality Education for the Young People," Life Vanguard Osogbo, Ondo State, Nigeria
18. Hajara Mohammed, "Youth Development in Rural Northern Nigeria," Adolescent Health and Information Project, Kano, Nigeria
19. Scott Moreland, "Adolescent Reproductive Health Policy," The POLICY Project
20. Ngozi Odu, "Creating an Enabling Environment—Using Policies," Ministry of Health, River State, Nigeria
21. "National Emergency Action Plan—A Strategy to Deal with HIV/AIDS in Nigeria," National Action Committee on AIDS
22. Scott Moreland, "Advocacy Skills—An Overview," The Focus Project
23. Kwame Ampomah, "YARH Policies Advocacy—The Ghana Case Study"
24. Tuesday, February 20, 2001 (afternoon), "Jungle City"
25. Kristin Nelson, "Preliminary Research and Evaluation Findings on Program Effectiveness," FOCUS on Young Adults/Tulane University
26. Lola Dare, "Improving Sexual and Reproductive Health of Young Persons in Nigeria: What Works?" Total Youth Empowerment Initiative, Center for Health Sciences Training, Research and Development International, Ibadan, Nigeria.
27. Mary N. Bawa, "Provision of Clinical and Contraceptive Services," Planned Parenthood Federation of Nigeria, Zonal Office, Abuja, Nigeria
28. Bernard Edet, "Social Marketing and Behavior Change Communication Strategies for Youth," Society for Family Health, Lagos, Nigeria
29. Funmi Doherty, "Providing Clinical Services on HIV/AIDS for Young People," Society for Women and AIDS in Africa, Lagos, Nigeria



30. Grace Delano, "Provision of Clinical and Contraceptive Services to Adolescents and Young Adults," Association for Reproductive and Family Health, Ibadan, Nigeria
31. Wednesday, February 21, 2001 (afternoon), "Where Were You When I Needed You Most?" (Groups 1-7)
32. Wednesday, February 21, 2001, Issues Discussion Over Lunch (Groups 1-4)
33. Teresa Essein, "The Media in Health Communications," Channels Television, Lagos, Nigeria
34. Vanessa Carroll, Communications Strategy Development Worksheet, FOCUS on Young Adults
35. Susan Adamchak and Emily Zeilvinski, "Monitoring and Evaluating Adolescent Reproduction Programs," FOCUS on Young Adults/Tulane University
36. Friday, February 23, 2001, "Ain't No Stoppin' Us Now" (Groups 1-8)





APPENDIX 5: BIBLIOGRAPHY AND REFERENCES

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