

The TY Danjuma Foundation (TYDF) is a private independent grant making philanthropic organization based in Abuja, Nigeria. TYDF's vision is to contribute to the building of a Nigeria where all citizens have access to affordable quality health care, education and have equal opportunities to realize their potential.

Action Health Incorporated (AHI) is a non-governmental organization dedicated to improving the health and development of Nigerian adolescents. By informing public debate, training professionals and implementing innovative education and healthcare programmes AHI serves as an advocate and catalyst for change.

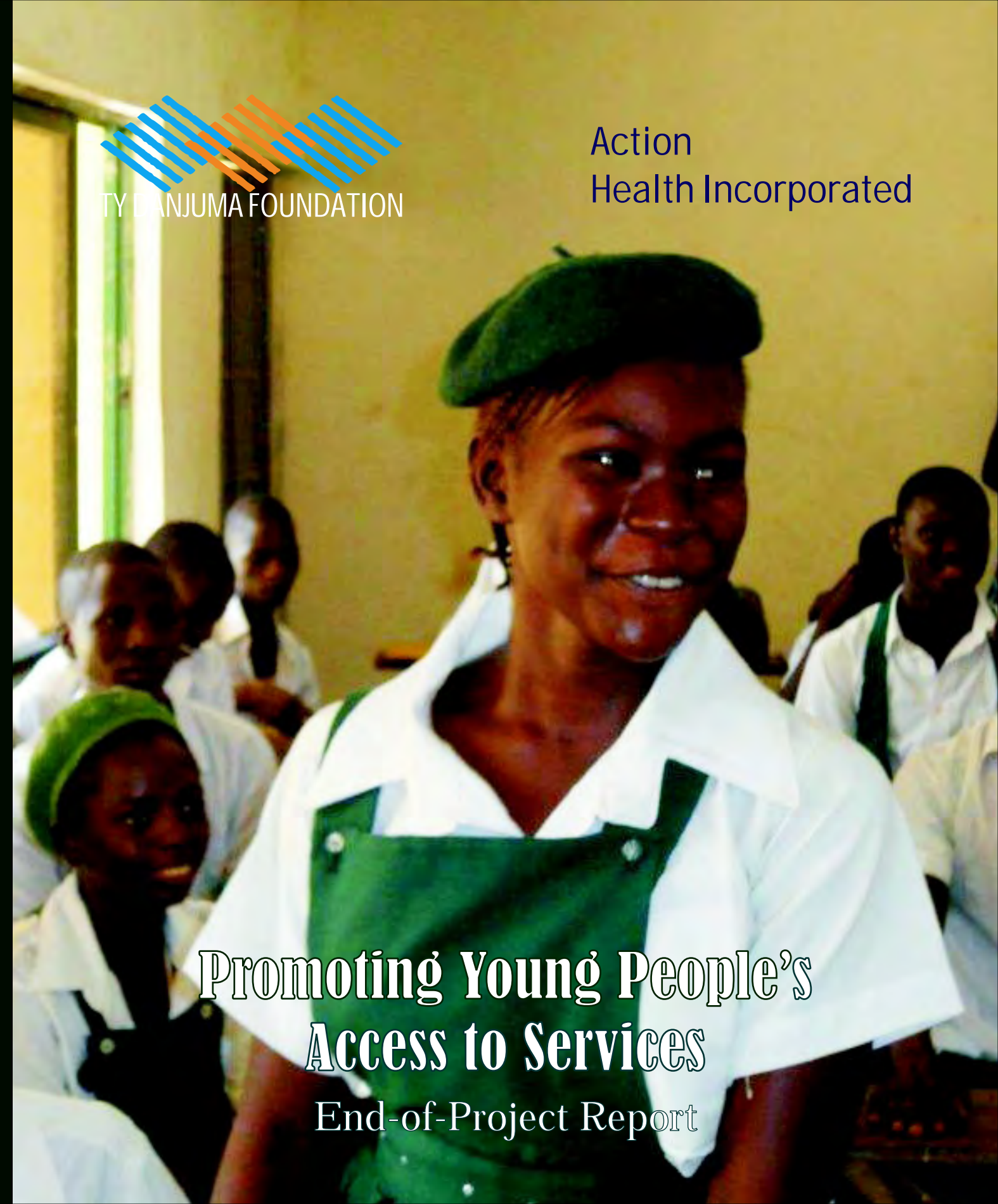


**Action
Health Incorporated**



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**Promoting Young People's
Access to Services**
End-of-Project Report



Promoting Young People's Access to Services: End-of-Project Report

“Promoting Young People's Access to Sexual and Reproductive Health Information and Services in Edo and Taraba States” was a two-year project (2010 - 2012) implemented by Action Health Incorporated with funding from the TY Danjuma Foundation. This report documents the findings of the end-of-project assessment conducted to determine the results of the project, as well as challenges and recommendations for further action with advancing sexual and reproductive health programming for young people in Nigeria.

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Acronyms

| | |
|-------|---|
| AHI | Action Health Incorporated |
| AIE | Area Inspectors of Education |
| ASRH | Adolescent Sexual and Reproductive Health |
| CHEW | Community Health Extension Worker |
| ESMoE | Edo State Ministry of Education |
| FGD | Focus Group Discussion |
| FLHE | Family Life and HIV Education |
| FME | Federal Ministry of Education |
| FMoH | Federal Ministry of Health |
| HIV | Human Immunodeficiency Virus |
| IYO | Indomitable Youths Organization |
| JSS | Junior Secondary School |
| LGA | Local Government Area |
| M&E | Monitoring and Evaluation |
| MOU | Memorandum of Understanding |
| NGO | Non-Governmental Organization |
| PHC | Primary Health Centre |
| PIC | Project Implementation Committee |
| SACA | State Agency for the Control of AIDS |
| SMoH | State Ministry of Health |
| STI | Sexually Transmitted Infection |
| SRH | Sexual and Reproductive Health |
| TSMoE | Taraba State Ministry of Education |
| TYDF | TY Danjuma Foundation |
| YFC | Youth-Friendly Clinic |
| YFHS | Youth-Friendly Health Services |
| YPAT | Youth Progressive Association in Taraba |

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Family Life and HIV Education (FLHE) Curriculum

Training of Master Trainers/ Teachers



Executive Summary

In spite of their large size and indispensability to the development of Nigeria, opportunities for the personal development of young people continue to be compromised by exposure to HIV/AIDS, sexual risk taking, early marriage and child-bearing and gender violence. “Promoting Young People's Access to Sexual and Reproductive Health Information and Services in Edo and Taraba States” was a two-year project implemented by Action Health Incorporated in response to these highly preventable threats to their well being.

Findings from the end-of-project assessment conducted in November 2012 indicated that most of the targets set at inception were accomplished:

- The implementation of the nationally approved Family Life and HIV Education (FLHE) curriculum was facilitated in 88 project schools, 95 FLHE master trainers and 399 teachers were trained and provided with teaching resource materials and a total of 65,122 JSS students were reached.
- Youth-friendly health service (YFHS) clinics were established in four primary health centres, 60 health providers and youth development workers were trained to facilitate service provision and 1,901 youth accessed clinic-based services while 25,807 benefitted from school-based outreach activities conducted by clinic and NGO personnel.

Consideration for sustainability was an integral part of the project's design; thoughtful alliances and partnerships were forged with local stakeholders in the education, health and civil society sectors for project implementation and monitoring. Roles were assigned to partners that capitalized on their reach/network and within their spheres of influence and comparative strengths while AHI provided funding and technical assistance to develop systems and enhance their capacity to accomplish their organizational mandates.

An important factor in the significant progress made with the FLHE component of the project is the national education policy requirement that FLHE be taught as an integral part of the curriculum in Nigeria. This supportive policy environment facilitated the mobilization of education sector stakeholders to address the huge gaps in FLHE teacher training and access to resource materials in the 88 project schools. Teachers reported that students’

enthusiasm and interest in learning about the subject matter were important motivators. Many of the students who participated in the project's assessment also said that the FLHE classes helped to improve their understanding of several sexual health issues they were hitherto concerned about.

The clinic service delivery component of the project posed a challenge with securing the anticipated client patronage levels. However, it offered resonating lessons about the importance of taking services to the audience where they are, using health personnel who are passionate about serving youth for the operations of YFHS and deploying adequate publicity mechanisms to create awareness about the availability of services.

Based on the lessons learned from this project, continuing efforts to advance young people's access to sexual and reproductive health information and services will benefit significantly from further action on:

- Increasing funding to address systemic challenges in the public education sector;
- Prioritizing teacher training and refresher opportunities to ensure effective curriculum delivery;
- Leveraging outreach and publicity opportunities to increase the utilization of clinic-based services; and
- Adopting guidelines and service protocols to reduce paucity in youth-friendly service delivery.

Project Background and Goals

The main drivers of Nigeria's HIV epidemic as well as other sexual and reproductive health challenges which disproportionately affect young people (at least 60% of new HIV infections are among young people¹) include low risk perception, multiple concurrent sexual partners, informal transactional and intergenerational sex, lack of STI services, gender inequalities, stigma and discrimination, and inadequate health services. The risk perception of young people to HIV infection as reported in a 2006 Federal Ministry of Education (FME) study shows that 13% perceived themselves to be at low risk while 56% perceived themselves to be at no risk for HIV².

In a bid to address the poor status of young people's sexual and reproductive health, particularly the growing HIV prevalence among the youth population, Nigeria in 1999 adopted a national policy mandating universal access to sexuality education now called Family Life and HIV Education (FLHE) as part of the school curriculum, and this national policy change was a major feat. Unfortunately, despite this national policy approval, implementation of the FLHE programme remains hampered in many states for a range of reasons particularly, the lack of teaching resource materials and teachers trained to deliver the subject matter. The 2006 FME survey revealed that only 45% of teachers had heard about FLHE curriculum, while 22% had seen a copy of the curriculum.

Furthermore, in spite of the demonstrated high need for sexual and reproductive health services tailored to young people, access remains extremely limited. A 2009 study on the state of national response to young people's sexual and reproductive health in Nigeria revealed the inadequacy of existing youth-friendly health facilities and minimal activities promoting young people's sexual and reproductive health³. This was the context in 2010 when AHI sought funding support from the TY Danjuma Foundation to increase young people's access to sexual and reproductive health information and services in Edo and Taraba States both of which have high HIV prevalence rates among their young adult sub-population.

¹ Federal Ministry of Health (2008). National HIV/AIDS and Reproductive Health Survey (NARHS) 2007. Federal Ministry of Health, Abuja, Nigeria.

² Federal Ministry of Education (2006), National Survey on HIV/AIDS Knowledge, Attitudes, Practices, Skills and School Health in Nigeria

³ Federal Ministry of Health (2008), Assessment Report of the National Response to Young People's Sexual and Reproductive Health in Nigeria.

Thus the overall goal of the “Promoting Young People's Access to Sexual and Reproductive Health Information and Services in Edo and Taraba States Project” was to contribute to advancing sexual and reproductive health programming for young people in Nigeria.

The specific objectives of the two-year project were to:

- 1) Facilitate the effective implementation of the nationally approved Family Life and HIV Education (FLHE) Curriculum in public secondary schools in the two project states.
- 2) Facilitate the establishment and operationalization of 4 (four) public Youth-Friendly Health-Service (YFHS) facilities in the two project states (2 per state).
- 3) To document and disseminate the outcomes and lessons learnt from the project's implementation among stakeholders across the country.

Assessment Objectives and Methodology

In November 2012, Action Health Incorporated conducted an assessment of the activities implemented over the two-year period in the project schools and youth-friendly clinics established in Edo and Taraba States.

The objectives of the end-of-project assessment were to:

1. Determine the results of implementation vis-à-vis targets and success indicators set at commencement of the project,
2. Identify challenges and gaps in project implementation; and
3. Proffer recommendations for further action with advancing sexual and reproductive health programming for young people.

The key questions the assessment sought to answer under each intervention area were the following:

■ **Facilitating FLHE Curriculum Implementation**

- How many master trainers and teachers were trained on FLHE?
- What FLHE teaching resource materials were provided to master trainers and teachers?
- How many project schools implemented the FLHE curriculum and how many young people were reached?
- What knowledge was acquired, if any, by the young people participating in FLHE classes?

■ **Facilitating Youth-Friendly Health Service Delivery**

- How many public health clinic staff were trained in youth-friendly service provision?
- How many youth-friendly clinics were established and how many young people were reached with services?
- What are the views of youth clients about the services provided in the clinics?

Fostering Partnerships and Information Dissemination

- Which partners were directly involved in the project's implementation and what roles did they play?
- Was information about the project's progress, challenges and lessons shared with NGO partners and other stakeholders?

The methodology adopted for the assessment comprised:

- **Review of Project Documents:** This covered the approved proposal, approved implementation plans and all quarterly activity reports submitted to the TY Danjuma Foundation, as well as the reports of the quarterly Project Implementation Committee Meetings.
- **On-site School and Clinic Facility Assessments:** A total of 5 (five) project schools and 4 (four) youth-friendly health facilities were visited for the assessment exercise (i.e. two public junior secondary schools (in Edo and three schools in Taraba, as well as two primary health centres each in Edo and Taraba States). Officers from both states' TYDF offices joined the AHI Team for all the on-site school and clinic facility assessment visits.

A checklist was used to ascertain and document pointers to project implementation at each of the sites visited such as availability of FLHE-trained teachers and FLHE resource materials, availability of clinic staff who are trained in youth-friendly service provision, availability and adequacy of drug stock, etc.

A review of clinic records was conducted to ascertain the level of patronage, types of services offered, adequacy of service procedures and record-keeping in the four clinics. In the five schools visited, teachers' FLHE lesson notes and schemes of work were inspected to check the extent of coverage of FLHE topics. A rapid assessment questionnaire was also administered to 179 students (about 32-49 students per school in four of the five schools) to determine their knowledge and attitude on basic FLHE topics.

- **Focus Group Discussions:** To capture the beneficiaries' perspectives on youth-friendly service provision, focus group discussions (FGDs) were conducted with female and male clients at the four clinics. A total of 8 FGDs (4 female groups and 4 male groups) were conducted with 57 clients aged 14-18 years. The discussion utilized “*Have Your Say*” a participatory learning and action (PLA) methodology to explore clients'

perspectives and experience with the clinics' services with emphasis on benefits, problems and recommended solutions.

■ **Key Informant Interviews:** A total of 24 interviews were held with key informants. At the four youth-friendly clinics, interviews were conducted with facility staff and supervisors to elicit their perspectives on services being offered, challenges and recommendations. In the five schools assessed, interviews were conducted with the principals to determine the school management's support for FLHE programming and challenges being experienced with implementation. The Directors of the Education Inspectorate Department in both states, the Commissioner for Education in Taraba State and the Permanent Secretary for Education in Edo State were also interviewed to obtain their views about the FLHE curriculum implementation and their state's plan for ensuring programme sustainability.



Outcomes: What Did The Project Accomplish?

Based on the review of project documents which covered the examination of approved implementation plans and quarterly activity / progress reports submitted to the TY Danjuma Foundation, the table below presents a summary of the project's accomplishments vis-à-vis the targets and success indicators agreed upon at project commencement.

Table 1: Summary of Accomplishments in Relation to Proposed Targets

| Success Indicators | Proposed Targets | Actual Accomplished | | |
|---|------------------|--|---|--|
| | | Edo | Taraba | Total |
| 1. Training of FLHE Master Trainers | 100 | 48 | 47 | 95 |
| 2. Training of FLHE Teachers | 400 | 199 | 200 | 399 |
| 3. Provision of Teaching Resource Materials: | | | | |
| ● Comprehensive Sexuality Education Manual | 500 | 292 | 298 | 590 |
| ● FLHE Curriculum for JSS in Nigeria | 500 | 292 | 298 | 590 |
| ● FLHE Scheme of Work | 2,000 | 1,140 | 1,080 | 2,220 |
| ● FLHE Students' Handbook | 500 | 340 | 298 | 638 |
| ● FLHE Teachers' Guide | 500 | 292 | 298 | 590 |
| 4. Project Schools Implementing FLHE | | 40 (Across 3 LGAs) | 48 (Across 5 LGAs) | 88 (Across 8 LGAs) |
| 5. Youth Reached With FLHE Curriculum | 50,000 | 41,647 | 23,475 | 65,122 |
| 6. Refresher Training Workshops for Teachers: Coordination Meetings for FLHE Teachers | | 1 | 1 | 2 |
| 7. Training of Health Providers on YFHS | 50 | 25 | 35 | 60 |
| 8. Provision of Resource Materials to PHC Staff | | | | |
| ● Guide to Setting Up Adolescent Friendly Health Services | 50 | 25 | 35 | 60 |
| ● Training Manual for Adolescent Friendly Health Service Providers | 50 | 25 | 35 | 60 |
| 9. Establishment of Youth-Friendly Clinics | 4 | 2 | 2 | 4 |
| 10. Youth Reached With Clinic Services | 5,000 | 1,711 (Clinic-based) 20,485 (School Outreach) | 190 (Clinic-based) 5,322 (School Outreach) | 1,901 (Clinic-based) 25,807 (School Outreach) |
| 11. NGO Partnership for Implementation | 2 | 1 | 1 | 2 |
| 12. Information Dissemination to Stakeholders: | | | | |
| ● Annual Newsletter & End-of Project Report | 1 | - | - | 1 |
| ● Project Implementation Committee Meetings | - | 3 | 3 | 6 |



Fostering Partnerships and Information Dissemination

Partnership for health development was the organizational strategy adopted for the project's implementation. Action Health Incorporated sought formal collaborative relationships with the Ministries of Education and Health, LGAs Department of Health and state-based NGOs in both Edo and Taraba States in this effort to advance young people's sexual and reproductive health programming. Roles were assigned to partners that capitalized on their reach/network and within their spheres of influence and comparative strengths while AHl provided funding and technical assistance to develop systems and enhance their capacity to more effectively achieve their organizational objectives in the future.

In line with the terms of partnership, the responsibilities undertaken by partners were as follows:

Action Health Incorporated:

- Provided technical assistance, service support and funding for the development and implementation of the project,
- Facilitated capacity building activities including the startup and refresher trainings for FLHE curriculum implementation and youth-friendly service provision,
- Coordinated overall project monitoring, documentation and reporting of activities to the TY Danjuma Foundation.

The Ministry of Education:

- Selected and mobilized participants for the FLHE Master Trainers and Teachers Workshops,
- Provided training venues and leadership for all the training workshops,
- Designated Education Inspectors who were trained as FLHE Master Trainers with the responsibility for inspecting/monitoring FLHE curriculum implementation in the project schools,
- Approved the commencement of school-based outreach activities and facilitated interactions between the schools, YFHS Clinic Staff and the state-based partner NGO staff.

The Ministry of Health and State Agency for the Control of AIDS (SACA):

- Facilitated the identification of LGAs/PHC for the establishment of the youth-friendly clinics,
- Supported the process of identifying the state-based youth-focused NGOs included in the partnership,
- SACAs provided the space for hosting the quarterly Project Implementation Committee Meetings.

Local Government Area – Department of Health:

- Designated space within the Primary Health Care (PHC) facility for the establishment of the youth-friendly clinics,
- Identified and selected PHC facility staff who attended the start-up Youth-Friendly Health Service Training Workshop,
- Designated at least two nurse-midwives on the LGA/PHC's payroll to serve as the full-time staff for the youth-friendly clinics,
- Provided oversight for the daily operations and management of the clinics.

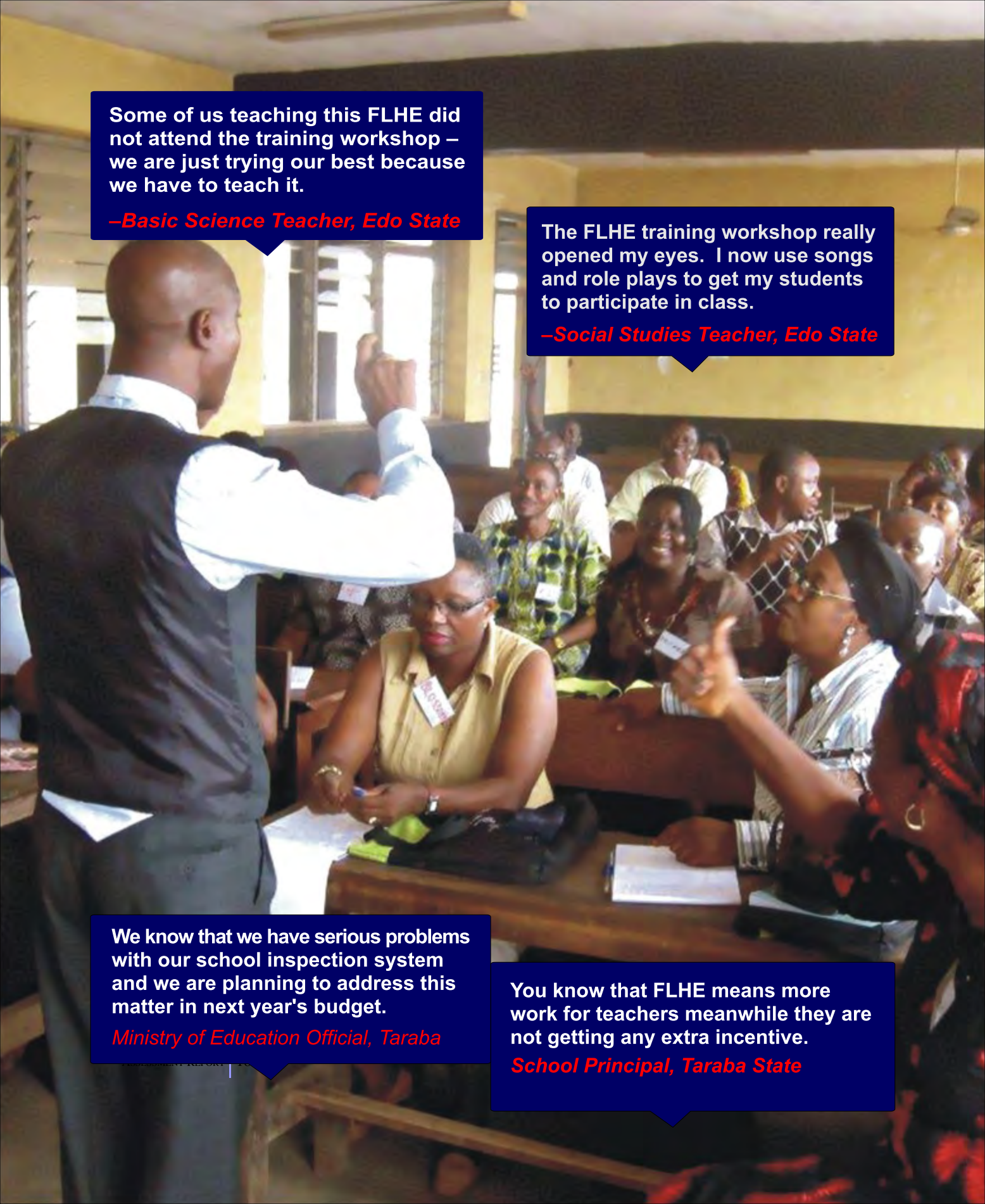
State-Based Partner NGOs (Indomitable Youth Organisation and Youth Progressive Association of Taraba):

- Provided support for the baseline assessment of FLHE implementation and collation of school data,
- Conducted community outreach activities to promote awareness about the clinics,
- Coordinated clinic days and school based outreach with YFHS clinic staff,
- Prepared monthly outreach and service provision activity reports and administrative support for information dissemination.

The Project Implementation Committee (PIC) meetings served as the primary forum for information dissemination about project activities among the key stakeholders. These meetings were hosted by the SACAs and provided the avenue for discussing the project's progress and challenges as well as, seeking

input for their resolution. Representation at the meetings included the State Ministry of Education's Inspectorate Department, State Ministry of Health's Adolescent Health Desk, LGA PHC Coordinators, SACA, YFC-Officer-in Charge, State Based partner NGO Coordinator and Action Health Incorporated. Three committee meetings were held in each of the two states during the project period.

AHI's website (www.actionhealthinc.org) was also a medium used for disseminating information about project implementation and reports about key activities were uploaded on <http://www.actionhealthinc.org/about/whatsnew/article132.html> during the project period.



Some of us teaching this FLHE did not attend the training workshop – we are just trying our best because we have to teach it.

–Basic Science Teacher, Edo State

The FLHE training workshop really opened my eyes. I now use songs and role plays to get my students to participate in class.

–Social Studies Teacher, Edo State

We know that we have serious problems with our school inspection system and we are planning to address this matter in next year's budget.

Ministry of Education Official, Taraba

You know that FLHE means more work for teachers meanwhile they are not getting any extra incentive.

School Principal, Taraba State

FLHE Curriculum Implementation

The school visits undertaken by the Assessment Team provided further insights to the level of implementation, challenges being encountered, as well as the opportunity to elicit the perspectives of principals, teachers and the students who are the ultimate programme beneficiaries. The summary of these findings is presented in Table 2 below:

Table 2: Summary of Field Findings on FLHE Implementation in Project Schools

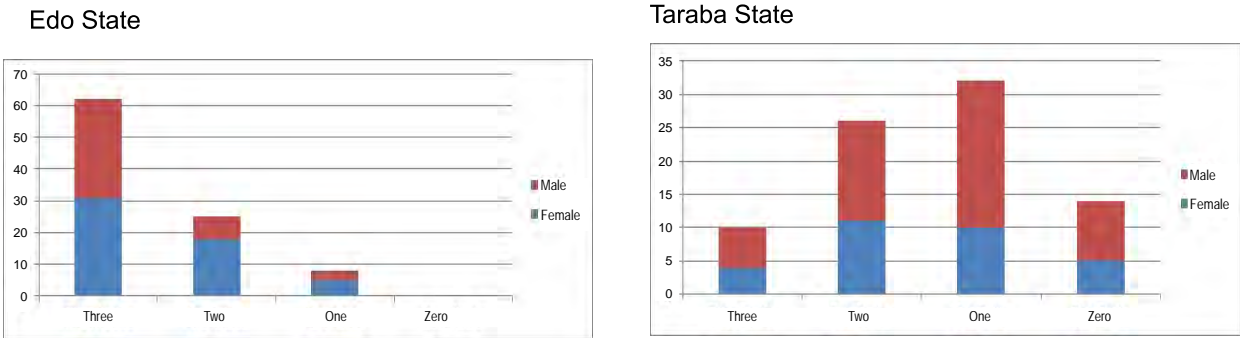
| Administrators and Principals | Teachers | Youth Beneficiaries – JSS Students |
|---|--|---|
| <ul style="list-style-type: none"> ● Aware of the FLHE programme and endeavor to provide supportive environment for teaching because it is a mandatory part of the school curriculum | <ul style="list-style-type: none"> ● Trained teachers demonstrated good understanding of curriculum content and have access to teaching resource and reference materials from initial FLHE training conducted for teachers. | <ul style="list-style-type: none"> ● Good knowledge level about FLHE topics already covered in class particularly in Edo state (e.g. route of HIV transmission and correct HIV prevention methods) |
| <ul style="list-style-type: none"> ● Have observed that teachers are enthusiastic about implementing the curriculum and compliance level is encouraging. | <ul style="list-style-type: none"> ● Training improved their knowledge and comfort level with teaching about sexuality issues. | <ul style="list-style-type: none"> ● Find FLHE classes interesting and helpful with understanding the sexual and reproductive health issues they are concerned about. |
| <ul style="list-style-type: none"> ● Several FLHE carrier subject teachers (Social Studies, Basic Science, etc.) have not been trained to implement the FLHE Curriculum and facilitation methods meanwhile, they are mandated to teach it. | <ul style="list-style-type: none"> ● Recurrent complaint about need for teaching and audio visual aids to make classroom delivery easier | <ul style="list-style-type: none"> ● Said that some of the issues they are interested in learning about are not discussed by teachers e.g. abortion and masturbation. |

In 4 of the 5 schools visited, teachers were able to show the Assessment Team copies of the training resource manuals, FLHE teachers' guide and scheme of work they were given during the project start-up FLHE Teachers' Training Workshop. They also confirmed that they were given school library copies which they submitted to the principals on their return from the training workshop.

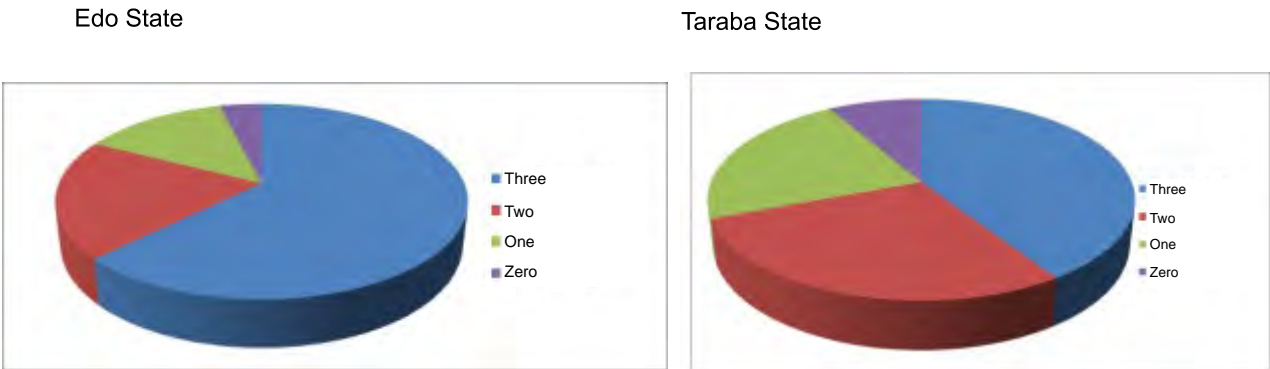


The inspection of school records provided the required indication that FLHE was being implemented in the schools. Information gathered from the review of teachers' lesson notes also showed that most teachers had taught the FLHE topics specified in the state scheme of work and were up-to-date with their classes for the term. However, in one of the rural-based junior secondary schools visited in Taraba State, only one of the three FLHE teachers interviewed had up-to-date lesson notes. Not surprisingly, students in this school had the lowest scores in the rapid assessment questionnaire administered to students during the on-site visit.

Knowledge of Routes of HIV Transmission



Knowledge of HIV Prevention Methods



Number of prevention methods known



The nurse here sent me a text message to come for my appointment - she made me feel like somebody cares about me

*Female FGD Participant
Ugbekun YFC, Ikpoba-Okha LGA*

Many young people don't know about this clinic - maybe we youths have to help announce it

*Male FGD Participant
Oredo YFC, Oredo LGA*

You can even get free medicines at this clinic - there is no other place like this in Taraba. I hope it will continue like this o!

*Male FGD Participant
Mutum-Biyu YFC, Gassol LGA*

Transportation is the major problem - if only we can get free bus to come, it will be very good.

*Female FGD Participant
Mayo-Gwoi YFC, Jalingo LGA*

Youth-Friendly Health Service Delivery

At the four youth-friendly clinics, interviews were conducted with facility staff and supervisors to elicit their perspectives on services being offered, while focus group discussions were held with the youth clients to capture beneficiaries' perspectives about the clinics' services. The summary of findings from these interactions is presented in Table 3 below.

Table 3: Summary of Field Findings on Youth-Friendly Health Service Delivery

| LGA Administrators / PHC Coordinators | Clinic Staff | Youth Beneficiaries – Clinic Clients |
|---|--|---|
| Supportive of the project and have remained committed to maintaining the agreement reached at project inception that PHC staff are designated to run the YFHS facilities. | <ul style="list-style-type: none"> ● Demonstrated good knowledge youth of sexual and reproductive health issues. ● Have adopted mechanisms for school outreach to address low client patronage | <ul style="list-style-type: none"> ● Appreciate the existence of the clinic facilities as “...a place where we can always find help when we need it”. |
| Adjudge that young people find the services offered quite useful based on the increasing level of patronage although still much lower than expected | <ul style="list-style-type: none"> ● Said YFHS facilities have been well-received by the clients served especially the sexually-active who find that they can access confidential counseling. | <ul style="list-style-type: none"> ● Consider clinics a rare opportunity to access free consultation, treatment/ drugs– “...only-one its kind around here” ● Appreciate the way health providers welcome them and attend to their concerns. |
| Want donor funding for outreach costs and drug supply to continue pending when LGA Administrators get budgetary allocation approved to support YFHS operations. | <ul style="list-style-type: none"> ● Said that clients with sexually transmitted infections (STIs) rarely comply when asked to come back with their partners for treatment. | <ul style="list-style-type: none"> ● Said that many youths are not aware of the clinic’s services and even those who know cannot afford the transportation costs. |

The four clinics are staffed by nurse-midwives and community health extension workers (CHEWs) who participated in the Youth-Friendly Services Provision Training Workshops conducted by AHI. All the health providers are employees of the respective local government area (LGA) authorities and there has been limited staff turnover in the four sites since project commencement. The assessment team also observed that the equipments in all the clinics were well maintained however, the clinic staff complained that the television and DVD players provided for educational films were rarely used because of irregular power supply.



The drug stock was cross-checked with the drug dispensing book and client records and only minimal discrepancies were observed. The drug stock available at all four clinics included antibacterial, analgesics, antispasmodics, antimalarials, antifungals and antibiotics among others, while the stock of birth control commodities included emergency contraceptives, spermicidal tablets and gels, as well as, male and female condoms.

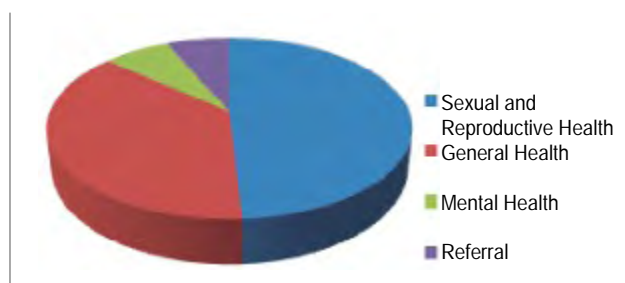
The age of clients served ranged from 10- 21 years and cases reported included general health issues, SRH issues such as problems with menstruation, unprotected sex, rape, sexually transmitted infections and unwanted pregnancy, as well as mental health concerns or problems with school, parents/ guardians. (see chart - Utilization of YHS by Type of Service and Sex”

The review of clinic records indicated reasonable adherence to stipulated documentation guidelines. Clients' case notes revealed that most of the cases received appropriate diagnosis and referrals were made when required.

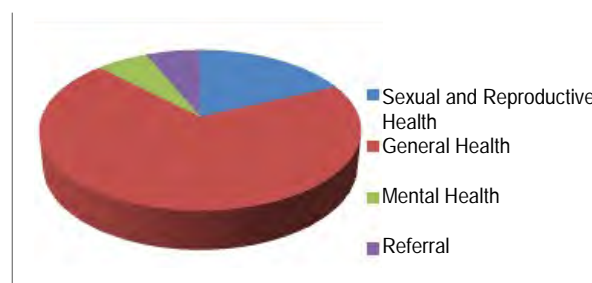
Majority of the youth FGD participants reported that the separate space in the clinics facilities ensure privacy and their discussions with providers cannot be overhead by other people in the waiting area. They also reported that the nurses make them feel welcome and all the services including registration, consultation and prescribed medications are free of charge. However, some were concerned about the continuity of the services and wanted to know “...for how long the services will continue?”

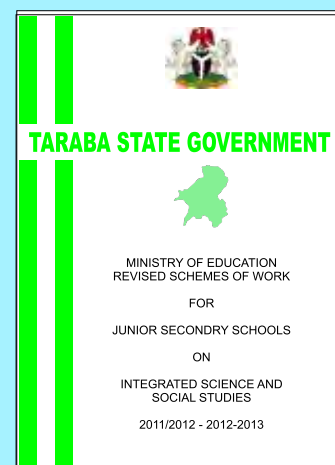
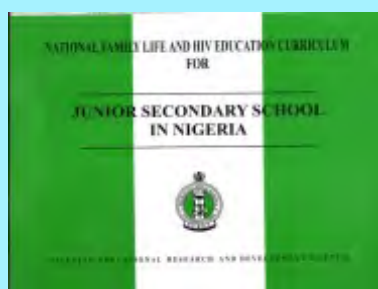
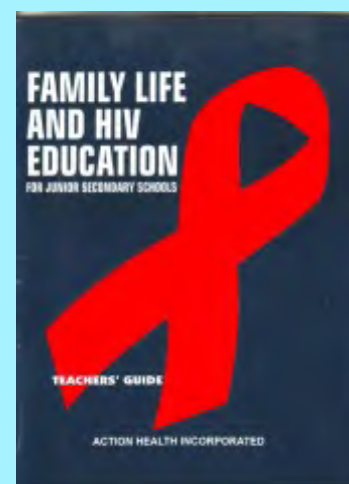
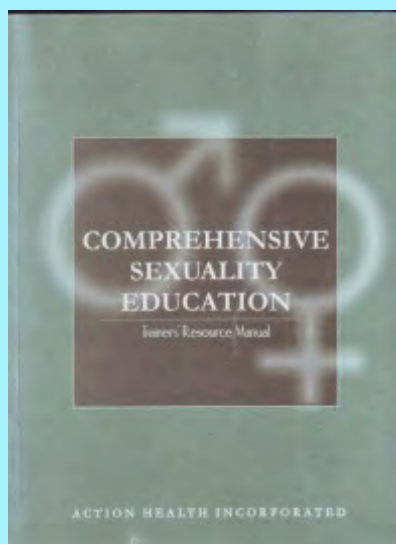
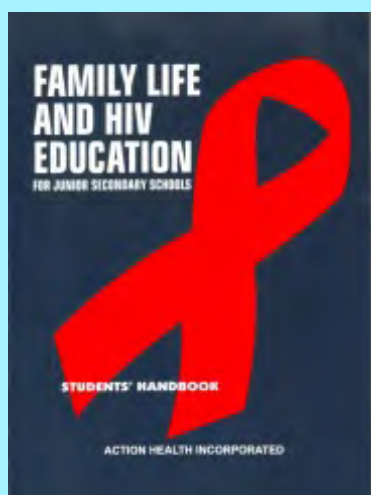
Utilization of Youth-Friendly Clinics by Type of Service and Sex

Female Clients



Male Clients





Challenges and Gaps

1. Systemic Impediments to FLHE Implementation

Programming within the context of a poorly-funded public education sector posed several systemic challenges that were beyond the scope of planned project activities but ultimately affect education delivery in both states.

The most notable of these were:

- The insufficiency of teaching aids and reference materials to facilitate teaching and learning. Although resources materials were provided for all teachers who participated in the initial FLHE training as well as one set of copies for their schools' libraries, teachers do not have access to models, charts or audiovisuals to illustrate facts or reinforce skills. Students also do not have FLHE textbooks or reference materials apart from the notes teachers provide in class.
- Beyond the fact that many public school classrooms are inhospitable (heat emanating from roofing sheets that have no ceiling boards, inadequate chairs/desks, black chalkboards that are almost totally white thus, making it difficult for learners to decipher what the teacher has written, etc), the learning environment does not facilitate meaningful learning. In some schools it was observed that the content of the school curriculum is transmitted by rote learning rather than supporting learners to relate the material being taught with things they already know and experiences beyond the classroom, such that they gain competency to apply the knowledge in other circumstances.
- The very poor provision for routine monitoring by the state education inspectors especially in schools outside the state capital inevitably creates situations where teachers do not benefit from the routine feedback required to ensure quality and help improve classroom delivery. Throughout the project period, transportation support had to be provided to the inspectorate department to facilitate the monitoring of FLHE implementation for the project's purpose.



2. Low Utilization of Clinic-based Services

In all the four facilities, low client utilization was the major challenge and the projected clinic patronage levels were not achieved during the project period. While from the project's inception there was the understanding that young people are usually a healthy sub-population, because they have peculiar sexual and reproductive health needs, the service delivery component sought to improve their health-seeking behaviours and facilitate access for those who require services. Accordingly, state-based partner NGOs conducted outreach activities in conjunction with the clinics' staff to provide information, counseling and basic care in schools, as well as raise awareness about the clinics' services.

3. Paucity in Service Provision

The YFHS training that was conducted focused on SRH service provision and encouraged clinic staff to seek a good understanding of their clients' circumstances and to respond accordingly, ensuring that they discuss options of how the client would resolve the sexual/ reproductive health issue they present with. However, in reviewing the records, it was observed that some sexually-active clients leave the clinic without opting for / taking a prevention method even though the contraceptives are free of charge. This paucity could be as a result of several factors including limitations in providers' assessment of clients' needs or provision of inadequate information to help clients reach appropriate resolutions

Recommendations for Further Action

1. Increase Funding to Address Education Sector Systemic Challenges

There is an urgent need to mobilize increased government funding, over and above the support being provided by donor agencies to address the systemic challenges to implementation particularly, mechanisms for monitoring and quality assurance, availability of teaching aids for teachers and access to learning resources for students.

2. Prioritize Teacher/Training and Refresher Opportunities

The role of well-trained, supported and motivated teachers is key to the effective delivery of a curriculum addressing sexuality issues such as FLHE⁴. Teachers require appropriate training and ongoing support to overcome embarrassment in addressing sexuality and specific skills in the use of active and participatory learning methods, while also addressing the contextual issues and life experiences of young people.

3. Leverage Outreach to Increase the Utilization of Clinic-based Services

Integrating outreach to schools and the surrounding community as well as the engagement of youth to mobilize their peers will contribute significantly to publicizing and creating awareness about the availability of youth-friendly health services. These regular health campaigns should also be complemented with the dissemination of communication materials about available services

4. Adopt Guidelines and Service Protocols to Improve Service Delivery

Youth-friendly clinics will benefit immensely from having clear policies, standard guidelines/service protocols, job aids, as well as periodic refresher training on the different services being offered to clients. The need for these support and quality assurance mechanisms will even become greater as the current staff are transferred from the clinics and replaced by new personnel that have not been trained in youth-friendly service provision.

⁴ UNESCO (2009), International Technical Guidance on Sexuality Education, An Evidence-informed Approach for Schools, Teachers and Health Educators Volume 1

Appendix : Key Contacts and Respondents

| Name and Designation | |
|---|--|
| Edo State | Taraba State |
| Schools | |
| Maria Goretti Junior Secondary School | Government College Junior Secondary School Jalingo |
| Mrs. B. I. Ezirim Principal | Mrs. Christy Zakwu Principal |
| Mrs. B. E. Ehikehmen FLHE Teacher ((Home Economics & Social Studies) | Mr. Nyanvor Patrick Yame. FLHE Teacher(Basic Science) |
| Mrs. M. E. Iguma FLHE Teacher (Social Studies) | Mrs. Jumai Maikidi Musa FLHE Teacher (Basic Science) |
| Ugiomo Junior Secondary School | Govt. Day Junior Secondary School, Mutum-Biyu |
| Mrs. M. Oweh Principal | Mr. J. J. Umal Principal |
| Mrs. H. Ozioma FLHE Teacher (Social Studies) | Mr. Daniel Silas FLHE Teacher (Social Studies) |
| Mrs. O. Uwagboe FLHE Teacher (Basic Science) | Mr. Elijah Bago David(Basic Science) FLHE Teacher |
| | Mrs. Gloria T. Buba FLHE Trained Teacher (Basic Science) |
| | Govt. Day Junior Secondary Sch. Maigami |
| | Mrs. Judith James Abama Vice Principal Administration |
| | Mrs. Flora Yakubu FLHE Teacher (Basic Science) |
| | Mr. Phillibus Rimankara FLHE Teacher (Integrated Science) |
| Ministry of Education | |
| Mrs. Gladys Osarentin Idabor Permanent Secretary | Mr. Yakubu A. Agbaizo Hon. Commissioner for Education |
| Mr. S.K. Momodu Director, Inspectorate Department | Mr. Samson Ada Director, Inspectorate Department |
| Mrs. Elo Adeseiyi Education Officer, Inspectorate Department | |
| Mr. Oke Ifidon Education Officer, Inspectorate Department | |

| Name and Designation | |
|--|--|
| Edo State | Taraba State |
| Primary Health Centre-Based Youth-Friendly Clinics | |
| YFHS at Oredo Primary Health Centre | YFHS at Mayo Gwoi Primary Health Centre |
| Dr. Iseh Edward Agbons PHC Coordinator | Mrs. Freda Andrew Officer In-charge / YFC Service Provider |
| Mrs. O.S. Uzamere Asst. Director of Nursing Services | Mrs. Azeenat Hamzat Nursing Officer / YFC Services Provider |
| Mrs. Olita Ijore Nurse/Mid Wife | |
| YFHS at Ugbekun Primary Health Centre | YFHS at Mutum Biyu Primary Health Centre |
| Dr. Ezomo Osazee PHC Coordinator | Mr. Umar Adamu CHO/ Officer In-charge |
| Mrs. Jane Tenebe Director Nursing Services | Mrs. Mawan Uchia CHEW/YFC Service Provider |
| Mrs. Flora Ohiosumua Nurse/Mid Wife | Mr. Umar Hassan CHEW/YFC Service Provider |
| Dr. Hope Oguigo Acting PHC Coordinator | |
| State-Based NGO Partners | |
| Indomitable Youth Organisation: | Youth Progressive Association Taraba |
| Dr. Bright Oniovokukor Project Director | Mr. Boniface Koson Chief Executive Officer |
| Mr. Harrison Izekor Project Administrator | Mr S. T. Aluga Programme Officer |
| Ms. Ufuoma Akpobi Project Finance Officer | Mr. Ismaila Babayo Coordinator, Mutum Biyu office |
| Youth Beneficiaries | |
| Focus Group Discussions (YFHS-Oredo) | Focus Group Discussions (YFHS - Mayo Gwoi) |
| 11 Female Clients | 4 Female Clients |
| 6 Male Clients | 4 Male Clients |
| Focus Group Discussions (YFHS- Ugbekun) | Focus Group Discussion (YFHS - Mutum Biyu) |
| 7 Female Clients | 9 Female Clients |
| 5 Male Clients | 11 Male Clients |
| Knowledge and Attitude Test (FLHE) | Knowledge and Attitude Test (FLHE) |
| Maria Goretti Junior Secondary School, Benin – 45 Students | Govt. College Junior Sec. School, Jalingo – 49 Students |
| Ugiomo Junior Secondary School, Benin – 49 Students | Govt. Day Junior Sec. School, Mutum-Biyu– 32 Students |

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Finally, we sincerely appreciate the many contacts, stakeholders and youth respondents who - through their participation in the end-of-project assessment - helped to illuminate and inform the discourse that has culminated in this report.