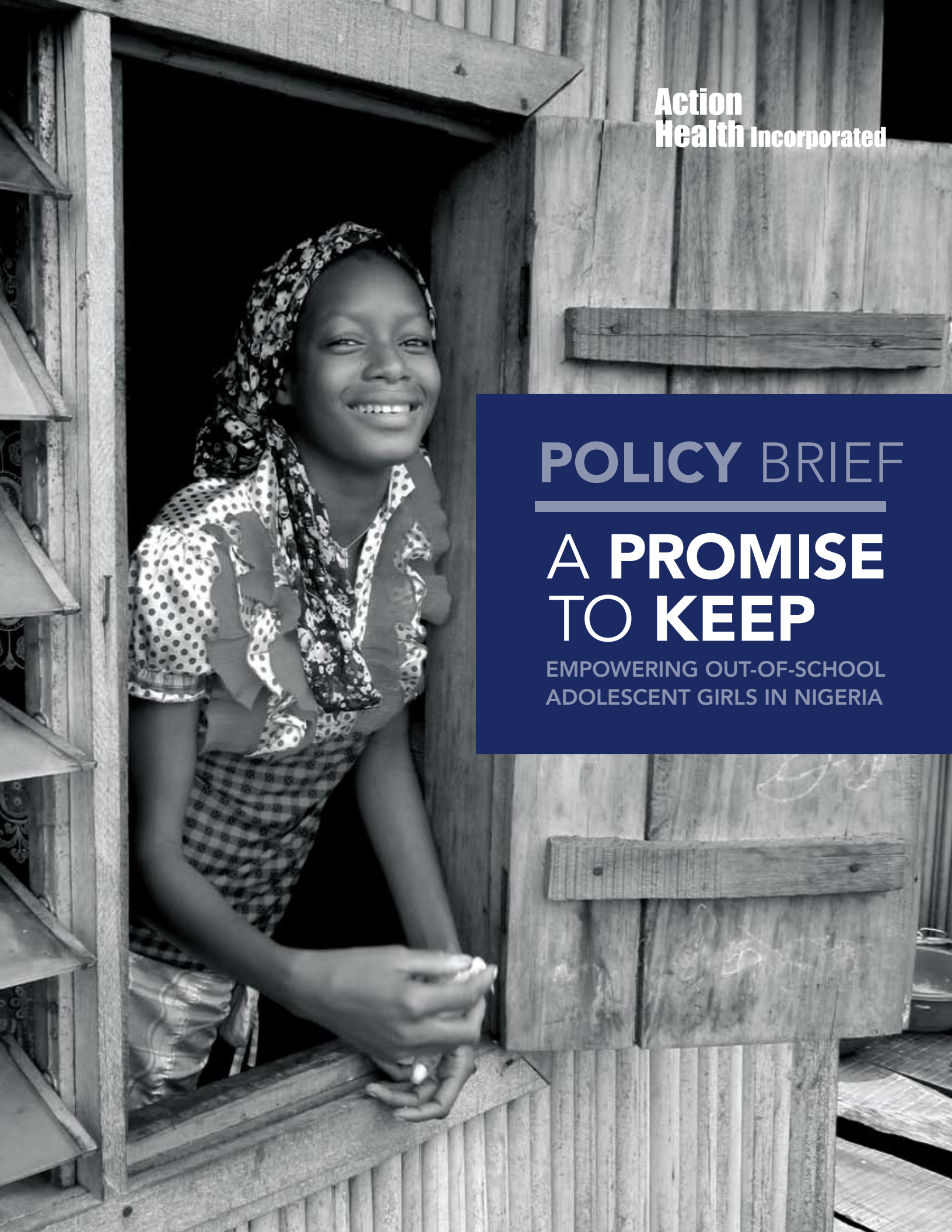


Action Health Incorporated

POLICY BRIEF

A PROMISE TO KEEP

EMPOWERING OUT-OF-SCHOOL ADOLESCENT GIRLS IN NIGERIA

STATUS OF **GIRLS IN NIGERIA**

I wake up very early every day because I have to help my mother to prepare her goods for the market and take care of my younger ones. Many times I go to sleep very tired, without eating because there is never enough food for all of us in my house. I am always thinking that it may even be better to befriend one of those men around our house who tell me all the time that they like me– this is what some of the girls in my area are doing to help their families.

14-year old focus group discussant, Iwaya Community, Lagos

Despite girls' contributions to the wellbeing of their families, and communities in Nigeria, many of them are daily denied their basic human rights including the education, health and skills investments which would enable them to live healthy lives and achieve their potential. Over the last decade, the country has witnessed an increase in public and private sector programmes targeted at girls nonetheless, they are still missing a large percentage of girls **especially out-of-school girls** in marginalized communities across the country.

In the education sector, Nigeria's "Universal Basic Education Policy" guarantees free primary education for all, but the data demonstrate that—irrespective of place of residence—a smaller percentage of girls than of boys are enrolled in school at every level. Among younger adolescents, girls are more likely to not be in school (29.1 percent vs. 22.8 percent for boys) and by end of adolescence 45.1 percent of all girls 15 to 19 years of age are not in school compared to 31.2 percent of boys in this age category. Not surprising then that one third of older adolescent girls in Nigeria are illiterates[1].

In the health sector, girls' limited access to sexual and reproductive health care is a reflection of the combined effects of girls' lack of cash, restrictions of mobility and association, and poor decision-making power together with the sparse, poor quality, high cost, and often inaccessible public health services. In 2007, Nigeria spent only 1.4% of its national budget on healthcare (one of the lowest figures in the world[2]). Statistics also show that nearly a quarter of girls have been pregnant by age 17 and 40 percent by age 19 and that there is a clear association between educational status and pregnancy[3].

Unfortunately, disparities of this nature in access to education, health and other social services undermine these girls' wellbeing as reflected in their exposure to early, unprotected, and often forced sexual activity contributing to early, frequent and often life-threatening pregnancies, HIV infections, as well as emotional scars which are not always immediately evident.

These abuses are compounded in poor and socially disadvantaged communities by the difficult decision facing poor parents and caretakers, who end up compromising girls' future contributions, productivity, and wellbeing by prioritizing their labour over their learning.

The lack of services and opportunities for adolescents girls- especially those who are out-of-school-and the resultant poverty, poor health, mortality, and cycle of deprivation and violence are particularly evident in rapidly growing urban slums—some of the poorest and most socially disadvantaged communities in Nigeria. Sadly, the proliferation of slums[4] and their growth (through both migration into the cities and birth rates) are phenomena with which Nigeria has struggled for some time. This is the case not only in Lagos (one of the world's 21 "megacities" with an estimated population of 10.2 million—accounting for 13.4 percent of Nigeria's urban population) but in cities throughout the country[i].

1 Population Council, *The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Nigeria 2008*. New York, Population Council, 2010.

2 This despite having committed itself to dedicating 15% of its total national budget to healthcare in the Abuja Declaration of 2001,

3 Population Council, *The Adolescent Experience In-Depth: Using Data to identify and Reach the Most Vulnerable Young People: Nigeria 2008*. New York, Population Council, 2010.

4 In 2006, the *Report of the Presidential Committee on Redevelopment of Lagos Mega-City* put the number of slum or blighted areas in Lagos at over 100.

Unfortunately, not much is known about the life circumstances (marital, household, education, employment status; health and wellbeing) or dreams and expectations of out-of-school adolescent girls who live in the hundreds of slums spread all across Nigeria.

THE LIVES OF **OUT-OF-SCHOOL** ADOLESCENT **GIRLS IN LAGOS**

To provide the foundation for effective intervention planning, Action Health Incorporated (AHI) undertook a study of the reality, needs and concerns of the out-of-school adolescents, as well as the strengths, assets and vision of their community in Iwaya, Lagos in 2010[5].

The overarching objective of the Iwaya study was to find out the most critical health and livelihood issues, as well as the structural, social and cultural barriers to the well-being of marginalized out-of-school girls who are resident in this urban slum community with a view to using the results to guide policy advocacy and programme interventions in similar communities in Lagos and across Nigeria.

The study included both a quantitative survey of 480 out-of-school adolescent girls within a purposively selected area of Iwaya as well as focus group discussions with four different age groups of men and women from the community, community leaders and health and education providers[ii].

Sexual and Reproductive Health

Out-of-school girls' lack of personal empowerment is most evident in their lack of information on sexual and reproductive health as well as control over their bodies, their inability to pursue life options other than marriage and childbearing, and their experience of violence.

Of the surveyed out-of-school adolescent girls aged 10-19, 42.3 percent had had sexual intercourse. By age 12, three percent of Iwaya adolescents had reportedly had sexual intercourse for the first time: but by age 15, 20 percent had had sex, and by age 18, 41 percent of these adolescents had had sex.

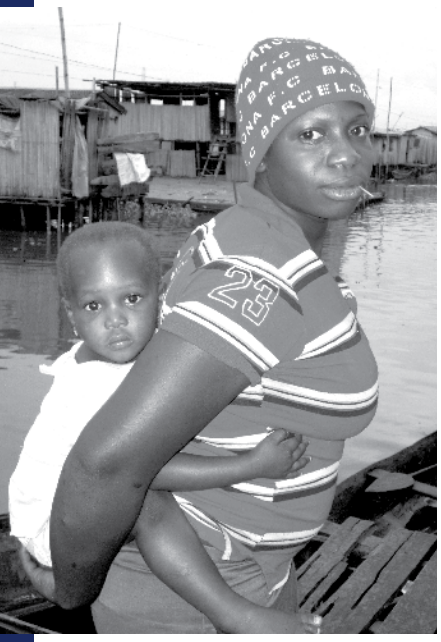
The majority of the girls (88.3 percent) have never been married, 10.2 percent are married or living together with a man as though married and 1.5 percent are already separated or widowed at a young age. Of the sexually active girls surveyed, less than 10 percent are married or in union. A large majority (69.5 percent) of sexually active girls in the study had their first sexual encounters with older male partners (less than 10 years older). A significant 19.7 percent of them had had partners who were more than 10 years older, and 11 percent of the girls reportedly had had "older" partners but were unsure of their ages. Overall, single/never married out-of-school adolescent girls are more likely than their married/in union counterparts to have experienced each of the various forms of physical violence identified in the survey—yet even among married adolescent girls, 14 percent reported being forced to have intercourse and 9 percent forced to perform sexual acts against their wish.

The Iwaya out-of-school adolescent girls surveyed are more likely than their age mates elsewhere in Nigeria to engage in sexual intercourse outside marriage—with the median age for sexual initiation (15.3 years) more than two and a half years earlier than the national average. Given girls' desperate need for funds for survival and monetary contributions for family upkeep, it is not unreasonable to suggest that Iwaya girls choose to have sex with older men who would be more likely than their jobless male peers to compensate them for sexual access through paying for essentials

5 Action Health Incorporated, 2010, "Livelihood and Health Conditions of Out-of-School Adolescent Girls in Iwaya: Report of the Iwaya Slum Survey", unpublished document by AHI, Lagos, Nigeria; Action Health Incorporated, 2011, "Iwaya Community Assset Mapping Report", unpublished document by AHI, Lagos, Nigeria.

(transport, food, clothing) or paying cash. Unfortunately, less than one third (32.7 percent) of out-of-school girls in Iwaya have heard about contraceptives including only about 6 percent of young girls aged 10-14 (recalling that the median age at initiation is 15.3 years of age). Although 42 percent of the older adolescent girls aged 15-19 have heard about contraceptives, only 18.5 percent of out-of-school Iwaya girls aged 15-19 reported using a method of family planning. Of even greater concern, only 12 percent of young adolescents and 35 percent of older adolescents know about HIV and the common ways to prevent its transmission. Therefore adolescent girls in Iwaya who initiate sex at early ages are exposed to the risk of pregnancy many years before marriage, and to sexually transmitted infections (STIs). Because older men might have had other wives and partners, the girls are even more exposed to STIs and HIV/AIDS. At the time of the Iwaya survey, 15.7 percent of the respondents had begun childbearing. Another 7 percent were pregnant and 4.6 percent had had episodes of abortion, stillbirth or miscarriage.

The most dramatic demonstration of girls' personal vulnerability is their experience of violence—including physical violence such as slapping, kicking, choking, burning, and threats with a knife, gun or other weapon; forced sexual intercourse/sexual acts, and emotional abuse. The study demonstrated that violence and insecurity are a part of life for girls in this community—with over half reporting some sort of experience of violence at the hands of those who should be caring for them.



Educational Attainment

Out-of-school girls lack the educational foundation that would provide the basic literacy, numeracy and decision-making skills they need to make good choices and take control of their lives.

Although a large proportion of those surveyed reported moving to Lagos in search of education, the survey sample showed 25.2 percent of the out-of-school adolescent girls surveyed do not have any formal education, only 9.8 percent completed primary school education, 7.7 percent completed secondary education, and none reached beyond secondary school level. Almost half (45.2 percent) of the younger adolescent girls aged 10-14 have no education which suggests that education ends early.

Of those surveyed, less than a quarter (23.1 percent) of all respondents are able to read a simple sentence in English and only 5 percent of all young adolescents aged 10-14 are able to read at all. The situation is slightly better among older adolescents, 30 percent of whom can read. But these data indicate that the girls surveyed are less literate than other Nigerian girls of the same ages (both in and out-of school). Nationwide, 32.2 percent, nearly one third of girls aged 15-19 cannot read a simple sentence as compared with a much higher proportion, 49 percent or about half of older adolescents aged 15-19 in the survey.

More than half of the respondents (52.9 percent) mentioned lack of money as the reason for discontinuing school. Another 6 percent mentioned pregnancy, and others blamed the stigma attached to repeating a class.

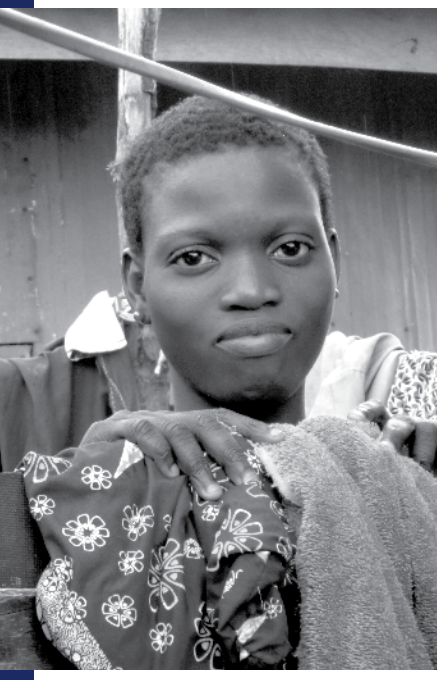
Nearly 14 percent of respondents reported that their parents (or guardians) deliberately denied their children formal education. This may reflect girls' actual status within their "households"—i.e. as unpaid labour. Although a large majority (78 percent) of the Iwaya respondents reported that both of their parents were alive, more

than one third of all the adolescent girls in the survey (37.7 percent) are not living with their biological parents. A significant proportion of girls migrated with individuals who were not direct relatives or not relatives at all. Over one quarter of the out-of-school adolescent girls (26.5 percent) reported that they are primary caregivers for children, and 18 percent care for the sick.

Social Isolation

Out-of-school girls social impoverishment is evident in their lack of social networks and of "safe spaces" to come together with other girls to discuss life issues.

The majority of those surveyed do not have linkages to social networks and groups apart from their families and houses of worship. The high proportion who reported themselves as caregivers and child caretakers likely reflects a very isolated existence at home. Even among those who work as traders, most seem to work on their own and are not part of market associations or other groups which provide support and leverage. They have few places to go and gather with other girls which are safe apart from their houses of worship where they would be monitored for other reasons.



Overlaid on the personal isolation documented in the study and also seen in many urban slums, is the fact that 38.6 percent of the resident out-of-school adolescent girls in the Iwaya survey are migrants-16 percent originated from towns and villages outside Lagos. The migration transition undermines existing social and economic support mechanisms. A large proportion of migrants (45 percent) had travelled to Lagos with other relatives or others not regarded as relatives. Less than a quarter (23.2 percent) of the migrants travelled to Lagos in the company of their mothers and only 21 percent travelled with both parents. Only 3.5 percent of older adolescents aged 15-19 and no girl in the 10-14 age group reportedly came to Lagos to join husbands or boyfriends.

Economic Challenges

Out-of-school girls in the community are among the poorest residents even though the majority are economically active.

Nearly eighty percent of those interviewed are economically active—but nearly half of these are not paid. For the nearly 50 percent of those economically active girls pursuing trading and sales (cited in the survey as the second most important reason for migration) cultural and economic restrictions on their mobility make it difficult for them to access more promising distant markets outside the impoverished market in which they live day to day.

The level of poverty is such that girls' "wealth" could only be measured in cloths and pairs of shoes. The proportion of those surveyed who possessed the three basic indicators of wealth was higher for adolescent respondents who lived with both parents in the same household and lowest for those who reside in households housing fathers. Seventy-five percent of those surveyed live in households with one sleeping room- such a room will serve as sleeping unit and kitchen for the entire household who would normally use outside, improvised toilet facilities. Majority of the out-of-school adolescents live in households of three to six persons per room, and 16 percent of adolescents live in households of more than 7 persons per room. Nearly 60 percent report going hungry.

The study in Iwaya confirms patterns found in other parts of Nigeria: out-of-school girls are burdened with multiple challenges to their mental and physical health as well as early pregnancy and risk of infection. They face great personal insecurity and risks of violence to their bodies are socially isolated and have access to few resources to build their confidence and learn about the world beyond their immediate community. Most are already "economic actors"/ sources of labour (often unpaid) and lack the education, income earning skills, social support, basic protections, and basic knowledge about their health and bodies which would offer them the promise of a better life.

RECOMMENDED POLICY AND PROGRAMME ACTIONS

"…Putting girls first means promoting their rights and gender equality, and prioritizing them within national programmes for health, education, livelihoods, and security. We must capitalize on this critical period in their lives and channel our energies to end child marriage; keep girls in school; stop violence against girls; provide girls with the right skills and opportunities; and promote comprehensive, age-appropriate sexuality education and access to sexual and reproductive health."

-Dr. Babatunde Osotimehin, Executive Director, United Nations Population Fund (UNFPA)

Out–of-School girls need support in three primary, interconnected dimensions of their lives—each of which can be addressed by well tested interventions and programmes.

1. Out-of-school girls need **personal empowerment** achieved through:

- **Formal education (returning to school) or literacy programmes**-providing girls with the basic skills needed to seek formal employment, follow and understand the marketplace as businesswomen, understand and research what needs be done to protect their own health and that of their children, and participate fully as Nigerian citizens—including mobilizing resources for their own community; and
- **Family Life and HIV Education (life skills based sexual and reproductive health education)** using both out- of-school as well as in-school mechanisms—providing girls with the basics about how to keep their bodies safe and healthy, assure their sexual and reproductive health, and build the decision-making and communication skills as well as confidence and perspective on the status of women and girls to enable them to make their own wise decisions about their lives and futures. FLHE also educates their male counterparts on preserving health and protection as well as on the principles of equitable decision-making.

2. Out-of-school girls need **social empowerment** achieved through:

- Development of protected, monitored, **girl-friendly physical spaces** which offer planned/structured activities as well as providing room for girls to develop and pursue their own projects and ideas; and
- Development of **girls' associations** based on common interests, geography, and through sports or even businesses. Ideally, these associations would both link to national level groups (providing perspective and broadening horizons) and possibly offer opportunities to travel within Nigeria.

3. Out-of-school girls need economic empowerment achieved through :

- Support for young women to identify high income market-responsive income generation activities/services/products and/or formal employment

opportunities (including those traditionally reserved for male counterparts) which build on their current economic activity and skills, are compatible with the other "life demands" on their time and energy and do not compromise current or future educational opportunities. Flexible training opportunities (not simply "on site" but even "mobile" methods) are needed together with support for their discussions with their families regarding the allocation of income earned and girls' growing independence.

- **Business-related** training necessary to assure that they understand and are able to adapt to the changing demands of the market, can make sufficient profit to make it worth their time and effort, and are able to grow and/or diversify their businesses as needed; and
- **Help in saving their existing cash resources** or providing access to in-kind or financial support for their efforts on terms which are realistic and sustainable.
- **In the course of a review of assets within the Iwaya community, during focus group interviews with key stakeholders, in the feedback sessions with the community, and in the course of analyzing study results, a wide variety of strategies to help various agencies within the community implement these broad recommendations were offered.** For example, the Community Assets Mapping exercise focused on the potential of resident professionals, faith-based organizations, parent-teacher associations and even kinship groups as channels to provide sensitization workshops, mentoring programmes and other inputs to improve primary and secondary enrollment and literacy levels. It focused on medical doctors and social clubs for girls as well as the existing primary health care centre as means to provide FLHE and clinical services resulting in improved health and a decline in adolescent births.

These suggestions can be paired with existing best practices in the field to offer guidance for 1) government programmes; 2) non-governmental organizations including charitable initiatives, and religious organizations; and 3) the private for-profit sector. Examples of such strategies are described below.

MULTI-SECTOR INTERVENTIONS TO **IMPROVE ADOLESCENT GIRLS' LIVES**

The Ministry of Education should:

1. Actively recruit girls for school, provide safe transport to schools on land, build schools on the water and add mobile enhancements for education such as libraries on wheels (or boats) or weekend activities. The MOE can offer programmes to facilitate the return to school of out-of-school girls including special classes for the older girls; classes offered at times allowing girls to balance education with family demands, or parallel services such as childcare[6]. A more aggressive strategy would include providing vouchers to encourage families to send and/or return girls to school—an approach being tested in many regions of the world[7]. Above all, the MOE should also assure provision of FLHE for all ages[8] and assure adequate

6 Rihani, May, 2006. Keeping the Promise: Five Benefits of Girls' Secondary Education. Washington DC. Academy for Educational Development.

7 Rawlings, Laura B. and Gloria Rubio. 2005. "Evaluating the Impact of Conditional Cash Transfer Programmes". The World Bank Research Observer, Vol. 20, no. 1 (Spring 2005).

8 National Commission for Colleges of Education and Action Health Incorporated. 2009. Family Life and Emerging Health Issues Curriculum: Training Guide for Colleges of Education in Nigeria. Abuja, Nigeria. National Commission for Colleges of Education.

sanitation facilities to assure girls' privacy[9];

2. In coordination with the Ministry of Youth and Women Affairs, foster programmes which draw girls out of their isolation and into activities not only with other girls in their community, but linking with girls in other parts of Iwaya, Lagos and Nigeria. These could include sports competitions, craft competitions, and educational programmes.

3. Provide afterschool or community-based business skills, entrepreneurship programmes or financial education. The Ministry of Education can develop or collaborate with specialized programmes which integrate into the curriculum skills currently in demand in the labour market (from production to computer or communications skills) and put in place procedures or programmes to ease the "school to work" transition for girls[10].

The Ministry of Health should:

1. Provide mobile clinics and/or clinics on the water which are adolescent friendly and assure the confidentiality and full information needed for these young girls. The Ministry should make a special effort to provide HIV education/outreach and referral or treatment in light of the level of risk faced by these young girls[11].

2. Provide regular health campaigns for the community which includes a focus on and link to sexual and reproductive health services and endorse and promote FLHE in schools. The Ministry could also promote FLHE in out-of-school settings including mobile and MNCH clinics, service/work settings, and even marketplaces and houses of worship. All of these should include a special focus on issues of gender and decision making[12].

3. Use regular mobile outreach efforts to help link young women together through national peer educator programmes and exchanges as well as educating and engaging young women in their health campaigns[13].

The Ministry of Women's Affairs should:

1. Foster special programmes for young women—including young women entrepreneurs and activists; actively recruit these girls and young women into national level women's and girls' associations[14].

2. Foster visiting, exchange or mentoring programmes between women entrepreneurs and these young women: support the types of empowerment and

9 Grant,Monica J.; Lloyd,Cynthia B.; Mensch,Barbara S. 2010. "Gender, absenteeism and menstruation: Evidence from rural Malawi", Paper presented at annual meeting of the Population Association of America, Dallas, 15-17 April.

10 Melanie Beauvy, Marie Guerda Prévilon, Ron Israel, and Sarah Johnson . 2008 (re-released 2010). Lessons Learned from Moving the Haitian Out-Of-School Youth Livelihood Initiative (IDEJEN) Beyond the Pilot Phase. Boston. Education Development Centre, Inc.

11 Action Health Incorporated. 2001. A Guide for Setting Up Adolescent Friendly Youth Health Services. Lagos, Nigeria. Action Health Incorporated.

Patricia Riveros, Erica Palenque, Ricardo Vernon, Ignacio Carreño, and John Brattgender. 2009. Reference Guides For Health Care Organizations Seeking Accreditation for High-Quality, Gender-Sensitive Reproductive Health Services. Washington, DC. Population Council Frontiers Project of USAID.

12 The Population Reference Bureau. 2011. A Summary Report of New Evidence That Gender Perspectives Improve Reproductive Health Outcomes. Washington, DC. The Population Reference Bureau.

The Population Council. 2010. It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, HIV, Gender and Human Rights Education. New York. The Population Council.

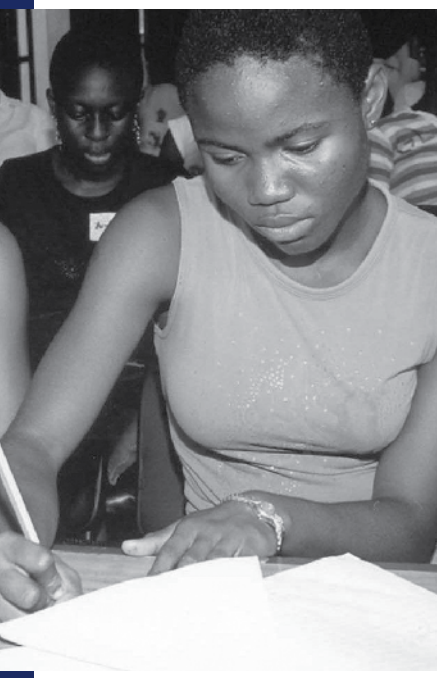
13 Urdang, Stephanie. 2007. Change, Choice and Power: Young Women, Livelihoods and HIV Prevention Literature Review and Case Study Analysis. NY. International Planned Parenthood, United Nations Fund for Population Activities, and Young Positives.

14 Baldwin, Wendy. 2011. Creating Safe Spaces for Adolescent Girls. Transitions to Adulthood Brief Number 39. New York. The Population Council.

leadership skills programmes which will give girls the confidence to pursue such an endeavor and negotiate with suppliers and clients[15].

The Ministry of Youth and Sports should:

1. Develop sports and youth development programmes for these young people which provide safe spaces to gather and also include content on FLHE and good health/life style choices[16]. They could draw on some of the celebrities from the community (many of them sports stars) to serve as role models and motivators for these efforts. The messages should focus both on girls—strengthening their position—and boys and men—highlighting their need to support and lift up girls. In collaboration with the Ministry of Education, foster programmes which draw girls out of their isolation and into activities not only with other girls in their community, but linking with girls in other parts of Iwaya, Lagos and Nigeria including sports competitions, craft competitions, and educational programmes.



The Ministry of Works and Housing and Ministry of Environment should:

1. Provide even basic sanitation services in the community to reduce not only disease, but the risks which shared sanitation services present to young girls[17].

NGOs, Development Agencies, and Charitable Initiatives should:

1. Develop coordinated girls education and empowerment programmes (fostering linkages across programmes to help reduce further fragmentation and isolation) as well as FLHE programmes. These should follow the learning derived from the AHI study, the experience of existing NGOs in the community, and engage and educate community and public sector actors and private funding sources about their experiences[18].

2. Offer special education and empowerment programmes from best practices on this field. They could help to educate and advocate with government, community leaders, and the private profit sector to mobilize both financial and in-kind (e.g. training) resources to enable girls to move beyond their communities[19].

3. Offer girl-focused as well as community-wide skills and business development programmes following best practice and engaging and mobilizing local government as well as private sector businesses and banks. They could also provide a structure for savings options for girls outside the formal system (such as rotating savings plans)[20].

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15 Greene, Margaret E. 2010. On the Map: Charting the Landscape of Girls' Work. Washington DC. International Centre for Research on Women.

EMpower. 2010. It's Her Business: A Handbook for Preparing Young, At-risk Women to Become Entrepreneurs. New York. EMpower.

16 Brady,Martha. 2011. Leveling the playing field: Building girls' sports programmes and creating new opportunities. Promoting Healthy, Safe, and Productive Transitions to Adulthood Brief (No. 1). New York. The Population Council.

17 Amnesty International. 2010. Insecurity and Indignity: Women's Experiences in the Slums of Urban Kenya. London. Amnesty International.

18 Austrian, Karen and Ghati, D. 2010. Girl-centered programme design: A toolkit to develop, strengthen and expand adolescent girls programmes. NY. The Population Council.

19 Action Health Incorporated (AHI). 2011. Iwaya Community Asset Mapping Report. Unpublished document by AHI, Lagos, Nigeria.

20 Caro, Deborah. 2009. Identifying Appropriate Livelihood Options for Adolescent Girls: A Programme Design Tool. Washington, DC: Futures Group, health Policy Initiative, Task Order 1.

Religious Institutions should:

1. Offer many of the same education and empowerment programmes for girls and their families and use the "pulpit" to send reinforcing messages given their current status as key social/networking resources for girls and offering an alternative support to girls' "guardians".

2. Provide a range of educational, skills and health outreach for girls but also foster linkages across congregations and with larger national networks and even global church communities. Having already been documented as a key social/networking resource for girls outside their families and can offer and/or collaborate with the existing education and empowerment programmes for girls and their families and use the "pulpit/minaret" to send reinforcing messages.

The Private Profit Sector should:

1. The private sector – if not active and visible within the community is present on the edges of the community and may already employ community members. It is in their interest to develop the communities surrounding them and to assure the good health of their workers and families. Following other examples in Nigeria, this sector could invest in infrastructure for health and education, training for health and education, and even use their own female employees as potential mentors or role models for young women hoping to advance in business[21].

2. Provide outreach and educational campaigns offering models of women/girls in professional or business roles or even a chance for girls to see such women in action (e.g. through visitations to their offices or businesses).

3. Provide skills training, business training and even capital (including small loans or small grants to 'test" business ideas) as well as "linking" local businesses into the private companies' larger business activities (e.g. fish for larger scale production; development of parts for production of more complex products). In essence, they can provide linkages to the stronger formal sector on the edges of the community[22].

4. Efforts to address out-of-school girls' personal, social and economic empowerment through education, sexuality education, providing safe spaces and leadership training, and offering skills, capital and linkages to the formal sector for economic resources must be responsive to their reality, well-coordinated and holistic.

Beyond these specific interventions to mitigate the existing challenges, Nigeria's ability to prevent such situations requires action to improve performance in three major policy areas identified by the international community as fundamental to any national effort to assure that girls grow up healthy, safe and achieve their full potential. These include:

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21 The Nigerian Business Coalition Against AIDS (NIBUCAA) https://members.weforum.org/pdf/GHI/Nigeria.pdf

22 Erulkar, Annabel, Belaynesh Semunegus, and Gebeyehu Mekonnen. 2011. "Biruh Tesfa ('Bright Future') Programme Provides Domestic Workers, Orphans & Migrants in Urban Ethiopia with Social Support, HIV Education &Skills," Promoting Healthy, Safe, and Productive Transitions to Adulthood Brief no. 21. New York. The Population Council.

The Women's Refugee Commission. 2011. The Living Ain't Easy: Urban Refugees in Kampala. New York. The Women's Refugee Commission

1. Collection and dissemination of girl-specific data to make these groups of girls more visible;

2. Additional investment to ensure that marginalized out-of-school girls benefit fully from conventionally configured programmes and initiation of new context-specific programmes to prepare out-of-school adolescent girls for responsible adulthood; and

3. Provision by government and other policy makers of equal opportunities for girls and boys so that girls get their fair share in employment, social programmes and protection of their human rights.

CONCLUSION

The three primary, interconnected dimensions of their girls' lives in need of support together with the three-pronged global action plan should focus on contributing to the fulfillment of girls' rights, the building of their social and economic assets, the realization of their health and education needs and their protection to enable them contribute to national development and building of the next generation. The knowledge and insights provided by both the surveys of the girls and the community of Iwaya and the documentation of the process of implementation and the impacts of the proposed investments in the girls of Iwaya will provide evidence-based guidance for leaders, service providers and advocates in Iwaya, Lagos State, other urban communities across the country, and the State and Federal government agencies. Let the insights from the survey, the emerging consensus regarding what needs to be done, and the demonstration within Iwaya that evidence-based, community-based interventions on behalf of out-of-school girls can assure their own development and that of Nigeria as a whole, serve as a global example.

ENDNOTES

i. The overall growth of Nigeria's major urban areas has so strained public services that, for example, nearly 75 percent of Lagos residents share toilet facilities with other families (presenting a particular challenge for girls' safe hygiene and and elevated risk of sexual violence) and 37.5 percent lack water that is safe for drinking (forcing adolescent girls walk long distances to find water—again putting them at risk of violence). The high unemployment rates in these areas with few economic opportunities, less skilled populations, and an expanding generation of unschooled and unskilled youth combine with the poor conditions to produce the growing number of slums and blighted areas across Lagos. Most of these slums lack sufficient health facilities (limiting girls ability to seek guidance and care during the transitions of puberty), educational services (reducing employment preparation and earning potential), and social or even sports facilities (eliminating yet another "protected" space for young women to gather, share together informally, and build support networks.

ii. The Iwaya Survey was implemented by Action Health Incorporated from December 2010 to January 2011. Both quantitative and qualitative data were collected. Every house in the area located east of Iwaya Road was purposely canvassed to find out-of-school girls aged 10-19. Interviews were completed with 480 adolescent out-of-school girls aged 10-19 and resident in Iwaya. About three quarters of the respondents are older adolescent girls aged 15-19 and one quarter (25.8 percent) of the respondents are younger adolescent girls aged 10-14

years. Seventy-five percent of the out-of-school adolescent girls are Christians and 24 percent are Muslims. Three ethnic groups, Hausa, Igbo and Yoruba are represented in the slum with the Yoruba (particularly the Ogu/Egun sub-group) predominating. Among respondents, 3.8 percent are Hausa, 16.9 percent are Igbo and 78.5 percent are Yoruba including 36.7 percent who are Ogu/Egun. Nearly a quarter of the sample of girls had lived in the community less than 4 years. To ensure a comprehensive coverage of adolescent health and livelihood concerns across gender and generation, focus group discussions (FGDs) were conducted with male and female groups aged 13-17, 18-24, 25-49 and 50+ years. In addition, two FGDs were conducted among community leaders and service (health and education) providers. . It was followed by an inventory of the resources available within the community—services, businesses, social and religious institutions, development agencies and even former residents who have achieved celebrity or "model citizen" status- to help address or mobilize support to address girls 'needs. This process involved the community and its stakeholders as both expert resources in providing data on young women and community resources as well as interpreters of the data during the community feedback sessions—helping foster trust, a sense of ownership and responsibility, and potentially reducing the cost and increasing the sustainability of an intervention which leverages local capacity and strengths.

ACKNOWLEDGEMENT

This study was undertaken through the collaborative efforts of many individuals and institutions. Action Health Incorporated (AHI) is especially grateful to the officials of Yaba Local Council Development Authority for facilitating our entry into Iwaya Community. We acknowledge the cooperation and support received throughout the study from Iwaya's traditional leadership and their various subcommunities (Iwaya Central, Isale Iwaya, Oko Agbon, Pedro Village, Ago Egun and Ogundimu Waterside) as well as the respective Community Development Associations, Market Women Leaders and Youth Leaders.

Representatives of the Lagos State Ministries of Women Affairs and Poverty Alleviation; Information; Environment; Education; and the Agency for Mass Education, offered perceptive forward-looking strategies at the Community Dissemination and Study Validation Workshop, for which we are very grateful.

We appreciate the outstanding contributions of our Research and Publication Team especially our consultants - Pauline Makinwa-Adebusoye, Micheal Kunnuji, Corinne Whitaker and Wangari Nyanjui; Babatunde Ahonsi for his insightful review comments; the Fieldwork Coordinators and Research Assistants, as well as AHI's indefatigable Programme Team who worked tirelessly to ensure the completion of the study.

Action Health Incorporated gratefully acknowledges The Ford Foundation, Office for West Africa's generous funding for this study, particularly Adhiambo Odaga, for her inspirational leadership and encouragement and Friday Okonofua for his technical inputs throughout the various stages of the project.

Finally, we owe an enormous debt of gratitude to the young women of Iwaya, who so graciously shared with us, their daunting life experiences, as well as their hopes and aspirations for the future; without them, this study would not have been possible.

This policy brief is based on a study conducted by Action Health Incorporated (AHI), a Nigerian nongovernmental organization dedicated to improving adolescents' well-being and development. The study was initiated to broaden understanding about the reality, needs and concerns of out of school adolescent girls, as foundation for evidence- based advocacy and intervention planning for the education, health, safety and livelihood of marginalized girls in Lagos, and similar poor and socially disadvantaged communities in Nigeria.

The research and preparation of this report were supported by generous funding from The Ford Foundation, Office for West Africa.

Suggested citation: Action Health Incorporated, 2011 "Policy Brief: A Promise to Keep-Empowering Out-of-School Adolescent Girls in Nigeria", AHI, Lagos, Nigeria

To download an electronic copy of this report, go to: www.actionhealthinc.org

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Cover Design and Layout: Black Butterfly Limited

Printing: Fine Print Limited

Photo Credits: Cover and all photographs- Action Health Incorporated.