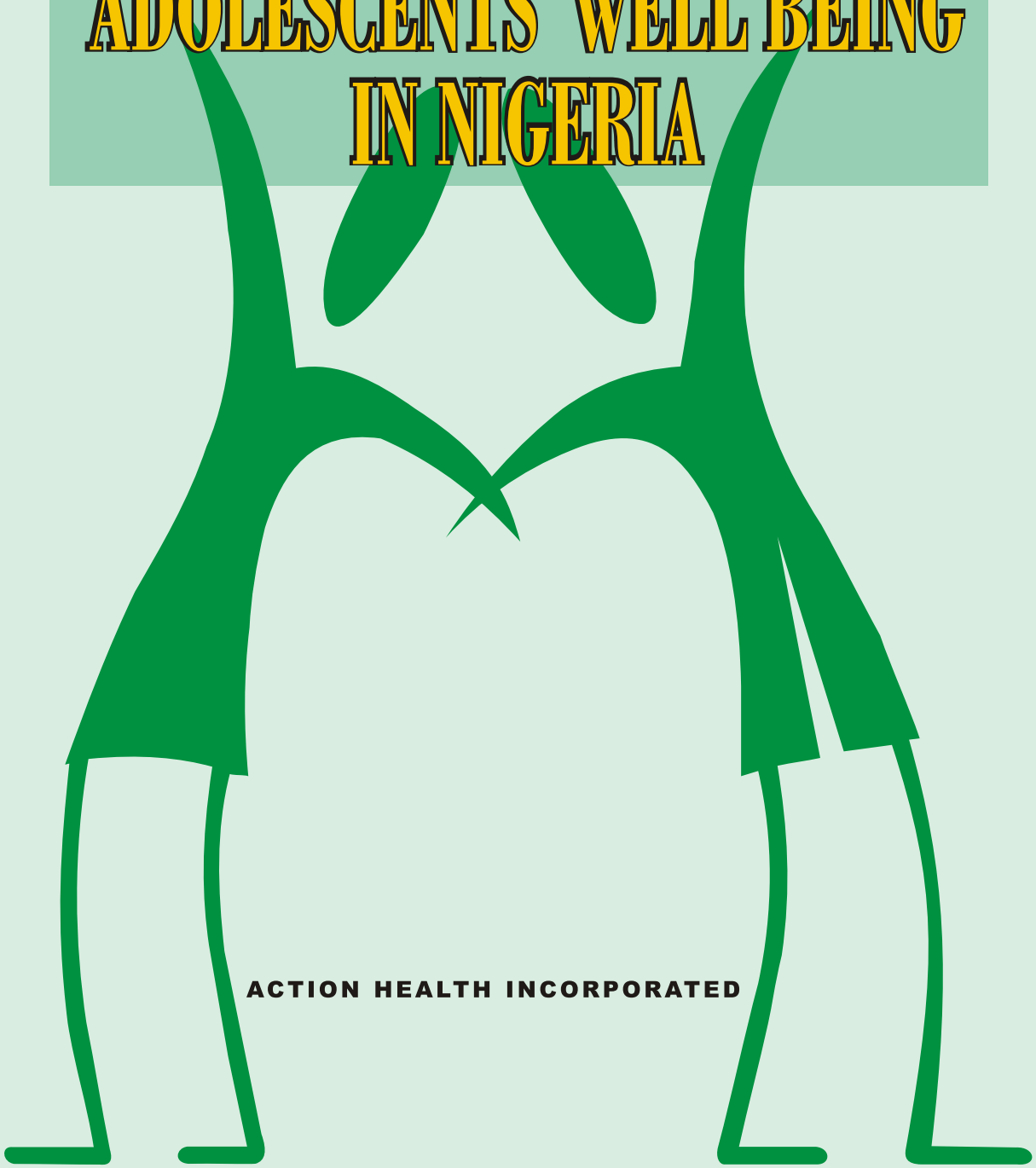
A UNIQUE PARTNERSHIP FOR ADOLESCENTS' WELL BEING IN NIGERIA



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A UNIQUE PARTNERSHIP FOR ADOLESCENTS' WELL BEING IN NIGERIA:
A Documentation of the Process of Convening the First National Conference on Adolescent Reproductive Health, Abuja, Nigeria, January 1999

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Action Health Incorporated (AHI) is a non-profit, non-governmental organisation dedicated to the promotion of adolescent health and development. We serve as an advocate and catalyst for change in the present poor status of adolescents' well-being by increasing public awareness and implementing innovative education, healthcare and youth development programmes.

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FOREWORD

This monograph is one in a series commissioned by Action Health Incorporated to document its experience with adolescent sexual and reproductive health programming since its inception in 1989. It is a documentation of the process that led to the convening of the first National Conference on Adolescent Reproductive Health, Abuja, Nigeria, in January 1999. Other monographs in the series include:

- The AHI Story, 1989-2001
- Providing Youth-Friendly Health Services: the AHI Youth Clinic
- Information for Life: the AHI Peer Education Project
- Building Alliances for Sexuality Education: the Community Advocacy Project

The whole documentation project is aimed at facilitating experience sharing with organisations that are concerned with adolescent sexual and reproductive health and youth development.

We would like to acknowledge the contributions of all the donors and other sponsors of the National Conference as well as the Key Partners. The Ford Foundation Office for West Africa provided the initial funds that enabled AHI to embark upon the conference initiative and was a crucial partner throughout the process including making more funds available for the documentation of this initiative. The Federal Ministry of Health provided the leadership for the Conference. In this regard, we are glad to acknowledge the role of Dr. Adenike Adeyemi, Director, Reproductive Health and Conference Chairperson whose commitment was crucial to making the conference a reality.

The contributions of the other Key Partner organisations and their representatives, the Local Organising Committee in Abuja, and the

participating individuals and organisations are all worthy of note. These include various civil society participants from across the country, the young people who contributed to the conference's uniqueness, the academics and others who presented papers and shared their experiences.

We also acknowledge the commitment of the Project Consultant, Prof. Sola Akinrinade, as well as Dr. Babatunde Ahonsi, Senior Programme Officer, Ford Foundation Office for West Africa, and Mrs Toyin Muyi, for their assistance with the review of the final manuscript.

Nike O. Esiet

Executive Director

Action Health Incorporated

Lagos, October 2002

1 INTRODUCTION

The National Conference on Adolescent Reproductive Health that took place in Abuja, Nigeria, between 19 and 25 January 1999, was a significant milestone in the development of adolescent reproductive health programming in the country. It was the first such initiative in which civil society organisations creatively collaborated with government and the international donor community and multilateral agencies in a process aimed at high-level advocacy and policy intervention in the country. The national conference was an excellent example of constituency building that brought together different stakeholders to engage in a process of fashioning a national response to a crucial issue. It was also an example of what could be achieved through a process of civil society-government-donor community partnership.

Despite the strong cultural, political and religious resistance to the issue, a lot of work was being carried out at the community level by civil society organisations involved in adolescent sexual and reproductive health promotion in various parts of the country. These initiatives were recording various degrees of successes in the areas where they were located and were providing lessons on different aspects of how to tackle the problems associated with adolescent sexual and reproductive health. It was within this framework that the National Conference on Adolescent Reproductive Health was initiated and held in January 1999. The process has shown convincingly that it is possible to build a viable partnership of the civil society, the

international donor community, multilateral organisations, and the Government in pursuit of a common cause even if that issue is as controversial as adolescent sexuality.

Prior to the conference, and even up till now, it is difficult to publicly advocate on issues pertaining to adolescent sexual and reproductive health. Some of this difficulty can be attributed to the strong resistance mounted in various quarters against a public discourse of such issues as well as the deeply rooted cultural prejudices surrounding it. Many had associated the open discussion of adolescent sexual and reproductive health with promiscuity on the part of young people and permissiveness on the part of the larger society. Indeed, many had interpreted it as a breakdown of societal values and morality. Yet others saw the attempt as evidence of 'western' cultural invasion, and attempts by 'highly westernised' segments of society to foist indecent values on the nation's youths.

Thus, undoubtedly the most significant outcome of the Conference was the adoption of the National Strategic Framework for the Implementation of Adolescent Reproductive Health Programmes in Nigeria. The Strategic Framework and other decisions reached at the conference helped to establish norms and standards for adolescent reproductive health interventions in the country. The success of the conference has enabled various stakeholders to build upon the policy decisions that were reached in developing subsequent initiatives and policy responses as the case might be. For example, it was possible for, Action Health Incorporated (AHI), the

From L - R Prof. Friday Okonofua Wharc, Benin, Prof. Nimi Briggs, University of PortHarcourt and Dr. Ezeani Registrar, Nigerian Medical and Dental Council listening attentively to a lecture at the conference (National Conference 1999).

Federal Ministry of Education and other interested stakeholders to push forward the agenda for the integration of sexuality education into the national school curriculum. This was a major decision of the National Conference and a crucial element of the National Strategic Framework that was adopted.

The conference could be said, more or less, to have marked the coming of age of the adolescent reproductive health constituency in Nigeria. With the conference there emerged a coalescing of the adolescent reproductive health community in the country. It became possible to identify the various players and stakeholders in the field who share common concepts of understanding and even tools of implementation. With it also emerged a new confidence to identify with the cause of healthy adolescent sexuality among

the practitioners, and to advocate for it.

In the process of initiating and convening the Conference, AHI provided the driving force in forging a unique partnership. Naturally, mistakes were made because the organisation was treading on previously uncharted paths. However, the whole process provided valuable lessons that should be shared with the larger community concerned with adolescent sexual and reproductive health promotion in Nigeria and similar countries. These include non-governmental organisations, the various multilateral agencies executing and sponsoring projects, as well as the international donor agencies.

2

BACKGROUND TO THE FIRST NATIONAL CONFERENCE ON ADOLESCENT REPRODUCTIVE HEALTH

Nigerian adolescents, like their counterparts all over the world, are exposed to several sexual and other reproductive health-related risks. During the early 60s to mid-1990s, the special needs of adolescents were given recognition by various international conferences, workshops and meetings. These include the Inter-African Conference on Adolescent Health, Nairobi (1992), the International Conference on Population and Development (ICPD), Cairo (1994), the Fourth World Conference on Women (FWCW), Beijing (1995), and the African Forum on Adolescent Reproductive Health, Addis Ababa (1997).

In varying degrees, the Nigerian government and various institutions including non-governmental organisations (NGOs), actively participated in all these conferences. However, the unique needs of Nigerian adolescents continued to receive patently little attention from policy makers. This slow response on the part of government was actually acknowledged in the Nigerian country reports presented during the International Conference on Population and Development in Cairo in 1994 and at the Fourth World Conference on Women in Beijing a year later. The two conferences made important recommendations targeted at enhancing the reproductive health of

adolescents the world over. The participating governments including the Federal Government of Nigeria endorsed these recommendations.

The outcome of these conferences was complemented by the report of a WHO/UNICEF/UNFPA expert study group completed in 1996 that held important lessons for adolescent reproductive health programming. Some of the lessons include:

- The need for the creation of safe and supportive environment for the delivery of adolescent reproductive health services.
- The need to make health education and information available to adolescents.
- The need for the provision of skills building, counselling and health services.

The report also suggested several keys to successful adolescent reproductive health programming especially the need to put youths at the core of every stage of programming such as policy, research and service delivery processes. The report pointed out that interventions must be tailored to meet the specific needs of adolescents, services should be built upon and linked to existing interventions in various settings. It also pointed out the need to address the multiple health risks of adolescents as well as the need to show respect for cultural diversity in any programming initiative.

In the post-Cairo and post-Beijing period, the Nigerian government took certain steps to remedy the situation, the most important being the approval

of a National Adolescent Health Policy (NAHP). This is the platform within which the Nigerian government is to tackle the various ramifications of adolescent health in the country. The adoption of the National Adolescent Health Policy notwithstanding, the country's adolescents still confront many constraints deriving from entrenched practices, attitudes, laws and other regulatory social constructs. These continue to impact negatively on adolescent health and the NAHP did not address them. Moreover, a severe limitation of the NAHP was the fact that it did not outline any programmatic strategies to facilitate the attainment of its overall goal, not least in the crucial area of adolescent sexual and reproductive health.

Thus, even though the policy was in place, the government continued to

Participants at a group session during the Prep Com Meeting (National Conference 1999)

implement adolescent health related activities based, on perceived areas of need or interest, most of which were predetermined. For observers of the adolescent reproductive health situation in Nigeria, it was clear that there was need for a clearly articulated national adolescent reproductive health strategy or programme of action that would guide key players in the field. This was necessary if any improvement was to be achieved and the sexual and reproductive health needs of adolescents meaningfully addressed. The identified key players would include the government, reproductive health NGOs, international adolescent reproductive health agencies, the donor community, and others.

The outcome of the various international conferences particularly the ICPD and the FWCW as well as the 1996 report of the WHO/UNICEF/UNFPA expert study group had contributed to an increased surge of interest in adolescent reproductive health matters in Nigeria. Many of those who showed concern and had begun to address the issues were non-governmental organisations focused on adolescent health programming, international foundations and donor agencies such as the Ford Foundation, the MacArthur Foundation and the International Women's Health Coalition (IWHC). Others were multilateral and UN agencies operating in the country including the WHO, UNFPA, UNICEF, UNAIDS and many indigenous non-governmental and community based organisations (CBOs) with diverse and related interests. Indeed, much of the existing efforts at addressing the sexual and reproductive health needs of adolescents in Nigeria were being conducted by civil society agencies including NGOs and CBOs.

The upsurge of interest in adolescent sexual and reproductive health matters, however, was taking place within an uncoordinated framework. Each organisation was embarking upon its programmes and policies without reference to any overall or an overarching policy structure or framework. In cases where significant achievements were being recorded by individual non-governmental organisations, it was clear that a greater impact would be achieved if a national framework were to be in place within which initiatives could more meaningfully be implemented. This was especially so as matters pertaining to sexuality and the reproductive health of adolescents remained sensitive and was yet to gain acceptance in public discourses. Yet, the consequences of neglect of the issues continued to impact negatively on adolescents and on the society. This was a source of concern to a number of organisations actively involved in adolescent reproductive health promotion in the country. If the National Adolescent Health Policy was to have a meaningful impact on adolescent health particularly reproductive health, it was necessary to move the policy from the realm of rhetoric to that of action. The imminence of the ICPD+5 Conference provided the framework within which the process for this next step was set in motion.

One organisation that was concerned about the haphazard terrain within which reproductive health issues were being addressed in the country was Action Health Incorporated. AHI had been involved in adolescent sexuality and reproductive health programming since 1989. In the process, the organisation had developed contacts with several key players in the field including various institutions of government at local, state and national levels,

multilateral organisations, and international donor agencies. As part of its activities, AHI had developed an active advocacy programme in support of access to sexuality education that was being funded by the Ford Foundation.

Early in 1998, AHI, in anticipation of the ICPD+5 conference that would take place in February 1999, decided to initiate a process that would bring the National Adolescent Health Policy framework into national focus and assist the Nigerian government to translate its Policy into programmatic components. In designing its advocacy work plan for the 1996-99 grant cycle, it had proposed the convening of a national conference on sexuality education as part of the Ford Foundation programme support. It was this initial support that AHI had received from the Ford Foundation that encouraged AHI to explore the expansion of the scope of the issue from Sexuality Education to include broad aspects of sexual and reproductive health. This it believed, would not only bring the issues into the domain of public discourse at the national level, but also help articulate a national framework for addressing the issues. The imminence of the ICPD+5 provided further impetus for action in this regard particularly to encourage the activation of the existing government policy that had remained largely dormant. AHI was seeking the operationalisation of the sexual and reproductive health components of the NAHP not only by elaborating it but also by identifying and articulating key programmatic issues that needed to be addressed and also outlining strategies for each key area.

Grace Njama (Girls Power Initiative, Calabar) expressing her opinion during the Consultative session with the Minister of State for Health (National Conference, 1999)

However, such a project required active collaboration with the Federal Ministry of Health (FMOH), which is the responsible governmental authority if the process would be conferred with the required government mandate. In addition, it was also recognised that in the country were numerous other stakeholders who were actively committed to the promotion of adolescent reproductive health. By bringing together the various stakeholders including government, donor agencies, non-governmental organisations, researchers, community based organisations, etc., in a national conference environment, the process would examine the issues, concerns, and experiences related to adolescent reproductive health. This would help in identifying and setting priorities and developing an agenda that would guide present and future interventions. Such an initiative would benefit immensely from the experience of existing reproductive health programming already operating in different parts of the country through civil society initiatives. It would also tap from the best practices of organisations that have shown that adolescent reproductive

health programmes and services are feasible and effective in Nigeria. The outcome would be a national strategic framework for addressing adolescent reproductive health in Nigeria.

3

OBJECTIVES OF THE NATIONAL CONFERENCE

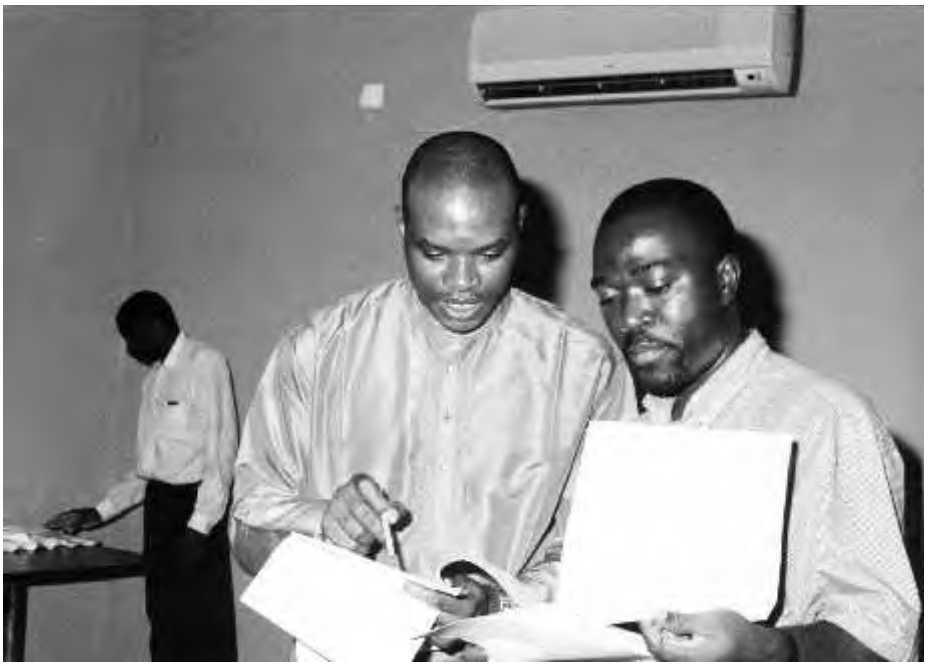
The overall goal of the conference was to operationalise the reproductive health component of the National Adolescent Health Policy. The specific objectives include:

- To articulate a programme of action for operationalising the reproductive health component of the National Adolescent Health Policy based on inputs from key stakeholders including government, civil society groups, donors and adolescents;
- To provide an opportunity for adolescents to share their insights and make inputs into the programme of action on adolescent reproductive health in Nigeria;
- To provide an opportunity for all stakeholders to gain an increased understanding of the strategic issues involved in promoting adolescent sexual and reproductive health, as well as share 'best practices' for programme implementation;
- To provide a forum for networking and forging of alliances among all stakeholders in the field of adolescent reproductive health towards effective programme implementation.

However, the Conference also had certain concrete elements that would

make it possible to assess the success of the initiative. These included:

- To make specific recommendations to policy makers and programme planners on how to strengthen activities geared towards adolescent reproductive health and development through proactive policies and strategies;
- To discuss and recommend ideas for strengthening the exchange and distribution of human and material resources for programme formulation, implementation, monitoring and evaluation;
- To produce a declaration and recommendations that could be used as an advocacy tool by all and to identify how government, NGOs and adolescents can implement the relevant sections of the ICPD



Dr. Uwem Esiet (AHI) and Dr. Babatunde Ahonsi (Ford Foundation) deliberating on an issue at the Prep Com Meeting (National Conference 1999).

Programme of Action;

- To provide a forum for networking among those active in the field to discuss strategies, learn from one another, prevent duplication of efforts as well as identify areas of need; and,
- To produce a conference report outlining the proceedings and recommendations for distribution to a wider community of adolescents, the media, NGOs, donor agencies and government.

4

CONSTRUCTING A COALITION

The first stage in translating the National Conference 'idea' into reality was the mobilisation of Key Partners and the construction of a coalition around the project. AHI was aware of its limitations as a non-governmental organisation operating in one part of the country and the limited impact it could make on its own on policy direction at the national level. The organisation had a good understanding of the country's socio-political environment and was aware of the need to involve the government in any attempt to influence the direction of policy in any area, including the National Adolescent Health Policy. It knew that it would be an exercise in futility if the appropriate arm of government was not fully carried along or meaningfully involved in the process.

Thus, the first target in mobilising for the National Conference initiative was the Federal Ministry of Health through its Primary Health Care and Disease Control (PHC/DC) Department. Mobilising the government had its own challenges. At about this time, the Federal Military Government and the civil society in the country were locked in a battle over the democratic future of the country. The Government had become greatly distrustful of non-governmental organisations of every description as these were considered agents of disruption funded by international bodies to give the government problems. The less than transparent activities of many non-governmental organisations did not help matters, as many were perceived as being no more than funnels to channel money into the hands and bank accounts of certain

individuals. The potential damage of the image problem was mitigated by the fact that shortly after AHI began to reach out to potential collaborators, a new leader came to the helm of national affairs. With this came a new programme of transition to civil rule that defused the national political tension. Yet elements of distrust persisted.

The initiators of the conference made direct and personal contacts with officials of relevant federal government agencies towards securing government participation in the process. The officials at the time included the Director of the PHC/DC, Dr. Casmir Orjioke, and the Deputy Director of the Maternal and Child Health and Reproductive Health (MCH/RH) Unit, Dr. Nike Adeyemi. Dr. Orjioke wanted to know from the AHI team whether they were expecting anything i.e. funding, from the Federal Government as part of the 'collaboration' being requested. The AHI team made it clear that they were not asking for funds but active participation by the Government in the conference process especially its identification with the cause.

In his reply, to the AHI letter seeking collaboration with government on the conference, the Health Minister commended the initiative but noted that only the Federal Government could convene a 'National' conference. Besides, the leadership role of the Federal Ministry of Health in the formulation and coordination of health policies and programmes in the country had to be recognised. The Government recognised the need to work with NGOs particularly in each NGO's area of strength and, in this case, was willing to work with AHI and the collaborating organisations to enhance the

reproductive health status of Nigerian adolescents. With this encouraging response, the mobilisation of Key Partners continued at a more rapid pace. When eventually the first meeting of the Key Partners was called, officials of the Federal Ministry of Health were present thus giving credence to the interest of the government in the initiative. Government was especially interested because the February 1999 ICPD+5 was fast approaching, and the output from this process will fit into the Country Report at the summit.

In fact, the Federal Ministry of Health indicated that it also had on its work plan for 1998 an adolescent health conference to be held in conjunction with the World Health Organisation. The proposed conference had an overlapping scope and agenda, and it therefore requested that the two on-going efforts be merged in order to eliminate the duplication of activities.

The government gave one condition for its involvement and the consequent guarantee of an official mandate: the Federal Ministry of Health must occupy the driving seat. With this clear statement of interest on the part of the Federal Government, it was not difficult to yield the leadership of the conference initiative to the Federal Ministry of Health through its appropriate agencies.

However, while the government would provide the required institutional cover, AHI was also aware that it was important to draw into the process other key players in the field of adolescent reproductive health already operating in the country. These include the country offices of multilateral organisations belonging to the United Nations system, international donor agencies, and non-governmental organisations involved in adolescent reproductive health

Prof. Olikoye Ransome Kuti, former Minister of Health presenting his address at the Conference.

programming. It was clear that the Federal Government was unlikely to come up with the vast sum of money required to actualise the conference. It was therefore thought that securing the participation of these international agencies would go a long way in raising the participation of the Federal Government to take the outcome of the conference seriously and act on its recommendations.

Towards this end, a number of multilateral, bilateral and private international agencies that were operating in the country and were already supporting government projects in the area of adolescent reproductive health were contacted. Responses were however received from the eight agencies listed below:

- United Nations Fund for Population Activities (UNFPA)

- United Nations Children's Fund (UNICEF)
- UNAIDS
- UNDCP
- USAID
- DFID
- The Ford Foundation.
- World Health Organisation (WHO)

Of this group, the Ford Foundation was the first to commit financial resources to the conference initiative. The Ford Foundation had given AHI $26,000 for its proposed national conference on sexuality education contained in its 1996-99 Community Advocacy Work plan, and it readily agreed that the money should be spent on the wider national conference on adolescent reproductive health now being proposed. It also agreed to make additional funds available.

For many of these multilateral organisations and international donor agencies, the invitation to participate in the conference process was a fortuitous one. Most of these organisations had already earmarked funds for programmes and activities directed at implementing the recommendations of the ICPD+5. The imminence of ICPD+5 meant that the proposed conference ideally served their purpose. Indeed, as the Ford Foundation admitted, it was an opportunity to identify with a high-level impact advocacy initiative that the

Hon. Minister of Health presenting the National Strategic framework to the First Lady's representative, Hajia Binta Dagash

organisation could not fritter. The Ford Foundation's position was true for most other multilateral organisations and donor agencies with country projects in Nigeria. Thus, there was a coincidence of interest on the part of AHI, the multilateral agencies and international donor organisations.

The third category of stakeholders that had to be mobilised was the civil society. Engaging the civil society across the country in the process was important if the national conference process was to be an inclusive one. Apart from AHI, there are several other organisations engaged in activities that in various forms deal with one aspect or the other of adolescent reproductive health. However, at the point at which the conference was being initiated, some of these organisations were yet to mature to the stage where they would

see other stakeholders as co-travellers on the same journey. For years, these organisations had been suspicious of each other and relationships between them were similar to those between rivals rather than between allies. Indeed, when many of these organisations were first approached, they were suspicious of AHI's intentions and many, even if subtly, accused the organisation of seeking to build an empire for itself by riding on the backs of these other organisations.

However, as the planning process progressed and key partners had signed on, it became clear to most of the civil society groups that they had to identify with the initiative, if they were to make any claim to being relevant to the adolescent reproductive health programming process in the country. Apart from the Federal Government, all the major funders of reproductive health initiatives in the country, as well as multilateral agencies, including United Nations agencies, were already committed to the initiative. It was thus in the interest of the various civil society organisations that were still hesitant to identify with the conference if they were to be seen as serious actors in the field. In some instances, the participation of reluctant NGOs was assured by the pressure put on them by their funding agencies. Many of the international donor organisations that had already agreed to be part of the initiative were funding different NGOs and various projects in different parts of the country and, in various ways, were able to leverage support for the participation of more civil society organisations.

AHI, representatives of the donor agencies that responded to AHI's request

for support, as well as the Federal Ministry of Health, were constituted into what became known as the Key Partners. It was realised that it would be easy to mobilise and engage the civil society groups and organisations once arrangements for the conference were certain and conclusive, thus, the Key Partners remained the focal point of the initiative throughout the planning and implementation stages.

5

THE KEY PARTNERS

The Key Partners were crucial to the successful convening of the National Conference as their deliberations and activities gave direction to the whole process from immediately after conception through the processes of implementation. The first Key Partners meeting was convened on 5 May 1998 at AHI's premises in Lagos. In the subsequent months, six further meetings were held before the conference was finally convened in January 1999. At their first meeting, certain Key Partners made some specific commitments to the cause of the conference:

- **UNFPA**: Technical support and sponsorship of participants from the twelve UNFPA project states.
- **UNICEF**: Support for resource persons, participants, and technical support.
- **UNDCP**: IEC materials, specific studies to support linkages between drug usage and reproductive health for resource persons.
- **USAID**: Support for NGOs participation and technical support
- **UNAIDS**: IEC materials, technical support for inter-linkages between HIV/AIDS and reproductive health.
- **Ford Foundation**: Encouragement of wide participation by civil society, technical support and post-conference support for AHI and

others to implement the conference recommendations;

- **AHI**: Conference Secretariat Facilitation/clearinghouse and technical support for the sexuality education sessions within the conference.

In the following months, the activities of the Key Partners crystallised around issues that defined the conference process. Specifically, they took on four key roles: moderation and refining of conference objectives; determining the modalities for the conference; setting the agenda, and raising funds.

Determining the modalities for the conference involved taking important decisions on a lot of things. These include: the duration and dates for the conference, determining the participants and setting the criteria for participation, setting the format for the sessions and the focus for the presentations, and overseeing the activities of subcommittees set up to coordinate various elements of the initiative.

The conference was scheduled for the last week of January 1999, (Monday 25 to Friday 29.) With this arrangement, there would be four full days, as participants were expected to depart on 29 January. This was against the background of the need to have ready, the expected country report that would be presented at the ICPD+5 summit in the Netherlands in February 1999. The Key Partners identified target categories from which participants would be drawn. These were federal, state and local governments in the country, universities, youth serving non-governmental organisations, adolescents, professional and religious organisations, international donor agencies and

multilateral organisations. It was decided there would be no more than 150 sponsored participants and these would be spread across the categories. State representation would reflect the need to cover the six geopolitical zones in the country and would include the twelve states in which the UNFPA was already executing adolescent health related projects. Special emphasis was also placed on participation by northern states, specifically, Kano, Katsina, Borno, Taraba and Yobe where adolescent sexual and reproductive health programming seemed to be least present.

With regard to NGO representation, it was decided that the selection should benefit from the databases of donor agencies that were already sponsoring projects by various organisations in different parts of the country. This was to ensure that NGOs invited to participate were credible, had viable ongoing projects whose implementation experience could provide useful lessons and best practices from which other participants at the conference would learn. Thus, certain criteria were set for NGO participation:

- Geographical spread
- Being engaged in programmes with strategic significance
- Focus of the NGO and the issues being addressed by it
- Coverage of activities.

The Key Partners realised that there was a need to sensitise certain organisations and parts of the country to the need for the implementation of adolescent sexual and reproductive health programmes. To this end, it was

decided that NGOs from the northeast of the country were to be specifically targeted and invited in order for them to understand the issues at stake and benefit from such understanding. This was especially so as there was hardly any organisation in the area working on adolescent sexual and reproductive health issues.

In determining the agenda for the conference, the Key Partners decided that they would be guided by the contents of the National Adolescent Health Policy. They also agreed on the need to facilitate the emergence of a credible outcome for the conference that would make concrete inputs into the ICPD+5 meeting in the Netherlands. It was important that the agenda reflected the need for an elaboration of an existing national document and not an entirely new agenda that could open the initiators of the conference to accusations of seeking to foist on the country an agenda of their own. The Key Partners were also guided by the need not to be over-ambitious but to set a realistic agenda. The conference was to zero in on the reproductive health component of the National Adolescent Health Policy given the fact that all the elements of the entire policy itself could not be addressed by a single conference.

It was initially decided that 'model' programmes would be selected for presentation at the conference. However, defining both the model programme and the model NGO was difficult, as most programmes and NGOs would not qualify under the parameters set. Those NGOs that met the parameters for model NGOs were not featuring programmes that would qualify for presentation. This was the basis for the decision that presentations

should follow programmatic areas. The thematic areas identified for presentations were: Information, Education and Communication (IEC); Advocacy; Training for Adolescent Reproductive Health, Education and Skills Development; Research, MIS and Monitoring and Evaluation; Service Delivery, Legal Issues (incorporating sexual and reproductive rights), and parent-child communication. The last theme was to be featured in a special session titled 'Youths speak, Adults Listen', which subsequently became one of the unique features of the National Conference.

While the Scientific Committee that was eventually set up was responsible for selecting the presentations and the organisations and/or individuals that would make such presentations, guidelines were worked out by the Key Partners to determine what programme would qualify for presentation under what theme. Also, right from the planning stages, it was decided that the opening ceremony should not just be a ceremonial occasion. Rather, it was to be an opportunity for informed discourse that would raise adolescent reproductive health issues with the high-level policy audience that would be present with a view to accelerating policy initiatives and actions at the highest level of government. Thus, it was decided that a seasoned practitioner who would be able to make informed contribution would deliver the keynote address. Subsequently, the keynote address was delivered by Dr. Andrew Arkutu, the immediate past Country Representative of the United Nations Population Fund in Nigeria.

Determining the individuals who would present papers and those

organisations that would share their experiences of programming was not an easy task. Because the conference was a 'national' one in which it was participating, the Federal Government insisted that the diversity and complexity of the country must be reflected in drawing up the list. It was made mandatory that presenters must reflect the geopolitical and health zones of the country. The consequence was the uneven nature of papers that were presented at the conference and of the contributions from the experience-sharing sessions. The south-western parts of the country particularly the Lagos-Ibadan axis were unquestionably ahead of the rest of the country in terms of adolescent reproductive health programming and were more active in activities aimed at engineering social change. However, many organisations operating in these parts and implementing programmes that were making significant impacts had to be excluded from making presentations in order to accommodate organisations from other parts of the country. The other side of this was that by putting the spotlight on projects being implemented in the not-so-prominent parts of the country, it became possible to identify some good works being carried out but which were not receiving attention and the kind of assistance they might deserve.

With most of the crucial issues on modalities resolved, it was decided that a preparatory committee meeting be held about three months to the opening of the National Conference in order to prepare the grounds for crucial decisions that would be taken during the conference.

6

THE PREPARATORY COMMITTEE MEETING (Prep-com)

The Preparatory Committee Meeting (PREP-COM), which took place at the Training and Conference Centre, Ogere, between 27th and 29th October 1998, had the primary objective of developing a draft five-year National Strategic Framework for Addressing Adolescent Reproductive Health in Nigeria. The draft framework was to be the crucial document for consideration at the National Conference and form part of the country report to the ICPD+5 conference shortly after. The other objective of the Prep-Com meeting was to develop the agenda for the National Conference including fine-tuning the arrangements for it. With regard to the latter objective, the meeting was to consider and take final decisions on crucial issues including the final list of participants and presenters. It was at the Prep-Com that details of the conference were fully worked out including the detailed conference agenda.

The Key Partners determined participation at the Prep-Com and the ratio of participation was set at Government, 30%; Non-Governmental Organisations, civil society and others, 60%; and Key Partners, 10%. The selection was done in such a way as to achieve optimum result. It was originally planned that only 25 people would be sponsored but 28 people eventually attended the meeting. In addition to 15 identified NGOs, it was

decided that one participant each be invited from CHESTRAD, the Society for Family Health and PPFN. All Key Partners were encouraged to attend but on a self-sponsoring basis. Both at the Prep-Com and the National Conference itself, the Key Partners were expected to provide not only financial support but also technical assistance. AHI and the Federal Ministry of Health were mandated to formally approach the Key Partners for financial support to facilitate the convening of the Preparatory Committee. Ultimately, the cost was covered in various ways by the Department for International Development (DFID), the Ford Foundation, WHO, UNICEF, and UNFPA. Specific commitments were made towards the cost of transportation, accommodation and feeding of delegates, direct sponsorship of certain participants, provision of secretarial assistance, incidentals and administrative cost. The final cost of holding the Prep-Com meeting came to more than three-quarters of a million Naira.

The participating stakeholders included adults, young people, researchers, adolescent reproductive health programming organisations; and youth-led organisations. The selection of participants within these groups also addressed the need for the presence at the meeting of members of the Technical Review (or Scientific) Committee. All were given the opportunity to contribute to modalities for the shaping of the conference process at the Prep-Com. The meeting was an efficiently organised and effective process that achieved maximum result in a cost-effective way.

In developing the draft National Strategic Framework, the Preparatory

Committee meeting considered programme models that have worked, the financial implications (costs, constraints and sustainability), and cultural sensitivity. Programmes were considered in the areas of training, service delivery (specifically, youth friendly reproductive health services), peer sexuality education programmes, research and dissemination of data, monitoring and evaluation, and the role of the media in promoting and supporting adolescent reproductive and sexual health.

7

THE LOCAL ORGANISING COMMITTEE

The Federal Ministry of Health set up the Local Organising Committee (LOC) with the purpose of mobilising the government sector. Matters pertaining to adolescent reproductive health cut across the activities of different ministries and agencies of government including Education, Women's Affairs, Youth Development, etc. Within the Ministry of Health itself, several units had overlapping responsibilities in the matter and their functions had to be coordinated and their interests represented. All of these were incorporated into the LOC as well as a few Abuja-based non-governmental organisations. As the date for the conference drew nearer, it became necessary to

Dr. Edugie Abebe, Chairman, Local Organising Committee for the conference.

coordinate the activities of the LOC with those of AHI that served as both the clearinghouse and the official secretariat for the conference. AHI had to move some of its staff designated to work on the organisation of the conference to Abuja for several days.

In order to avoid conflict of responsibilities, the terms of reference of the LOC were specified in detail to include:

- Hotel reservations: to select hotels for the conference and confirm bookings; to secure best rates for the duration of the conference, and make information about reservations available to the conference secretariat;
- Reception and transportation of delegates including movement from points of entry into Abuja to hotels and conference venue, daily transportation and general coordination of movement of delegates;
- Dissemination of information about the conference including issuing of press releases and publication of advertisements in national newspapers;
- Overseeing the coordination of activities during the opening ceremony including developing the guests list, preparation of the hall, coordination of protocol and the documentation of the ceremony;
- Coordination of Materials Exhibition space.
- Ensuring adequate media coverage of all aspects of the conference

including the opening and closing ceremonies, the youth consultative meeting/dialogue session with the Minister and the plenary sessions;

- Coordination of cultural and social events during the period of the conference;
- Daily preparation of the venues for plenary and group working sessions; and,
- Coordination of medical and first aid facilities.

By making clear the terms of reference of the Local Organising Committee, it was possible to avoid friction between the official conference secretariat at AHI in Lagos and the committee that was on the ground in Abuja.

THE ROLE OF YOUTHS

From the onset, it was clear to the Key Partners that it was necessary that the conference should be sensitive to the needs and concerns of young people. However, there were certain inherent obstacles to effective youth participation in defining the conference process. The envisaged outcome of the conference required mature inputs into the agenda setting and deliberation processes especially as it delved into policymaking at the national level. Nevertheless, it was essential that agendas were not formulated that would not respond to the real needs of the expected beneficiaries of the outcome of the process. AHI, having learnt that youth participation is a cardinal principle in adolescent reproductive health programming if any programme designed for them is to have a meaningful impact, was insistent that youth participation in the conference should be a visible and meaningful one.

To this end, a Youth Committee was set up at AHI, composed of five members and chaired by Miss Shola Oduwole. The Committee had a number of meetings during which the specific roles of youths during the conference were decided upon. Some of their members also participated in the Preparatory Committee meeting at the end of October. During the Prep-com meeting, the young people present strongly expressed their views on various issues. Such views were

discussed and adopted as actionable technical inputs.

To further ensure that youths were both visible and the voices audible, a pre-conference meeting with the Minister of State for Health was scheduled a day prior to commencement of the conference during which young people aired their views directly to the Minister. During the meeting, no attempts were made to censor the kind of questions they could to ask; indeed, adults were discouraged from attending this special session of youths with the Minister. Those who attended only had observer status and weren't allowed airtime to speak.

The youths informed the Minister that adolescent reproductive health matters were not limited to their reproductive organs but affect the

Anas Mustapha of Young Parents Forum, Maiduguri, speaking at the Youth Consultative Dialogue with the Minister of State for Health.

totality of their lives including access to life opportunities, education and their livelihood especially as many lives had been wasted due to wrong sexual and reproductive health choices. They also informed the Minister that they had grown up in a country where the government makes promises that are never fulfilled and wanted assurances that Government's commitment would not terminate with the conclusion of the conference. The Minister, Alhaji Ali Gombe, assured them that this would not be the case. Notably, in the immediate post-conference period, the Health Minister directed that a unit be set up within the PHC Divisions to ensure that the framework that emerged from the national conference was implemented.

At the conference, there was substantial youth representation facilitated by the deliberate policy of sponsoring youths to be part of NGO delegations to the conference. The conference almost achieved the Key Partners' target of 1:1 in terms of adult-youth participant ratio. Apart from those officially sponsored to the conference and who were registered, many organisations came with additional youth participants who shared their rooms with those officially allocated to them. It is not possible to estimate the exact number of participants in this category. This was a reflection of how seriously the young people took the conference. Those officially registered at the conference were lodged in the same hotel with the adults and for every purpose, were extended all due courtesies as were adults participants.

The young people had decided the role they were to play at the conference during the meetings of the Youth Committee. The official opening ceremony was preceded by a float ride, a carnival-style street show on an open truck, through the city of Abuja. This was done as one way of publicising the conference and raising awareness about it in the city. The truck was decorated with banners of the National Adolescent Conference and carried messages relating to the themes of the conference. At the opening ceremony, they gave a performance that was also their own choice.

With regard to the issues discussed, the youth requested for and got a special session tagged "Youths Speak, Adults Listen!" The session was premised on the fundamental need focus on the problem of parent-child communication especially as it relates to sexual and reproductive health matters. The session turned out to be one of the most interesting of the four-day conference.

Furthermore, for every session of the conference, youth co-chairs were appointed. This afforded the youths to play roles that exposed them to the major issues affecting their reproductive health and development. The use of youth co-chairs also facilitated the process of mentoring them for such formal organisational responsibilities. As co-chairs, they were able to make their comments from a vantage position and the ground rules that insisted that their views were not to be censored, no matter how pedestrian they might sound, were rigidly

followed.

Overall, it was a worthwhile experience for the youths that participated in the conference. Those sponsored as part of the AHI delegation were required to submit reports on their participation at the end of the conference. In their reports, most of them expressed delight at the opportunity to be part of such a landmark event and the opportunity given to youths to express themselves. However, many were sceptical about the commitment of the Government to the theme and purpose of the initiative and were doubtful that the recommendations would be implemented. They also lamented that most of the speakers at the plenary sessions were speaking 'above' their heads and that the substantial adolescent audience at the conference could not relate to some the presentations.

9

THE SCIENTIFIC AND TECHNICAL REVIEW COMMITTEE

The Key Partners set up a Scientific and Technical Review Committee to handle the process of selecting and moderating presentations to be made at the conference. Composed of eleven members, the Committee was chaired by Professor Ibironke Akinsete, who at the time was National President of the Society for Women and AIDS in Africa (Nigeria Chapter, SWAAN). The committee's work was focussed on the enhancement of the quality of presentations at the conference. It had to work within a prescribed framework that had determined the programmatic components of the conference and the issues to be covered. It was also guided by the fact of the insistence of the Federal Government that being a national conference, presentations must reflect the 'federal character' of the country; hence, the six geopolitical and health zones of the country had to be represented.

The Scientific and Technical Review Committee contributed greatly to the enhancement of the overall quality of the papers and model case studies presented at the conference. This it did by setting guidelines for both the academic papers that were commissioned and for oral presentations at the conference. These guidelines (see Appendix) were made available to those organisations and individuals that were requested to make formal presentations. The six lead papers were presented essentially by academics selected from various parts of the country. They included Professor U.M.O.

Ivowi, as at then the Executive Secretary of the Nigerian Educational Research and Development Council; Ms. Adjoa Amana of the UNFPA, CST in Addis Ababa and Professor Ikechukwu Nwosu of the University of Nigeria, Nsukka. Others were Prof. B.A.N. Nwakoby, Chief Medical Director of the University of Nigeria Teaching Hospital, Enugu; Professor Jadesola Akande, Executive Director of the Women Law and Development Centre. There was also Professor Friday Okonofua, Dean of the University of Benin Medical School. Professor Idris Mohammed, Provost of the University of Maiduguri College of Medical Sciences who had accepted the invitation to present a paper declined at the last minute, as he had to travel out of the country at the time of the conference. Most of these people had distinguished themselves in their fields and are world-renowned scholars in their disciplines. However, to ensure that their presentations were not out of synchrony with the theme and purpose of the conference and that they were not too academic, specific guidelines were issued to guide their preparation.

The Committee prepared guidelines for all presentations, i.e., lead paper, case study, and oral presentations. Specific requirements dealt with the length of such presentations, the contents, language, and stylistics. Lead papers were not expected to be more than 15 pages while case study presentations were limited to a maximum of 12 pages. With regard to the content, it was requested that 50% of lead papers should dwell on the qualities of an ideal or good adolescent reproductive health programme in the area being dealt with by the paper and what issues an ideal intervention programme should address. The remaining 50% were allocated as follows:

- illustrations of successful ARH programmes particularly from the developing world (20%)
- the challenges and difficulties of achieving ideal success levels (20%), and,
- measures to overcome challenges and achieve desired success (10%).

The language of presentations were expected to be 'clear and simple', and should avoid 'technical terminologies and abbreviations' as much as possible. The writers were encouraged to clarify rather than mystify issues. The guidelines for oral presentations emphasised that presenters should stick to the content of their papers and not digress into other issues and ensure a strict adherence to time allotted. Guidelines were issued on the use of audiovisuals that would make the exercise a worthwhile one. In the end, while not all the presenters adhered strictly to the laid down format, the guidelines facilitated a high degree of compliance that kept presenters largely in line.

10

FUNDING

One of the principal challenges confronted in putting together the National Conference on Adolescent Reproductive Health was that of funding. Given the level of participation required, it was clear from the beginning that it was going to be a high profile event. At the inception of the initiative, AHI had put forward the $26,000 provided for, in its original work plan to cover a national conference on sexuality education, for the purpose of the National Conference on Adolescent Reproductive Health. However, it was clear that the funds required for the process would be several times in excess of that amount. In the search for 'Key Partners' for the initiative, AHI had

Dr. Akwasi Aidoo, Representative of The Ford Foundation, West Africa Office presenting the goodwill message from The Ford Foundation at the opening ceremony

concentrated on multilateral agencies and international donor organisations that had shown interest in the past in funding adolescent health related projects in the country. When the Federal Government was brought on board and became part of the initiative, the Key Partners mandated Government's and AHI's representatives to prepare a draft budget for the consideration of the whole house.

The original budget proposed for the conference was to the tune of N26, 717,052, which, at the exchange rate of N85 to $1, came to US $314,318.25. Included in the budget were preparation cost, core plenary costs, secretariat costs, participation cost for 300 persons (with 250 in shared accommodation and 50 participants in single accommodation), and operational costs for the Local Organising Committee. The Key Partners called for a drastic review to cut down particularly the cost for the participants. The conference secretariat

Dr. Nike Grange of the World Health Organisation (L) and Tina Bolodeoku of the United Nations Population Fund (M) listening attentively to presentations made at the programme

was then mandated to prepare a revised budget that would not exceed the sum of US $187,500. The ceiling was based on minimum financial commitment made by the Key Partners. The Secretariat came up with a final budget of N17, 335,452 or $203,946.49 (at the exchange rate of $1 to N85). This provided for N2, 164,602 to cover Preparation Costs; N4, 453,900 for Core Plenary Costs; N3, 446,950 for Secretariat Costs; N6, 270,000 for Participation Costs; and N1, 000,000 for the Local Organising Committee.

However, it was difficult raising the full amount required for the conference. While pledges were received particularly from the Key Partners, the required sum took some time to come in. Indeed, barely seven weeks to the conference, funding was assured only from the Ford Foundation and the British Government's Department for International Development. Eventually, funding for the conference came from eight principal organisations:

- The Ford Foundation
- UNICEF
- UNFPA
- Department for International Development
- International Women's Health Coalition
- The MacArthur Foundation
- USAID
- UNAIDS.

While most of the organisations contributed in financial terms, UNAIDS contribution came in the form of one Secretary's time and travel costs, one driver's time and travel costs, and a vehicle for the period of the conference. The Ford Foundation's funding covered secretariat's costs and participants' expenses and pro-rated overheads for persons (specifically representing youths) from upcoming adolescent reproductive health and development NGOs and groups from relatively under-served states in Nigeria. The DFID's contribution covered participants' costs for 15 persons (10 adults and five young persons) from eight NGOs and two states, as well as core plenary overheads. UNICEFs' funding was paid directly to Sheraton Hotel & Towers to cover cost of some participants accommodation and plenary costs. The contributions of other donors covered the cost of participation of stakeholders including individuals and/or organisations from various parts of the country, as well as the media. Based on the budget of the conference, most organisations sponsored particular elements of the conference and were able to identify their contributions with specific items on the budget.

11

EXPLAINING THE SUCCESS OF THE CONFERENCE

The National Conference was by any definition a successful conference. It was the first attempt at bringing into the forefront of national public discourse, the very sensitive issue of adolescent sexuality and reproductive health matters. Before this time, it had been difficult to engage in such a discourse because of the pervasive culture of silence that surrounds sexuality. Apart from this, there was wide-ranging resistance from various quarters (including religious ones) to the open discussion of sexual behaviour and reproductive health needs of adolescents. Many critics associated such discussions with the invasion of western culture, promiscuity, and moral decadence. Indeed, even in official circles, adolescent reproductive health matters had never been considered an issue of paramount importance. To build such a coalition as was convened at the national conference can indeed be classified as a remarkable achievement.

How does one explain the success of the conference and the whole initiative? Also, how was AHI, a relatively small non-governmental organisation, able to bring together the various stakeholders in different sectors to pursue a common cause? What was it that gave AHI the convening authority that enabled it to bring together participants across the nation's space and across sectors? What was it that made donors to come together around a table put up by an NGO and what was it that the NGO had to offer?

There are many levels of explanation including understanding the rationale behind the participation of key sectors including the Federal Government; the Key Partners particularly the international donor agencies, multilateral organisations and the civil society organisations.*Bringing the Federal Government on board through the Federal Ministry of Health was a crucial factor in the success of the initiative and an assurance of credibility for it.* However, this came at a price: sacrificing the leadership of the initiative. AHI and the multilateral organisations and donor agencies represented in the Key Partners group had to concede the leadership of the conference process to the Federal Ministry of Health before the Government could sign on to it.

Once the Government became part of it, it was easier to bring on board other stakeholders at various levels of government including the state and local governments. In addition, once the Federal Ministry of Health became part of it, it became possible to draw in other relevant agencies of the Federal Government including the Federal Ministry of Education and the Division of Youth, Sports and Development. The participation of the Federal Government also meant that in the post-conference period it was easier to follow up on the decisions reached at the conference. A good example is the mobilisation for the integration of sexuality education into the national school curriculum. *Thus, both for the success of the conference and for the implementation of its decisions, the participation of the Federal Government was a crucial factor.*As part of the documentation of the National Conference process, discussions were held with officials of many of the high profile organisations that were involved in the Key Partners' meetings. These

discussions revealed that *a key factor that facilitated their support was the fact that the proposed conference had a clear, focussed and an eminently achievable agenda*. Many of the multilateral organisations and international donor agencies were keen to identify with the process, given their own commitments to adolescent sexuality and reproductive health matters. *The presence of a clear focus and concise agenda also encouraged the participation of many other stakeholders including civil society organisations many of whom ordinarily would have seen themselves in competition with AHI and would not have been willing to play a subordinate role to it in any initiative.*

Beyond the presence of a clear and concise agenda, it is noteworthy that *AHI, over the years, had built up relationships and had developed its reputation with most of the participating multilateral agencies and donor organisations*. The participation of the Ford Foundation encouraged the involvement of several others who were not key partners but who were willing to fund different aspects of the initiative either directly or in kind. The Ford Foundation was already funding AHI's Community Advocacy for Sexuality Education Project. Other long standing AHI funders included the International Women's Health Coalition and the MacArthur Foundation.

Various initiatives of AHI had also been funded by several other organisations either on a one-off or *ad hoc* basis, and the organisation had been involved in projects with a number of other agencies. In this group were the country offices of the WHO, UNICEF, UNAIDS and UNFPA. It was therefore not too

difficult to persuade these organisations to sign up. Once it was known that the Ford Foundation and some of these other international agencies had signed up, it became easy for the new ones to trust AHI with their resources. The reputation of accountable and judicious use of resources, transparency in financial dealings, effective implementation of projects and an unwavering commitment to adolescent reproductive health matters by AHI had enabled it to gain the confidence of these agencies, something that proved handy when the conference was being initiated.

According to Dr. Babatunde Ahonsi of the Ford Foundation, “The donors had seen a serious NGO that was making an impact in its social laboratory located in over 33 secondary schools in Somolu and Kosofe Local Government Areas of Lagos State. It's doing good work, [and] we're feeling the impact.” It was thus easy to entrust it with more responsibility. The lesson for the future in this is simple: it is important for an organisation to have an established track record that will give credibility to an initiative of this magnitude, if it expected to be taken seriously by a larger group of stakeholders.

Once the international donor community and multilateral agencies were on board, it was fairly easy to bring the civil society participants on board particularly the various non-governmental organisations engaged in various aspects of reproductive health programming in other parts of the country. Certainly, the long-term value of being associated with an initiative with which major funding and multilateral agencies were already associated could not be

discounted. It is a factor in securing the interest and active participation of what otherwise would have been competing agencies and who might have dismissed outright AHI's invitation to them to be involved in the process. As noted earlier, some of these non-governmental organisations were initially reluctant but a combination of self-interest and pressure from their funders helped many of them to overcome their reluctance. In addition, the identification of the National Conference with the imminent ICPD+5 review meeting and the need for a country position to be presented at the meeting in the Netherlands, encouraged some to come on board.

In organisational terms, *one factor that aided the success of the conference was the efficiency of the Secretariat*. AHI was aware that it had taken on a great challenge and it needed to be able to persuade all the principal stakeholders who had bought into the process, that it was up to the task. It therefore made it a point to be as efficient as possible with regard to the administrative dimensions of the initiative. For example, minutes of key partners Meetings were produced and circulated to all participants within 48 hours of the conclusion of such meetings and follow-up actions were taken immediately. If it was necessary to travel to Abuja to follow up on decisions taken, this was done with dispatch. Such was the efficiency of operation that participants from the Government commended AHI for the management of the initiative. It also became easier for representatives of the multilateral agencies and donor organisations to trust AHI for a successful implementation of the initiative. The efficiency of action was also reflected in the accounting system during the course of preparation for the conference.

Monies released for specific purposes as part of the preparation were accounted for to the detail as soon as they were expended. This made it easier to trust the organisation with subsequent funds. While the Federal Ministry of Health was responsible for the funds released by the Government for the purpose of the conference, all monies released by the multilateral organisations and donor bodies were accounted for by AHI.

12
THE CHALLENGES

Given the nature and enormity of the process, the convening of the First National Conference on Adolescent Reproductive Health in Nigeria naturally presented great and diverse challenges that future endeavours in similar direction need to be prepared to confront. These challenges include:

Logistics nightmares: Organising a conference of this magnitude by a small Lagos-based NGO presented great logistic challenges. It was the first time that AHI would be organising a programme of such magnitude and participants came from all parts of the country as well as from several countries outside Nigeria. Coordinating the movement including local transportation and international travel as well as providing accommodation for all these participants presented its own challenges. Because AHI's organisational reputation was at stake, it decided to complement on the Local Organising Committee based in Abuja to take care of the detailed requirements. To cope with this challenge, AHI moved part of its staff to Abuja. They were to provide secretarial support and complement the work of the LOC. AHI also received the support of the Key Partners in meeting elements of this challenge. These came in form of contacting organisations and individuals with which the Key Partner organisations had relationships.

Fundraising: The original budget proposed for the conference was over US $300,000, but the Key Partners made several suggestions to facilitate a

downward review of the figure. The final budget which was considered realistic, was a little over $200,000. This was a significant amount of money to raise for a conference and as late as the second week of December 1998, concrete commitments backed by disbursement had come from only two organisations. Eventually, eight organisations provided financial support for the conference process and the total amount raised came to just under $180,000. A good number of interested organisations attended the conference as self-sponsored participants.

*Financial accounting:*The fact that there were as many as eight donors necessitated the preparation of several financial reports because each one had its own set of accounting guidelines. Furthermore various bodies funded different elements of the initiative, the financial reports had to be prepared to reflect what they had supported. A number of organisations requested the record not just for what they funded but also, that of other donors, ostensibly in order to put their contributions in context. This was a major challenge but a worthwhile financial management learning experience for AHI.

Engaging the Federal Government proactively and constructively: Over the years, AHI had developed a working relationship with the Lagos State Government and some local governments in the state for the purpose of training adolescent peer educators and conducting Health and Life Planning Club activities in state schools. However, the National Conference was the first time it was engaging the Federal Government in such an initiative. AHI had to learn from direct experience, how to deal with the processes of

government including dealing with opposing views at meetings on issues that it would ordinarily have responded to in a direct manner. The organisation had to learn the fine art of diplomacy to constructively manage its relationship with the apparatus of government.

13 LESSONS LEARNT

The National Conference produced important lessons particularly if one were to embark upon this kind of initiative involving national policy advocacy in the future.

- It is possible for the civil society to collaborate with government constructively and proactively to achieve target agenda. While the idea of convening the National Conference was a civil society initiative, the conference eventually emerged as a cross-sectoral initiative in which the civil society was a key player and a catalytic force in ensuring its implementation. This was inspite of the fact that in the several years preceding the conference, there had been great hostility between the civil society and government in the context of the pro-democracy activities in the country. Nonetheless, we found within government, individuals who were committed to the same cause being pursued.

- If the civil society were to collaborate with government constructively in a project like this in future, it must be willing to concede the leadership of such initiative to the Government. In a country with the size and diversity of Nigeria, non-governmental organisations do not have the authority and reach of the Federal Government and certainly do not have the influence. The perceived legendary

inefficiency of the government and corruptive tendencies is one reason why multilateral agencies and international donor bodies, and even local non-governmental organisations are reluctant to entrust their initiative into the hands of the government. But it is unthinkable to imagine a situation where the Federal Government would agree to play a "subordinate" role if it were to be part of an initiative of this nature. Government participated in this process as a partner and was very open to all key partners.

- There is a need for continuous dialogue and interaction in order to deal with "seeming obstacles" particularly while relating with the government. Non-governmental organisations must realise that the processes of government work differently and if sustainable development is to be achieved, they must learn to work through these process, to achieve change.

- It is important for an organisation seeking to embark upon this kind of initiative to have credibility with donors, relevant government agencies, multilateral organisations and other stakeholders including the media on the issue on which it is seeking to take the lead and bring together various stakeholders.

- Equally important, an organisation must have proven itself in its area of intervention before seeking to bring others on board to pursue a common cause. The National Conference on Adolescent

Reproductive Health was essentially an advocacy initiative meant to push the issue of adolescent sexuality and reproductive health into the forefront of public discourse and make the government take the lead in forging a strategic framework for addressing the issue. Over the years, AHI's advocacy work in support of sexuality education had struck a chord with policymakers at various levels of government in the country particularly at the local and state government levels in Lagos State. The funding agencies had also seen the visible evidence of the outcome of the organisation's initiatives and it was thus easy for the various sides to come together and join AHI in this initiative. On its own part, AHI was able to apply some of the lessons learnt in the past during the course of its advocacy initiatives in overcoming potential obstacles as they arose. In particular it had learnt useful lessons from its initiative between 1995 and 1997 to put together the *Guidelines for Comprehensive Sexuality Education in Nigeria*. This initiative had seen AHI constitute a National Task Force drawn from several governmental, non-governmental and developmental organisations. It also secured the endorsement of over 70 organisations and groups across the country for the Guidelines incorporation into the national school curriculum.

For an initiative of this kind to be successful, it has to be truly *national* in its orientation and seen to be so by all involved. The diversity of cultures and the mutual suspicions pervading the national landscape meant that the support of the whole country must be secured given

the controversial nature of the issues involved. It is necessary to accommodate religious and cultural differences while not sacrificing the core values of the initiative. Of course, this has its own several drawbacks as merit sometimes had to give way to the principle of representativeness. This was most palpable in the selection of presenters and of organisations that would share experiences and best practices. The application of the principle of equal representation of every section of the country meant that certain presentations had to be accommodated if all sides were to be represented. Any future initiative would have to recognise this limitation and ensure that they are addressed by having multiple presentations that cover themes being tackled by weak link organisations.

- There is need to build consensus before the main meeting: it is the consensus that would be taken to the main meeting. That consensus would have been pre-tested. This happened with the draft National Strategic Framework that was produced by the Preparatory Committee Meeting. However, this should have been extended to other elements of the conference. The pre-conference process should have been more programmatically driven in the manner of the main conference. Time at the main conference was not enough to go thorough all the relevant issues. Sessions started at 8 a.m. and were running till 8 p.m. More would have been achieved if measures of agreement had been reached at, say, zonal meetings before the

main conference. Pre-conference committee meetings on issue areas should have come up with position papers and certain levels of consensus that would be taken at the conference proper. Also, with regard to the experience-sharing sessions, much time would have been saved if these had been limited to show-casing/display stands alone.

- In the post-conference period, there is the need to integrate into agreements during conference, a mechanism for disseminating the outcome of the conference and for monitoring its implementation.

- Finally, there is the need to explore imaginative/non-conventional

A cross section of participants at the Prep Com meeting. Front row L-R Jean Lennock, Prof. Nike George, Dr. Nike Adeyemi, Emmanuel Etim, Prof. Ronke Akinsete and Nike Esiet.

ways to raising funds to support such initiatives. Many funders are still distrustful of NGOs in the country and are also sceptical of the potential value of such initiatives as the National Conference and its ability to impact on the policymaking process. Hence to persuade them to come up with the required funds may be difficult. One way of successfully doing this is to make them fund specific elements of the conference directly. This could be the cost of participation of a set number of people and/or organisations. Such payments would be made directly to hotels, etc., rather than go directly to the initiating NGO or organising committee.

CONCLUSION

This publication has sought to put into public domain the process that led to the convening of the National Conference on Adolescent Reproductive Health in January 1999. The proceedings and outcome of the conference have been published in a separate volume titled *Time for Action: Report of the National Conference on Adolescent Reproductive Health in Nigeria*. The process has left lessons on how to embark upon constituency building in an environment like Nigeria where there is great diversity and mutual suspicions and where the government and civil society distrust each other. The environment is also such that transparency and accountability seem to be lacking in financial dealings between local non-governmental organisations and foreign donor agencies.

The conference has also put on record that it is possible to achieve set objectives in a project of this magnitude if the focus and the agenda are clear and pursued single-mindedly. At AHI, we believe firmly that there is no reason why the success recorded in respect of this initiative cannot be repeated in similar ventures and even improved upon if the lessons are taken into consideration. Our purpose here is both to document what happened and to show the way forward in the light of our experience. In the aftermath of the conference, further evidence of its success has even emerged. Not only have giant strides been made in the efforts to incorporate sexuality education

into the national school curriculum, several initiatives are being implemented across the country by Government and Non-Governmental organisations in line with National Strategic Framework For Adolescent Reproductive Health In Nigeria.

APPENDIX 1

CONFERENCE OFFICERS

Chairman:	Dr. Adenike A. Adeyemi Deputy Director, National MCH/RH Programme, Federal Ministry of Health
Vice-Chairman:	Dr. Bola Oyeledun Focal Person, Adolescent Health and Development, Federal Ministry of Health
Secretary:	Mrs. 'Nike O. Esiet Executive Director, Action Health Incorporated.

KEY PARTNERS AND SPONSORS

Federal Ministry of Health

Action Health Incorporated

Ford Foundation

Department for International Development

United Nations Children's Fund

United Nations Population Fund

United Nations Drug Control Programme

United Nations AIDS Control Programme

United States Agency for International Development

John D. and Catherine T. MacArthur Foundation

International Women's Health Coalition

World Health Organisation

Sheraton Hotel and Towers, Abuja

SCIENTIFIC AND TECHNICAL COMMITTEE MEMBERS

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5. Dr. U.U. Esiet	- AHI
6. Dr. O.M.T. Odujinrin	- UNFPA
7. Dr. Babatunde Ahonsi	- Ford Foundation
8. Dr. Lola Dare	- CHESTRAD
9. Mr. Yinka Ogunyinka	- JCP
10. Mallam Malumfashi	- JSYAP
11. Mr. Yemi Oyewale	- AGAH

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1. Dr. E.A. Abebe	- PHC & DC, FMOH	Chairman
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3. Dr. Eghieye	- Hi-World	Member
4. Dr. G.A. Isu	- HS/NYSC	Member
5. Dr. N.R.C. Obike-Azodo	- DPRS/FMOH	Member
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9. Mr. Felix Igbokwe	- FS/FMOH	Member
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16. Mrs. G.M. Isiorho	- DFDS/FMOH	Member
17. Mr. U.A. Udor	- Press Unit/FMOH	Secretary

APPENDIX 2

GUIDELINES FOR LEAD PAPER PRESENTATION

Lead presentations are usually meant to provide, based on literature and researches, generalised insights or illumination into a particular situation, problem or issue. They should speak of how it should be, i.e., of the ideal.

For the purpose of the forthcoming meeting, the lead paper shall take the following form:

(A) Length

- Lead papers should not exceed 15 pages (double-spaced typed) inclusive of one page containing references (single-spaced).

(B) Content

- About 50% of the paper should dwell on the qualities of an ideal or good adolescent reproductive health programme (i.e., depending on the topic of your paper Training/Education and Skills Development; Advocacy and IEC; Service Delivery and Legal Implications; and Monitoring and Evaluation).
- What issues should an ideal intervention programme on adolescent reproductive health address?
- About 20% of the paper should provide illustrations of

successful ARH programmes, particularly from our own part of the world Africa, Asia, etc.

- About 20% of the paper should dwell on the challenges and difficulties of achieving the measure of successes described. This should be on a general level.

- About 10% of the paper should attempt to draw out some measures/steps to be taken to circumvent these challenges/difficulties.

(C) Language

- Language should be clear and simple. Technical terminology and abbreviations should be avoided as much as possible. Because of the composition of the audience, please try as much as possible to clarify rather than mystify the issues addressed by your paper.

(D) Stylistics

- References should be made only to materials that were cited within the text.

- Please avoid the use of footnotes.

- It is usually the author's responsibility to verify that all references are accurate and complete.

- Within the text of the paper, references should be cited with

the name of the author and year of publication in parenthesis.

- References at the end of the paper should be presented alphabetically beginning with the last name of the author and should be typed, single-spaced.

- It is not advisable to use *ibid* or *op. cit.* in the case of multiple citations of the same reference simply repeat the citation.

APPENDIX 3

GUIDELINES FOR ORAL PRESENTATIONS

Three different types of presentations will feature during the conference, namely:

1. Keynote Address (40 minutes duration)
2. Lead paper presentations (30 minutes duration)
3. Case studies (15 minutes duration)

In order to ensure that effective presentations are made within these timeframes, we advise that presenters should please keep the following considerations in mind:

(A) Content

Presenters should please:

- Stick to the content of their papers and not veer into other areas;
- Rehearse their presentations before hand so as to ensure a mastery of the paper and time allotted for the presentation.

(B) Audio visuals

- Work towards the barest use of transparencies;
- Present the points in a few words on the slide or transparency. The slide is a guide for the audience and an outline for the

presenter. Your spoken comments should explain and elaborate on the points on the slide;

- Make provision for separate (usually the last) transparency that summarises the key lessons/points in a 3 5 bulleted points;
- Avoid hand written transparencies;
- Avoid over crowded slides: the audience should be able to read the slide from where they are;
- Choose simple, clear fonts rather than fonts with curly or elaborate lettering (examples of good fonts are: Universe or Arial);
- Ensure very large print sizes. Absolute minimum sizes for a transparency is 24 points. 30 points and larger are better;
- For slides, light letter or figures on a dark background is better;
- For transparencies, dark letters or figures on a light (clear) background is better;
- Use graphs minimally and only to make sharp visual points. For presentation purposes, a graph does not need to be as detailed as it should be in an article or a report. A presentation graph should have a clear title and a clear legend (labels for the bars or line);

Use of tables should also be kept to a barest minimum.

C) Language

- Ensure that language is made as simple and as clear as possible. The audience is not an academic one and technical terminology and abbreviations should be avoided where possible;
- Avoid one-sentence paragraphs or very long sentences.

APPENDIX 4

CRITERIA/GUIDELINES FOR PROGRAMMATIC AREAS

ADVOCACY

- Objectives of the project
- Primary target and stakeholders
- Strategies and processes used for the programme
- Number of communities/groups reached
- Outcome, i.e. Short term, Long term
- MIS
- Constraints and lessons learnt

TRAINING

- Objectives of the Programme
- Types of training (Clinical/non-clinical)
- Any curriculum for this training? If so, list types and sources
- Give number of training personnel and their training experience
- Which group(s) do you provide training services to?
- What level of trainees (category of personnel) do you train?
- Geographical spread of the beneficiaries/trainees
- Output and follow-up of trainees
- Has your training been evaluated? If yes, how and by whom?
- Purpose of the training and what has been achieved?

- How was training needs assessment conducted?
- What opportunities and constraints do you experience? What has been your response to the constraints?
- Lessons learnt what worked and what hasn't worked

INFORMATION, EDUCATION AND COMMUNICATION

- Objectives of the project
- Primary target and areas of focus
- Types of IEC services
- What training do you have in IEC?
- Do you have IEC materials developed on your project? If so, list them and from where. How were the IEC materials developed or from where were they sourced?
- Number of communities/groups reached
- MIS
- Outcome, i.e., Short term, Long term
- Constraints and lessons learnt

SERVICE DELIVERY

- Objectives of the project
- Types of service Contraceptive, STD, General Rx, Counselling, Post-abortion care, Peer Health Education (condom distribution), Ante-natal care, Delivery, Post-natal care;
- Where given (Static, Satellite/Mobile)?

- Coverage/Target population
- Hours of operation, frequency and continuity, accessibility, affordability (Youth friendly/youth specific)
- In-school or out-of-school
- Quality assurance process
- Level of utilisation (average youth attendance per day)
- Ratio of clients to providers/specific training received by personnel and types to the number of clients
- Level of supervision
- Monitoring and Evaluation
- MIS and Tools
- Cost recovery and sustainability
- Constraints and Lessons learnt

LEGAL ISSUES (SEXUAL AND REPRODUCTIVE RIGHTS)

- Objectives of the project
- Area of focus/types of services: legal protection, legal reforms, legal enforcement, legal aid, legal education, legislation;
- Primary targets
- MIS/Monitoring and Evaluation
- Outcomes
- Constraints
- Lessons learnt

EDUCATION AND SKILLS DEVELOPMENT

- Objectives of the project
- Area of focus
- Primary targets and types of services
- Qualification of trainers and the specific training they have received
- Vocational training
- Sexuality education and life skills
- Skills development for disabled adolescents
- Career guidance and counselling
- Curriculum being used
- MIS
- Constraints and lessons learnt

MONITORING & EVALUATION, MIS AND RESEARCH

- Objectives of the project and area of focus
- Tools (indicators)
- Baseline assessment and analysis
- Trends and follow-up intervention
- Types of research basic or operational
- KABP
- Rapid assessment
- Documentation and dissemination.

LIST OF ACRONYMS

AHI	Action Health Incorporated
AIDS	Acquired Immune Deficiency Syndrome
ARH	Adolescent Reproductive Health
CBO(s)	Community-Based Organisation(s)
CHESTRAD	Centre for Health Sciences Training, Research and Development
DFID	Department for International Development (British Government)
FMOH	Federal Ministry of Health
FWCW	Fourth World Conference on Women
HIV	Human Immune Deficiency
IAC	Inter-African Committee
ICPD	International Conference on Population and Development
IWHC	International Women's Health Coalition
LOC	Local Organising Committee
MCH/RH	Maternal and Child Health/Reproductive Health
NAHP	National Adolescent Health Policy
NGO(s)	Non-Governmental Organisation(s)
PHC/DC	Primary Health Care/Disease Control
PPFN	Planned Parenthood Federation of Nigeria
PREP-COM	Preparatory Committee Meeting
SWAAN	Society for Women and AIDS in Africa Nigeria chapter
UNAIDS	United Nations AIDS Control Programme
UNDCP	United Nations Drugs Control Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation

CONFERENCE SPONSORS

- The Federal Ministry of Health
- Action Health Incorporated
- The Ford Foundation
- International Women's Health Coalition (IWHC)
- John D. and Catherine T. MacArthur Foundation
- The Department for International Development (British Government)
- The United Nations AIDS Control Programme (UNAIDS)
- United Nations Children's Fund (UNICEF)
- United Nations Drug Control Programme (UNDCP)
- United Nations Population Fund (UNFPA)
- United States Agency for International Development (USAID)

FOR FURTHER HELP OR INFORMATION, PLEASE CONTACT:

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E-mail: ahi@linkserve.com.ng
Website: http://www.actionhealthinc.org

OTHER MONOGRAPHS IN THIS SERIES

- The AHI Story, 1989-2001 (Abridged Version)
- Providing Youth Friendly Health Services: The AHI Youth Clinic
- Information for Life: The AHI Peer Education Project
- Building Alliances for Sexuality Education: The Community Advocacy Project

OTHER ACTION HEALTH INCORPORATED PUBLICATIONS

- Guidelines for Comprehensive Sexuality Education in Nigeria (Lagos: 1995)
- Time for Action: Report of the National Conference on Adolescent Reproductive Health in Nigeria (in collaboration with the Federal Ministry of Health, 1999).
- A Guide to Setting Up of Health and Life Planning Clubs in Schools (Lagos: 2001)
- Training Manual for Adolescent-Friendly Health Service Providers (Lagos: 2002)
- Guide for Setting Up Adolescent Friendly Health Services (Lagos: 2002)
- Growing Up (Quarterly newsletter)