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Cover Photo: A cross section of peers from Area 1 IDP settlement, FCT, Abuja, Nigeria. September 2020. Photo taken by Bayo Ewuola.

Empowered Choices Project End of Project Report

September 2021 – April 2022

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Acronyms

AIDS ACQUIRED IMMUNE DEFICIENCY SYNDROME

AYP ADOLESCENTS AND YOUNG PEOPLE

AYSRH ADOLESCENTS AND YOUNG PEOPLE SEXUAL AND REPRODUCTIVE HEALTH

FCT FEDERAL CAPITAL TERRITORY

FCT PHCB FEDERAL CAPITAL TERRITORY PRIMARY HEALTH CARE BOARD

FEMA FCT EMERGENCY MANAGEMENT AGENCY

FGD FOCUSED GROUP DISCUSSION

HAFAI HEALTH AID FOR ALL INITIATIVE

HIV HUMAN IMMUNODEFICIENCY VIRUS

IDP INTERNALLY DISPLACED PERSON

KII KEY INFORMANT INTERVIEW

NGO NON-GOVERNMENTAL ORGANIZATION

SRH SEXUAL AND REPRODUCTIVE HEALTH

SRHR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Executive Summary

Pathfinder International Nigeria implemented the Empowered Choices project; a six-month comprehensive adolescent-responsive program to improve the health and wellbeing of internally displaced adolescents, advance gender equality and ensure healthy transition to adulthood.

The project was implemented in the Area 1 Internally Displaced Settlement of the Federal Capital Territory (FCT)/Abuja in collaboration with the FCT Emergency Management Agency (FEMA) and the FCT Primary Health Care Board (FCT PHCB). A total of forty peers (ages 10 to 19 years) participated in weekly peer mentorship and skills acquisition sessions which were aimed at increasing awareness on age appropriate sexual and reproductive health information and services and expanding their agency.

The post-test assessment conducted showed a 30% increase in knowledge of sexual and reproductive health, improved interpersonal skills and economic empowerment.

Introduction

The Boko Haram insurgency in northeastern Nigeria has led to one of the world's most severe humanitarian crises with mass displacement, disruption of basic health services, increased protection risks, and total loss of livelihoods. As of March 2022, 2.2 million Internally Displaced Persons (IDPs) were identified in the northeastern states of Nigeria, representing about 447,000 households ^[1]. The increased insecurity incidents have caused the people affected to seek refuge in other states, including the FCT, which accounts for 20,000 IDPs across locations including informal settlements and host communities ^[2]. Adolescents represent a larger portion of the IDPs and are faced with the challenge of growing up in a resource constrained environment with limited access to quality sexual and reproductive health information and services which is key for healthy transition to adulthood. Displaced adolescents are also disadvantaged based on the limited opportunity to acquire skills to empower themselves within the IDP settlements and for ease of their transition back to the society.

To address these issues, Pathfinder International Nigeria through its country-led strategy on adolescent health intervention deployed a six-month comprehensive adolescent-responsive program aimed at improving the health and well-being of adolescent IDPs in the FCT by advancing gender equality, empowering girls and their care givers, and ensuring healthy transition to adulthood.

The project was implemented in collaboration with the FCT Emergency Management Agency (FEMA), FCT Health Research Ethics Committee and the FCT Primary Health Care Board.

Goal & Objectives

Goal: To improve the Sexual Reproductive Health of adolescents in Area 1 IDP settlement by advancing gender equality, empowerment and ensuring they make healthy transition to adulthood.

Objectives:

- a. To increase awareness of and demand for comprehensive SRH information and services for adolescents and young people in Area One IDP settlement.
- b. To increase gender equitable attitudes, behaviors, and norms within families, and communities in Area 1 IDP settlement.
- c. To expand the agency of Adolescents and Young People (AYP) in Area 1 IDP settlement through skills acquisition programs to enable them lead healthy lives.

Program Strategy & Activities

Target Audience: Internally displaced adolescents ages 10-19 years in Area One IDP settlement in the FCT.

Activities

1. Advocacy Visit to FEMA

Prior to the commencement of the project, representatives of Pathfinder conducted an advocacy visit to FEMA to discuss the mission of the Empowered Choices AYSRH intervention and seek the support of the agency. This resulted in the selection of the Area 1 IDP settlement as recommended by the agency due to the demographics (large number of adolescents), and potential effect of the intervention on the SRHR need of the community.



Figure 1: Advocacy visit to the DG FCT Emergency Management Agency by Pathfinder Staff. L-R: Dr Sakina Amin-Bello, Ms. Florence D. Wenegieme, Dr Amina Aminu Dorayi, Alhaji Idris Abbas, Ms Ogochukwu Kehinde, Mr Moses Oyegun and Olufemi Akobi, FCT, Abuja, Nigeria. September 2020.

2. Entry Visit to Area 1 IDP settlement

An entry visit was conducted to the settlement leadership by Pathfinder, FEMA, FCT PHCB and three peer educators to discuss the SRH needs of the community, after which a needs assessment was conducted with 40 adolescents and young people to identify areas of need and streamline interventions. This informed the strategies and adoption of the peer mentorship curriculum.

Pathfinder Nigeria employed the following strategies to achieve project goals and objectives:

Objective 1 – To increase awareness of and demand for comprehensive SRH information and services for adolescents in Area One IDP settlement.

Strategy 1: Curriculum based peer mentorship to increase knowledge on SRH and well-being.

A needs assessment was conducted with approval of the FCT Health and Research Ethics Committee at the start of the project to determine the SRH baseline knowledge of participants in the form of Key Informant Interviews (KII) and Focus Group Discussions (FGD) with one camp official, two parents and forty randomly selected adolescents. The assessment revealed low knowledge about sexual and reproductive health and rights (SRHR) among the adolescents and parents. The results of the needs assessment informed the development of the peer mentorship curriculum which was streamlined with topics from the national peer mentorship curriculum consisting of topics on goal-settings, decision-making, self-esteem, negotiation, GBV, pregnancy, menstrual hygiene, and puberty, HIV/AIDS, etc.

Four peer mentors were engaged to facilitate the weekly peer mentorship sessions. The mentors received a week-long orientation to familiarize themselves with the purpose of the intervention.

The camp leadership assigned a dedicated space for the weekly peer mentorship sessions which were held on weekends to accommodate the participants' schedules. The sessions were initially scheduled on Saturday mornings to fit the adolescents' schedules after they are done with their household chores but was rescheduled to Sunday afternoon by consensus due to disruptions from other activities in the settlement.

The sessions were grouped in two age categories, 10 - 13 years and 14 - 19 years; to ensure age appropriate SRH information is taught to the respective groups. The weekly 2-hour peer mentorship sessions were followed by play activities to help the peers learn new skills, these include word games (scrabble), card games, football, skipping.

Pathfinder organized a film screening of the short film 'Uwani', depicting the importance of girl child education and empowerment. This was followed by a discussion with the peers on their thoughts and key learnings from the film.

Strategy 2: Improve capacity of facility providers on AYSRH service delivery

The settlement has one clinic which does not provide comprehensive SRH services due to the limited capacity of the service providers to provide age appropriate SRH information and services and unavailability of contraceptive commodities. Pathfinder conducted an interactive session with the service providers to improve their capacity on the importance of AYSRH and provision of basic services needed by the adolescents in the settlement.

Pathfinder donated medical supplies including essential drugs and consumables such as emergency contraception, anti-malaria, antibiotics, disinfectant, mentholated spirit, cotton wool, medical gloves, vitamins to the health facility to help improve service delivery and promote wellbeing of the settlement dwellers.

Objective 2 – To increase gender equitable attitudes, behaviors, and norms within families, and communities in Area 1 IDP settlement.

Strategy 3: Engagement with community gatekeepers and caregivers to address norms and attitudes that propagate gender inequity

Community gatekeepers and caregivers were identified as key stakeholders in addressing attitudes that encourage gender inequity and were engaged in dialogues to discuss and address norms and attitudes that propagate gender inequity.



Figure 2: Cross Section of Parents and Guardians of Peers at the community engagement held at Area 1 IDP Settlement, Durumi, FCT, Abuja, Nigeria. September 2020. Photo taken by Bayo Ewuola

Objective 3 - To expand the agency of (AYP) in Area 1 IDP settlement through skills acquisition programs to enable them to lead healthy lives.

Strategy 4: Skill acquisition sessions to enhance economic empowerment of adolescents (liquid soap making, shoe making, sewing reusable sanitary pads)

Skill acquisition sessions were organized in collaboration with FEMA to improve the social and economic wellbeing and SRH autonomy of the adolescents.

The skill acquisition sessions included liquid soap making and shoe making sessions which are popular and high demand trades within the settlement and in the nearby community, providing the adolescents with an opportunity to make economic gains. Twenty buckets (containing ingredients for the liquid soap) were distributed per household to the participants to practice and trade.

Pathfinder in partnership with a local organization, Health Aid for All Initiative (HAFAI) conducted two sessions on menstrual hygiene management and sewing reusable sanitary pads made from locally sourced fabrics using sewing machines and sewing kits (needle and thread). Starter kits were distributed to the girls to practice for personal and commercial purposes.

Results by Project Objectives

Objective 1 - To increase awareness of and demand for comprehensive SRHR information and services for adolescents and young people in Area 1 IDP settlement.

A pre and post-test model of assessment was carried out to determine change in knowledge of SRH. The assessment included a set of questions on relevant SRH topics including goal settings, puberty, HIV/AIDS, gender-based violence, and forming healthy relationships. The results of the assessment are in the table below:

SRH Knowledge difference

SRH Topics	Pre-test (% average)	Post-test (% average)	Difference (%)
Goal setting	69	95	26
Gender-Based Violence	54	72	18
HIV/AIDS	45	82	37
Puberty	48	97	49
General SRH Knowledge	57	87	30

Objective 2 – To increase gender equitable attitudes, behaviors, and norms within families, and communities in Area 1 IDP settlement.

A total of eighty caregivers were reached with SRH awareness messages, gender rights and information on healthy lifestyles through the engagement sessions with the community gatekeepers and caregivers in the settlement. The caregivers gave testimonials on the impact of the Empowered Choices project on their households and changes in behavior, e.g.,

"I really appreciate the Pathfinder team for the experience given to the children, especially the orphans, as I am a widow. My daughters no longer wander after school, they keep busy sewing pads for themselves and their friends" - Hadiza Aliyu, a parent to two peers who participated in the project.

Objective 3 - To expand the agency of AYP in Area 1 IDP camp through skills acquisition programs to enable them lead healthy lives.

Forty adolescents participated in the skill acquisition sessions and were given materials to enhance their skills including grinder machines, raw materials for soap making, leather, hammers, clips and sewing kits. One participant reported successfully selling 10 liters of liquid soap worth \(\frac{10}{10}\) two weeks after the training.



Figure 3: Alheri making liquid soap.



Figure 4: One of the peers showcasing liquid soap she made.



Figure 5: One of the peers learning how to sew a re-usable sanitary pad



Figure 6: Fatima Ali showcasing the re-usable sanitary pad she made

Graduation

Pathfinder organized a graduation ceremony to mark the end of the project, celebrate the achievements of the participants and handover the training materials including shoe making machines and raw materials to FEMA. The mentors and peers shared their experience with the sessions and participants were presented certificates of participation. The participants also did a showcase of products (including reusable sanitary kits and shoes) from the skills acquisition sessions.

FEMA gave commitment towards the sustainability of the project achievements by following up with the peers at later times and channeling resources towards scale-up.

Project Limitations

- Short project implementation time
- Other camp activities which became distractions for the adolescents

Challenges

The following challenges were experienced while implementing the Empowered Choices project:

- Initial push back by camp leadership as they failed to see the importance of the intervention. This was addressed through consistent engagement and sensitization on the importance of the intervention for adolescents in the settlement.
- Interruption of sessions by activities of other implementing partners (including faith-based organizations, philanthropists, NGOs and government) due to easy access to this location. This was addressed by rescheduling the session to a time more suitable and with less interference.



Figure 7: Hadiza showcasing the re-usable sanitary pad she made during the graduation ceremony



Figure 8: The Class Rep demonstrating how shoes are made



Figure 9: One of the peers sharing her experience



Figure 10: Group picture with peers, FCT PHCB, FEMA, Camp leadership and Pathfinder Staff

Lessons Learnt

- Getting the buy-in of the settlement leadership and caregivers was crucial to the success of the project and getting active participation of the adolescents.
- The target population was more willing to participate when incentives such as refreshments or stipends were provided.
- A secluded area for the weekly sessions encouraged openness among the adolescents.
- Using more than one language and facilitating in the predominant language within the community enabled easy communication and community acceptance.
- The project has succeeded in creating awareness of the importance of SRH in the settlement and FEMA committed to scheduling monitoring visits to ensure proper use of the resources provided for the peers for the continuation of their empowerment efforts.

Recommendations

The following are recommended actions for policy makers:

- Implement the recently launched National Policy on Adolescent Development and Health, which protects the health of adolescents in conflict settings, including IDP settlements, by doing the following:
 - Domesticate the policy at subnational levels to protect adolescents
 - Allocate funding to support adolescent health programming in IDP settlements; and
 - Engage multiple stakeholders (e.g., parents, camp leaders, FEMA) to forge sustainable support for adolescent health.
- Support peer mentorship programs across IDP settlements through partnerships with the National Youth Service Corps to support the health and development of young IDPs

- Provide small-business loans to adolescent IDPs to enable them start and sustain economic participation.
- Ensure and improve referral systems from IDP settlement health centers to nearby health facilities to increase access to services and inclusion in reporting data.
- Integrate Family Life and HIV Education across public and private school curricula.

The following are recommended actions for implementing partners:

- Engaging key stakeholders in the IDP settlements, including parents and guardians of adolescents, is necessary to obtain their buy-in and cooperation for the success of the intervention.
- Creating safe spaces where adolescents feel free to interact is key to their learning. This includes
 an enabling environment where the rights of adolescents are identified and respected, and they
 are allowed to talk freely about SRH issues without fear or discrimination. These safe spaces are
 best established within the settlement but in secluded areas to avoid distractions.
- Incorporating fun activities such as sports and board games help sustain engagement, their attention and build their skills in the process.

References

- 1. FAO (2017) Rapid Gender Analysis of Affected Population in Borno, Adamawa and Yobe States: Main Findings (December 2017 to August 2018) available from https://reliefweb.int/report/nigeria/rapid-gender-analysis-affected-population-borno-adamawa-and-yobe-states-main-findings
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