

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH ADVOCACY STRATEGY



HACEY HEALTH INITIATIVE

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ABOUT HACEY

HACEY is a development organization focused on improving the health and productivity of under-served population in Africa. We work with communities, government institutions, private sector companies, civil society groups and the media to design and implement sustainable interventions aimed at creating lasting impact for our beneficiaries

Our vision is "To create a healthy and sustainable society for all", with a mission "To empower and support children, women and young people to lead healthy lives through capacity building, advocacy, research and education."

OBJECTIVES

- To promote and support educational, informative and empowerment activities to increase public awareness of health and environmental issues.
- To convey health information to hard-to-reach communities (especially rural communities).
- To develop and train man-power in the emerging field of health and environment.
- To complement the efforts of government and other institutions in achieving a state of total health for all.
- To provide adequate health and empowerment information for women and children.

HACEY's Health Initiative's approach to community development work is unique. We use a 'CARE' approach in ensuring that every child, woman and young person in the society is affected positively by our work.

C - Capacity building: Every of our program is aimed at building individual, family and community capacity

A - Advocacy: We address the root cause of societal challenges, while we tackle the effects of such problem.

R - Research: We research problems, environments, different case studies and practices to determine which solutions would bring about maximum impact when applied.

E - Education: Educating the society about the challenges they face and how best they can overcome them. Once understanding is achieved, solutions are better implemented and sustained.

ADVOCACY STRATEGY FOR INFLUENCING POLICY

INTRODUCTION

Since the 1994 International Conference for Population development (ICPD) convention that drew global attention to the need for stronger focus on sexual and reproductive health (SRH) issues, policy makers and leaders have increasingly put the SRH needs of its people on the forefront of development. However, ASRH still lag behind when it comes to reformative policy change to address the numerous risks and challenges.

Nigeria has signed on to various global declarations that promote access to sexual and reproductive health (SRH) care for all. However, the SRH needs of many adolescents are not met despite increased commitments at the global level. A recent survey carried out in Southwest States of Nigeria showed how disproportionately the facilities that provide sexual and reproductive health services are across the region and clearly showed the gaps that equally needs to be bridged for effective sexual and reproductive health response particularly for adolescent young people in Nigeria.

The sexual and reproductive services and rights of young people especially girls are constantly undermined by patriarchal and gendered societal contexts across many countries and especially in African society. Today's young people face a number of challenges growing from childhood to adulthood, and as they mature and become sexually active, more young people face serious health risks. Most face these risks based on little or no factual information to enable them make informed decisions about their actions, too little guidance about sexual responsibility, and too little access to health care. Some get wrongly informed through peers who do not have scientifically correct information on reproductive health issues. Why some run to traditional healers and patent medicine vendors to get solutions that are unsafe and could be detrimental to their lives.

From the recent survey, there are a number of factors affecting access to SRH services in the region. There are programmatic and policy interventions, integration of adolescent focused SRH service by states in healthcare provision, education on adolescent SRH approach and needs for healthcare providers. These issues tend to limit the already scare resources available for young people when it comes to their sexual and reproductive health.

SRH POLICY ENVIRONMENT IN NIGERIA

The national policy on the health and development of adolescents in Nigeria (2007) identified access to reproductive health education and services as major contributory factors to the poor knowledge of young people on sexual and reproductive health.

The Federal Ministry of Health (FMOH) is responsible for formulating health policies in Nigeria. The Nigerian government adopted the National Health Policy and Strategy to achieve health for all Nigerians, which articulates the goal of enabling all Nigerians to achieve socially and economically productive lives.²² According to the National Health Policy, health is an essential component of social and economic development as well as being an instrument of social Justice and national security.

Although the National Health Policy does not specifically provide for reproductive health care, the National Health Policy fails to provide for comprehensive reproductive health concerns, and focuses primarily on family planning maternal and child healthcare. So also, the National Adolescent Health Policy falls short, by failing to integrate contraception provision into adolescent health programmes.

The National Policy on Population for Development, Unity Progress and Self-reliance and the National Health Policy continue to be the guiding documents on population and family planning. Written before the International Conference on Population and Development in 1994 and the five-year review in 1999, Nigeria's Population Policy fails to account for emerging concerns in family planning and reproductive health, including the rapidly increasing spread of HIV/AIDS and complications from Female Genital Mutilation (FGM).

The 2001 National Policy on Reproductive health and Strategy to achieve quality reproductive and sexual health for all Nigerians, designed to supplement the National Health Policy and to correct some, if not all the limitations therein, was adopted by the Federal Government of Nigeria. This policy document acknowledges the necessity for every nation to operationalise the reproductive health concept and promote quality reproductive health services in the interest of the well-being of the people, enhanced social life of the community, national development and the future of the human society. Further, the policy clearly expresses the commitment of the government and peoples of Nigeria to effectively address the major reproductive health challenges and revise the current trend of poor reproductive health status and services.

Furthermore, the RH Policy noted that while the various laws in force in Nigeria address different areas of reproductive health, many of these laws, however, do not reflect the reproductive health concept and so are inadequate to meet the needs of actualizing reproductive rights as contemporarily understood. While the provisions of many of the policies in the health sector are relevant to promotion of reproductive health their targets are sometimes contradictory or outdated or both.

Accordingly, the 2007 RH Policy provides for thirteen specific objectives and targets:

1. To reduce maternal mortality and morbidity due to pregnancy and childbirth by 50%.
2. To reduce perinatal and neonatal morbidity and mortality by 30%.
3. To reduce the level of unwanted pregnancies in all women of reproductive age by 50%.
4. To reduce the incidence and prevalence of sexually transmitted infections including the transmission of HIV infection.
5. Limit all forms of gender-based violence and other practices that are harmful to the health of women and children.
6. To reduce greater imbalance in availability of reproductive health services.
7. To reduce the incidence and prevalence of reproductive cancers and other non-communicable diseases.
8. To increase knowledge of reproductive biology and promote responsible behaviours of adolescents regarding prevention of unwanted pregnancy and sexually transmitted infections.
9. To reduce gender imbalance, in all sexual and reproductive health matters.
10. To reduce the prevalence of infertility and provide adoption services for infertile couples.
11. To reduce the incidence and prevalence of infertility and sexual dysfunction in men and women.
12. To increase the involvement of men in reproductive health issues.
13. To promote research on reproductive health issues

It however fails to address each of these points with respect to young people which is a limitation of most of these policies. There is therefore a need to advocate for policies specific to young people's SRH needs and that process needs to start now more than ever.

ADVOCACY STRATEGY DEVELOPMENT

In developing this advocacy strategy, consultations with stakeholders in southwest Nigeria was conducted to get a more robust understanding of the issues that exist, interventions that have been carried out, and the gaps that still remain in providing SRH services for young people.

The process followed the following steps in determining the key issues for focus and the recommendations and activities that can be implemented in achieving the outlined objective:

- A desk review of the existing policies and national strategies that exist within the Nigerian policy environment which could cater to the sexual and reproductive health of young people. The review assessed national documents and international agreements which Nigeria is currently signed on to. The assessment studied policies to understand the policy environment surrounding sexual and reproductive health for adolescents.
- Interviews with policy and decision makers, community leaders, religious leaders, guardians (parents and teachers) and adolescents were conducted as well to provide information on their knowledge and experience on adolescent sexual and reproductive health. Results from the reviews served as input for dialogues with stakeholders and the development of the strategy document.
- A series of regional dialogue sessions were organized with stakeholders to get their opinions for recommendations and actions. Advocacy meetings and data presentations were also held with decision makers and key influencers in state governments and communities.
- The process of developing the advocacy strategy was carried out by HACEY with input from select nongovernmental organizations and shared with key contributors for inputs. Every effort was made to ensure that representative from different regions were present at the strategy development, including young people. The finalized document was developed by HACEY.

KEY ADVOCACY ISSUES

The key element of a successful advocacy is to identify, prioritise and analyse the issues that affect the reproductive health of a large number of adolescents and youths. The following is a brief summary of the major ASRH issues, based on the available data from surveys, research findings, surveillance reports and government annual and statistical reports.

Inadequate access to sexual and reproductive health information

Ignorance of sexual and reproductive health issues has been found to be a determinant factor in negative outcomes for adolescents such as STI transmission, teenage pregnancy, induced abortion. Unwillingness of older members of society such as parents, guardians and healthcare providers to provide valuable information to young people limit their ability to make informed choices about their sexual and reproductive health. Despite the increased evidence of the impact of a lack of information, many communities still classify talking about adolescent sexual and reproductive health as immoral and a taboo. An information gaps on comprehensive contraceptive options exist among young people in Nigeria. Less than 30% of sexually active adolescents aged 15 – 19 use a form of contraception while engaging in sexual activity. Not only does this lead to an increase in unwanted pregnancies, but also increases the risk of STI transmission.

Unwanted Pregnancy and Unsafe Abortions

Unintended teenage pregnancy poses a significant risk on the health, psychology and development of adolescents. Studies have shown that most young girls who get pregnant unintentionally would rather abort the pregnancy than keep it regardless of the risks involved. This greatly increase the rate of illegal abortions and maternal mortality and morbidity. Not only does it lead to discrimination and in some cases expulsion from school, it limits their ability and opportunity to further their education in future. An estimated 1.25 million induced abortions occurred in Nigeria in 2012, a more than 200% increase from what was seen less than three decades ago. Between 27% and 60% of all intended pregnancies among adolescents end in abortion with deaths from abortion accounting for up to 40% of maternal deaths recorded. About 212,000 women were treated for complications of unsafe abortion, representing a treatment rate of 5.6 per 1,000 women of reproductive age, and an additional 285,000 experienced serious health consequences

but did not receive the treatment they needed. While not all unwanted pregnancies lead to abortions nor all abortions lead to deaths among adolescents, it could lead to serious reproductive health challenges and further exclusion and marginalization of the affected adolescent.

Sexually Transmitted Infection and HIV/AIDS

Each year an estimated 333 million new cases of curable sexually transmitted infections (STI) occur worldwide with the highest rates among 20-24 year olds, followed by 15-19 year olds. One in 20 young people is believed to contract a STI each year, excluding HIV and other viral infections. A minority of adolescents have access to any acceptable and affordable STI services. Adolescents and young people represent a growing share of people living with HIV worldwide. In 2016 alone, 610,000 young people between the ages of 15 to 24 were newly infected with HIV, of whom 260,000 were adolescents between the ages of 15 and 19. To compound this, most recent data indicate that only 15 per cent of adolescent girls and 10 per cent of adolescent boys aged 15-19 in sub-Saharan Africa – the region most affected by HIV – have been tested for HIV in the past 12 months and received the result of the last test. If current trends continue, hundreds of thousands more will become HIV-positive in the coming years. Additionally, AIDS-related deaths among adolescents have increased over the past decade while decreasing among all other age groups, which can be largely attributed to a generation of children infected with HIV before birth who are growing into adolescence.

STRATEGIC ADVOCACY ACTIONS AND OBJECTIVES

The issues mentioned above have been used to develop advocacy focuses which can be implemented within the context of outreaches and capacity building. All advocacy efforts will be conducted at the state level and at the local levels.

At the state level, advocacy will seek more policy change to provide for the development of state action plans and policy guidelines for implementation at all state run establishments.

At the local level, advocacy will seek to change behaviour, attitudes and knowledge to increase the utilization of available ASRH services and promote increased engagement with stakeholders.

OBJECTIVES

Based on the identified issues and advocacy actions, the following objectives have been designed to provide a guide for implementation of the advocacy actions.

1. Increase the provision of SRHS for adolescents in public health centres and schools through policy mandate.
2. Improve quality of ASRH services provided through consistent training of health workers, provision of comprehensive services and supervisory support services to health workers.
3. Increase budgetary allocations by states for implementation ASRH policies and action plans, and for improvement and development of adolescent friendly facilities.
4. Increase awareness among communities through community based programs, and education among in- and out-of-school adolescents to increase demand for ASRH services.
5. Integrate family planning providers training campaigns in the areas of communication and counselling skills for relating with adolescents.
6. Ensure effective supply chain mechanisms to ensure regular availability of commodities for young people

ADVOCACY STRATEGY

Objective 1

Increase the provision of SRHS for adolescents in public health centres and schools through policy mandate

Stakeholders

Ministry of Health, Department/Directorate of reproductive health, Primary health care board, organizations involved in SRH policy advocacy, other nongovernmental organizations, other ministries and agencies

Advocacy Tactics

Lobbying, Policy dialogue, Meetings

Core Message

Majority of government run health centres are not under the mandate to provide SRH services for young people. Others who do provide most times are not protected by law from backlash to provide comprehensive, confidential services for adolescents. Policies that specifically provide for adolescents are required if their SRH needs are to be met. Because SRH issues have significant effect on the lives of adolescents if left unattended, it should be addressed as priority in all discussions regarding their development and the development of the states.

Key activities

- Organize seminars and dialogues with stakeholders to identify specific policy recommendations for integration in state health plans
- Conduct meetings with policy influencers to lobby for increased focus on ASRH
- Write position papers as a technical input to policy documents
- Participate in interventions and programs of the Ministry to stimulate more interest in ASRH
- Disseminate information about ASRH to policy and decision makers

Objective 2

Improve quality of ASRH services provided through consistent training of health workers, provision of comprehensive services and supervisory support services to health workers.

Stakeholders

Ministry of health, Medical Health Directors, Policy makers, NGOs,

Advocacy Tactics

Sensitization, Lobbying, Capacity building

Core Message

Adolescents require a broad spectrum of sexual and reproductive health services ranging from accurate and reliable sexual and reproductive health information, to contraception options and non-judgemental counselling in a conducive non-discriminatory environment. With the dispersion of public health facilities in local communities, it creates an available medium through which young people can get these services. However, these centres are rarely receptive of inquisitive adolescents searching for information or services. Providers responses are most times poorly concealed judgement to blatant refusal to offer those services. These behaviours and attitudes are mostly generated from socio cultural or religious beliefs. The inability of providers to offer comprehensive services also stems from their lack of knowledge and skills to address the issues specific to adolescents needs in a non-judgemental manner,

Key activities

- Conduct regular adolescent friendly assessments of public centres to identify areas that need improvement and service enhancement
- Lobby decision makers and health directors for the inclusion of youth friendly corners in public health centres
- Provide information, documents and strategies on integrating adolescent friendly services in formal health systems for policy makers and decision makers.
- Conduct knowledge transfer and collaboration between sector providers

Objective 3

Increase budgetary allocations by states for implementation ASRH policies and action plans, and for improvement and development of adolescent friendly facilities

Stakeholders

State house of representative members, Ministry of health, Directors of public health service at local and state level

Advocacy Tactics

Negotiation, policy dialogue, sensitization

Core Message

Starting and managing sexual and reproductive health services for adolescents requires the release of funds to setup and provide comprehensive services. The cost of getting sexual and reproductive health services are most time unaffordable for adolescents. From access to medical services to testing and commodities, affordability is a major challenge. With limited resources available, public health centres focus more on providing sexual and reproductive health services to older age group especially married people, reducing the amount of services available for adolescents. With little financial support, interventions such as health workers training, setting up a dedicated corner for adolescents will not be possible and the negative impact of their lack of services will continue to rise.

Key activities

- Organize dialogues with partners and stakeholders to develop sustainable plans for providing ASRH
- Organize meetings and lobby with policy makers on the importance of allocating funds for adolescent SRH services
- Generate recommendations and plans from interventions for decision makers and policy planners
- Provide updated information, results on adolescent SRH for decision makers, government leaders and policy makers

Objective 4

Increase awareness among communities through community based programs, and education among in- and out-of-school adolescents to increase demand for ASRH services.

Stakeholders

Ministry of health, Ministry of education, Community development association leaders, Local trade union leaders, Religious leaders

Advocacy Tactics

Policy dialogue, Outreach, Sensitization, Dialogue

Core message

The health seeking behaviour of adolescents also acts as a major determinant to their accessing services. Being able to get help or information about their sexual and reproductive health contributes to their ability to make informed choices. While some adolescents understand the importance of seeking accurate and reliable sexual and reproductive health information, majority do not actively seek it out. Traditional and religious beliefs sometimes stand as barriers to them accessing the available services though limited. Added to this, society's unwillingness and judgemental attitudes makes it difficult for service providers to offer these services and adolescents to seek them out.

Key activities

- Work with NGO to develop and implement community based awareness interventions for target populations
- Implement behavioural change communication programs at local and state levels to change the attitudes and mind-set of community health workers
- Conduct dialogues with community gatekeepers and leaders to promote non-judgemental attitudes to adolescent SRH provision
- Work with government school boards in updating content and provision of SRH services for adolescents

Objective 5

Integrate family planning providers training campaigns in the areas of communication and counselling skills for relating with adolescents

Stakeholders

Ministry of health, Local government chairmen, Medical health Directors, Health workers, NGOs

Advocacy Tactics

Capacity building, Sensitization

Core message

Family planning is an integral part of sexual and reproductive health service provision. The ability to decide when to start having a family, what method of contraception would be suitable can only be made through the provision of information to the user. While universal coverage has not been achieved yet, improvement have be recorded in closing the family planning needs with the training of health workers to provide reliable information. However, these information are not being made available for young unmarried people, leading to negative outcomes especially from those who have already begun child bearing. The utilization of the already available human resource for providing this information for young people will increase the availability of SRH services to them.

Key activities

- Collate and present data and statistics, information and documentation on family planning and contraceptive needs of adolescents to decision makers
- Provide tools and instruments for the development of further training in adolescent health provision
- Organize regular meetings with decision makers and health leaders to follow up on trainings for health providers and community healthcare workers in family planning
- Push for the institution of dedicated services for unmarried adolescents who have begun child bearing to address issues of discrimination.

Objective 6

Ensure effective supply chain mechanisms to ensure regular availability of commodities for young people

Stakeholders

Ministry of Health, Medical Health Directors,

Advocacy Tactics

Advocacy

Core message

While it is important for health facilities to provide services and information for adolescents seeking help, it is equally crucial that necessary commodities are available to them should they require it. Majority of health centres who provide adolescent sexual and reproductive health centres lack necessary commodities for adolescents. This could range from reliable information in form of guides and tools to commodities such as contraceptives and STI treatments. Currently, majority of centres who do possess these commodities serve mainly older youths majority of whom are married. Ensuring that young people have access to these commodities, and that these commodities are always available is key in providing comprehensive adolescent sexual and reproductive health services.

Key activities

- Lobby for policy mandate that specifies that public health centres are to provide sexual and reproductive health services for adolescents
- Conduct meeting with ministry of health and decision makers to develop and improve structures for commodity stocking and dispersion
- Provide information, documents and findings on sexual and reproductive health services and information, including commodities that are mostly requested and required by adolescents
- Participate in monitoring, evaluation and learning of supply chain for commodities.

MONITORING AND EVALUATION

It is important to have a clear monitoring and evaluation plan for your advocacy efforts. Having a good plan and implementing it is a great step towards your set objectives however it is important to find out if your activities are leading you towards achieving your objective. In monitoring your strategy, the outcomes of your actions and the overall impact must be measured to know if you have achieved any change in the direction of your goal.

An advocacy strategy monitoring and evaluation plan consists of Output indicators, Means of verification of indicators, Milestones, Risks and mitigation plans.

Monitoring is a continuous process that has to be carried out throughout the life span of the project to ensure the effectiveness and productivity of the intervention. It helps in identifying the challenges that may be encountered and ways that those challenges can be overcome or adapted to.

CONCLUSION

Advocacy for adolescents' sexual and reproductive health can be challenging because of the deep seated negative behaviours and low levels of prioritization in policy discussion. His advocacy strategy focuses on a limited number of issues but they have been selected based on consultations and discussions with adolescents, advocates and stakeholders and have been identified as some of the leading issues affecting adolescent SRH. This strategy also provides specific actions and objectives that will need to be addressed in order to increase and improve access to comprehensive sexual and reproductive health service and information for adolescents. The strategy includes core messages and activities that can be employed during individual or collective use to make it easier for program planners to achieve the set goals and objectives.

The availability and accessibility of SRH services can significantly reduce the negative SRH outcomes of adolescents such as unintended pregnancy, illegal and unsafe abortion, STI transmission, and contraception. Ensuring that young people have access to comprehensive SRH services should be prioritised at all levels especially by policy makers and healthcare providers in the state.