

# Action Health INCORPORATED



Annual Report, 2000

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# Action Health Incorporated

Action Health Incorporated (AHI) is a non-profit, non-governmental organisation founded in 1989 by Dr. Uwem U. Esiet and Mrs. Nike O. Esiet out of their deep concern for the limited access that young people have to preventive information and skills to deal with the myriad of health problems confronting them.

AHI believes that adolescents need to be aware of the various factors that influence the experiences they have at this stage of their lives because, only adolescents who know themselves, value themselves, are aware of their options and are skilled, will have the capacity to develop into healthy and responsible adults.

AHI's vision is that of a Nigeria where young girls and boys would grow up to assume control over their lives, guaranteed the basic information, skills and services to enhance their sexual and reproductive health and human rights.

Thus, AHI's mission is to serve as an advocate and catalyst for change in the present poor status of adolescents' well-being, by increasing awareness and implementing innovative public education, healthcare and youth development programmes. Over the years, AHI has grown to become one of the leading, reputable non-governmental organisations working to promote the health and development of adolescents in Nigeria today.

Working in partnership with colleagues around Nigeria, AHI has contributed to bringing sexuality issues from the private to the public domain, and is getting government and communities to take a stand on the sexual and reproductive health of young people in Nigeria. However, much more still needs to be accomplished in this field. In order to adequately address the health and developmental needs of young people, their social environment must be transformed so that they can form relationships between themselves and their peers, parents, teachers, religious groups and other stakeholders that will facilitate the acquisition of appropriate knowledge, life skills and attitudes.

# Board of Trustees

## Chairperson

Dr. Adebunmi O. Odiakosa

## Secretary

Dr. Uwem U. Esiet

## Members

Rev. (Dr.) Chris Omeben

Dr. Yemi Ogunbiyi

Mr. Olu Lutherking

Dr. Adebola Okoisor

Mrs. Nike O. Esiet

## Registered Office

Plot 54, Somorin Street

Off Ketu-Oworonshoki Expressway

Ifako-Gbagada, Lagos

Nigeria

## Auditors

Ernst and Young

(Chartered Accountants)

Ebani House

62 Marina

Lagos



Dr. Adebunmi Odiakosa  
Chair, AHI Board of Trustees



Dr. Uwem U. Esiet  
Secretary, AHI Board of Trustees

# Personnel

AHI's staff comprises doctors, nurses, teachers and social scientists as well as young school leavers serving one-year internships as Youth Assistants. The organisation also retained a number of consultants who supported specific projects and initiatives in 2000.

## Programme and Administration

'Nike O. Esiet  
'Bimbo Jide-Aremo  
Iseri Osinachi  
Bunmi Adeniyi  
Madinatu Imoru  
Adejoke Ayoola  
Peju Osunkayode  
Tola Onanuga  
Chiemezie Ndukwe  
Omolara Ogunjimi  
Omotunde Adesanya  
Mary Sagbodje  
Mojisola Akinpelu  
Grace Adeniran  
Uduak Akin  
Yomi Iyiola-Martins  
Esther Oderinde  
Netu Ilavbare  
Dare Ogunyombo  
Kayode Otuneyinwa  
Abayomi Banjo  
Rafiu Adeyemi  
Elizabeth Peter  
Rita Eteng  
Oyeniya Daramola



## Youth Assistants and Volunteer Workers

Feyi Fowowe  
Mojisola Onifade  
Olayemi Oladele  
Stanley Kumolu-Johnson  
Margaret Ojebisi  
Mudashiru Oludare  
Golden Azikiwe  
Wuraola Sasu

## Consultants

Prof. Kasali Adegoke  
Dr. Konstance McCaffree  
Dr. Sola Akinrinade  
Mr. Marc Okunnu, Snr  
Dr. Andrew Arkutu  
Dr. Andrew Asibey

# Statement from the Executive Director

Annual reports always present a good opportunity to reflect on the year's activities and this is particularly true of Action Health Incorporated (AHI) in 2000; this has in many ways been a watershed year. Not only did 2000 mark the end of a millennium, it also marked the beginning of AHI's second decade of life as an organization – a transition from childhood to adolescence. Since 1989, AHI has grown from a staff of two persons and eight volunteers, working to raise awareness about youth health issues in a few public schools of Somolu in Lagos to its present complement of 24 technical staff and 428 youth and adult volunteers, getting communities to take a stand on the health and well-being of young people nation-wide.

Our peer education expansion project has moved into 24 new schools beyond our traditional area of operation including, for the first time, privately owned secondary schools and schools outside Lagos State. Our community outreach programmes have also extended to groups such as pentecostal churches that had proved resistant to sexual and reproductive health messages for young people in times past. The youth center based clinic's clientele has also increased significantly and four new school based clinics have been established in public secondary schools around Lagos. These clinics are meeting hitherto unmet needs by providing hundreds of teenagers access to quality healthcare delivered by technically competent staff in adequately equipped, youth-friendly facilities.

AHI's community advocacy efforts have also yielded rewards, with the Federal Ministry of Education's invitation to collaborate with it in the development of a national sexuality education curriculum. The final draft of this curriculum is now awaiting approval by the 48<sup>th</sup> Session of the National Council on Education scheduled for 2001.

However, these breakthroughs also imposed new demands on us particularly, the need to enhance the organisation's capacity to serve our clients more efficiently. Our response included the recruitment of new staff to strengthen the programmatic and administrative components of the organization; five programme staff, two administrative staff and four youth assistants were recruited to join the AHI team during the year. Training opportunities to enhance staff members' skills were also provided through participation at national and international conferences and workshops. Training on the job will also remain the cornerstone of our staff development policy.

At the level of planning and evaluation, the growth of AHI also forced us to rethink our priorities. Thus, we undertook a major strategic review and planning of our activities, in order to position us strongly as we enter into the second decade of our existence as an institution. Management Strategies for Africa (MSA) a UK-based firm was commissioned to conduct an external and independent assessment of AHI. This was done at two levels: the organisational assessment that focused on AHI's internal

structure, and a programme assessment that evaluated the various components of AHI's programmes: Information, Education and Communication (IEC), Clinic and Advocacy. The outcomes of the organisational assessment and programme evaluation indicated that AHI is a healthy organization with acknowledged high levels of financial accountability and probity. The MSA team also found that AHI is technically virile and has contributed nationally to the promotion of sexuality education and interventions to meet the sexual and reproductive health and rights of young people.

These achievements of AHI would not be possible without the support and encouragement we receive from the local community including the Lagos State Government, our numerous allies and colleague NGOs, our dedicated members of staff and Board of Trustees, as well as, our very committed team of youth and adult volunteers, to whom we are very grateful.

Our sincere appreciation also goes to all our donor partners who have provided the moral and financial support for our projects : The John D. and Catherine T. MacArthur Foundation, The Ford Foundation, International Women's Health Coalition, The David and Lucille Packard Foundation, United Nations Children's Fund and United Nations Population Fund.

While its outputs prove that AHI's work is valuable and necessary, there are still many challenges to be confronted in the years ahead. National statistics speak for themselves; Nigeria is at the brink of one of the worst HIV epidemics in the world, STDs remain endemic, just as teenage pregnancies and gender violence remain unsolved problems. More often than not, the infrastructural facilities required to address these problems are non-existent or health care providers are ill-equipped to help adolescents deal with these challenges. As long as this situation prevails, the work of AHI and all other organisations that share our mission will not be over. With your support however, AHI and our allies will continue to sharpen our efforts at advocacy, public education, service provision and technical assistance to ensure that adolescent- serving initiatives are effectively implemented across Nigeria.



**'Nike O. Esiet**  
Executive Director

*Nenike*

'Nike O. Esiet  
Executive Director



# Information, Education and Communication (IEC) Interventions

— The challenges faced by Nigerian adolescents are compounded by the paucity of sexual and reproductive health information and services.

## Project Background

The challenges faced by Nigerian adolescents are compounded by the paucity of sexual and reproductive health information and services. However, it is common knowledge that the provision of such information and services are important steps to ensuring that adolescents are equipped with the knowledge and skills to make responsible and informed choices. The activities organised by AHI to facilitate the accomplishment of this goal during 2000 focussed around four broad areas:

1. Youth centre based training programmes for in-school adolescents and PTA Health Counsellors;
2. Dissemination of sexual and reproductive health information among adolescents;
3. Expansion of the Peer Education Programme; and
4. Provision of Library facilities on adolescent health and development issues.

## 1. TRAINING PROGRAMMES

The training programmes conducted for adolescents and PTA Health Counsellors during the year included the Adolescent Reproductive Health Education Course and Vacation Seminar for the adolescents, and the PTA Health Counsellors' Training.



■ A participant receiving her certificate on successful completion of the ARHE Course. The course seeks to equip adolescents with the information and skills they need to make responsible decisions about their sexuality and reproductive health.



### THE ADOLESCENT REPRODUCTIVE HEALTH EDUCATION COURSE

The Adolescent Reproductive Health Education (ARHE) course is designed to expose participants to factual, age-appropriate information about adolescence and human sexuality, provide the opportunity to clarify their values about these issues as well as develop skills to make informed choices about their reproductive health.

The methodology for this eight-week course emphasises the participatory learning approach through role-plays, experience-sharing and demonstration of acquired skills. A unique feature of this approach, is the *Egg Baby Exercise* that affords participants the opportunity of a first-hand experience on what it takes to be a teen parent. Each participant is expected to take care of a fresh uncooked egg called “baby” for one week. During that time, they are to take their baby everywhere, check on it several times a day and never

leave it unattended. This is for them to fully appreciate the awesome responsibility of taking care of an individual who is totally dependent on one. At the end of the exercise, most of the teenage participants come to the realisation that they are not ready to become parents. The reports reflected how tedious real parenting could be for young people. Some of the expressions used included: “a very big burden”, “a terrible experience”, and “a nightmare”.



■ Participants at the end of the Vacation Seminar.



■ PTA Health Counsellors during a group activity. They are charged with the responsibility of overseeing the *Health and Life Planning Clubs* in their schools.



■ (L-R) Stanley Kumolu-Johnson, Feyi Fowowe, Yemi Oladele, Moji Onifade. Year 2000 participants in the *Youth Skills Development Scheme*.

## ■ VACATION SEMINAR

The Vacation Seminar was introduced as a way of productively engaging students during the holiday period. A series of seven two-day seminars were held this year and these had a total of 133 participants in attendance.

## ■ PTA HEALTH COUNSELLORS' TRAINING

A 3-day Health Counsellors' training was held for teachers from selected secondary schools in the month of May. The training was aimed at increasing the teachers' knowledge of challenges and concerns of adolescents, enhancing their communication/ counselling skills and preparing them for their roles as coordinators of their schools' Health and Life Planning Clubs.

## ■ THE YOUTH SKILLS DEVELOPMENT SCHEME

The scheme was re-launched in 1999 with the added objective of preparing youths for leadership roles. Participants are exposed to information about their sexual and reproductive health and rights as well as skills that would enable them cope with future challenges. The programme is competency-based and focusses on six key areas: general knowledge,

## Feyi Fowowe, Youth Assistant

**F**eyi was the youth assistant in the Information Education and Communication Unit in 2000. “Before coming to AHI, I didn’t know much about adolescent reproductive health issues. Working in AHI has exposed me to the numerous ways through which one can work towards meeting the needs of young people. It has sensitised me to other young people’s concerns and has taught me that I have a role to play in spreading positive messages amongst my peers. I used to be a very shy person, but due to my participation in different programmes, including serving as a panelist on AHI’s TV programme – Youth Forum, I have gained skills in public speaking and can now communicate with others more confidently.”

“I had the privilege of going round all the programme units and I learned a lot from these different units. Working with older people has been a very educative experience. We participated in different training programmes such as the Time Management Workshop, Comprehensive Sexuality Education Course and Advancing Youth Development Training. I have also improved my writing skills by contributing regularly to *Growing Up* Newsletter.”

“I also had the opportunity to be a part of the Strategic Planning Process to determine the programme directions of AHI for the next five years. I’m glad I could make my contributions to AHI’s development in such a profound way – it was a very empowering experience!”

reasoning and creativity; microcomputer operations; office administration; public speaking; and personal health management. This one-year programme is targetted at fresh secondary school leavers. During this period, each participant works at the AHI Youth Centre as a Youth Assistant and is attached to a particular unit based on his/her identified area of interest and talents. There is also a rotation plan built into the one-year scheme, which enables the youth participants to work within all the other units of AHI, thus, ensuring that they acquire a broader understanding of the organisation’s programmes.



■ Feyi, facilitating an IEC session with young people.

## 2. **DISSEMINATION OF SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND EDUCATION**

Dissemination of sexual and reproductive health information and education was done at different levels through: Youth Centre-based educational activities, school scheduled activities, outreach and community awareness activities and the provision of resource materials.

### **■ YOUTH CENTRE-BASED ACTIVITIES**

During the year, the IEC unit conducted a series of weekly educational sessions aimed at providing youths with age-appropriate sexuality information and education, opportunities to explore their sexual attitudes and beliefs as well as acquire skills that promote positive health practices. These activities were organised from Monday through Friday and they included Movies of the Week, Group Discussions, Teens' Forum, Anonymous Question Classes and Body Awareness Class sessions. In addition, the IEC Unit collaborated with the Health Services Unit to conduct Risk Reduction sessions on a daily basis. Through these activities, AHI reached 3,506 young people during the year.

■ A programme officer, facilitating an IEC session. The sessions are designed to equip participants with information and skills to promote their health and development. These sessions are highly interactive with exchange of ideas between participants and facilitators.



## ❏ **SCHOOL SCHEDULED ACTIVITIES**

A crucial element of AHI's strategy for reaching in-school youths with adolescent sexuality and reproductive health information is the school programme. The school programme centres around the work of the Health and Life Planning Clubs (HLPC) that are coordinated by the Adolescent Peer Educators and monitored by the PTA Health Counsellors. HLPCs provide learning experiences and guidance that give young people the opportunity to develop and organise programmes for themselves. The clubs organise a variety of educational programmes as well as outreach activities within their schools meant to reach out to other students. A total of 5726 young people were reached through the school scheduled activities this year.

## ❏ **COMMEMORATIVE DAY ACTIVITIES**

Over the years, AHI has used the opportunities provided by certain national and international commemorative days to organise educational activities. Valentine's Day, the International Women's Day, World Health Day, National Children's Day, International Day of Action on Women's Health, World No Tobacco Day, International Day Against Drug Abuse, World Population Day, and World AIDS Day, were marked with enter-educational activities at the youth centre and in various schools. Each occasion provided AHI an opportunity to reach out to adolescents with important messages appropriate to the occasion being celebrated. A total of 2,853 students participated in this year's activities.



## Interactive Communication To Change Public Perceptions

### ■ OUTREACH ACTIVITIES

Outreach activities were conducted for several groups in churches, youth organisations, tertiary institutions, coaching centres etc. An important development was the increasing number of invitations received from church groups requesting AHI to conduct educational sessions on adolescent sexual and reproductive health issues for their youths. This is significant progress when considered against the usual background of religious opposition to the provision of sexuality education and reproductive health services to young people.

### ■ TEENAGE FESTIVAL OF LIFE

The Teenage Festival of Life has been organised annually since 1993 as part of activities to promote the health and development of young people. The Festival serves as a forum for educating young people on the challenges of growing up while providing them an opportunity to exhibit their skills, talents and creativity to adult audiences through drama presentations, songs, poetry and poster design competitions.

This year's festival was unique in many ways. Unlike past editions that combined a variety of activities, the millennium package featured only musical talents from various schools. Titled, "Lyrics of Empowerment: Ensuring an AIDS-Free Generation", the festival attracted the best of talents so much so, that choosing the best from the very good renditions was indeed, a Herculean task for the panel of judges.

**D***ear Aunty* is an interactive weekly television segment on the much acclaimed *AM Saturday Live* programme which is produced by the weekend broadcasting operations of the Lagos State Television (LTV), Channel 8. The *Dear Aunty* segment was introduced in August 1997 as a collaborative initiative between Action Health Incorporated and Lagos State Television Authority. During the year 2000, the name of the programme was changed from "Dear Aunty" to Youth Forum to actually portray what the programme stands for. Although AHI has been involved in work with the mass media over the years, this programme is a major intervention where we consistently have a forum on television to educate and change public perceptions about adolescent sexuality on such a large scale.

The issues discussed on this segment of the programme are largely focused on young people and their sexuality. The programme is led by an anchorperson, who is a youth, along with four or five adolescents as discussants. Through the medium, they provide factual information to debunk generally held misconceptions. Many callers ask questions relating to their relationships, health and life aspirations. The call-in arrangements with on-set telephone lines, allow viewers to share experiences, and generate a healthy debate on the issues discussed. The youth-to-youth approach being used has attracted many young people because it affords them the opportunity to call and ask questions. Many adults who play important roles in the lives of young people are also being reached and educated on how they can help young people cope with the concerns and challenges that confront them as they grow up.



■ AHI's crew on set during the "Dear Aunty" segment of *AM Saturday Live*.

The loud ovation by the audience on the festival grounds was testament to their appreciation for the hard work invested in preparation by the participating schools.

Over 2,500 people attended the festival, about 2,000 of whom were student representatives of 53 secondary schools within Lagos State. The rest of the audience comprised media persons, NGOs, donor agencies, community leaders and other concerned individuals.



■ A cross-section of participants at *Teenage Festival of Life 2000*. The annual festival, reaching no less than 2000 young people, provides them the opportunity to express themselves using diverse media, including theatre, music, poetry, essay-writing and poster design.



■ Jane Fonda and 'Nike O. Esiet, during an interview with President Olusegun Obasanjo. The interview was recorded as part of the film, *Generation 2000*, which details the plight of the Nigerian girl-child and the innovative programmes being implemented to address these challenges.

## ■ LOCAL AND INTERNATIONAL MEDIA BROADCASTS

Our youth centre also played host to several media related programmes. Two episodes of *Our Time*, discussing gender violence and women empowerment were recorded at the youth centre. *Our Time* is a youth discussion programme aired on Africa Independent Television (AIT), Nigeria's foremost international media organisation. Similarly, Communicating for Change, a non-governmental organisation, visited AHI's youth centre during an IEC session on sexual violence and abuse to record materials for a documentary on sexual violence titled *Colour of Justice*.

AHI's programme also received international media exposure during the year on CNN as a result of the visit of the US-based actress, activist and chairperson of the Georgia Campaign for Adolescent Pregnancy Prevention, Ms. Jane Fonda. Ms. Fonda was accompanied by Ms. Corinne Whitaker and Mr. Geoffrey Knox of the International Women's Health Coalition on a fact-finding mission, to document the situation of the Nigerian girl-child. The film "Generation 2000" that was produced during her visit was shown at the beginning of the Beijing+5 Review Meeting at the United Nations to foster positive images of Nigerian programmes and policies to improve girls' life options. Other adolescent -serving NGOs featured in the film were Girls Power Initiative, Calabar and Adolescent Health and Information Project, Kano.

### 3. EXPANSION OF PEER EDUCATION PROGRAMME TO NEW SCHOOLS

The expansion of the peer education programme to new schools continued this year with the expansion to schools in the Mainland Local Education District and other areas of Lagos State. AHI obtained formal approval from the Lagos Mainland Local Education District for the establishment of HLPCs in schools under the district as well as the training of teachers in the management of these clubs. Following the granting of approval, letters were received from several schools requesting the establishment of Health and Life Planning Clubs in their schools. Many of these have now established clubs and AHI will continue to monitor and support the new clubs to ensure that they start out on a sound footing

The strategy being used with these new school clubs is to provide them copies of the Health and Life Planning Clubs Guide and conduct an initial training for the personnel who would be directly responsible for managing the clubs.

#### New HLPC Launched at Corona Secondary School, Agbara

It was a day of fun and jubilation as Corona Secondary School inaugurated its Health and Life Planning Club. The HLPC idea was initiated by AHI to serve as a forum where young people are provided opportunities to develop attitudes, values and behaviours based on factual knowledge that are supportive of the expression of their being male or female in positive and responsible ways.

Present at the event were Ms. Carmen Latty, Executive Director, Corona Trust Council, Mr. S.A. Aboyowa, the Principal Mrs. Osuno and Mr. Oyetade, the Vice Principal of the school.

The club members communicated their messages through songs, drama and dancing to the delight of the 600 member audience.

AHI Trustee, Dr. Uwem Esiet spoke extensively on the need to have a club like the Health and Life Planning Club in secondary schools across the country. He reiterated the challenges and problems young people face, and the need to have a forum where such problems could be addressed, and perhaps solved. Then he, along with Ms. Carmen Latty, Executive Director of the school, Mrs. V. A. Dibashi, the school counsellor and the parent who facilitated the setting up of the school HLPC, formally inaugurated the HLPC in the school.

The AHI drama troupe presented three participatory drama skits with themes on assertiveness; parent-child communication and student-teacher relationship. Ms. Carmen Latty, talked briefly on parent-child communication and encouraged parents to talk honestly with their children, positing that this was the only way they could earn their trust.



■ A cross-section of Corona Secondary School students during the launching of their school's Health and Life Planning Club.

#### 4. IMPROVING ACCESS TO RESOURCE MATERIALS

One of the objectives of AHI's IEC interventions is to improve the base of resource materials available locally on adolescent development and sexuality by acquiring materials as well as developing and distributing its own publications. The Resource and Documentation Unit is charged with executing this objective. The unit acquires materials and has the responsibility of providing adolescents, researchers, media personnel and other persons interested in adolescent reproductive health issues with resources that give up-to-date, accurate and comprehensive information.

During the year, we acquired 1,136 new materials that included books, reports, journals, newsletters, and comics. Books constituted the largest single category, accounting for 457, while the remaining 679 materials were distributed between the other categories. Most of the acquisitions were donated by AHI's international and local partners, while the rest were purchased by the organisation.

With the availability of diverse and up-to-date materials in our library, the number of visitors we receive has been on the increase. Four thousand and forty-two people comprising 3,930 adolescents and 112 adults were attended to this year. The young people who used the library were mainly students of schools that have HLPCs, while the adult researchers came from various tertiary institutions, media and other youth-serving organisations across the country. While the adolescents used the library facility to acquire more knowledge on adolescent reproductive health issues, it was used mostly for programme planning and research purposes by the adults.

■ **Postcards.**

These are used as part of efforts to communicate messages about responsible behaviour to young people.





# Reproductive Health Services Interventions

— Nigeria is at the brink of one of the worst HIV epidemics in the world, STDs remain endemic, just as teenage pregnancies and gender violence remain unsolved problems.

## **Project Background**

The Adolescent Reproductive Health Services Interventions were initiated against the background of the sexual practices and behaviour patterns of Nigerian adolescents. Average age at first intercourse for girls is just over 16 years and a little higher for boys. Most adolescents who are sexually active do not use contraceptives or condoms to prevent pregnancy or sexually transmitted diseases including HIV/AIDS. National data shows that the health of young people is adversely affected because of their exposure to unintended pregnancies, which often lead to unsafe induced abortion and its attendant complications. Teenage girls account for 80 percent of unsafe abortion complications treated in Nigerian hospitals and many of these complications result in death or permanent infertility. Also, it has been documented that early parenthood in girls is correlated to termination of education and a lifelong loss of earnings.

In 1993, Action Health Incorporated initiated the provision of appropriate reproductive health information and services to adolescents within the Somolu and Kosofe Local Government Areas of Lagos State. The implementation of this project involved the setting up of an adolescent-friendly clinic that first opened its doors to clients in 1993. The project has emerged as a major contribution by AHI towards addressing the reproductive health needs of adolescents, particularly in Somolu and Kosofe Local Government Areas. Recently, AHI also established four school-based clinics in secondary schools around Lagos.

### **DEMOGRAPHIC PROFILE**

A total of 1,323 young people registered at the Youth Centre-based clinic during the year and they all participated in the health education sessions. Of this total number, 892 clients (of which 68.6% were females and 31.4% males) proceeded for consultation with the health providers for various concerns. Two hundred and twenty-six (25.3%) of these clients were old clients and 666 (74.7%) were first time clinic users. Majority of the clients (85%) were in-school youths, while 15% were out-of-school youths. The clients were between the ages of 10 and 24 years (mean age was 16.6 years).

### **GENERAL HEALTH SERVICE**

This was the most used service, recording a total of 738 clients during this year of reporting. Majority of the clients that were served came in for malaria, rashes, or general medical check-up. Many had come on the invitation of a friend and did not present with a sexual or reproductive health concern. However, in the course of consultation, they asked questions and sought clarification on sexuality related issues. Their questions were answered and appropriate counselling provided.

## BIRTH CONTROL SERVICE

A total of 243 sexually-active clients (about one quarter of all clients) visited the clinic during the year. Only 7 of the clients reported in the clinic mainly for birth control service during their first visit. Others did so as a secondary concern after utilising other services. Eighty-five (35%) of the sexually active clients accepted one or more of the birth control devices, but only 25 (10.3% of sexually active clients and 29.4% of those that accepted birth control devices) purchased such items at the AHI clinic. Birth control devices purchased were condoms, oral pills, vaginal contraceptive foaming tablet and emergency contraceptive pills. For dual protection, clients accepted various combinations, i.e. condom *plus* another device.

## REPRODUCTIVE TRACT INFECTION (RTI) SERVICE

A total of 191 clients used this service in the period of reporting. Fifty-eight percent (58.4%) of these clients were treated using the syndromic approach, while all others were treated based on the laboratory investigations results. Out of those treated based on the laboratory results, twenty-seven were treated for candidiasis and three for gonorrhoea. Thirteen were treated for Bacterial Vaginitis/Non-Gonococcal Urethritis, three for syphilis, while one client was treated for Schistosomiasis. Some clients were treated for a combination of infections. All infected clients were encouraged to ensure that their partners were treated. Some came back with their partners for treatment, while others said they were no longer in relationships with the infected partners. Nonetheless, they were encouraged to make sure that these partners were properly treated.

## Improvement in Levels of Patronage and Client Satisfaction

**A**nalysis of data from the clinic's exit questionnaires revealed that, most clients feel that the clinic environment is more user-friendly. Infact 98.5% of the clients interviewed described the clinic environment as friendly and comfortable, while 99% confirmed that the clinic guarantees privacy and confidentiality. In addition, 99.3% of the clients said that the health providers addressed their health concerns. Clinic records also show that many more clients are making repeat visits.

Beyond higher levels of user satisfaction, significant progress was also made with clients' knowledge of sexual health messages : 64.3% of the youth centre-based clinic clients knew three methods of effectively preventing pregnancy and 73.8% knew at least two methods of preventing sexually transmitted diseases including HIV/AIDS .

Overall, the clinic was able to achieve its goal of reaching 1200 adolescents with sexual and reproductive health information and services during the year. A total of 2,874 young people (1,323 at the youth centre-based clinic and 1,551 at the school-based clinics) were reached with services and these included information, counselling, comprehensive medical examination, laboratory investigations, diagnosis and treatment for concerns relating to their general health, sexual health, birth control, reproductive tract infections, sexual violence, drug abuse, and referral for further care.

## ■ SEXUAL VIOLENCE SERVICE

Ten clients visited the clinic because of this concern. While one was a case of incest, others were cases of assault and rape by strangers or acquaintances. The acquaintances were either ex-boyfriends, family friends, friends to brothers or cousins. Many young people are sexually abused but find it difficult to discuss their problems. During history taking it was discovered that 120 clients (102 females and 18 males) had been raped previously, some as early as age five. Most of the assailants were acquaintances or people they lived with such as house maids/boys or family friends. Only 55 (45.8%) of them ever reported the incident. Most reported to their friends, their parents (especially mothers) and to their siblings and/or relatives. But the culture of silence on matters relating to sexual violence and other sexual and reproductive health issues in the society continues to hinder young people from seeking help when they are sexually abused.



■ A client during pre-examination counselling. Providers explain in detail, the examination to be done in order to reassure and make clients comfortable during the examination.

## ■ INCIDENCE OF FEMALE GENITAL CUTTING

Pelvic examinations were conducted for three hundred and fifty-six female clients. Of these, 248 (69.7%) had no genital cutting, while 108 (30.3%) had some form of genital cutting. After examination, clients were told whether they had been cut or not, and they were informed of the implications. They were also informed about how they could become advocates to discourage the practice in their own generation, to ensure the eventual eradication of this practice in Nigeria.

## ■ LABORATORY SERVICES

Though the clinic's laboratory was set up to provide reproductive health diagnostic services, it does not limit its services to that alone because of the need for holistic treatment. The different laboratory investigations done during the period of reporting include High Vaginal Swabs, Urethral Swabs, Urine (Microscopy/Culture) VDRL (Syphilis test), Blood Genotype, Blood Grouping, Widal Reaction, Malaria Parasites and Microscopy/Gram Stains.

## ■ CLIENTS' KNOWLEDGE AND PRACTICE OF SAFER SEX

Two hundred and forty-three sexually active clients visited the clinic during the year and 85 of these accepted birth control devices—an indication of willingness to practice safer sex.

By the end of their visit to the clinic, knowledge check conducted by the medical social worker indicated that well over half of clinic clients knew three or more methods of pregnancy prevention and two or more methods of preventing STDs. About half of all clients said they don't want to become pregnant now, however, 2 clients said they would like to get pregnant. Of the non-sexually active clients, two-thirds confirmed that they would adopt an effective birth control device before initiating sex while the other one-third did not answer the question.

## ■ SCHOOL-BASED CLINICS

The school-based clinic is an outreach programme designed to achieve part of the Adolescent Reproductive Health Services Project goal. Demands were made by many in-school adolescents to have access to healthcare services that would be open daily, affordable and accessible without the fear of missing classes in school. Unfortunately, most public secondary schools in the Somolu and Kosofe local education districts do not have health facilities within their premises. Hence, in 1999, AHI's Health Services Unit in collaboration with the Ministry of Education, opened up school-based clinics in four schools:

1. Eva Adelaja Girls Secondary School, Bariga
2. National College, Gbagada
3. Gbagada Grammar School, Gbagada
4. CMS Grammar School, Bariga



■ Health Education Session. While waiting to see the doctor or nurse, clients talk with a youth educator who gives them basic information about their bodies, STDs and HIV/AIDS. Her presence as a youth service provider helps to reassure clients that they are in a place where they can be confident to share personal information about themselves.

## **HEALTH EDUCATION**

Beyond clinical service provision in the school clinics, health education sessions are conducted as part of the school clinic's activities. The health education sessions are packaged to ensure age-appropriateness. A roster of activities for health education for the different classes is drawn in each school. The health education sessions are usually conducted by the youth assistant and health provider in the designated classes during the lunch break.

## **SCHOOL HEALTH COMMITTEES**

These have been set up in the four schools to ensure that the clinics become self-sustaining in the near future. The committee serves as the school clinic's management body and meets once a month to deliberate on any challenges being experienced with clinic operations and how to overcome them. It also serves to get the school fully involved in the operation of the clinic so as to facilitate a smooth transition of the clinic operation from AHI to the school. Each committee is comprised of representatives of the clinic personnel, PTA, school authority and the students.

## Case Study

Jemila (not her real name) a 13 year-old Junior Secondary School student, was brought to the AHI Youth Centre by her friends with the report of theft in school and running away from home for three days. It was discovered from history taking that Jemila's mother had abandoned her when she was barely one year old. She had since been left in the care of her grandmother and no one seemed to know the whereabouts of her father.

During the three-day period she had run away from home, she had been sleeping in a broken down vehicle not too far from her grandmother's house. She had also had sexual intercourse twice with her boyfriend who gave her N20 the first time and N30 after the second contact. He had also told her not to disclose these encounters to anybody. She said her boyfriend penetrated her vagina from the back, which was suspected to be responsible for the lacerations observed during pelvic examinations. During history taking, it was ascertained that she had not started menstruating. A high vaginal swab was taken for laboratory investigation to diagnose any possible infection. A urinary pregnancy test was also done, to which she tested negative. She was given appropriate antibiotics and vitamin tablets pending the outcome of the laboratory investigation.

The client narrated how her grand mother was maltreating her and how the money she was given from home (N10) was hardly enough for her feeding. She was also afraid that her grandmother would not accept her back home. A two-person delegation from the AHI Clinic was asked to take her home and ensure that her grandmother accepted her. Alternatively, she was to be taken to the parsonage of her church. After much persuasion and reassurance, her grand mother accepted to take her in. Her grandmother was counselled on the need to show her love and try to provide her basic needs. She was also encouraged to go with her to see the school principal the following day.

The following day, the client and her grand mother came to the AHI youth centre on their way back from the client's school. The clinical management team met with Jemila and her grandmother to discuss her management and rehabilitation. During discussions the team was informed that the school principal had refused to re-admit her in the school. It was then agreed that AHI's medical social worker would go the next day with them to the school principal who, we were informed, was bent on making the client dance naked around the school compound as her punishment for stealing. She had done so, in an earlier case when Jemila had stolen her classmate's book. The ridicule she experienced following that experience was part of the reason why she was reluctant to go back to school.

When Jemila did not show up at the centre and failed to resume at school for three days AHI's Service Provider visited her at home and it was discovered that she had been down with malaria fever. The provider conducted a repeat urinary pregnancy test and this also tested negative. At this point, her grand mother said that she did not want Jemila to go back to the school where she had been disgraced, stripped naked, beaten and made to dance round the school. She said she had decided she would be withdrawn from school to learn a trade. After much discussion it was agreed that she would continue her schooling while her grandmother continued processing her transfer to another school.

Two weeks later, AHI's provider made a follow-up visit to Jemila's home and she met her grandmother, who said Jemila had resumed at school following the provider's last visit and her church Pastor's intervention. A visit was then paid to Jemila's school and based on discussions with her, she seemed to be doing well and this was confirmed by the school's PTA Health Counsellor who AHI had agreed would follow-up with providing her support in the school.



# Community Advocacy for Youth Health and Development

— Adolescent health and development programs can only accomplish little unless communities acknowledge that young adults need special help and guidance if they are to become sexually responsible adults.

## **Project Background**

School officials and healthcare providers' biases against offering sexuality education and reproductive health services to teenagers have contributed to the problems faced by young people in Nigeria. AHI's advocacy work has centred on changing the prevailing erroneous public perception of and negative attitudes to the provision of sexuality education to adolescents among parents and community opinion leaders. The goal for AHI is to ensure that community institutions as well as policy- and decision-making bodies become more favourably disposed to the provision of necessary sexual and reproductive health services for young people.

### **■ NATIONAL SEXUALITY EDUCATION CURRICULUM DEVELOPMENT**

The first National Conference on Adolescent Reproductive Health organised in January 1999 which had over 350 adolescent reproductive health stakeholders and programme implementers in attendance, called for the integration of comprehensive sexuality education into the school curriculum.

Following this conference, the 46<sup>th</sup> Session of the National Council on Education (NCE) held in March 1999 expressed a deep concern about the increasing number of young people being infected by HIV/AIDS, and mandated that appropriate steps be taken by relevant agencies to integrate comprehensive sexuality education into the school curriculum. Subsequently, the Federal Ministry of Education (FME) set up a National Implementation Committee to actualise this mandate. AHI was invited to serve on the committee by the Federal Ministry of Education in recognition of the organisation's work with advocating for young people's access to sexuality education over the years as well as its roles at both the National Adolescent Health Conference and the 46<sup>th</sup> NCE Meeting.

The curriculum development process commenced late in 1999 and it has been inclusive, representative and participatory. It has drawn on the perspectives of reviewers and resource persons from the six geopolitical zones in Nigeria, to ensure national coverage and socio-cultural applicability to the diverse communities in the country. Also varying levels of input have been received at the Joint Consultative Committee on Education (JCCE) and these have contributed to shaping the curriculum into a nationally applicable document. This comprehensive sexuality education curriculum will guide the Government of Nigeria's school curriculum integration efforts at the upper primary, junior secondary, senior secondary and tertiary institution levels of education. The draft document is now awaiting the final official endorsement by the National Council of Education at its 48<sup>th</sup> session scheduled to hold in 2001.

## ■ **ADVOCACY MEETINGS WITH POLICY MAKERS**

Following the National Council on Education's approval of the integration of Comprehensive Sexuality Education into the school curriculum, AHI has been following the process through to ensure its implementation in Lagos State. As part of these efforts, a courtesy call was paid to the Honourable Commissioner of Education for Lagos State, Chief M.A. Badmus. The team shared with the commissioner, AHI's concerns about the status of adolescents' health in Lagos State and urged government to integrate comprehensive sexuality education into the school curriculum as part of the strategies for improving the situation. Thereafter, the commissioner invited AHI's team to speak to members of the Executive Council of the Ministry of Education at its next meeting. AHI made a presentation at the council meeting held on May 2, 2000, which had in attendance, 52 participants including the Commissioner, the Permanent Secretary, Directors, Education District Administrators, and other officials of the ministry, as well as representatives of the Ministry of Health.

The Commissioner thereafter inaugurated a committee chaired by the Director of Curriculum Services Department in the Ministry, and comprising some directors and education district administrators. The committee's task is to identify modalities for integrating comprehensive sexuality education into the state's school curriculum. Following the committee's inauguration, we have continued to make ourselves available to its members as they meet to deliver their mandate.

■ Presentation at Executive Council Meeting of Lagos State Ministry of Education. (L-R) Mrs. 'Nike O. Esiet, Executive Director AHI, Mrs. O.O.T. Benson, Permanent Secretary, Lagos State Ministry of Education, Chief M. A. Badmus, Honourable Commissioner for Education, Mrs. Aramide Masha, Director of Finance and Admin.





■ **Father and daughter communicating.** Regular parent-child communication talkshops are organised for parents and their children to strengthen the relationship between them. Participants identify factors hindering parent-child communication, causes of parent-child conflicts, as well as proffer solutions to the identified problems. The interactive format of the talkshop encourages participants to share their concerns and learn from each other's experiences.

### ❁ **PARENT-CHILD COMMUNICATION TALK-SHOPS**

AHI also organised a series of parent-child communication workshops through Community Development Associations (CDAs) and Parent-Teacher Associations (PTAs) in Somolu and Kosofe Local Government Areas, as well as parents of young people who visit the centre. The workshops tagged, “Talk-shop: You and Your Child”, were aimed at strengthening the relationship between parents and their children.

As a follow up to these workshops, a communication skills building workshop was organised, where parents acquired communication skills aimed at enhancing the quality of their relationship with their children. Each group was made up of 12 parents and 12 children. Each parent and child worked as a team on each of the activities, while facilitators helped clarify concerns.

At the end of the sessions, resource materials, including handouts and brochures on Effective Parent-Child Communication were distributed to the participants. Information materials on adolescent sexuality were also distributed to participants as resources that they could refer to and share with other parents.

## ■ COMMUNITY OUTREACHES TO MARKETS

During 2000, AHI organised several outreach activities to markets around Somolu/Kosofe Local Government Areas. Activities during the outreaches included drama skits written and acted by AHI's youth drama troupe, talks on the importance of parent-child communication, overview of AHI's programmes and activities, question and answer sessions and a free blood pressure and weight check for participants. The question and answer sessions were highly interactive as the market men and women expressed their concerns about their relationships with their children. Parents and young people who were too shy to express their concerns in public were encouraged to write them down or pay follow-up visits to the AHI youth centre. Most of the participants expressed the desire to have a repeat visit of the outreach team to educate more parents and children about the mechanisms for coping with the challenges of adolescent development. The outreaches also gave us the chance to identify target persons who were very receptive to our programmes and were willing to advocate for adolescent health and development programmes in their communities.



■ Market woman asking a question during an outreach to Asogbon Market. The market outreach programme is an opportunity to reach people at the grassroots level and sensitise them to the importance of parent-child communication, and AHI's programmes and activities. This gives them impetus to address the issues around youth development more constructively.



## **ENTREPRENEURIAL SKILLS DEVELOPMENT: NEEDS' ASSESSMENT IN TARGET COMMUNITIES**

The objective of one of the components of the Community Advocacy Project is to increase opportunities for the acquisition of a holistic package of health and development information and skills/core competencies to facilitate the transition from adolescence into responsible adulthood, among a core of young people. The Entrepreneurial Skills Development Project aims at developing a core of 100 young people from among a large group of indigent youth between age 16 and 24 years, who have little or no formal training and no skills to engage in economically productive enterprises.

Against the background of the lessons learnt from previous projects in the communities, AHI realised that community participation plays an important role in project ownership and sustainability. A Needs Assessment Survey was thus conducted to determine the peculiar challenges people from within these communities are facing to assist the design of a programme that will meet their needs.

The feedback from the survey revealed that incidences of teenage pregnancy and unsafe abortions (often conducted by traditional birth attendants and quack 'doctors') are rife among young people in the community. Also, young people rarely use the only primary health care centre in the community, despite the fact that it provides family planning services. The assessment also revealed a high level of school dropout among the youths and a high crime rate. Many of the youths engage in high-risk sexual behaviour and consequently are at high risk of contracting STDs including HIV/AIDS. Many of the parents and their children are commercial transport operators, traders, hawkers, fishermen and a few are school teachers.

To begin garnering support for the project, consultative meetings were held between AHI staff and representatives of the communities through their Community Development Associations (CDAs). A committee comprising members of the community has been constituted to participate in the process of selecting candidates for the initiative and training would commence in 2001.

## **VOLUNTEERS DEVELOPMENT PROGRAMME**

Seventy-eight representatives of CDAs working with AHI participated in the Volunteers' Development Intervention workshops conducted under a technical partnership between AHI and Pathfinder International. The workshops, conducted from 2–6 October 2000, broadened volunteers' appreciation of AHI's programmes and clarified expected roles in the partnership for promoting adolescent reproductive health. The CDA participants appraised the process of engagement and identified the need to involve the Community Development Committees (CDC) in each local government to facilitate the entrenchment of a productive partnership.

A follow-up action plan has been drawn up to guide them in designing programmes and activities that will be aimed at advocating for adolescent reproductive health, rights and development in their communities.

These programmes are to be implemented through existing community-based youth organisations. AHI will also train selected volunteers who will facilitate and co-ordinate such activities to ensure their sustainability.



■ A facilitator conducting a session during the Volunteers Development Workshop. The workshops help to enhance the capacity of volunteers to execute adolescent health programmes.



# Organisational Development

— We are cognisant of the need to position the organisation strategically, to meet the challenges of  
the environment in which we operate.

A successful implementation of the various components of AHI's adolescent reproductive and sexual health programmes requires a continuous appraisal of the status of each programme and/or project. Also, in order to continue delivering the services we offer to our clients, we recognise the need to strengthen and increase our capacity to plan, implement and manage our programmes by maintaining an effective and efficient operational base and resource centre. We are also cognisant of the need to position the organisation to meet the challenges of the environment in which we operate.

## **ORGANISATIONAL ASSESSMENT AND PROGRAMME EVALUATION**

AHI in 2000 commissioned two expert assessments– an Organisational Assessment and a Programme Evaluation– both of which were conducted by Management Strategies for Africa (MSA) a UK – based organisational development consultancy firm. The Organisational Assessment was conducted in pursuance of AHI's desire to increase its organisational effectiveness and sustainable impact. An attempt was made to assess progress and results achieved compared to planned objectives; identify resource mobilisation, organisation development and collaborative actions taken, and; to ascertain the existence and working of management systems and procedures.

The assessment team found that AHI is a healthy organisation, moving towards the 'consolidation' stage of organisational growth and development. The experts concluded that AHI is well led, controlled and managed, with acknowledged high levels of financial accountability and probity. Also, AHI is technically virile and has contributed meaningfully in promoting sexuality education and meeting the sexual and reproductive health rights and needs of young people. The organisation has brought sexuality issues from the private to the public domain and is getting government to take a stand on the sexual and reproductive health of young people in Nigeria.

On the reverse side, the assessment team found a number of weaknesses and constraints, for which the team made a number of recommendations covering four main areas of organisational effectiveness. Firstly, given the changing situation in the country and in the light of AHI's achievements, transformation of AHI's role through a strategic thinking and planning process. Secondly, reforming the governance structure and responsibilities to make for a more active and broad-based organisation. Thirdly, planning sustainability to reduce the present near-total dependence on external donors. Finally, systematically introducing performance management to increase staff productivity, efficiency, and overall organisational effectiveness.

## ❁ ORGANISATION STRATEGIC PLANNING

In response to one of the major recommendations that emanated from the Organisational Assessment, AHI embarked upon a strategic review and planning process which was concluded with the organisation of a strategic review and planning retreat between 26 November and 1 December 2000.

The retreat was preceded by a technical evaluation of AHI's programmes by a team from Management Strategies for Africa. The purpose was to assess the overall effectiveness and continued relevance of each component of AHI's Adolescent Sexual and Reproductive Health Programme as the organisation embarks upon a process of developing a medium term strategic plan. The initial findings from the evaluation confirm that AHI has remained focused, although adjustments would be required in certain areas to ensure greater effectiveness in future. The preliminary findings and suggestions were taken into consideration in designing the medium term strategic plan during the retreat.

Twenty-two participants representing members of the Board of Trustees, management, volunteers, staff, donor agencies, the media, and other key partners attended AHI's Strategic Review and Planning Retreat. The retreat, which had the goal of producing a medium term (2001 – 2005) strategic plan and building a consensus around it, also provided a forum for a participatory reflection on the concerns and perspectives of AHI's stakeholders.

Participants reviewed the summary of AHI's internal and external working environments as well as the organisation's vision, mission, goals and objectives. They also considered the trends and changes in the country's political, socio-cultural, economic, demographic and health, media and technological situation, as well as AHI's growth and achievements during the first ten years of existence. Thereafter, they identified and discussed possible future directions and alternative courses of action.

Part of the outcome of the retreat was a redefinition of AHI's vision, mission, goals, objectives and organisational structure. A new strategic framework incorporating four goals and sixteen strategic objectives in addition to a revised organisational structure was produced.



## **STAFF CAPACITY BUILDING**

The challenges of programming on adolescent sexual and reproductive health requires that we continue to strengthen staff capacity to implement projects efficiently and effectively. To this end, various training courses and exposure to experiences that could enhance staff performance were provided during the year.

■ The Programme Officer (IEC) participated in a three-week training programme on approaches to behaviour change and IEC materials development and dissemination, organised by the Centre for African Family Studies, Nairobi, Kenya, from 31 October to 17 November. The goal of the workshop was to develop the skills of IEC operatives in behaviour change strategies and materials development and dissemination. Participants were taught how to develop cogent and culturally appropriate messages and materials aimed at fostering behaviour change. The skills she acquired are now being put to use in the development of IEC materials particularly those aimed at behaviour change among adolescents.

■ The Programme Officer (Advocacy and Documentation) participated in a three-day workshop on Community Mobilisation for HIV/AIDS Response. The workshop was organised by the National Action Committee on AIDS (NACA) in collaboration with the Joint United Nations Programme on HIV/AIDS. Participation in this workshop brought further home to the officer, the importance of involving key stakeholders and partners in the process of designing, planning and implementing programmes.

■ IEC programme staff also attended UNICEF's Sara Communication Initiative (SCI) Technical Review Meeting held in Jos. The SCI is a multimedia initiative in the area of adolescent reproductive health having as its basis the Convention on the Rights of the Child. The review meeting was an opportunity to explore the use of the SCI in the promotion of adolescent reproductive health and development. It also provided an opportunity for participants to share personal experiences on the challenges facing adolescents and the significance of using the Sara Initiative in addressing such problems as child trafficking, child prostitution, and female genital mutilation among others.

■ AHI Programme Officers attended the two-day seminar on "Improving Your Personal Effectiveness" at the Lagos Business School in August 2000. The seminar offered skills for time management and effective delegation of duties for enhanced productivity. In attendance were the following officers:

1. Mrs. 'Bimbo Jide-Aremo
2. Ms. Bunmi Adeniyi
3. Ms. Madinat Imoru
4. Mrs. Adejoke Ayoola
5. Ms. Peju Osunkayode
6. Mrs. Tola Onanuga
7. Mrs. Omolara Ogunjimi
8. Ms. Chieme Ndukwe



■ **NGO Management Course.** Mrs. Bimbo Jide-Aremo, AHI's Senior Programme Officer (seated middle) and other participants, in a group photograph during the six-week course held at the Institute for Development Policy and Management, University of Manchester, England.

■ As part of organisational capacity building, the Senior Programme Officer, participated in a six-week course in NGO Management, held at the Institute of Development Policy and Management, University of Manchester in England. The training focused on the development of the knowledge and skills of participants to support good practices in NGO management. Participation in the programme has enhanced the management competency of the officer, who has since assumed management functions in the organisation as the new Finance and Administration Manager. Her participation was sponsored by The Ford Foundation, West Africa Office.

■ The Senior Programme Officer participated in a three-day NGO Negotiation and Planning Meeting organised by Pathfinder International. The meeting aimed at heightening participants' awareness of the need for sustainability within NGOs, given the competitive environment in which NGOs are operating. Participants also shared ideas on determining strategies for a more profitable capacity building initiative as well as initiating and developing plans of action for conducting on-site technical assistance to partner NGOs.

■ Three members of the organisation, including the Project Director and Programme Officer (Health Services), participated in the International Youth Development Exchange Programme (IYDEP) organised and sponsored by The Ford Foundation. The programme provided participants with the opportunity

of broadening their knowledge of youth development approaches and the importance of full youth participation at all levels of decision making in youth development programmes. Participants also learnt the use of indicators in assessing effective youth development and the importance of ensuring a supportive policy environment in youth development work. Upon their return, the AHI team that attended the exchange in the US organised an in-house training programme on advancing youth development for all AHI staff members. Participants at the in-house training were taught the basic concepts of youth development, youth participation and the responsibilities attached to the philosophy of 'power to young people'. They were also taught how to provide support for young people in a youth development programme.

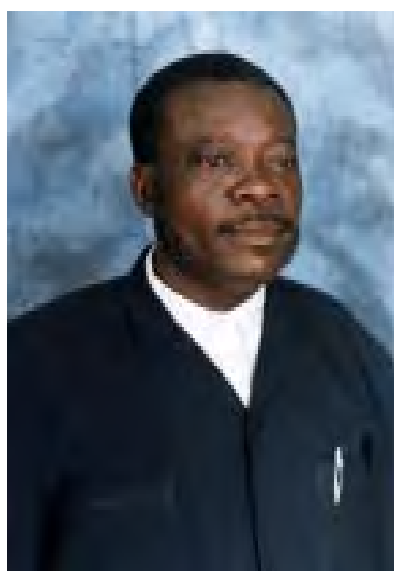
## **■ STAFF MOTIVATION AND WELFARE**

Action Health Incorporated considers its staff members as one of its most valuable assets and every effort is made to create a conducive and enabling environment to ensure their motivation and commitment. Some of the steps taken by AHI's Management to improve staff welfare during the year, included the upward review of the salary package and acquisition of various insurance policies. The Policies subscribed to include Group Life Assurance, Workmen's Compensation, Traveller's Insurance and Group Accident Scheme.

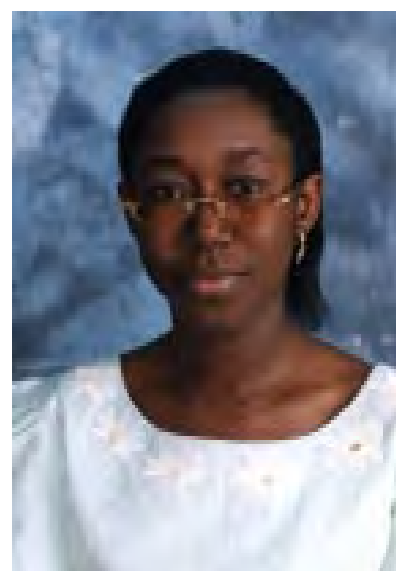
An Exceptional Service Award Scheme was also introduced to recognise personnel who have contributed significantly to the attainment of AHI's goals and have committed themselves to its mission while abiding by the organisational code of ethics. During 2000, three members of staff received the award which includes cash awards and an all-expenses – paid weekend at a holiday resort of the staff's choice in Nigeria.



Omotunde Adesanya



Abayomi Banjo



Tola Onanuga

## ■ COLLABORATION/ NETWORKING

AHI was also of assistance to other organisations including the Youth Empowerment Foundation that requested it to be the collection centre for entries for a logo competition for a 'Hotline on HIV/AIDS' programme. We also provided resource persons and served as a resource organisation for many other public institutions and NGOs. These included the presentation of a paper on 'Health Communication in Promoting Adolescent Reproductive Health: AHI Experience' at the Centre for Health Policy and Strategic Studies, and another on 'Nigerian Youth and Development' at the Central Educational Service.

AHI was also opportuned to coordinate the Nigerian segment of the International Youth Development Exchange Project for The Ford Foundation in April, 2000. The Ford Foundation, recognizing the worldwide need to increase attention and resources on behalf of young people as they make the transition from adolescence to adulthood launched the International Youth Development Exchange Project (IYDEP) in the spring of 1998. The project seeks to promote information exchange and collaborative efforts among organisations working at the community level to assist young people and their families in building the personal and social assets needed for healthy and productive adulthood. Essentially, it involves exchange visits between program staff of youth organisations in the United States and other countries where the Ford Foundation has offices, to learn about each other's work, understand their peculiar challenges and explore areas of potential collaboration.

## Politicking at the United Nations

Two AHI youths, Elizabeth Ukpebor and Stella Okure participated with thousands of other people from around the world at the 44th Session of the Commission on the Status of Women (CSW) held in March 2000, at the United Nations Headquarters in New York.

The CSW was to review the achievements of and obstacles encountered by various governments in implementing the Beijing Platform for Action decided upon at the Fourth World Conference on Women in Beijing China, in 1995. This was to enable decisions be made on what further actions and programmes needed to be embarked on in the next five years to make the 10-year policy a success.

To ensure that they were not marginalised, some of the youths at the conference formed a group: "Youths for Women's Rights" to promote the issues they support. The group functioned separately from the official Youth Caucus set up by the organising committee for the sessions. Its activities included producing factsheets, sharing information and strategizing on effective methods to promote their views on issues being discussed. Members were easily identified by the yellow t-shirts they wore throughout the conference.

According to the AHI youth representatives, the CSW was a very educative one for us youngsters who had not been involved in such "political" meetings. We learned lobbying and negotiating skills in addition to understanding that everyone should be allowed to express and hold on to their views so long as it does not infringe on our rights, and that this difference of opinion should not make us enemies.

"It also afforded us the opportunity to meet lots of people doing similar work in their various countries, share ideas on various projects and join groups that would aid effective networking."



■ Elizabeth Ukpebor during an interview with a news media at the meeting.

The following organisations were involved in the Nigerian segment of the Exchange: Academy for Educational Development (AED), Action Health Incorporated (AHI), Adolescent Health and Information Project (AHIP), Girls' Power Initiative (GPI), Innovation Centre for Community and Youth Development and Life Vanguarders (LIVA).

### **Networking Forum On Sexual And Reproductive Health And Rights In Nigeria In The Year 2000**

The Networking Forum on the Sexual and Reproductive Health and Rights in Nigeria is a coalition of four (4) national non-governmental organisations (NGOs) with a shared vision of improved sexual and reproductive health for the Nigerian populace and a commitment to the provision of appropriate complementary and supportive services for the improvement of the quality of life of the people. the four member organisations of the forum are: Action Health Incorporated (AHI), Inter-Africa Committee Against Harmful Traditional Practices, Nigeria (IAC), Society for Women and AIDS in Africa, Nigeria (SWAAN) and The Planned Parenthood Federation of Nigeria (PPFN).

For the year, the forum's theme was "Improving Parent-Child Communication". To accomplish this, each participating NGO held a workshop/seminar revolving round this theme in four Local Government Areas of Lagos State. The forum plans to produce a training manual on this theme in the coming year.

# Donor Support

Action Health Incorporated has received financial support from various national and international organizations since its inception in 1989. These donations and grants have been essential to the successful implementation of programme activities and AHI is greatly indebted to the organizations that have supported its work in this field over these years. More specifically, for fiscal year 2000, the following is the list of the current donors and the projects they funded:

## 1. **The John D and Catherine T. MacArthur Foundation**

- Expansion of the Adolescent Peer Education Programme in Lagos Public Schools and Promotion of the Guidelines for Comprehensive Sexuality Education in Nigeria.

## 2. **The Ford Foundation**

- Community Advocacy to Build a Supportive Environment for Youth Health and Development in Lagos State.
- International Youth Development Exchange (Nigeria segment).

## 3. **The International Women's Health Coalition**

- Development of a National Curriculum for Comprehensive Sexuality Education.
- Youth Centre and School-based Adolescent Reproductive Health Clinics in Lagos.

## 4. **The David and Lucile Packard Foundation**

- Development of a National Curriculum for Comprehensive Sexuality Education.
- Strategic Review and Planning for Organisational Effectiveness.

Besides these projects, donors also provided funds for specific conferences, courses and meetings. These include support from the UNFPA, UNICEF, IWHC, Ford Foundation and Pathfinder International.

Also, by the end of December 2000 AHI signed a new project cooperation agreement for the Establishment of Adolescent and Youth Friendly Health Services in six Nigerian States with the United Nations Children's Fund. This project is part of the National HIV/AIDS Emergency Action Plan and implementation will commence in January 2001.

# Financial Report

The financial information presented here is drawn from the Audited Financial Statements of Action Health Incorporated, which were prepared in conformity with generally accepted accounting principles and have received the unqualified opinion of our external auditors, Ernst & Young (Chartered Accountants) in their report to the Board of Trustees dated June 15, 2001.

We had a total income of =N=39,459,332.00 (Thirty Nine Million, Four Hundred And Fifty Nine Thousand, Three Hundred And Thirty Two Naira Only) for the year out of which =N=36,246,919.00 (Thirty Six Million, Two Hundred And Forty Six Thousand, Nine Hundred And Nineteen Naira only) was income from Grants and Special Projects.

Our total expenditure for the year amounted to =N=37,452,603.00 (Thirty Seven Million, Four Hundred And Fifty Two Thousand, Six Hundred And Three Naira Only) leaving an excess income over expenditure of =N=2,006,729.00 (Two Million, Six Thousand, Seven Hundred And Twenty Nine Naira Only).

## STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES FOR YEAR ENDED DECEMBER 31, 2000

a. **Basis of Accounting**

The Statement of Affairs have been prepared under the historical cost convention.

b. **Income**

Income comprise grants from donor organisations, interest on bank deposits and other receipts from publications, training, workshops and consultancies/honorarium for technical assistance services.

c. **Taxation**

In accordance with Action Health Incorporated's status as a non-profit organisation, it is exempted from all corporate taxes.

d. **Foreign Currency**

Transactions in foreign currencies are recorded at the rate of exchange ruling at the dates of the transactions. Balances denominated in foreign currency are converted at the rate ruling at the balance sheet date. Exchange gains and losses are set off against the net surplus or deficit for the period which they arise.

e. **Depreciation**

Fixed assets are stated at cost less accumulated depreciation.

Depreciation is provided on a straight –line basis to write off the cost of fixed assets over their expected useful lives at the following annual rates:

	%
Equipment	20
Furniture and Fittings	20

**INCOME AND EXPENDITURE ACCOUNT  
FOR THE YEAR ENDED DECEMBER 31, 2000**

**CERTIFIED TRUE COPY**

	2000
	=N=
<b>INCOME</b>	
Grants & Special Project	36,246,919
Contribution	
Other Income	3,212,413
	<hr/>
Total Income	39,459,332
 <b>EXPENDITURE</b>	
Audit Fees	350,000
Community Advocacy, Policy & Networking	8,870,895
Depreciation	1,444,873
Other Administrative Expenses	3,591,547
Peer Education, Training & School Outreach	5,035,348
IEC/Resource Materials Production & Distribution	2,648,589
Staff Salaries & Benefits	8,071,252
Staff Training & Organisational Development	3,731,079
Youth Clinic & Diagnostic Laboratory Services	1,883,654
Youth Skills Development & Internships	729,899
Fundraising	1,095,467
	<hr/>
	37,452,603
	=====
 Excess of income over expenditure	 2,006,729
	=====

**ERNST & YOUNG**

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.

Action Health Incorporated  
Plot 54 Somorin Street  
Off Ketu-Oworonshoki Expressway  
Ifako-Gbagada,  
P.O. Box 803 Sabo Post Office  
Yaba, Lagos  
Nigeria  
Tel: 234-1-774-3745  
Fax: 234-1-863198  
Webiste: <http://www.actionhealthinc.org>  
E-mail: [info@actionhealthinc.org](mailto:info@actionhealthinc.org)

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