



# CPED-*Research For Development News*

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A Bi-Annual Publication of the Centre for Population and Environmental Development



## HIV Prevention For Rural Youth: Outcomes of a Collaborative Action Research Programme

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This Publication is supported by the *Think Tank Initiative Programme* initiated and managed by the *International Development Research Centre (IDRC)*



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## About CPED

The Centre for Population and Environmental Development (CPED) is an independent, non-partisan, non-profit and non-governmental organization dedicated to promoting sustainable development and reducing poverty and inequality through policy oriented research and active engagement on development issues. CPED started as an action research group based in the University of Benin, Benin City, Nigeria in 1985. The action research group was concerned with applied research on sustainable development and poverty reduction challenges facing Nigeria. The research group also believed that communication, outreach and intervention programs, which can demonstrate the relevance and effectiveness of research findings and recommendations for policy and poverty reduction, especially at the grassroots level, must be key components of its action research. In order to translate its activities more widely, the Benin Social Science Research Group was transformed into an independent research and action Centre in 1998. It was formally registered in Nigeria as such by the Corporate Affairs Commission in 1999.

The establishment of CPED is influenced by three major developments. In the first place, the economic crisis of the 1980s that affected African countries including Nigeria led to poor funding of higher education, the emigration of academics to advanced countries which affected negatively, the quality of research on national development issues emanating from the universities which are the main institutions with the structures and

capacity to carry out research and promote discourse on socio-economic development. Secondly, the critical linkage between an independent research or think tank organisation and an outreach program that translates the findings into policy and at the same time test the applicability and effectiveness of the recommendations emanating from research findings has been lacking. Finally, an independent institution that is focusing on a holistic approach to sustainable development and poverty reduction in terms of research, communications and outreach activities is needed in Nigeria. CPED recognises that the core functions of new knowledge creation (research) and the application of knowledge for development (communication and outreach) are key challenges facing sustainable development and poverty reduction in Nigeria where little attention has been paid to the use of knowledge generated in academic institutions. Thus, CPED was created as a way of widening national and regional policy and development debate, provide learning and research opportunities and give visibility to action programmes relating to sustainable development and poverty reduction in different parts of Nigeria and beyond.

The vision is to be a key non-state actor in the promotion of grassroots development in the areas of population and environment in Africa. The overall mission is to promote action-based research programs, carry out communication to policy makers and undertake outreach/intervention programmes on population and environmental development in Africa.



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## Editorial Policy of CPED's Research for Development News (CRDN)

*CPED's Research for Development News (CRDN)* is the official publication of the *Centre for Population and Environmental Development (CPED)*. Through this medium, CPED seeks to reach out to relevant policy makers and other stakeholders on key issues concerning development in Nigeria in particular and other parts of Africa in general.

**Vision:** CRDN seeks to inform, educate and report development issues and challenges as well as the progress in the research and outreach activities of the Centre for the consumption of policy makers, other stakeholders and the reading public in its quest to promote sustainable, holistic and grassroots development.

**Mission Statement:** To provide a medium for drawing the attention of policy makers, other key stakeholders and the general public to the issues and challenges of development and the policy response needed to promote equitable development.

**Core Values:** The two core values of CRDN are derived from those of CPED. The first relates to the fact that the universal ideals of intellectual and academic freedom is promoted and respected by CRDN. In this respect CRDN will remain an independent, professional and development news letter. Secondly, CRDN is a non-partisan newsletter which is not associated with any political party or organization. However, when the need arises, CRDN in its publication of CPED's research, advocacy and outreach activities will address key political issues that have considerable impact on development, especially at the local level.

**Editorial Board:** The Editorial Board of CRDN shall be made up of CPED's Executive Director, two professional staff of CPED and two other members from outside CPED comprising mainly of CPED Fellows.

**Editorial Policy:** While CRDN will report on any

development issue and the various activities of CPED, CRDN will, as much as possible, focus on a particular development theme in one edition. The theme to be addressed in a subsequent edition shall be announced for the benefit of contributors in advance.

**Adverts:** There shall be created in every issue, a space for advertisement. The cost of the advert placements shall be determined by the Editorial Board.

**Manuscript submission:** Persons interested in contributing to any edition of CRDN are welcomed to do so. Manuscripts should be original with a maximum length of five pages typewritten with double-line spacing and accompanied with biographical sketch of the author which must not be more than fifty words. Each article should be typed on A 4 paper with a margin of one inch round. Manuscripts already published elsewhere shall not be accepted.

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## Editor's Note



Professor Emeritus Andrew G. Onokerhoraye, Ph.D., OON, JP  
Editor

The *Centre for Population and Environmental Development* (CPED) is pleased to launch its *Research for Development News*, with support from the *Think Tank Initiative* initiated and managed by the *International Development Research Centre* (IDRC). CPED's *Research for Development News* (CRDN) series is published twice a year in June and December. The Series will report on the research, communication and intervention activities of CPED with the major aim of informing policy makers and other key stakeholders on development issues as well as informing key stakeholders on CPED's activities on research and intervention. In this respect the editorial policy of CPED's *Research for Development News* is to focus

on one major development issue in each number of CRDN.

This December 2012 edition of CRDN is focusing on the just completed project titled *HIV Prevention for Rural Youth: Mobilizing Nigerian Schools and Communities*. The project was concluded on June 2012. Some of the key elements of the outcomes of the action research project are presented in this edition of CRDN.

**Professor Emeritus Andrew G. Onokerhoraye**  
Editor,  
December, 2012



## HIV PREVENTION FOR RURAL YOUTH: MOBILIZING NIGERIAN SCHOOLS AND COMMUNITIES (HP4RY): KEY ELEMENTS OF THE BEHAVIOUR CHANGE AND POLICY OUTCOMES

### INTRODUCTION

The **general** objective of HP4RY was to contribute to the reduction of youth vulnerability to HIV by building and evaluating a research-based model that strengthened and expanded the influence of the Family Life and HIV Education initiative. The **specific** objectives of the programme addressed the development and translation of knowledge and capacity building. The focus of the outcome presented in this newsletter is behaviour changes associated with the implementation of the project.

### PROJECT OUTCOMES

A key objective of HP4RY was to generate outcomes in behaviours, relationships, actions, and activities of people and organizations. HP4RY, in defining outcomes as changes in behaviour, recognized the fact that, to be effective, a development research program must go further than information creation and dissemination by engaging actors in adaptation and development. It is in this context that HP4RY was conceived and implemented.

### Research OR Knowledge

#### Innovations

HP4RY has generated new knowledge that builds on local insights which has the potential to contribute to the formulation of new policies and programs and the adaptation of existing ones. The new ideas and understanding generated by the research partnership can eventually contribute to influencing the intellectual and policy environments in which decisions regarding HIV

prevention for youth in rural communities are made in Nigeria. Furthermore, HP4RY exposed Nigerian team members and project staff to the theory and practice of Action Research, which has not been hitherto well understood and practiced in Nigeria. It became clear to team members and project staff during the course of the program that action research is not merely research which, it is hoped, will be followed by some action. Rather it is action which is intentionally researched and modified leading to the next stage of action which is then again intentionally examined for further change as part of the search itself. Nigerian team members and project staff through their participation in the implementation of HP4RY, appreciated the fact that action research is a reflective process of progressive problem solving led by individuals working with other team members or as part of a "community of practice" to improve the way they address issues and solve problems. Through proposal writing meetings in Nigeria and Canada, project team meetings in Nigeria and Canada, and workshops in Nigeria and Canada, the Nigerian team members and project staff were exposed to the action research model. Building individual capacity to carry out action research among Nigerian research team members paved the way to possible future curriculum improvement in social sciences and education and, ultimately, a transfer of knowledge to students who will become leaders and teachers themselves, thus ensuring the sustainability of the results. With the improved knowledge of action research team members and project staff based in CPED have been able to apply the methodology to other research projects which are on-going and funded by other organizations.



## CHANGES IN BEHAVIOUR OF JUNIOR SECONDARY SCHOOL STUDENTS

The school and community-based programming had the following positive effects on students:

- rejection of myths about HIV transmission (among male students when the school programme was supplemented by a community programme (FLHE+C) and among females with the school-only programme (FLHE and FLHE+C),
- improvement in attitudes related to abstinence (among male students in FLHE+C schools),
- improvement in attitudes toward condoms (among male students in FLHE+C schools and potentially among JSS 3 females in the same schools),
- decreasing sexual activity (by decreasing sexual initiation among females in FLHE and FLHE+C schools and by decreasing recent sexual activity among males in FLHE schools).

Confidence in these results is supported by both levels of statistical significance and consistency in patterns of results across different levels of schooling. Effects were statistically significant for students in JSS 1 in only one instance, suggesting a dose response, differential programme content and/or delivery across grades, or differences in student maturity affecting results.

## CHANGES IN BEHAVIOUR OF JUNIOR SECONDARY SCHOOL TEACHERS

Positive impacts on trained teachers included:

- significantly more resources for teaching sexuality and HIV/AIDS in their schools,
- that they had incorporated these topics into more teaching,
- that they were more often talking to students

about sexuality and condoms,

- that they had enough training to cover these subjects and were comfortable teaching about them.

## CHANGES IN BEHAVIOUR IN TARGET COMMUNITIES

Analysis of Corper monthly reports and evaluations completed by community members at the end of the Community programme support the conclusion that the community programme enhanced AIDS Competence of communities in all 6 targeted areas:

- Awareness of AIDS and knowledge related to HIV transmission and acquisition.
- Critical thinking and awareness of how social and cultural factors such as gender norms, sexual scripts, and power relations influence HIV spread or prevention.
- Community solidarity and commitment to addressing the threat posed by HIV and AIDS.
- Confidence among community members in their ability to take action against HIV and AIDS.
- Social networks that support change.
- Services and resources that support HIV prevention, treatment and care.

## CHANGES IN BEHAVIOUR OF OTHER STAKEHOLDERS

Changes in behaviour of those affected by HP4RY were promoted by the participatory research methodology which was adopted in the implementation of the project. **Stakeholder participation was promoted at all stages of the HP4RY project, from development of the letter of intent and eventual project proposal, to refinement of the research design and data collection instruments, to interpretation of research findings, translation of results into action programs and strategies, to the**



evaluation of those programs and strategies, and to the eventual delivery of results to a broader array of stakeholders and interested parties.

### CHANGES IN BEHAVIOUR OF RESEARCH TEAM MEMBERS AND JUNIOR PROJECT STAFF

Although most of the Nigerian team members received their higher degrees from Western Universities and have considerable experience in research, the decay in the university system in the country during the last two decades has had negative effects on the research capability of Nigerian researchers. We discovered that it was not, therefore, safe to assume that every member of the research team was familiar with contemporary research methods, the action research model, approaches to developing hypotheses, quantitative and qualitative methods of research and particularly data analysis, the difference between writing for academic publication and policy papers. HP4RY influenced considerable behaviour changes of Nigerian team members and project staff primarily with respect to improved research capacities, participation in collaborative research, exposure to research networks and the enhancement of the institutional research capacity of CPED.

For the Nigerian team members, the project provided an opportunity for collaborative research amongst Nigerian researchers who belong to four different institutions on the one hand and between them and researchers from Canada on the other. Lack of local funding for research and the inability of Nigerian researchers to attract competitive research grants from international funding organizations has restricted the exposure of many Nigerian researchers to large scale collaborative research.

This project facilitated such collaboration. Finally, the project also provided the opportunity for the Nigerian team members to be exposed to large scale project management systems and challenges entailing regular project management meetings and the participatory resolution of any challenges experienced during the implementation process.

Many graduate students and junior academics in Nigeria lack the opportunity for further studies, sustained mentoring and collaborative research. HP4RY provided opportunity for those participating as programme staff in the field of sexuality and sexual health, research methodology, field data collection, data processing and analysis, research report writing and project management. Four research interns who served as staff for HP4RY benefited from participating in the *Sexuality Leadership Development Program* run by *Action Health Incorporated* over 2-3 week periods in July of each year. They were exposed to cutting-edge conceptual, theoretical and programmatic issues in sexuality, sexual health and sexual rights, sexual diversity, HIV/AIDS and vulnerabilities, gender and violence against women. All staff improved their ability in report writing; gained knowledge in the use of survey, interviewing and ethnographic methodologies, in data analysis and in the preparation of presentations for a variety of stakeholder and academic audiences. Although the speed and ability of the research interns to acquire the skills being imparted to them has been slow, there has been improvement on their part. Some of them have made presentations at international conferences while others are working on publications based on the data collected during the research program. This project's facilitation of the ongoing doctoral training of two of the Nigerian project staff that embarked on their doctoral programmes in Nigeria and in the United States is a major



contribution to research capacity building in Nigeria. The research interest of these two young scholars has been stimulated by their participation in the implementation of the various aspects of the project. They are focusing on different aspects of reproductive health including HIV/AIDS challenges in Nigeria.

The Canada-Nigeria research partners made a conscious effort to ensure that research results are published in peer reviewed journals with a wide international readership. To this end, the project contributed to an enhanced integration of Nigerian team members into the international scientific community. Published papers are the expected outputs of most academic research; they are the means by which new knowledge and developments in research are communicated within and beyond the academic community. A number of strategies were initiated to deal with the challenges of preparation and dissemination of research results. In order to compensate for the insufficiencies of local libraries and in access to the international, scientific literature, a massive literature review and annotation project was undertaken in Canada. Four Canadian graduate students located, reviewed and annotated over 1400 scientific articles related to the project. These were organized by topic and made available to all team members and research interns/staff on the research project so as to facilitate their own review of the literature relevant to the publications and presentations they were preparing. Some of the main findings, conclusions and policy recommendations of HP4RY were being published in a special issue of the *African Journal of Reproductive Health* and will be posted electronically both on the CPED and University of Windsor websites where they will be freely accessible to researchers, policy-makers and implementers, development agencies, civil society and citizens around the world. Additional articles have been published or

are in preparation for publication in other journals as well.

The current lack of resources in universities and research centres in Nigeria severely impedes all aspects of research. Projects can stall or even collapse when basic resources are not available, results cannot be properly disseminated, and it is generally difficult in such circumstances to carry any work forward into new funding phases. Lack of adequate institutional resources in the project partner institutions, particularly the *University of Benin* and the *Centre for Population and Environmental Development (CPED)*, was a major challenge which had to be tackled at the beginning of the project. This entailed building the institutional capacity of the host institution, CPED, by providing improved research facilities such as computers, colour and black-and-white printers, scanner, laptop computers, projector and project screen, photo cameras, loudspeakers, digital recorders, the furnishing of a project office and conference room and support for the running of a power generator. The support provided by the project to CPED has greatly improved the infrastructural capacity of the Centre which has enabled the centre to carry out other research projects. The institutional capacity of CPED was also enhanced in terms of the considerable experience gained in hosting the research collaboration between researchers from different academic fields, in particular interdisciplinary cooperation between different disciplines in the social sciences and between institutions. Furthermore, the enhanced institutional capacity of CPED contributed to its selection as one of the 24 African research centres being supported under the Canadian International Development Research Centre (IDRC) *Think Tank Initiative*. It can be stated that the University of Benin and CPED have benefited from the action research project by developing a solid international experience in academic cooperation. The



experience has consolidated teaching and research in the area of HIV and sex education and has contributed to the development of new interests and concerns among Canadian and Nigerian researchers. Furthermore, CPED, through its participation in this project also enhanced its skills in research administration in such areas as financial management, technology transfer, research ethics, etc. Finally, CPED enhanced its capability in outreach activities aimed at the general public through the service delivery activities carried out in the target communities.

### **POLICY INFLUENCE**

Two major aspects in which the project influenced policy can be outlined. The first relates to the empowerment of Junior Secondary School teachers, principals and students in thirty schools in Edo State. The teachers were selected from those teaching three core subjects (English Language, Basic/Integrated Science, Social Studies) and providing Guidance and Counselling with the intention of integrating and infusing the Family Life and HIV Education (FLHE) curriculum into their teaching and counselling. This was carried out across the three senatorial districts (Edo South, Edo Central and Edo North) of Edo State. Teachers took FLHE back to their schools and delivered lessons to the students through classroom delivery and the establishment of Anti-AIDS Clubs which they tagged "FLHE Clubs". Students from Junior Secondary School grades 13 were also trained as peer educators to help in the messaging of HIV prevention, and its extra-curricular activities to help their mates and community members stay safe. The project trained over 104 subject and Guidance and Counselling teachers, 31 school principals and over 750 students. Apart from the government teachers benefiting from this programme, community teachers who complement teaching in these schools have also

benefited. Master trainers who were initially trained by Edo State Government Ministry of Education attended refresher courses as part of the HIV Prevention for Rural Youth project prior to carrying out training of teachers for FLHE. Remote schools which are rarely included in such initiatives have the HP4RY Project to thank for the opportunity for such training for the first time through the project. The training has empowered students in these schools to take up lead roles in the spread of HIV Prevention messaging and teachers now feel empowered and comfortable talking to students about sex, sexuality and HIV/AIDS.

The second component relates to the activities of the Youth Corps members to enhance the AIDS Competence in the target communities. Upon gaining the confidence of community members, the Youth Corps members embarked on forming what they tagged "core groups" of different age grades, the essence of these groups was to build the capacity of community members to create activities that will delay sexual initiation among the young ones (adolescent child), and also spread the message of HIV to places where the soles of their feet cannot reach in neighbouring communities. Such groups bore names such as *HP4RY Club*, *Abstinence Club*, *HIV Club*, *Zip-up Club*, *Faithful Club*, etc. The empowered community-based core group members engaged in activities they felt would be beneficial to the members of the communities comprising the old and young. They staged drama on HIV/AIDS, unwanted/teenage pregnancies, parent-child communication, abuses and incest, etc. at open spaces in the target communities for members to come and watch. Community Chiefs, Elders, women, youth, and children came out to witness these activities. In some communities, the Youth Corps members also carried out vocational training for women and girls in their communities. This contributed to empowering



the women and girls to carry out income generating activities, raising their self esteem, independence and autonomy in making life decisions, including those related to behaviours that place them at risk of acquiring HIV. A total of 180 graduated from this activity in one community and most of the beneficiaries have started using the skills acquired to generate income.

Both of these programming initiatives delivery of FLHE in Edo State schools and Youth Corps members working to enhance the AIDS Competence of rural communities have been fully documented, making the models of programme delivery available to others. Although the research project was conducted in only 30 junior secondary schools and 10 rural communities, the documentation of the models and processes used in service delivery has the potential to improve and promote the HIV prevention and sex education for people living in other rural communities in Nigeria and elsewhere.

The HP4RY project appreciated the fact that in the context of Nigeria, the most effective means of disseminating research to policy users is through direct, interpersonal contact. In view of the critical issues examined in the project, policy makers must trust that the information they receive is reliable and credible. In Nigeria, policy makers will often rely on personal contacts with researchers they trust. Sustained and substantive communication engenders trust. In the context of HP4RY the points of contact include locally based users and policy makers with jurisdictional responsibility in the topic area of the research these are the Edo State Ministry of Education and the State Director of the National Youth Service Corps. It is against this background that presentations were made to both the Ministry of Education and NYSC Directorate at various

junctures in the project and regular contact was maintained with both. A final presentation, providing impact evaluation results was made to both institutions in July, 2012.

## **TECHNOLOGY ADOPTION AND ADAPTATION**

HP4RY contributed to the improved adoption and adaptation of communications technology in CPED. Facilities for the dissemination of HP4RY outputs at CPED were enhanced by the redesigning of the CPED website. The aim was mainly to a) make research content available especially that of studies; and b) to improve navigation tools of the website to make it more dynamic. The website now includes brief summaries of the different project activities that CPED is involved in, including HP4RY. This has resulted in an increased number of visits to the website over the past two years. The website, together with the website of the University of Windsor, will provide a location where Programme Packages, reports, presentations, publications and summaries of the HP4RY project may be accessed by interested parties from anywhere in the world.

## **CHANGES IN SOCIO-ECONOMIC CONDITIONS**

HP4RY focused its activities on remote rural communities in Edo State that have not benefitted from any form of HIV prevention programs in schools OR in the communities for out-of-school youths. The targeting of these disadvantaged rural communities that have not been reached by previous programs by NGOs and public agencies in Edo State has brought considerable socio-economic changes to these communities. One major socio-economic outcome of HP4RY in the target communities relates to their empowerment due largely to the participation of youth, women and elders in the





delivery of HP4RY services in them. This empowerment has enabled the inhabitants of these communities, particularly the youth of both sexes, to acquire the confidence, skills and power to shape and influence their local place and services, alongside providing support to local development agencies to **promote and deliver effective engagement and empowerment opportunities**. The key elements of the community empowerment in the targeted rural communities of HP4RY entail:

- Having power to make their decisions.
- Having access to information and resources for taking proper decisions.
- Having a range of options from which they can make choices.
- Ability to exercise assertiveness in collective decision making.
- Having positive thinking on the ability to make change.
- Ability to learn skills for improving their personal or group power.
- Ability to change others' perceptions by



*CPED Communicating Research findings to Community Members.*

collective means; Involving in the growth process and changes that is self-initiated; and increasing their positive self-image and overcoming stigma.

Basically HP4RY has promoted the empowerment process in the targeted rural communities that allows the youth in particular to gain the knowledge, skill-sets and attitude needed to cope up with the changing world and the circumstances in which they live with respect to the need for HIV prevention.



*Group Photograph of HP4RY Team During HP4RY Policy Brief Meeting in Sheraton Hotel, Abuja*



## Brief Reports on CPED Activities

### HP4RY Policy Briefing Meeting July 5, 2012 - Abuja, Nigeria

HIV Prevention for Rural Youth is an action research project carried out by a team of Nigerian and Canadian researchers. The project was funded by the Global Health Research Initiative (GHRI), Teasdale-Corti Team Grant. The goal of the project was to reduce the HIV vulnerability of youth in Edo State, Nigeria. To mark the end of the 4 year research project (2008-2012), the team came together to organize a one-day policy briefing meeting to address among other things policy implementation and implication of HP4RY research in rural schools and communities.

The meeting which took place in Abuja on July 5th 2012 brought together stakeholders from the elected politicians, political appointees, officials from federal government agencies, non-governmental organizations, policy makers, health practitioners etc. The meeting also featured a special edition of the African Journal of Reproductive Health (AJRH), which was published by Women's Health and Action Research Centre (WHARC). A summary of the policy briefing activities is presented below.

**Remarks from Minister of Health (Federal Ministry of Health Minister for State) Dr. Muhammed A. Pate:**

- Commended the work that has been done;
- Reconsidered moving the publication of the journal to the United State and also added in quote ' we should look inwards and consider keeping it in Nigeria';
- Stated that Key challenge is connecting research outcomes to policy. Often we have faith-based policies and we need to move to evidence based data, analysis and link to policy;
- Also made a statement that all should please think about finding ways to target policy makers with research outcomes and publications, ways to make an impact, to change how things are specifically looking at how information is disseminated;
- When developing research questions, listen to what policy makers need answers to.



*Minister of State for Health, and other stakeholders listening attentively as CPED presents its HP4RY Project outcome in a policy briefing meeting in Sheraton Hotel, Abuja, Nigeria*

**Review of the Special Issue of AJRH by Prof. Lai Erinosh, Health Reform Foundation**

- Provided an overview of knowledge production in Nigeria, e.g., usually not-peer reviewed, quality is missing. As a result it diminishes our work
- AJRH:
  - ▶ is lifting us to new heights, e.g., all articles are co-authored, numerous countries are involved, peer reviewed
  - ▶ provides an opportunity for policy
  - ▶ is a benchmark, the quality of these pages is outstanding
- I would recommend it to scholars



## Q&A for Keynote Address: Tackling vulnerability of youths to HIV/AIDS in Nigeria

Prof. John Idoko, Director-General of the National Agency for the Control of AIDS (NACA)

Question/Comments	Answer (if applicable)
<ul style="list-style-type: none"> <li>● Impressed that the issue of the girl child was acknowledged</li> <li>● The issue of our children, in particular, gender equality and women power is important. If this is addressed, other issues will be addressed (sexual abuse, girls dropping out of school, unemployment, etc.)</li> <li>● If we want to address HIV/AIDS we need to empower women</li> <li>● Focus on the HIV+ youth of reproductive age – how can we help these ones? We should encourage them to be part of the campaign against discrimination, advance the cause of new infections, let them be volunteers, make them feel important</li> <li>● Why are more women dying of HIV/AIDS? This is a critical issue</li> </ul>	
<ul style="list-style-type: none"> <li>● Need to address the role of government, e.g., if you look at the issues, e.g., poverty, you can connect them to government</li> <li>● In this country we are blessed so for people to be poor is the issue of government</li> <li>● For the girls I want to see a Nigerian solution</li> <li>● We are teaching the girls to say no but when are we teaching the boys to respect that?</li> <li>● There are so many issues we need to take into consideration</li> <li>● Recommendations: <ul style="list-style-type: none"> <li>■ Go to the root causes of the problem, e.g., why do we have poverty, why do we have increases in rural areas</li> <li>■ We need to be more practical, do something home grown rather than depending on funding by external agencies</li> <li>■ Look at how to help orphans – we aren't doing this now</li> <li>■ Think outside the box</li> </ul> </li> </ul>	<p>Not just government. Presentation got discussion going at the high level. Not enough time to discuss details and these are details</p>



**Remarks from Mrs. Enakeme E. Nnorom, Federal Ministry of Education**

- I would like to commend the organizers and would like to have copies of the presentations on HP4RY because these form recommendations that we are making to government for policy
- AIDS is a big problem in Nigeria when we look at it against the backdrop of poverty
- Can't be handled by government alone
- For government, I believe the first responsibility is to create an enabling environment so that people can create jobs for themselves
- Youth need to understand that government cannot employ them all
- Call on our youth to do their best, encourage them to find jobs in their localities instead of moving to the cities
- Encourage youth to embrace our country, stay where they are
- I wanted to stay to the end to be enriched

**Q&A for Policies to address the challenge of HIV/AIDS in Nigeria collaborations**

Mr. Johnson Dudu, HP4RY

Question	Answer (if applicable)
<ul style="list-style-type: none"> <li>● This was encouraging</li> <li>● The collaboration has been very fruitful</li> <li>● I am looking for the statistical information to compare before and after the program</li> </ul>	<ul style="list-style-type: none"> <li>● See the article in AJRH</li> </ul>

**Q&A for HP4RY purpose and evaluation results**

Prof. Eleanor Maticka-Tyndale, University of Windsor

Question	Answer (if applicable)
<ul style="list-style-type: none"> <li>● Thank you for the way you broke it down so that we could all understand the technical research</li> <li>● It is interesting that FLHE alone in schools doesn't help the boys</li> <li>● Regarding condom use – they accept that it is a good thing but they don't use condoms. What would be a policy change that would address this?</li> <li>● Perhaps these programs need to be taken out of the schools for example when I was in school I participated in a program where we were taught to put a condom on a wooden penis with our eyes closed</li> </ul>	<ul style="list-style-type: none"> <li>● Many countries have addressed the issue of how to use condoms by supplementing out of school programs, e.g. Bringing in health workers.</li> </ul>
<ul style="list-style-type: none"> <li>● How were you able to remove bias</li> </ul>	<ul style="list-style-type: none"> <li>● Randomized controlled trials which are the gold standard</li> <li>● For additional details see AJRH</li> </ul>
<ul style="list-style-type: none"> <li>● We have a large number of youth in rural areas that are not in schools, how do we go about including them.</li> </ul>	<ul style="list-style-type: none"> <li>● They are not going to have the benefit of the FLHE program</li> <li>● However this will be addressed this afternoon in another presentation.</li> </ul>



**Response to presentation on FLHE in schools by  
Dr. (Mrs) Ezinwa Uzuegbunam, Federal Ministry of Education**

- Would like to make some corrections and comments
- Global fund money was given to the states and they were told to implement programmes, however the money wouldn't last forever
- Edo state, because of politics did not do as well
- For condom use we have said traditionally we are Africans, the children are too small so we do not talk about condoms. We have a tradition
- Education sector is working with the NYSC to reinforce what has been taught in the classroom
- NGOs are working very well with us. They give us a lot of ideas
- We even have plans in place for out of school youth

**Q&A for Teachers Policy implications of HP4RY research in rural schools**

Dr. Nombuso Dlamini, York University & Dr. Uyi Oni Ekhosuehi, Edo State Ministry of Education

Question	Answer (if applicable)
<ul style="list-style-type: none"> <li>● I am concerned about the issue of condoms. We are made to believe that teachers cannot teach about condoms but we all know that children engage in sexual activity. Is it not time that the Ministry starts to better address this issue?</li> </ul>	
<ul style="list-style-type: none"> <li>● One speaker said that teachers teach what they want to teach, but teachers cant do that there is curriculum that they must follow.</li> <li>● You have to put age into consideration, you cant talk about condoms in primary school</li> </ul>	<ul style="list-style-type: none"> <li>● Just this year the International Journal of Sexual Health published research on condoms around the globe</li> <li>● I would refer people to that issue to look for the evidence regarding the impact of teaching about or using condoms. One of the articles is a review of all the research literature across Sub-Saharan Africa and it shows that youth who are taught about condoms do NOT become sexually active at an earlier age nor do they have more sexual partners but they have fewer pregnancies and less STIs.</li> <li>● We need to turn to the evidence. We may believe certain things, we may feel ill at ease talking about condoms, we may be uncomfortable, but the evidence is that teaching about condoms does not produce earlier sexual activity.</li> <li>● What we presented was data driven from the teachers perspective and what our data showed was that teachers DO teach what they believe and not necessarily what they were trained to teach.</li> </ul>
<ul style="list-style-type: none"> <li>● My concern is with funding and sustainability. Can't we start to budget, like we budget for tables and chairs? We might begin addressing sustainability if we had a budget.</li> </ul>	<p><b>Response from the Ministry:</b> We teach abstinence so children are clear on what to do. It is a start. There are many teachers who have not been trained and that is an issue.</p>





**Response from Prof. Okoro:** We have said that evidence is out there, people should look it up. How many people actually go to look it up? Knowledge does not translate into action, e.g. Doctor who smokes. The problem is not that our teachers don't have the knowledge; it is that we are not reaching out to teachers enough. We need to address feelings and emotions. Make teachers feel comfortable, give them experience. Teach youth about the responsibilities that come along with sex. If you can't abstain, use condoms.

### ***Additional Suggestions;/Comments at the End of the Day:***

- Most of the policy makers are no longer here. We should follow up from this day with an executive summary to communicate the problem, solution, and recommendation.
- Need to make a presentation to the Senate
- We need to learn to put ourselves first. We should have presented our results first and let the officials go last so that they were here
- We did not have the Ministry of education at the high table. If we need to do a national dissemination of this program we need to be connected to Federal Ministry of Education
- We have done very well. Today had 2 different events with the bulk of the guests in the morning attending because of the journal launch and so they did not stay. The journal is health focused and ours is education focused.
- We invited the people that needed to be here, we followed up to make sure they were coming by phone and face to face. The results of today are not because of inefficiency
- This morning was disappointing. When WHARC was discussing the journal, I expected them to discuss HP4RY since that is the reason they were here, however, the project was never mentioned. This was very sad.

**NUC Representative:** I would like to take this opportunity to say that I appreciate being invited. The data that I know of is that there are so many bureaucratic steps that it is difficult to implement policies on the ground. The government representatives are so busy. The problem area is implementation. I liked the comment that we need to look at some focal points that would help advance our cause. If we really want to go to collaboration then how do we identify our focal points so we can effectively reach out? NUC is always open to collaboration. I would like to thank the organizers of this program.







## CPED continues to make progress in the implementation of its five year strategic plan

The *Centre for Population and Environmental Development (CPED)* was selected in 2009 as one of the African Think Tanks under the Canada's *International Development Research Centre (IDRC)* Institutions *Global Think Tank Grant Initiative*. IDRC is one of the world's leading institutions in the generation and application of new knowledge to meet the challenges of international development. It is well known that IDRC has worked during the past forty years in close association with researchers in developing countries to build healthier, more equitable and prosperous societies in different countries with considerable success. The institutional grant facility to CPED is a major breakthrough in that it will provide core funding for the research, communications, intervention and capacity building of CPED and its partners.

One major output of the support for CPED under the *Think Tank Initiative* is the formulation of the five-year strategic plan. CPED's Five Year Strategic Plan seeks to consolidate and build on its modest achievements of the past ten years to make the organisation one of the most unique independent policy research institutions in Nigeria which combines policy-oriented research with communication, outreach and intervention programmes. Under the five-year programme of work, CPED activities will focus on four broad areas reflecting the objectives set for the five-year period i.e. Research; Communications and outreach; Intervention programmes; and Capacity Building of CPED and partners.

### **Research Activities**

In 2012, CPED core research staff and associates continued research activities and published papers on each of the four research themes being addressed during the period i.e. Growth and equity in Nigeria; Conflict and Development in Nigeria's Niger Delta region; Education and Development in Nigeria; and Health including HIV/AIDS and development in Nigeria. The targets set on the research component of the strategic plan for the first year are being achieved.

### **Research communications and policy linkage**

The *Communications and Dissemination Plan* of CPED has been approved by the Board of Trustees with effect from January 2012. The Communication and Dissemination Plan has guided various research communication and policy linkage since then. Thus CPED has intensified disseminating its policy research results through multiple channels and formats including reports, policy briefs for policy makers, a revamped website, and an improved biannually newsletter largely for policy makers. CPED has also organised policy workshops and dialogues on socio-economic development issues, especially in the context of meeting the challenges of achieving MDGs relating to health and education. CPED has also built the capacity of local partners so as to enhance their participation in promoting policy linkage with relevant public and private agencies.

### **Intervention programmes on key development challenges at the local level**

CPED has carried out intervention programmes with local partners on promoting grassroots stakeholders participation on development and poverty reduction, promoting good governance at the grassroots level to hold elected representatives accountable to the people that elect them, promoting human rights-based approach to development, and projects on control of the spread of HIV/AIDS, especially for rural communities.

### **Strengthening the institutional capacity of CPED**

CPED continues to pay considerable attention to consolidate the capacity building of CPED by improving the equipment and facilities in CPED offices; Improving the governance and management structure of CPED; putting in place clear systems for managing and appointing staff performance and dealing with promotion, progression and remuneration; revamping CPED's website with the aim of making it a key instrument in communications and outreach activities;



recruiting Senior research staff to enhance the research capacity of CPED; and establishing CPED branch offices in specific parts of the country.

***Empowerment of CPED partners to participate in research, policy linkage and outreach/intervention activities***

CPED has continued with its programme of

identifying and build the capacity of local partners in intervention project areas in different parts of the country; continuing to build network links with the empowered local partners and other stakeholders; building a contact base that allows CPED to manage its relationships with local partners efficiently and effectively; and sourcing for funds from key donors for the core activities of CPED.

**CPED is in the final phase of the conclusion of its project on building civil society capacity for advocacy on sexual and Reproductive Health and Rights in Nigeria**

After about three years of the implementation of the project entitled "*Building civil society capacity for advocacy on sexual and Reproductive Health and Rights in Nigeria*" the project is at its concluding phase. The overall purpose of the project is to improve the reproductive and sexual health situation in Nigeria, which has the worst indicators of sexual and reproductive health and rights (SRHR) in Africa and the second to the worst in the world, through interventions designed to strengthen the capacity of local civil society organisations to play key roles in policy dialogues on sexual and reproductive health and rights while at the same time participating in the delivery of RH care services to underserved groups and localities. The project is expected to help the target civil society

organisations (NGOs) to clarify their vision, improve their organisational efficiency, increase their knowledge of SRHR, improve their knowledge of or access to policy and planning processes, improve their advocacy skills, increase their ability to deliver SRHR services and develop networks to work with key stakeholders on SRHR. The project seeks to contribute to securing the rights of women, men and adolescents in different parts of Nigeria to good reproductive and sexual health. The project has a research, intervention and policy linkage components. The three-year project initiative is funded by *European Commission*. In the last two years, the following research, intervention and policy linkage activities have been carried out.



CPED Project Team Reviewing Implementation Plan





### ***The empowerment of the project team and other key staff/associates***

- (a) A 46 member Project Team composed of experts on socio-economic surveys, finance, stakeholder mobilization, NGO management, sexual and reproductive health issues and advocacy strategies have been put in place. Our interactions with some of them show that they have relevant skills and experience to handle the schedule assigned to them in the project.
- (b) A three-day workshop was organized for the 46 Project team members to keep them abreast of the issues and challenges of implementing the Project was held on Monday 1<sup>st</sup> to Wednesday 3<sup>rd</sup> of February, 2010.
- (c) The workshop also empowered 15 other staff of CPED, ICWA and CPAP on the issues and strategies of the Project in case there is need to make changes in the project personnel.
- (d) The workshop empowered the project team members on issues such as NGO mobilization strategies in different target states; Strategies for the identification of relevant NGOs for empowerment on advocacy on reproductive health; Stakeholder mobilization strategies for State and Local Government Officials and Local Leaders at the community level; Community mobilization strategies especially for youths in the context of the target LGAs in the different states; Preparation and discussion of survey instruments for the baseline surveys; and Methodologies for the administration of baseline survey instruments;
- (e) The workshop also discussed the general principles and issues to be focused on in the preparation of the training manuals, especially Manual for the training of NGOs on organizational development and

management; Manual for the training of NGOs on reproductive health challenges and issues in Nigeria; Manual for the training of NGOs on Advocacy on Reproductive Health; and Manual on Adolescents Reproductive Health and service delivery

- (f) The 46 Project team members have remained part of the project implementation for the past one year which is a reflection of their continuing commitment to the implementation of the Project.
- (g) Draft survey instruments and training manuals were prepared during the workshop.

### ***Mobilisation of target groups and other stakeholders for participation in the project***

From the records documented on project activities and interactions with stakeholders and target groups including beneficiaries it can be stated that mobilisation of stakeholders, target groups and beneficiaries was successfully carried out with respect to the following:

- (i) Mobilisation of State Government Officials
- (ii) Mobilisation of NGOs in the ten target states
- (iii) Mobilisation of Media Houses for participation in the project
- (iv) Mobilisation of Local Government and Health Officials
- (v) Mobilisation of target groups, beneficiaries and out-of-school youths in the target LGAs
- (vi) Mobilisation of target schools and in-school youths
- (vii) Selection of Non-Governmental Organisations (NGOs) that will participate in the implementation of the action.
- (viii) Selection of Journalists and media houses that





will participate in the implementation of the action

The successful mobilisation led to the targeting of 100 State Government Officials in the ten target states to support the action; 150 Local Government and Health Officials in the ten target LGAs mobilised to support and participate in the project; 400 NGOs were initially mobilised for participation in the project; 150 journalists in media houses and agencies were mobilised for participation in the project; 500 community leaders, target groups, beneficiaries and other stakeholders mobilised in the target LGAs for participation in the project; 300 NGOs were finally selected from the initial list compiled for participation in the project and 100 journalists were finally selected from the initial list compiled for participation in the project

### ***Constitution and training of State and LGA Implementation committees***

- (a) 10 Local Government Project Implementation Committees with an average membership of between 5 and 10 people were constituted.
- (b) 10 Local Implementation committees with an average membership of between 10 and 15 people were constituted.
- (c) Training of the constituted state and local implementation committee members was successfully carried out.
- (d) The State and LGA Implementation Committees have been empowered to participate in the implementation of the Action.

### ***Collection of baseline information on SRHR and capacity building needs of target NGOs***

- (a) Baseline survey instruments were finalized after pre-testing in pilot NGOs and

communities.

- (b) Baseline surveys of target NGOs carried out and the results analysed.
- (c) Baselines surveys of SRHR carried out and the results analysed.
- (d) The results of the analysis of the baseline surveys were fed into the training programmes of the NGOs and Journalists

### ***Capacity building of NGOs on management, SRHR and advocacy skills***

- (a) The manuals for the training activities finalised and used in the training.
- (b) The management capacity building of the NGOs focused on issues such as Establishing and registering a CSO; Mission and planning; Organisational structure and management; Human resources management and supervision skills; Leadership and communications; Programme design and management; Searching for funds; Financial management; Developing public relations; Networking with other organisations; Organisational sustainability; and Monitoring and evaluation.
- (c) Sexual and reproductive capacity building of the NGOs focused on issues such as The context of reproductive health challenges in Nigeria; Trends in pregnancies and child bearing; Family planning; Maternal health; HIV/AIDS; Abortion; Harmful practices, reproductive rights and gender issues; The National Reproductive Health Policy and Framework; and Advocacy issues on reproductive health
- (d) Advocacy issues on reproductive health capacity building of the NGOs focused on The framework for advocacy on reproductive health; Building a constituency for support;



Target audiences and goals; Going public with advocacy issues on reproductive health; Enhancing your public information efforts; Dealing with the opposition

- (e) Policy linkage with the relevant state and local governments.

### **Capacity building of Youth Organisations on SRHR and peer education activities**

- (a) The manual for the training activities on adolescent reproductive health and peer education activities were finalised and used in the training.
- (b) The topics covered in the training workshops focused on key reproductive health issues with particular reference to adolescent reproductive health as well as peer education skills. These include; the context of reproductive health challenges in Nigeria; Trends in pregnancies and child bearing; Family planning; Maternal health; HIV/AIDS; Abortion; Harmful practices, reproductive rights and gender issues; The National Reproductive Health Policy and Framework; Advocacy issues on reproductive health, peer education, and youth-friendly health centres.

### **Capacity building of Journalists on SRHR and advocacy**

- (a) The manuals for the training activities finalised and used in the training;
- (b) Sexual and reproductive capacity building of the journalists focused on issues such as the context of reproductive health challenges in Nigeria; Trends in pregnancies and child bearing; Family planning; Maternal health; HIV/AIDS; Abortion; Harmful practices, reproductive rights and gender issues; The National Reproductive Health Policy and

Framework; and Advocacy issues on reproductive health;

- (c) Advocacy issues on reproductive health capacity building of journalists focused on the framework for advocacy on reproductive health; Building a constituency for support; Target audiences and goals; Going public with advocacy issues on reproductive health; Enhancing your public information efforts; Dealing with the opposition.



*CPED Community Mobilization Officer Review Plan of Action with Trained Peer Educators*

### **Working with the empowered CSOs to carry out advocacy activities on SRHR**

CPED has been working with the empowerment of the CSOs to advocate for increased attention by the three levels of government to SRHR service delivery by making appropriate resource allocations to SRHR. The objective of the advocacy activities being carried out by the empowered CSOs is to influence policy, programmes and resource allocation to SRHR services. High level meetings are being held with the specific target audiences. CSOs are also organising public events such as debates, radio and TV programmes, peaceful protests, and other events that draw attention to the challenges facing SRHR. Advocacy meetings





with community leaders, elders, men and women are carried out on harmful traditional practices.

### ***Working with the empowered journalists to carry out advocacy activities on SRHR***

CPED is also working with the empowerment of journalists to carry out advocacy activities as well as public enlightenment campaigns. These advocacy and public enlightenment activities are focusing on informing the public and also lobby policy makers to respond to the challenges facing SRHR. As in the case with CSOs, meetings are being held with specific target audiences. Mass media campaign is a major strategy which some of the empowered media houses are using to promote improved SRHR policy and services in Nigeria.

### ***Working with youth organisations to implement peer education on SRHR activities***

In each target LGA the peer educators are working with CPED to carry out *promotional activities* such as discussion groups, music concerts, radio programmes, distributing flyers and hanging posters; *informational/educational activities* such as giving information to individuals or small groups in a workshop setting with the purpose of educating them on specific SRHR issues; *counselling/orientation* such as direct, private contact with youth to learn extensively about and address their needs including negotiating skills so that adolescent women can say no to unprotected sex and reinforce their self-esteem; *community distribution of services and referrals* such as distribution of condoms, and other contraceptives, as well as referring youth to clinics or other services; and *advocacy* to youth and other stakeholders to build support for the recognition and improvement of SRHR.

### ***Working with the empowered youth organisations to carry out "youth-friendly" reproductive health services***

In view of the fact that peer education generates demands for services in the intended audience, peer education is being linked to services that provide access to condoms, medical care, and voluntary counselling and STI management. This is due to the fact that it is generally agreed that "youth-friendly" services are needed if adolescents are to be adequately provided with reproductive health care. Given that young people tend not to use existing reproductive health services, specialized approaches must be established to attract, serve, and retain young clients. Basic components include specially trained providers, privacy, confidentiality, and accessibility.

### ***Supporting civil society coalitions building and networking activities to promote collaboration with the executive, legislature, the media and other CSOs on reproductive health advocacy activities***

It is expected that CSOs' impact on advocacy for improved SRHR policies and the increase of resources allocation to RH in budgets will be enhanced if they collaborate with other organisations. This requires building networks and coalitions. Facilitation of coalitions and networking of empowered CSOs advocating for improved SRHR is being carried out by CPED in each state. This is being carried out by the regular meetings and reviews of the activities of the empowered CSOs during the project period starting from the time they were trained collectively in each state. This has formed the basis of their collaboration in advocacy activities on SRHR which is expected to continue even when the project formally ends.





## CENTRE FOR POPULATION AND ENVIRONMENTAL DEVELOPMENT (CPED)

Under the current five-year programme of work, CPED activities focus on four broad areas reflecting the objectives set for the five-year strategic plan period as follows:

- (i) Research;
- (ii) Communications and outreach;
- (iii) Intervention programmes; and
- (iv) Capacity Building of CPED and partners.

### RESEARCH

Four research thematic areas will be targeted by CPED during the five-year period as follows:

1. *Growth with Equity in Nigeria*
2. *Conflict and Development in Nigeria 's Niger Delta Region*
3. *Education and Development in Nigeria*
4. *Health including HI V/AIDS and Development in Nigeria.*

### COMMUNICATIONS AND OUTREACH

Partnership development with public and private sector/civil society organisations

### INTERVENTION PROGRAMMES ON SOCIO-ECONOMIC DEVELOPMENT

Beyond action and policy oriented research and its communications activities, our mandate entails implementing intervention activities in our identified areas of policy research during the five-year strategic plan period. In this context intervention programmes that benefit largely deprived grassroots communities and other disadvantaged people are being carried out.

### CAPACITY BUILDING OF CPED AND PARTNERS

CPED believes that the strengthening partner organisations including community based organisations must be a key mechanism for the achievement of its mandate during the next five years. This also includes the strengthening of CPED to be able to fulfil its mandate during the strategic plan period.

