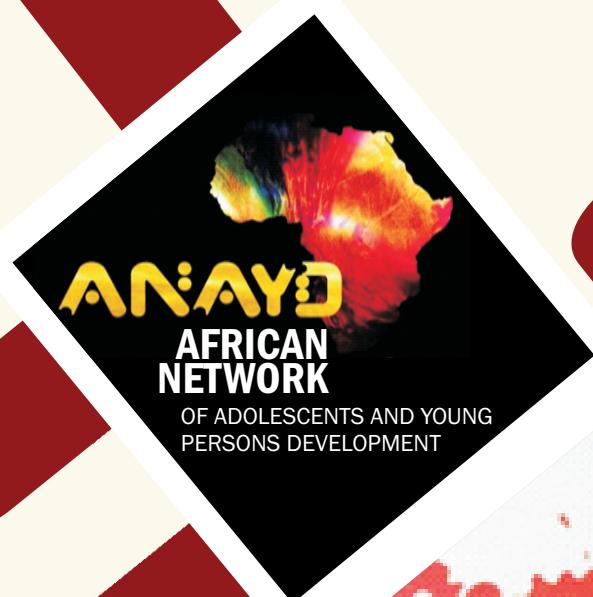


PUTTING ADOLESCENTS AND YOUNG PEOPLE FIRST!

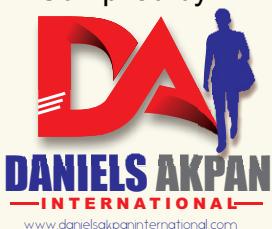
ANNUAL REPORT 2020



AFRICAN NETWORK
OF ADOLESCENTS AND
YOUNG PERSONS
DEVELOPMENT (ANAYD)



Compiled by



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The African Network of Adolescents and Young Persons Development (ANAYD)

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C 2020 ANAYD

Forward

This report shares insight on the interventions and projects implemented by ANAYD with support received from the Global Fund, Education as a Vaccine (EVA) and other partners in divers' capacities.

The report delves into the impact of HIV/COVID-19/SGBV, needs and realities of adolescents and young people in their diversities to improve programming, and thus, the lives and well-being of this AYPs key vulnerable affected groups in Nigeria. It is therefore a handy document for AYP focus organization, government, bilateral and multilateral agencies, in Nigeria and a document amongst others for improving HIV, COVID19, Sexual and Gender Base Violence (SGBV) response and measuring our progress.

I, therefore, appeal that the recommendations made within the context of each interventions as captured for the government should be given paramount attention, and the necessary support channel to enable sustain the gains made and maximize impact on HIV and SGBV response amidst COVID-19.



Mr. Aaron Sunday
Executive Director ANAYD

Acknowledgment

The African network of adolescent and young people development (ANAYD) is exceedingly grateful to the Global Fund through the Technical Assistant Project, and Education as A Vaccine (EVA) through the Civil Society Community Engagement (CSCE) project for the funding support that made ANAYD deliver its programs for adolescents and young people, youth and adult amidst the impact on COVID-19 in the year 2020.

This annual program report shares insight into some of the interventions, and activities implemented for and with adolescents and young people in their diversities in Nigeria as undertaken by ANAYD. We are very appreciative of Mr. Aaron Sunday, the Executive Director whose leadership oversees the actualization of all interventions implemented and development of this report.

Very specially, we also acknowledged the active participation of all divers' adolescents and young people who participated in all our intervention process in divers' capacities and competencies. Their meaningful engagement and participation amidst COVID-19 impact has contributed to improving the health intervention of AYPs across Nigeria.

ANAYD would also like to acknowledge and thank the following organization for their contribution and collaboration in divers' capacities:

Government:

- Federal Ministry of Health in Nigeria (FMOH)
- National AIDS and STI Program Control Unit (FMOH-NASCP)
- National Primary Health Care Development Agency (NPHCDA)
- National AIDS Control Agency (NACA)
- Nigeria Country Coordination Mechanism (CCM)

UN Agencies and Implementing Partners

- Society for Family Health in Nigeria (SFH)
- Family Health International (FHI360)
- Joint United Nations on HIV and AIDS Programs (UNAIDS)
- United Nations Children Fund (UNICEF)
- United Nations Population Funds (UNFPA)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- The President's Emergency Plan for AIDS Relief (PEPFAR)
- World Health Organization (WHO)

Networks and Civil Society Organizations

he Network of People Living with HIV and AIDS in Nigeria (NEPWHAN)

Association of Positive Youths Living with HIV in Nigeria (APYIN)

ey Populations Network in Nigeria (KAP Secretariate)

igerian Youth Network on HIV/AIDS (NYNETHA)

isability Rights Advocacy Centre (DRAC)

qual Health and Rights Access Advocacy Initiative (EHAAI)

ntiretroviral Improve Access Initiative (AIAI)

ave Makers Initiative for Health and Youth Empowerment (WAVEMAKERS)

he Initiative for Equal Rights (TIRS)

International Partners

Eastern African National Networks of AIDS Service Organization (EANNASO)

IDS Strategy Advocacy and Policy Limited (ASAP)

Initiative Sankofa d'Afrique de l'uest (ISDAO)

Finally, specially appreciate all ANAYD programs staff for their continues services in all program' implementations and our champions and selfless volunteers for their continues effort and services rendered and which has enabled ensured that amidst COVID-19 ANAYD achieves more in 2020.

ORGANIZATIONAL PROFILE:

African network of adolescent and young person's development (ANAYD) is a regional organization working for adolescents and young person's which include (adolescents' girls and young women (AGYW), adolescents and young people living with HIV (AYPLHIV), young key populations (YKPs) and young people living with disabilities (YPLWD)) both infected or affected with HIV, Tuberculosis and Malaria. It was formed in 2015 in Nigeria, but properly inaugurated on 29th September 2017. It is established and saddled with the responsibility to facilitate the provision of "Educational Development", "Governance", "Digital and Socio-Economic Development", "Treatment, Care and Support services to adolescents and young people; to equip them with adequate capacity and skills and information on HIV, Tuberculosis, Malaria, sexual, reproductive health and rights (SRHR) so as to prevent further spread of HIV, Tuberculosis, STI and other related Health disease among adolescents and young people, and the general population. We strive to promote adolescents and young people's access to services in a manner that is youth friendly and of good quality. ANAYD is still growing and involving significantly against all odds. besides that, it has its officials, and today ANAYD is part of the success story in fight against HIV/AIDS, SRHR, GBV and other related health cases among adolescent and young people in Nigeria and Africa.

Vision:

To see an Africa where the rights, welfare and interests of adolescents and young people in their diversities are assured and protected, and the larger society is protected from the spread of health-related diseases.

Mission:

To lead the effort of mitigating the physical, psychosocial and economic impact of HIV, Tuberculosis, Malaria and other health related infections among adolescents and young people in their diversities through information sharing, education, advocacy, capacity building and economic empowerment.

Goal:

To ensure greater and meaningful involvement of adolescents and young people in their diversities in policy formulation, decision making, governance, program design, development, implementations, monitoring and evaluation at all levels.

Objectives:

- To promote fundamental human rights and gender equality of adolescent and young Persons which include (adolescents' girls and young women (AGYW), adolescents and young people living with HIV (AYPLHIV), young key populations (YKPs) and young people living with disabilities (YPLWD)) especially among those infected or affected by HIV, Tuberculosis and Gender based violence in Africa.
- To promote comprehensive sexual reproductive health and right information and services for adolescent and young people in their diversities.
- To facilitate access to free and comprehensive prevention, treatment, care and support information for adolescent and young people in their diversities.
- To provide and sustain a platform for adolescents and young people in their diversities to come together, exchange ideas through the instrument of peer support groups and forums.
- To facilitate meaningful involvement of adolescent and young people in their diversities in program design, development, implementations, monitoring and evaluation at all levels.
- To facilitate access to social economic support for adolescents and young people in their diversities in the country and Africa.
- To foster synergize and build positive partner relation and collaboration with other national, regional and global stakeholders, NGOs, CSOs and networks for effective programming and resource mobilization for adolescents and young people in their diversities.

Geographical Coverage and Network Membership

ANAYD is a non-discriminatory organization with over 87 NGOs, CSOs, Networks and CBOs who subscribe to it in Kaduna state, over 40 NGOs, CSOs, CBOs, and networks who subscribe across 37 states of Nigeria and 7 west and central African NGOs, and Networks who subscribe. ANAYD operate across 6 geopolitical zones in 10 states; AbiaAkwa Ibom, Anambra, Lagos, Benue, Kaduna, Abuja, Kwara, Kano and Taraba). But currently through Global Fund grant worked across 7 states namely (Akwa Ibom, Anambra, Lagos, Benue, Kaduna, Abuja and Taraba).

ANAYD also have professional individuals such as medical doctors, clinicians, advocates, activist, media, academia, researchers, lab scientist, and community members (KPs and LGBTQ) who subscribe personally and are committed to the goals and objectives of the organization.

Board of Trustees

ANAYD is registered as a civil society organization and made up of three board members who were appointed from different works of life; professionals and public health consultants at high positions in the Nigerian and International HIV and SRHR responses.

Adversary Board Members

The advisory board members of the organization compose of professional independent individuals who have serve or are still serving across government agencies, implementing partners, donor agency, private sectors and political law makers who upon request call by the organization to serve in such capacity when accepted; and adolescents and young people who serve to voice and share current issues as it face them towards also guiding the organization program approach in line with current needs. they all provide guidance and share expertise towards helping the organization growth and strengthen visibility.

Legality

ANAYD was established in October 25th 2015, inaugurate 29th September 2017 and was fully registered with the Corporate Affairs Commission (C.A.C) in Nigeria and Abuja as a civil society organization and an incorporated charity body on July 30th, 2019 with CAC/IT/NO: 133047 registered number and also haven pass through the Economical and Financial Crimes Commission (EFCC) Nigeria-Special Control Unit Against Money Laundering (SCULM) the organization on the 11th September 2019 was duly registered in accordance with the provision of section 5 (1) (a) and (4) of the Money Laundering (Prohibition) Act, 2011, Tax Identification Number (TIN): 21454235.

Structure:

The Headquarter is based in Nigeria No 39A Kujama Close, Barnawa, Kaduna State, Nigeria and has a complete management and governance structure. The organization has a management board that over sees its affairs across the state as well other locations within the country. We also have a work space for our technical tasks at ,3rd Floor, Wing D, Community Park: Bassan Plaza, Plot 759, Central Business District Abuja, AYDEC office No 12, Cape town Street, Wuse Zone 4, 2nd Floor Suite 205B, FCT Abuja, No 10, Modele Compound, Off Teiuosho Rd, Barracks Bus Stop, Surulere, Lagos State, Nigeria and No 14, Gbeleyi Street Ogbagbo Ikeja Lagos Nigeria.

CORE VALUES

Commitment, Hardworking, Team Spirit, Professionalism, Accountability, Honesty, Transparency, Trustworthy, Loyalty.

TARGET POPULATION

- Pediatric
- Adolescents and Young People
- Adolescent Girls and Young Women
- Adolescents Living with HIV, TB
- Adolescents and young Key Populations (MSM, FSW, PWID & LGBTQI)
- Adolescents Living with Disabilities.

TARGET POPULATION

- HUMAN RIGHTS
- HUMANITARIAN RESPONSE
- GOVERNANCE AND POLICY.
- HEALTH
- SOCIO-ECONOMIC EMPOWEREMENT
- EDUCATION
- ENTERTAINMENT
- GENDER
- INFORMATION AND COMMUNICATION TECHNOLOGY(ICT)

COALITION AND PLATFORM MEMBERSHIP

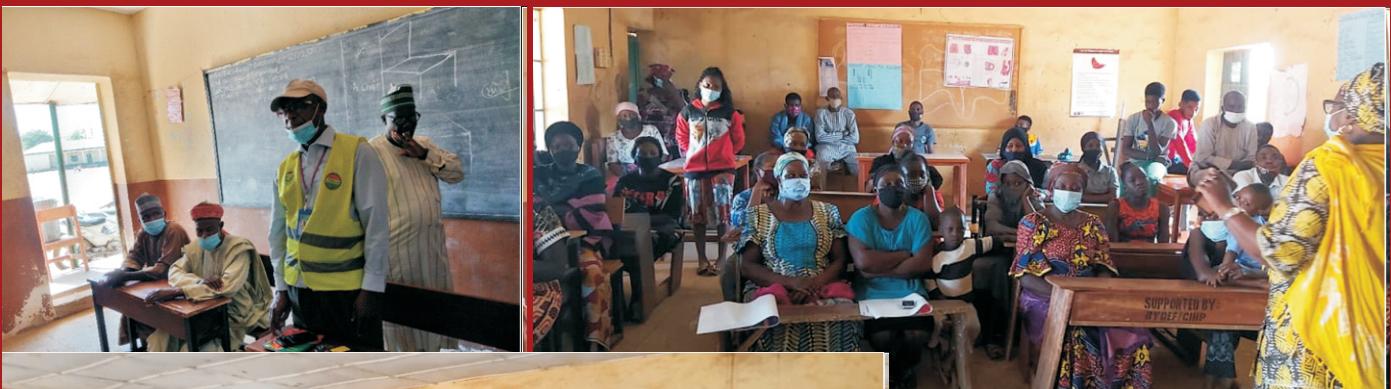
- Member- Global Fund Advocates Network for Africa (GFAN_Africa)
- Member-UNAIDS Technical Advisory Group for West and Central Africa on Regional Humanitarian Issues.
- Member-The PACT Global
- Partners-Global Network of Young People Living with HIV (Y+)
- Member-EANNASO Anglophone CRG platform
- Member-African Health Advocates Platform
- Member-Universal Health CSOs Global Coalition (UHC2030)
- Member-Global (National Coalition of Health Advocacy Funding).
- Member-PEPFAR CSO PLATFROM Nigeria.
- Member-Nigeria National Advocacy Network on UHC (NUCH)
- Member-Nigeria National TB Network
- Member-Coalition of Civil Society on Nutrition in Nigeria (CSSUN)
- Member-National Prevention, Treatment, Care and Support Technical Working Group
- Member-National Sub-Committee on Adolescents and Young People
- Member-Key Population Technical Working Group

HUMAN RESOURCES

- Total Number of Management Staff, Program Officers, Champions and Volunteers
- HQ Staff: Male:5 Female:5 Total=10
- State Program Officers:Male:4 Female:6 Total=10
- Champions: Male:2 Female:4 Total=6
- Volunteers:Male:196 Female:294 Total=490

FINANCE

- Total Revenue:
- \$58,000
- Total Expenses:
- Programs: \$52,200
- Admin: \$5,800



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One Day Center for Integrated Health Program, Gender Based Violence Stakeholders Review Meeting

Appendix

Reference/Work Cited

ACRONYMS FOR PROGRAMS & STAKEHOLDERS

| | |
|---------|--|
| AGYW | Adolescent Girls and Young Women |
| ANAYD | African Network of Adolescents and Young Persons Development |
| ASAP | AIDS Strategy, Advocacy, and Policy (Ltd) |
| AYP | Adolescents and Young People |
| AYPLHIV | Adolescents and Young People Living with HIV |
| CIHP | Centre for Integrated Health Program |
| CSO | Civil Society Organization |
| CSS | Community Systems Strengthening |
| FGDs | Focus Group Discussions |
| FHI | FHI 360 |
| FLHE | Family Life and HIV Education |
| FP | Family Planning |
| GBV | Gender Based Violence |
| GF | Global Fund |
| HIV | Human Immunodeficiency Virus |
| HTS | HIV Testing Services |
| KP | Key Population |
| LGBTQI | - Young Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex |
| NACA | National Agency for the Control of AIDS |
| NPTWG | National Prevention Technical Working Group |
| NYSC | National Youth Service Corps |
| PATA | Positive Action for Treatment Access |
| PEPFAR | US President's Emergency Plan for AIDS Relief |
| PMTCT | Prevention of Mother to Child Transmission of HIV |
| PrEP | Pre Exposure Prophylaxis |
| RSSH | Resilient and Sustainable Systems for Health |
| SACA | State Agency for the Control of AIDS |
| SFH | Society for Family Health |
| SIDHAS | Strengthening Integrated Delivery of HIV/AIDS Services |
| SRHR | Sexual and Reproductive Health and Rights |
| STI | Sexually Transmitted Infection |
| TA | Technical Assistance |
| TB | Tuberculosis |
| Y-CHIS | Youth Community Health Information System |
| YFC | Youth Friendly Centre |
| YFSW | Young Female Sex Workers |
| YPWD | Young People Living with Disability |
| YMSM | Young Men having Sex with Men |
| YPWID | Young Persons Injecting Drugs |

EXECUTIVE SUMMARY

This is an annual report of African Network of Adolescence and Young Persons Development ANAYD. A regional organization whose aim is to facilitate meaningful engagements of Adolescents and Young Persons (AYP) in program planning, design, development, implementation and service delivery according to the delineated areas of coverage. It is an organization that promotes comprehensive Sexual and Reproductive Health and Right information, HIV, Tuberculosis, and Malaria services for Adolescents and Young Persons (AYP), to promote fundamental human rights and gender equality of Adolescents and Young Persons (AYP) in Africa more of and beyond with regards to support and prompt implementation of relevant health projects across regions of prevalence.

In the nut shell, ANAYD received Technical Assistance from the Community Rights and Gender Strategic Initiative programme of the Global Fund through ASAP to engage young persons in various activities in 6 selected States across the 6 geopolitical zones in Nigeria in the Fund Request development process to proffer solutions to their health challenges. There are needs to make consultations with AYPs to promote awareness about ongoing in-country Global Fund processes, set AYPs priorities for prevention, treatment mechanism, care and support and RSSH that will inform the funding request development and support meaningful engagement and participation of AYPs in the grant application and implementation processes.

This Technical Assistance were delivered in 2020 through a series of activities including; desk review of relevant policy documents to bridge the gaps and set better priorities for AYPs in HIV programmes with high level concentration on group discussions with AYPLHIV and challenges and thereby proffering solutions by making recommendations to improve the lives of HIV patients and SRH services that AYPLHIV receive and creating consultancy relationship with Adolescents and Young Persons across the 6 geopolitical zones of the country and support for meaningful engagement of AYPs in funding request processes in different zones considering major zones with higher risk and vulnerability.

FGDs and consultations were held in a total of 6 states, one from each of the 6 geopolitical zones across the country namely Akwa Ibom, Anambra, Benue, Kaduna, Lagos, and Taraba. A total number of 69 respondents (34 males and 35 females) participated in the FGDs held across the 6 States.

Challenges observed and encountered from the FGDs include stigma and discrimination, status disclosure, poor drug adherence as well as judgmental and biased attitude of health care workers towards AYPs. Across all the states, AYPLHIV, irrespective of their sociocultural background and gender expressed that they desire a Holistic Overhauling Treatment Programme to address various health issues of AYPLHIV to include psychosocial, mental, educational and emotional needs.

7 AYP representatives participated in two country dialogues (RSSH and HIV) and several strategic meetings and engaged with the funding request development process up to the point of presentation for Community System Strengthening (CSS).

There were also different Support Groups/Stakeholders, training, Assessment to Action/Desk Review, Focus Group Discussion FGDs, questionnaire and analysis models aimed at helping or supporting Adolescents and Young Persons (AYP) understand the Global Fund (GF) architecture, and the current opportunities it provides for meaningful engagement in their zones. It was also designed to provide updates to AYPs on Nigeria's funding system and the entry points for engagements from the beginning to this year 2020 and make recommendations to help achieve the desired goal.

BACKGROUND

Technical Assistance were provided to African Network of Adolescents and Young Persons Development ANAYD through the following support organizations: Global Fund through AIDS Strategy, Advocacy and Policy Ltd ASAP and Community Rights and Gender Strategic Initiative in various capacities in six geopolitical zones in Nigeria. There were channels of reporting, process of expediting, results and appropriate recommendations to ensure ANAYD achieve her goal or end-in-mind.

MAIN OBJECTIVES OF THE TECHNICAL ASSISTANCE

- To proactively respond to challenges confronting AYPLHIV and other diseases before it gets out of hands.
- To carryout prompt sensitization or awareness about the ongoing Global Fund processes and benefits accessible in the country.
- To define key AYP priorities for prevention, treatment, care and support and RSSH that will inform the funding request development.

- To create and support meaningful engagement in each geopolitical zone and participation of AYPs in the Grant application and implementation processes to improve lives.
- To avoid traditional constraints and unscientific procedures against AYPLHIV and other related diseases.
- To follow the international standard best practice in curbing HIV disease and other related health matters.
- To yield to international health development policies and activities to proffer regional, national and zonal solutions.
- To create administrative capacity building roadmaps on health problems of AYPs.
- To develop continuous learning strategies to improve health of African Young People Living With HIV.

TECHNIQUES FOR DELIVERY OF THOSE SUPPORTS AND ENGAGEMENTS

Assessment to Action ATA/Desk Review

This was carried out understand the public health priorities and care trend and suitable documents, policies and strategies with the available information to identify gaps and bridging them by setting priorities for AYPs in HIV programmes both in zonal and regional level.

Focus Group Discussions FGDs

There were a good number of AYPLHIV who were meant to understand experiences, challenges as well as recommendations for improving the quality of HIV and SRH services that AYPLHIV receive from time to time.

Consultations/Resolutions

There were Adolescents and Young Persons in their diversities across the 6 geopolitical zones of the country. So, consultations/ resolutions were reached to contribute immensely towards improving access to grants without rigours and quality of HIV/ health services to be delivered through the Global Fund support within the timeframe or timeline of 2020-2022, as well as understanding the Global Fund Architecture or procedures, giving consideration to set

timeframe and opportunities for meaningful engagement of AYPs in the process and giving priorities to funding request from Global Fund to assist AYPs and AYPLHIV. The RSSH February 20, 2020 Abuja Dialogue was remarkable day of support and engagement AYPs.

There was a workshop with AYPs to reiterate on issues of priorities, forecast or proffers solutions/recommendations to the next level of Technical Assistance with partners or stakeholders.

MODEL/APPROACH

The approach deployed to gain meaningful support on Global Fund in anticipation was approved and earned. A selection process was adopted and 17 states were selected out of the 36 states within the geopolitical zones and making consultations and resolutions of FGDs through zoning which gave good and appropriate representation in each state and geopolitical zones while Nigeria fund request was open till 23rd March 2020 being the dateline for acceptance. National HIV prevalence rate/data were collected and collated from states with stakeholders organizations and AYPs thus: Lagos was selected in the South West geopolitical zone, Akwa Ibom state was selected in the South South geopolitical zone, Anambra was selected in the South East geopolitical zone, Kaduna was selected in the North West geopolitical zone and Benue was selected in the north central geopolitical zone.

Participants Selection

Delegates who attended the FGDs and consultations/resolution teams were identified by networks and CSO partners of ANAYD at State levels and were for the most part representative of AYPs in various capacities. On the other hand, AYPs with disabilities were the fewest in numbers of representation across the states. Responses were collected and analyzed and respondents were ages between 18 and 24 with the chapter leadership consent of Association of Positive Youth in Nigeria (AYPIN).

Planning and Coordination of Activities for the Year

Based on discussions with its partners in the various States, ANAYD drew up a plan/schedule for the conduct of the FGDs and consultations in the 6

States to be delivered between the February 19 – March 6 timeframe to enable the key priorities from the consultations be harmonized and feed into the funding requisition process that was already ongoing as expected.

In a follow up discussions with ANAYD and ASAP, it was recommended that the services of another consultant be engaged such that the lead consultant will conduct the FGDs in 3 States namely Lagos (South West), Akwa Ibom (South-South) and Anambra (South East) while other local support leaders and consultants organizes the activities in 3 States for them to run concurrently as planned.

The Need for Multilingual Consultants

There was a need to involve multilingual consultants to will train, engage and relate issue to AYPs and other stakeholders to help ANAYD achieve her goals as well as to help AYPLHIV.

Upon discussion, a concretized conclusion was made to engage consultant(s) who is fluent in the Hausa language (a Nigerian language spoken in many States in the Northern part of the country) was another key consideration to address the needs of participants and delegates who may not be sufficiently fluent in spoken English and prefer to communicate in Hausa or other local languages.

Following approval from ASAP, ANAYD engaged the services of Mr. Isah Takuma to support in organizing the FGDs and consultations in the North Central (Benue), North West (Kaduna), and North East (Taraba) zones of the country.

Mr.Takuma's involvement given his membership on the CCM and Steering Committee leading the funding request development at the national level also provided significant leverage for the entire process in terms of providing access to timely information and access to several side meetings which were critical in the funding request development process in Abuja.

Prior to the commencement of the FGDs and consultations, an assessment of action or desk review was conducted which aimed to identify gaps and priorities for AYPs in HIV programs in Nigeria based on the existing AYP policy and strategic documents. The findings of the desk review also informed the development of the FGD guide questions.

The Consultants and ANAYD's Executive Director

held several planning calls with stakeholders to discuss the modalities for achieving the TA's expected outcomes. The discussions also reviewed and provided input into the guide questions for the FGDs as well as the agenda for the consultations. Unfortunately, Covid 19 pandemic also contributed to the shortfalls of some necessary engagement that supposed to take place in those zones or states where those activities proposed. The impact of the pandemic has affected focal funding and achievement of the expected goals or end-in-mind.

FINDINGS

ASSESSMENT TO ACTION/DESK REVIEW

It takes healthy adolescence to enjoy healthy adulthood. The age transition from childhood to adulthood is an important period of good health consolidation or foundation for a longevous adulthood or experience. It is a global fact, that a child today shall become adult in the future. This also entails enjoying a health right privileges from the supporting bodies or organizations. So, investing in the health future of adolescence is paramount.

However, this shows that health is wealth of any nation. The national productivity and reproductive health of a nation is dependent on the healthy conditions or the state of health of the nation. In 2018 Nigeria AIDS Indicator and Impact Survey (NAIIS) findings shows that there are approximately 180,000 Adolescents and Young People living with HIV in Nigeria mostly Adolescent within the age of 10 –24 years (i.e one third of Nigeria's population which is approximately 200 million).

Females have high records of HIV prevalence within ages 20-24 years which is (1.3%). While males within the same age range records of HIV prevalence is almost four times less than of females when compared to female's prevalence rate. The males accounts (0.4%).

The Nigeria National HIV/AIDS Indicator and Impact Survey (NAIIS) findings also showed that the levels of awareness of HIV status was lowest among AYPs as only 29.4% among 20-24 years old and 35.5% among 15-19 years old compared to 47% among older adults)were aware of their HIV status. This is indicative of the low rates of testing among this population. Levels of viral suppression were also lowest among AYPs compared to other age groups.

The results also indicated that adolescent girls and

young women (AGYW) have particular vulnerabilities for HIV strongly linked with gender inequalities and harmful practices

AGYW have low levels of comprehensive knowledge of HIV, HIV risk perception and access to sexual and reproductive health (SRH) services and the HIV related indices and vulnerabilities among AGYW are worse off in 10 high burden states namely; Abia, Akwa Ibom, Anambra, Benue, Delta, Enugu, Imo, Lagos, Rivers and Taraba

The Nigeria Demographic Health Survey (NDHS) 2018 findings also indicated that 29% of young women and 27.9% of young men, ages 15 to 24 could correctly identify ways of preventing sexual transmission of HIV and reject major myths around transmission.

Reported drivers of the epidemic pertinent to Nigerian AYPs include multiple and concurrent sexual partnerships, intergenerational sex, sexual coercion, low-risk perception, and transactional sex. Moreover, studies have shown that married adolescents and young women may also be exposed to increased risk of HIV infections from their husbands.

Several studies have also identified and investigated a variety of factors that increase AYPs' vulnerability to HIV transmission. Such factors include STI symptoms, unprotected sex, transactional sex, intergenerational sex, low-risk perception/knowledge, low HTS uptake, multiple sex partners, substance abuse, incest, gender-based violence, teen pregnancy, early sex debut, early marriage, rape and access to SRH commodities.

The Multiple Indicator Cluster Survey (2017) which identifies intergenerational relationships as a factor notes that 41.2% of young women between the ages of 15-24 reported having a sexual partner ten or more years older than them in the last 12 months.

Findings from Action research designed and implemented by Society for Family (SFH) to reduce

the vulnerabilities of AGYW to HIV and AIDS implemented in 4states across the country namely Akwa Ibom, Kaduna, Oyo and the FCT in2017 showed that the major factors driving and increasing HIV vulnerability include inadequate knowledge, low HIV testing uptake, limited access to condoms and early sex initiation.

An important driver of early sexual debut is child marriage; girls below 15 years are given away in marriage and give birth to their first child before 18 in some parts of Nigeria. The DHS also reports that 12% of girls and 2% of boys reported having sex before they are 15 years old.

The country recognizes that AYPs are key and need to be engaged to turn the tide of the HIV/AIDS epidemic in Nigeria. Several policy documents also articulate the importance of designing targeted interventions that respond to the needs of the AYPs in Nigeria.

Based on the National HIV/AIDS Strategic Framework (2017-2021), there are expectations that by 2021, there would be 90% treatment coverage among young people.

The National HIV Strategy for Adolescents and Young People (2016-2020), also anticipates that 50% of AYP and 80% of AYP key populations and 90% of pregnant adolescent girls and young women have access to HIV testing services by 2020; 90% of AYP living with HIV will be receiving treatment and 95% of all HIV-positive pregnant adolescent girls and young women will have access to antiretroviral (ARV) prophylaxis by 2020. Also, 80% of AYPs should have comprehensive knowledge of HIV and AIDS and 80% of young people aged 15–24 adopt appropriate HIV-related behaviour by 2020.

Findings from the assessment to action or desk review strongly suggest that AYPs in their diversities are critical players who need to be meaningfully engaged at all levels to stem the tide of the HIV epidemic in Nigeria and provide justification for the processes outlined through this Technical Assistance to ANAYD and AYPs.

FOCUS GROUP DISCUSSIONS FGDs

The process of delivery for this TA and based on the agreed schedule of activities Focus Group Discussions/Interaction with Adolescents and Young People Living with HIV which were held in the respective locations as tabulated follows:

FGD RESPONDENTS PER STATE

| Dates of FGDs in the respective locations | Location | State | No of Male Participants | No of Female Participants |
|---|----------|-----------|-------------------------|---------------------------|
| .. th February 2020 | Lagos | Lagos | 7 | 6 |
| 23rd February 2020 | Makurdi | Benue | 6 | 8 |
| 23rd February 2020 | Uyo | Akwa Ibom | 4 | 2 |
| 27th February 2020 | Awka | Anambra | 3 | 7 |
| 27th February 2020 | Kaduna | Kaduna | 6 | 4 |
| 4th March 2020 | Jalingo | Taraba | 8 | 8 |
| Total number of AYPLHIV respondents interviewed across the 6 States | 69 | | 34 | 35 |

*Note that participants for the FGDs exclude ANAYD staff, note takers and Consultant facilitating the discussions

Qualitative methods (FGDs) were used to gather data on the current situation of AYPLHIV. The FGDs examined key issues with access to treatment, adherence and retention. A total number of 69 respondents (34 males and 35 females) participated in the FGDs held across the 6 States. Some of the FGDs were held separately for male and female groups. However, in States where the total number of respondents who turned up was less than 12, a mixed FGD held.

The FGDs sought to understand the experiences and challenges of AYPLHIV as well as their recommendations for improving the quality of HIV and SRH services they receive. The discussions were guided by a set of key questions which explored a broad range of issues including availability of youth-friendly HIV prevention and treatment services, integration of SRH/HIV, ease of accessing existing services, gender barriers, challenges and recommendations for improving service quality and increasing uptake of HIV interventions among AYPs. Participants were also informed that the key issues highlighted from the FGDs would be taken forward into the consultations with a broader group of AYPs to inform the priorities in the areas of HIV prevention, treatment, care, and support and RSSH as part of the ongoing funding request development process.

MAJOR FGD FINDINGS

The Availability of Youth friendly HIV prevention and treatment services

The range of services available to AYPLHIV varies in scope from state to state or from zone to zone. Some respondents noted that they currently access services such as antiretroviral treatment and related services, viral load tests, resistance testing, counselling, as well as adherence information, and added that these services are accessible irrespective of gender. They, however, pointed out that the role of AYPLHIV in prevention, as well as issues of prevention of mother to child transmission and PrEP, are rarely discussed in the facilities where they access their treatment.

Respondents further noted that in some of the facilities where they access HIV treatment, there are no designated spaces or platforms for AYPLHIV to meet; rather on clinic days, AYP and adults are brought together and are given 'health talks'. These health talks often cover a myriad of issues.

On the other hand, respondents who attend to facilities that are designated as youth-friendly centres (YFC); or where youth-focused support groups exist, reported having more detailed discussions which also included Sexual and Reproductive Health and Rights issues (SRHR). The

depth of the discussions during the health talks also varied and there are no standardized discussion formats. While some reported discussing personal hygiene, nutrition, self-esteem prevention of sexually transmitted diseases, family planning methods, disclosure and condom use in their YFC/support group meetings, others noted that in their YFC/support groups, the discussions only emphasize abstinence.

The Need for Integration of HIV /SRHR Services for AYPLHIV

Where youth-focused support groups exist, that current integration efforts are minimal or weak. However, there are opportunities for strengthening the integration of HIV and SRH services. While some AYP support groups provide the platform to discuss SRH issues in detail, others place restrictions on issues to discuss based on the age of the members while others separate males from females while discussing SRHR related issues.

The Need for Ease of accessing HIV and SRHR services by AYPLHIV

The ease of accessing SRH services and related commodities also varied from state to state with respondents highlighting various limitations such as commodities stock out, judgmental attitudes of health care workers, transport costs, parental consent, and age restrictions as barriers.

AYPLHIV in Benue and Anambra reported stock-outs in condoms at the ART facilities while those in Akwa Ibom noted that accessing condoms is relatively easy for AYPs who are 18 years and above. However, those below 18 years need to be accompanied by a guardian.

Across all the states, the judgmental attitude of health workers was identified as one of the most significant barriers that AYPLHIV encounter.

The Need for Regular Sensitization among AYPLHIV about risks associated with unprotected sex

Respondents differed in their opinions about whether AYPLHIV are sufficiently aware of the risk of unprotected sex. While some claimed that AYPLHIV may be unaware, others believe that AYPs going by their risk-taking nature, choose to have unprotected sex because "they think they can do anything" and prefer not to take ownership or responsibility. Examples were cited of AYPLHIV who still don't know they are HIV positive, but take their drugs regularly. On the other hand, respondents agreed that there

are many AYPLHIV who exhibit poor adherence patterns, are sexually active, and need support in managing sex-related decisions, and SRHR. They noted that these AYPLHIV are largely aware of the danger they pose to others in indulging in unprotected sex, while some are unaware of the danger of unprotected sex to themselves.

The Need for a Proactive Strategies among Stakeholders in Reducing new HIV Infections among AYPs

Respondents agreed that there is a need to scale up interventions that target AYPs in their diversities to reduce the risk of new infections among them. They noted that the potentials of social media are still underutilized in delivering peer education for HIV prevention and SRHR to AYPs, adding that there is a need to increase HIV awareness promotion activities both for in-school and out of school youths.

HIV testing services among AYPs is still low due to limited interest and awareness, respondents recommended organizing more youth-focused HTS outreaches such as social and sporting events and partnering with celebrities who would inspire young people and help in promoting the uptake of HIV testing. They also stressed the importance of sensitizing parents so that they can, in turn, support their AYPs to access HIV testing services.

Other strategies recommended include promoting SRHR education and awareness, empowerment programmes for in school youths and those in the communities, peer education initiatives focused on building self-esteem, condom negotiation and other relevant issues for young women who may be at high risk of infection as well as reorientation programmes for health care workers on delivering adolescent and youth-friendly services.

The Major Problems/Challenges encountered by AYPLHIV in the programme over time

- Stigma and Discrimination**

There is high level of **stigma and discrimination** AYPLHIV encounters from health care workers, family, and friends which often result in poor self-esteem, feelings of rejection, depression, suicidal tendencies, and mental health issues.

- Status Disclosure**

Many HIV patients shy away from Status disclosure and thereby causes major challenge, particularly disclosure to friends and potential sexual partners. Several respondents noted that accepting the reality of their status when their parents or health

workers disclosed to them was emotional and difficult to handle. It comes with high level of emotional killing. They noted that many parents/guardians still find it difficult to disclose to people around them because they don't know how to approach the issues because of their preconceived idea about HIV with high level of negativities.

Respondents also noted that support for disclosing their status to a sexual partner is lacking in the AYPLHIV programme which leaves them confused on how to manage such disclosure issues when they arise. Many respondents also expressed their worries about potential fallouts with a romantic partner and organizations or body of persons, denominations (churches), who insist on sighting the results of a HIV test before joining intending couples in marriage. It is disgraceful and heartbreakingly to many.

- **Poor Drug Adherence and Treatment Education**
This occur as a result of low viral suppression is a major challenge identified in the ongoing treatment programmes for AYPLHIV in the country. Respondents attributed this to the poor quality of treatment education and noted for instance that the transitioning to adult ART for many AYPLHIV is done on an ad-hoc basis.

Respondents in Taraba, Benue, and Kaduna noted that AYPLHIV (15 to 19 years) who are accompanied by their parents to access ART or have their parents pick up their medication for them struggle with taking responsibility for their adherence. However, being accompanied by parents works better for the 10 to 14 year-olds as their parents could influence their adherence positively. They also identified poor treatment literacy, lack of awareness about one's HIV status, and limited interventions dedicated to catering for the adherence needs of AYPLHIV in boarding school as possible reasons. Many of the respondents who are in the higher institutions of learning (Universities, Polytechnics, etc.) explained that they have to constantly devise covert ways of taking their medication, particularly when in the hostels or among friends to avoid the prying and questioning colleagues who always want to know what drugs they are taking and why they are taking the drugs, etc.

They added that some AYPLHIV who have been on treatment for long are unaware of their status and why they are on unending treatment. They noted that because parents /guardians have not disclosed to this group of AYPs, there is a tendency for them to get frustrated with taking drugs and this could lead to

them refusing to adhere to treatment or stopping the antiretroviral treatment.

Other challenges identified include drug side effects, user fees, and transport costs incurred as well as delays /long waiting times in the health facility for drug pick up which sometimes causes them to miss out on school assignments, tests, etc.

Respondents agreed that the **judgmental and biased attitudes of healthcare workers towards AYPs**, in general, is worrisome. While they noted that some health workers are exceptionally warm and friendly, many confirmed being at the receiving end of negative attitudes displayed by several health workers whom they described as unfriendly, short-tempered individuals who often hold preconceived notions and biases about adolescents and young people, which in turn scares young people away.

Poor blood donation/banking and screening challenges

The misconception about blood donation in Africa which has also made the AYPLHIV to suffer so much and at times dies helplessly. The cost attach to it and the poor attention given to blood screening.

Loss to follow up

Sometimes AYPLHIV are not followed up the way it should. This has attributed to their death and sometime the increase in the spread of HIV.

Preferential Treatment and Delay in Attending to AYPLHIV Patience

Long waiting time, delays at the health facilities often occurring because preferential treatment is given to adults who come late. These long waiting often clash or interfere with other activities or engagements of AYPLHIV.

Limited empowerment opportunities & preferential politics for AYPLHIV

The empowerment programmes and packages are not enough to cater for the wellbeing of AYPLHIV and the empowerment are sometimes based on selection or sentiment or like preferences and greed.

Lack of leadership exposure and integrity

Equitable or evenly distribution of the materials for engagement are not properly managed by some people based on their poor level of leadership exposure and lack of integrity.

Synopsis Additional Findings

- Limited availability of youth-friendly centres; user Fees, transport costs and other out of pocket expenses incurred in accessing

treatment; limited access to psychosocial support and mental health services; mixed messages regarding the approved age of Consent for Adolescents to access SRH services

Rehabilitation, Reorientation and capacity strengthening for Health workers

Rehabilitation of the health workers will go a long way to challenge their lifestyles for good. Some respondents recommended continuous training for all cadres of health care workers including the doctors, nurses, pharmacists, counsellors and health attendants on a broad range of issues including provision of non-discriminatory and adolescent and youth-friendly HIV and SRHR services, confidentiality and supporting parents, caregivers and AYPLHIV disclosure.

Peer educators should be trained to approach treatment adherence in other creative ways, while mental health and psychosocial support by youth-friendly and qualified professionals should also be mainstreamed into all services delivered to AYPs. In the Government-owned General and Teaching Hospitals, special units or teams who have undergone the requisite training should be dedicated to attending to the needs of AYPLHIV to reduce waiting time and enhance efficiency in service delivery. They also noted that platforms through which AYPLHIV can provide anonymous feedback and rate the quality of services should be provided so that health workers can be held accountable and continually challenged to improve on the standards of care they deliver to AYPLHIV.

Status disclosure

While recognizing the importance of training parents /guardians and health workers to be able to disclose to their children /wards, respondents also emphasized that status disclosure for AYPLHIV is most effective when it is supported by Peer education. Thus peer education interventions that support building an individual's self-esteem and other life skills as well as opportunities to participate and engage with other young people should be scaled up.

Loss to follow up

Many of the carriers are lost to follow up sometimes. Therefore, engaging in Peer Escorts (AYPLHIV who are part of the HIV testing team) improves the chances of AYPs who test positive completing referral and stabilizing on treatment hence this approach should be included in current and future programming for AYPLHIV. In addition, AYPLHIV

who have been adhering to their treatment regularly should be engaged as peer counsellors within the facilities so that AYPLHIV can interface with and draw moral support from them. Designated spaces within the health facility should be created for these Counsellors. There is also the need to empower health officers for adequate follow up of the carrier AYPs.

RECOMMENDED INTERVENTIONS

Strengthening peer support systems for AYPLHIV for improving adherence and psychosocial support is very important

It is very pertinent to yield to series strengthening of the peer support system because the AYPLHIV cannot do it alone. Respondents agreed that while parents and caregivers play important roles in the treatment support of AYPLHIV, peer support is equally important as AYPLHIV are effective at supporting each other in improving adherence and retention in care and noted that treatment mentoring and support groups are effective ways of promoting adherence and retention among AYPLHIV. The active involvement through the support groups presents relatively practicable and effective means of providing psychosocial support, sharing information about HIV prevention, treatment, SRHR issues, and supporting adherence among AYPLHIV.

There is a need for Transport Support Fare

Many respondents called for the provision of stipends through the Treatment programme to support transport costs for hospital visits when the need arises. Respondents from Anambra and Lagos for instance noted that transport costs could range from between (N200 – N2000) (about \$ 0.56 -\$5.55) for a return trip to the facility depending on the location.

Some adolescents don't usually come to youth centres or health facilities to access the necessary services due to insufficient transport fare. In some facilities, stipends were previously provided but this has stopped. Some respondents in Lagos also mentioned that a few health providers still provide a token out of their personal funds when the need arises to support AYPLHIV.

The AYPLHIV Demand for the Removal of User Fees

There is clear pronouncements and directives from national and state-level governments to health facilities on the removal of user fees and other treatment associated costs. There is a need for it to be reiterated regularly so as to assist AYPLHIV to access the needed services when needed.

CONSIDERATION OF AGE OF CONSENT AND ACCESS TO HIV/SRH SERVICES

Policy gaps on the age of legal consent for the delivery of SRH services to adolescents. Apart from the 2014 guidelines for the participation of young persons in Research/Access to SRH services policy which recommends 14 years, no other document specifies the age of consent for SRH services among minors less than 18 years. Clear guidelines and messaging targeted at service providers, parents/guardians as well as AYPs are needed to encourage the provision of and uptake of the HIV/SRH services in facilities across the country as the current practice in some facilities is that SRH services are restricted to AYPs who are 18 years and above only. It is challenging in this part of the world where some parents still decline consent for their adolescent wards to access HIV testing due to ignorance or lack of knowledge.

Limited Empowerment Opportunities for AYPLHIV

Both male and female AYPHIV stressed the importance of providing empowerment opportunities for AYPLHIV including scholarship funds,

entrepreneurial seminars, mentorship programmes, vocational skills training, and income-generating opportunities that will equip them to be self-sufficient, contribute meaningfully to society and add value to others. They noted that such opportunities will also help tackle poverty and contribute towards reducing the vulnerabilities that female AYPLHIV as well as those who are indigent may be exposed to. They however stressed that AYPLHIV should be at the forefront of making the decisions about what vocational skills they want to take on rather than being forced to take on skills they have no interest or willingness to pursue.

Establishment of additional Youth Friendly Centres

Youth-friendly centres are important drivers of demand for HTS and SRHR services. However, there is a need for youth-friendly centres to be established across the states. The number of such centres within the county are few and most centres are under-equipped and do not command the attention of AYPs. Inclusion of youth-friendly and engaging activities like games and sports will also promote AYPLHIV clinic attendance and retention in ART facilities.

SECTION 1:

PHYSICAL PEDAGOGICAL LEARNING & CONSULTATIONS WITH AYPs IN SIX ZONES OF THE COUNTRY

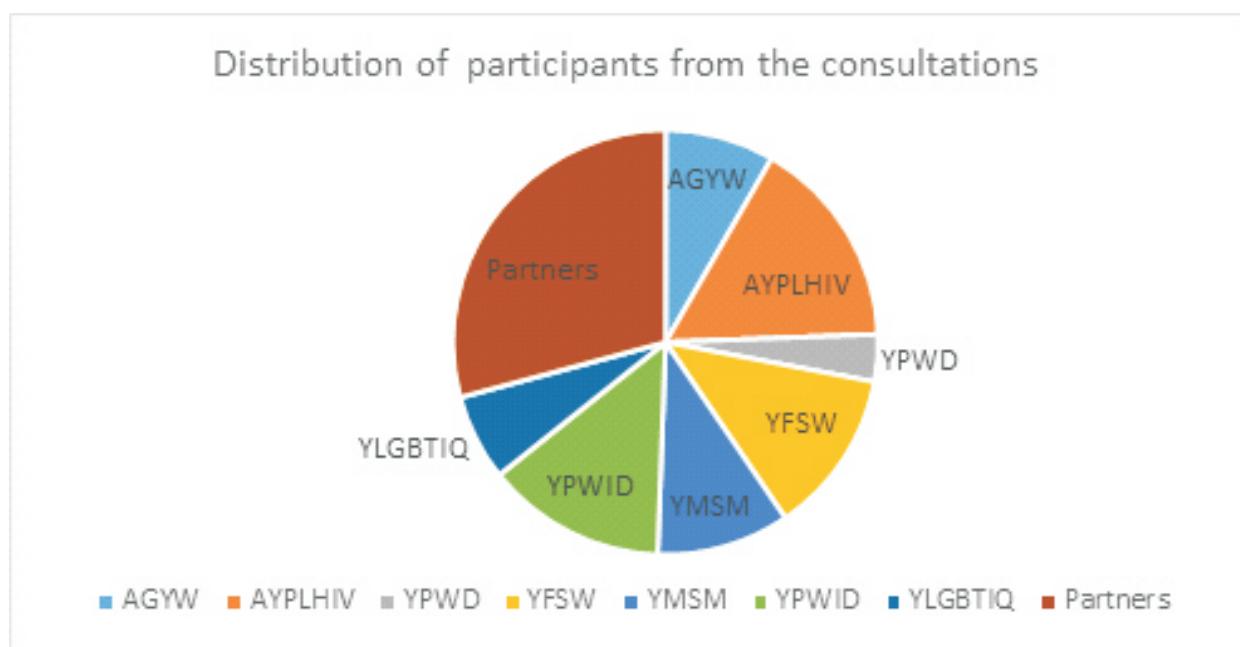


These sample pictures represents or forms part of the Technical Assistance that were provided in 6 consultations that took place with AYPs in their 6 locations across the zones.

Delegates or participants for the consultations were selected by State chapters of networks/ umbrella bodies of the key constituencies as well as civil society partners of ANAYD who work with the AYPs in various capacities to achieve the set goals. The following AYP groups were represented at the respective consultations in the six zones of the nations are: AYPs Living with HIV, AYPS who Inject Drugs, AYPs living with Disabilities, AYPS who identify as MSMs, AYPs who are sex workers, Adolescent Girls and Young Women, Young LGBTQI and Partners/Stakeholders.

| Dates | Location | AYP participants at the State Consultations | | | | | | | | |
|------------|----------|---|---------|------|------|------|-------|---------|-----------|--|
| 20 -21 Feb | Lagos | AGYW | AYPLHIV | YPWD | YFSW | YMSM | YPWID | YLGBTQI | *Partners | |
| 24-25 Feb | Makurdi | 4 | 5 | - | 4 | 4 | 8 | 4 | 14 | |
| 24-25 Feb | Uyo | 2 | 5 | - | 4 | 2 | 5 | 4 | 8 | |
| 28-29 Feb | Awka | - | 7 | 2 | 5 | 4 | 3 | - | 8 | |
| 28-29 Feb | Kaduna | 4 | 5 | 3 | 4 | 3 | 4 | 2 | - | |
| 5-6 March | Jalingo | 4 | 5 | 1 | 4 | 4 | 3 | 1 | 19 | |
| | | 14 | 27 | 6 | 21 | 17 | 23 | 11 | 49 | |

Note Partners include – Government Agency representatives (SACAs, Ministry of Health, PRs, SRs, ANAYD staff, ANAYD State-level partners)



Objectives of the consultations were:

- To define AYPs priorities for inclusion in the Funding request
- To contribute towards improving access and quality of HIV/ health services to be delivered through the Global Fund's support in the 2020-2022 Allocation period
- To understand the Global Fund Architecture, 2020-2022 Funding Cycle and opportunities for meaningful engagement of AYPs in the processes

Designed as 2-day non-residential meetings which were held across all the 6 States where the FGDs were held, the consultations employed participatory approaches and learning techniques including - PowerPoint presentations, videos, brainstorming sessions, and group work which were facilitated by the Consultants in the respective locations.

Day 1 Physical Pedagogical

Learning/Consultation Overview 2020-2022

Funding Cycle

The day 1 of the consultations provided participants with a background to the Technical Assistance provided to ANAYD, its purpose and the process of delivery. To set the stage for further discussions, participants were provided with an overview of the Global Fund's architecture and taken through the respective roles of the various key players including the Global Fund Board composition and Secretariat, CCM and composition, Principal Recipients, Sub Recipients and how the funds were disbursed through the Global Fund. Individuals who serve on the Global Fund Board and representatives of organisations that have served or currently serve as PRs or SRs present during the consultations were also invited to share and shed more light on their work as it links to the Global Fund architecture.

Participants were provided with an overview of the 2020 -2022 Funding cycle, the roadmap, and notable milestones. Nigeria's Allocation Letter sent from the Global Fund Secretariat to the CCM Chair was reviewed. The emphasis in this session was on the Allocation letter's recommendations and how it relates to programming for AYPs in Nigeria, as well as the remarks from the TRP as it relates to Nigeria's HIV and TB programme priorities.

Two videos, one which provides an overview of the Funding cycle and the second which discusses effective engagement in the country dialogue process were also shown and discussed. Building on the context provided, participants then went into a brainstorming session to define top AYP priorities for the HIV (Prevention and Treatment) and the SRHR response in Nigeria. The priorities identified by

AYPLHIV in the prior FGD sessions were also brought forward in these discussions. After agreeing on a list of priorities, participants narrowed them down to their top 3 priorities in the area of Prevention and Treatment.

Delegates and participants were then divided into groups comprising of representatives of the diverse AYP constituencies. The sub-groups focused on the identified priorities and responded to a set of guide questions to help them develop possible interventions.

- What is the priority /challenge/gap
- Why is it a challenge/gap
- How can it be addressed – *Be specific on activities and include evidence of similar programmes that have been effective and impactful*
- Who will address it (possible implementers)

The group session ended activities for Day 1.

Day 2

The second day of the consultations commenced with a recap of Day 1, followed by the presentations from the group sessions. Thereafter a brainstorming session and SWOT analysis of the AYP constituency and what it brings to the table held. Participants were also taken through a session on Resilient and Sustainable Systems for Health (RSSH), the various pillars, and why communities need to be engaged in this component of the Grant writing process. This was followed by a group work session during which participants defined priority interventions under each of the 4 pillars.

Following presentations of the CSS priorities, discussions on the next steps, and how the priorities will be taken forward into the writing process held after which participants completed the Evaluation forms and the session was brought to a close.

Priorities were set on HIV prevention, treatment, and RSSH identified by participants from all the State consultations were harmonized by the consultants and shared with the young people nominated to join in the writing process, partners working on the prevention, treatment and RSSH components of the grant as well as other relevant key stakeholders.

Outcomes from the Consultations

- 1.The consultation was unique, in terms of the mix of participants being AYPs from diverse communities, each with unique experiences but having to present unified needs and interventions as one community of AYPs.
- 2.Across the states, there was a good turn-out of AYP focused stakeholders who participated actively throughout the consultations
- 3.The consultation was the first meeting of diverse

sub-populations of AYPs in many of the states and some of the partners/stakeholders promised to support continued engagement through similar platforms.

4.WhatsApp groups were formed by the participants in all states where they receive updates and share information. This platform continues to serve as an avenue for knowledge sharing and engagement even after the completion of the TA.

Consultation Feedback from the AYPs

Feedback from the participants indicated that they valued the consultations because it provided them with a platform for gaining new knowledge, understanding about the Global Fund Architecture, its processes as well as the steps involved when countries request for funding. It also provided them with information about other avenues through which AYPs can be engaged in the Global Fund processes, at the Board level, through the Youth Council, CCM, and the names /contacts of the youth representatives.

- *My knowledge was broadened because I have never heard about the Global Fund and its processes up until now*
- *This Consultation was important as it is allowing AYPs to have a say in the Grant application and implementation*
- *I have learned about the total allocation that has been set apart for Nigeria and this has opened my eyes to the role I have to play to ensure transparency, accountability and AYP participation*
- *I came with no knowledge about who, what or the role of the Global fund but I have left fully impacted*
- *It also provided us with the opportunity for our voices to be heard, for us to voice our dissatisfaction with the quality of services that we AYPS experience in the facilities*
- *I have learned that I can be heard if I am persistent*

Several participants also noted that it was through the Consultation they were getting to meet or interact with other AYPs outside their regular circle for the first time, and uniting for a common purpose. Some AYPs displayed initial reluctance and bias in relating with other AYPs representing the KP constituencies but this was addressed by the Consultants through one on one discussions with the AYPs who had initial difficulty engaging. While some participants noted that the consultations should have been residential and extended beyond the two days, many were in agreement that more capacity building opportunities

should be provided for AYPS including those in rural areas and those who did not have the opportunity to attend the consultations given the limited numbers invited.

- *More AYPWDS should be included among the key population groups targeted for future programming and more opportunities for learning and sharing should be held*

SUPPORTING MEANINGFUL ENGAGEMENT OF AYPs IN FUNDING REQUEST DEVELOPMENT PROCESSES (THROUGH COUNTRY DIALOGUE AND GRANT WRITING)

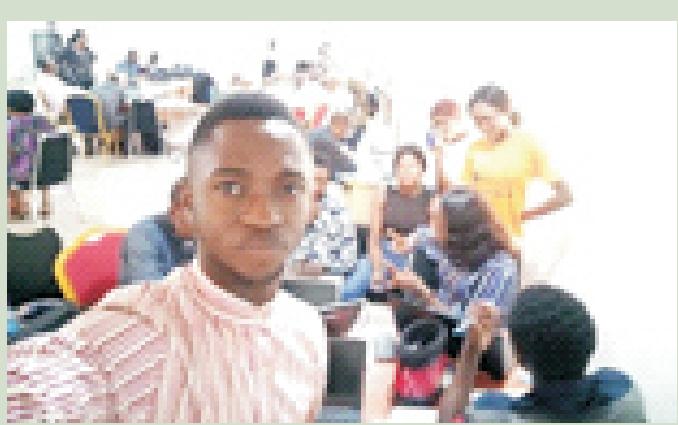
While the consultations in Lagos were ongoing, the RSSH Country Dialogue held in Abuja as well on 20th February 2020. The five AYPs nominated by ANAYD to attend this engagement for the first time and had not participated in any of the FGDs or consultations as none had held in their regions at all as at the time of the Country dialogue. The AYPs were all added to the WhatsApp group platform created by ANAYD so they could also interact with one another and clarify issues as the meeting progressed and even after the meeting.

The 2nd Consultant who is also a CCM member had shared a copy of the CSS priorities for RSSH with them via the WhatsApp group platform so they could be brought up to speed with the discussions during the dialogue. He was also present with them during the meeting. However, from their interactions on the WhatsApp group platform, the AYPs struggled for the most part with understanding the acronyms and terminologies that featured prominently in the presentations at plenary being made by most stakeholders in the course of the meeting, The AYPs also described the meeting and issues discussed as 'strange'. Moreover, the Consultant present was able to offer some guidance and clarity.

Following the plenary discussions participants were divided into groups and the AYPs joined the group working on the CSS component where they were able to voice their demands for the inclusion of AYPs in community-based HIV reporting, data monitoring and feedback.

In follow up discussions with NEPWHAN which was coordinating the disease-specific CSS segment which is part of the HIV component, the Consultant / CCM also requested that NEPWHAN expand their draft priorities list to include those of the AYP and KPs which were developed in the course of the State wide consultations.

Meeting Held on Funding Request Development Process and Delegates from Zones



The AYPs joined the funding request development process on March 10th in Abuja. A total of 7 AYPs nominated by ANAYD and its partners were supported to participate in the writing process and related engagements. Participants included a mix of those who had been part of the consultations in Benue and Kaduna States as well as those who are based in Abuja and participated in the RSSH Country dialogue. The harmonized key priorities for HIV prevention and treatment as well as RSSH from the 6 consultations was shared with the team via the WhatsApp group that had been created. The group also provided a platform for them to share updates of events and other relevant issues.

During the funding request development process, the project liaised with the AYP subcommittee of the National Prevention Technical Working Group (the group leading the AYP prevention component of the Funding Request) and one of the Principal Recipients for HIV prevention component of the current grant. This aided the involvement of AYPs in the process. However, other small teams were also working on the AYP components of the Funding Request in different locations so harmonization of the different pieces of work was a bit difficult and did not happen until much later in the process.

FEEDBACK RESPONSES FROM SUPPORT GROUPS AND FOCUS GROUP DISCUSSION FGDS IN THE STATES

Some of us are aware of the risks because, it is generally discussed in the youth and adolescent centres but some just choose to handle the issues with levity so it boils down to individual differences

- Female respondent, Lagos

Being part of a support group has boosted my confidence, self-esteem, diet management and helped me when I was feeling depressed

- Male respondent, Akwa Ibom State

The existing support group meetings where adults and AYPs are combined do not create a welcoming atmosphere for us because the support group is not peer-based, it discourages us from attending the meetings

-Male respondent, Anambra

In the past, I had invited a colleague to a programme organized by our support group. She told me that, we only talk about HIV and drugs and wondered why we don't discuss other issues? We need to introduce activities such as games and sports activities that would draw young people to the support group meetings

- Female respondent, Lagos

Many respondents expressed their desire and willingness to attend support group meetings where there are games, fun activities, opportunities for learning, sharing, and interaction. For instance, AYPLHIV in Benue

reported inventing a “U=Urace” which is a competition among AYPLHIV in a support group to encourage members to attain an undetectable viral load. This was used to motivate each other to reach viral suppression early.

Other opportunities for building peer support identified include annual Youth camps convened by Positive Action for Treatment Access (PATA), a Lagos based NGO which had over the years convened camp meetings specifically for AYPLHIV from across the country; which the respondents noted had been sources of motivation and, sharing and learning from other AYPLHIV. They also stressed the need for mentorship programmes through which older and experienced PLHIV can provide guidance based on their respective experiences coping /living with HIV to AYPLHIV.

- Benue State

During one of my monthly consultations with a male doctor at the ART Clinic, he asked me if I am sexually active (this is a question that I am asked every time I visit the doctor) and I replied stating that I am. He asked for how long and I told him I had been for about 3 years. He looked at my records again and it showed that I was not sexually active. He asked why I was just admitting to being sexually and I told him I just felt like opening up. The doctor did not make me feel bad, he noted that he understood, encouraged me to adhere to my treatment, and use condoms and we ended the conversation on a positive note. At my next appointment, I met a female doctor who reviewed my case note and saw that at my last appointment I had mentioned that I was sexually active. She was shocked and kept preaching to me throughout the session about why I shouldn't be sexually active etc. It made me very uncomfortable and I had to report her to another doctor that I was friendly with within the facility who cautioned her to stop.

- Male respondent, Lagos

Some adolescents are not aware of their status because they have not been informed. I got to know my HIV status when I was 21 years old even though I was born with HIV. Before 21, I could have had unprotected sex without understanding the implications

- Female respondent, Anambra

One of the respondents mentioned that she had been dating a young man for about 2 years, while the man is interested in making a marriage commitment, she is at loss on how to handle the situation as the man still does not know she is HIV positive and she fears what could happen if she discloses her status to him.

- Anonymous

The pattern of separating boys from girls during SRHR conversation is good to create safe-spaces for girls but does a disservice as it limits the boys' opportunities to understand the plight of the girls.

- Anonymous

In my facility, the use of condoms is not discussed and the healthcare worker would give you 'a particular look if you ask them for condoms'. Accessing SRH services is restricted to those who are above 18 years. Anyone below that age needs to come with a guardian

- Male respondent, Akwa Ibom State

This is further corroborated by a female respondent in Awka, Anambra State who stated that; 'the look' from the health worker when you go to request for a condom is scary.

- Female respondent in Awka, Anambra State

In my facility, condoms are always available in the doctor's office but you cannot go to a doctor to demand condoms, irrespective of your age; they will ask if you are sexually active. If you say yes, the condoms will be given to you, but usually most AYPs will say NO even if they are sexually active. It's a different case in the facility because when you consider 'the look' from the healthcare worker, you'd rather go outside and buy than collect from the facility. Sometimes the ladies confide in us and request that we help them pick condoms too. There is a high tendency that In my facility, condoms are always available in the doctor's office but you cannot go to a doctor to demand condoms, irrespective of your age; they will ask if you are sexually active. If you say yes, the condoms will be given to you, but usually most AYPs will say NO even if they are sexually active. It's a different case in the facility because when you consider 'the look' from the healthcare worker, you'd rather go outside and buy than collect from the facility. Sometimes the ladies confide in us and request that we help them pick condoms too. There is a high tendency that when you pick a condom in the facility some form of preaching will follow.

- Male respondent, Lagos.

A sister of mine recently saw a counsellor in the health facility and she noted that the counsellor was only preaching abstinence to her and nothing more

- Female respondent, Akwa Ibom State

In my support group, we discuss SRHR issues and disclosure irrespective of age. We don't only focus on abstinence. For instance, it was through the support group I learned how to put on a condom and ladies were also taught how to insist on condom use

- Male respondent, Lagos

A respondent from Benue State described the youth-friendly HIV service delivery arrangement in his facility as weak on SRHR and HIV prevention as there is no strategy in place for integrating SRHR and HIV prevention messaging in the routine ART programme. This is because the interventions for AYPLHIV are treatment focused and there is little focus on prevention and SRHR.

- A Respondent from Benue State

In the facility where youth-focused support groups exist but integration efforts are minimal or weak. However, there are opportunities for strengthening the integration of HIV and SRH services. While some AYP support groups provide the platform to discuss SRH issues in

detail, others place restrictions on issues to discuss based on the age of the members while others separate males from females while discussing SRHR related issues.

- Male respondent, Taraba

| | Challenge | Why is it a challenge | How can this challenge be addressed? | Who will address it? |
|-------------------|--|---|--|--|
| Prevention | Poor prioritization of AYPLHIV in HIV prevention programs. | Weak HIV prevention services for AYPLHIV in facilities, support groups, and other AYP platforms | Provision of AYP friendly HIV prevention services like prevention education, condom programming, through ART clinics, Support Groups, Peer Education, Social Media, and youth-friendly centres | Youth Networks |
| | | Poor knowledge about HIV prevention among AYPs | Improve sensitization of AYPs. This will include the topic of U=U. Messages can be delivered through Peer Education, online messaging etc. | Youth Networks |
| | Poor Integration of HIV and SRH services for AYPs and YKPs | Limited Skilled Personnel High cost of services of SRH services Limited ability of AYPs to access SRH services due to ignorance, shame, fear religious / societal expectations that AYPs ought to be chaste and innocent Limited distribution/ | Increase Awareness /Information and dissemination both offline and online leveraging on locations frequented by AYPs and YKPs Convening dialogues with religious leaders , media and other stakeholders to ensure balanced and accurate SRH information related to condoms, unplanned pregnancies , STIs are provided to AYPs | Ministries of Education, Health, Youth & Sports Development SACA and NGOs Primary Health Care Board Civil Society Youth Representative groups such as ANAYD |

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| | | <p>awareness about One Stop Shops (OSS) facilities that are AYPs/ KP friendly</p> <p>Limited access to SRH/HIV prevention information - There is need for comprehensive information on PrEP, HIV testing, Condom Usage and Family Planning</p> <p>Many people (AYPs and YKPs) go long distances to access these services in the limited service points where they exist</p> | <p>Leverage on community based structures such as FBOs, NGOs to create more awareness and information on HIV/SRH</p> <p>Reduction in the age of consent for accessing HIV/SRH services</p> <p>Establishing more service points and AYP friendly facilities where AYPs can access FP , HIV testing and SRH services</p> <p>Build the capacity of AYPs on demand creation, and service delivery (e.g. through social media platforms , providing IPC to their peers in the communities</p> | |
| | Poor youth friendly approaches to HTS mobilization | <p>The use of strategies for HTS mobilization like SNT, PIT etc. do not appeal to young people</p> <p>Youth-friendly centres are too few and are inadequately managed</p> <p>Poor appetite for HTS among AYP (The fear of the possibility of receiving HIV positive result scares young people away from testing)</p> | <p>Promote Demand Creation Apply youth-friendly strategies like entertainment and sports to mobilize young people for HTS</p> <p>Service Provision: Strengthen and Scale-up Youth friendly centres and safe spaces for AYP and YKPs</p> <p>Demand Creation: Young PLHIV should share stories of hope to inspire young people to know their status</p> | <p>Youth Networks</p> <p>AYP service providers</p> <p>APYIN</p> <p>AYP service providers</p> |

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|-------------------------------------|--|---|---|
| | Young people lack role models to link HTS testing to | Demand Creation: Young celebrities and leaders to support HTS drive among young people | AYP service providers |
| | Difficulty in obtaining Parental Consent for HTS for adolescents below 18 years (Parents and Guardians lack sufficient information on the vulnerability and peculiarities of their adolescent wards HIV exposed and other vulnerable adolescents below 18 years do not take up HTS because of the parental consent requirement Poor quality of counselling in HTS - HTS Counsellors have a limited understanding of the peculiar vulnerabilities of adolescents in their diversity | Organising SBBC: Parent targeted to educate them on Adolescents sexuality and related issues Targeted Advocacy: Age of Consent Reduction advocacy at national and subnational levels | Youth Networks Train and engage AYP from diverse groups as HTS counsellor/tester |
| Poor linkage of tested AYPs to care | A high rate of Incomplete referrals among AYPs | Scale-up AYP Peer Escort Services Set-up AYP friendly Communication channels to support young people accessing HTS AYP focal persons engaged in ART facilities | Youth Networks |
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| | Bias and Judgemental attitudes displayed by health workers towards AYPs | Increased incidence of STIs and unplanned pregnancies among AYPs, but few AYPs would want to access SRH and FP commodities from health facilities due to the negative attitudes of health workers | Recruitment / Orientation/Training for Health workers to ensure that they are more AYP friendly so that more AYPs can be encouraged to access services offered Routine Assessment of Health Workers performance and Stiff penalties (such as salary cuts) to be put in place to punish offenders | |
| | Limited access to PrEP | Few KPs who are AYPs are aware of PrEP It is not readily available in many of the health facilities across the country | Promote awareness about PrEP with emphasis on Youth-friendly content/ materials placed in strategic locations that AYPs in their diversities can access Leverage on social influencers that young people can relate with to stimulate AYPs demand for PrEP More facilities should offer PrEP services to cater for the demand that will follow awareness creation | Ministries of Health, Youth and Social Development Content Creators Influencers |

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| | Stigma and Discrimination of AYPs and particularly those who are KPs | Human rights violation affects mental health | Engaging programmes focused on building AYPS self-worth/esteem addressing the peculiar needs of AGYW as well as young men Legal reform to address criminalised KP groups Health care providers should be given proper orientation on how to confidentially handle KPs who are AYPs | Government, Peer Educators, AYP service providers |
| | Limited awareness about HIV | Ignorance and lack of information among AYPs | Organising seminars, peer group sessions, Engaging programmes focused on building AYPS self-worth/esteem addressing peculiar needs of AGYW as well as young men | Peer educators, community leaders, relevant Government agencies |
| | Drugs /Commodities stock-outs | Unavailability of commodities (e.g. condoms and lubricants) increases chances of infection | Ensure a constant supply of drugs/ commodities at subsidised rates | Peer educators, Health care facilities, NGOs, Governments, |
| | | | | |

| Treatment | | | | |
|-----------|---|--|---|--|
| | <p>Poor adherence and retention of AYPLHIV on treatment</p> <p>Self-stigmatisation Fear of disclosure Side/effects and drug reactions and perceptions that continuing treatment may be harmful Inaccurate information/ poor counselling before treatment initiation Distance to a health facility where treatment is being accessed and inability to attend PLHIV support group meetings due to lack of funds Delays and long waiting time in the treatment facilities (In some facilities AYPLHIV report being early for drug pick up and are still delayed due to health workers insistence that AYPs abide by cultural norms of respecting elderly PLHIV who come late, causing clashes with AYPLHIV academic pursuits leading to them missing out on classes, tests for AYPLHIV in</p> | <p>Provision of psychosocial support for cases of drug reactions Intensive follow up strategies for AYPLHIV Treatment education/literacy programmes working with AYPLHIV who are 'Expert patients'</p> <p>Create AYP specific units in the treatment centres and engage APLHIV who are adherent to treatment as case managers who can promptly attend to AYPLHIV as they come to the facility</p> | <p>Health service providers CSOs/ CBOs, Media Government Agencies (FMOH, Ministry of Youth)</p> <p>Case managers</p> <p>Ministry of Health/ relevant agencies</p> <p>AYP service providers</p> <p>Strengthen</p> | |

| | | | |
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| | <p>secondary and tertiary institutions</p> <p>Drug stock-outs</p> <p>Poor attitudes displayed by health care workers towards AYPLHIV</p> <p>Poor disclosure by family members</p> <p>Limited adolescent-friendly ART services</p> <p>AYPLHIV in boarding schools face adherence and stigma issues with no intervention to rely on</p> | <p>logistics / supply chain systems and Ensure a steady supply of drugs</p> <p>Organise soft skills seminars /training sessions for health workers on nurturing relationships with patients</p> <p>Set-up AYPLHIV friendly ART clinics that respond to adolescent needs and peculiarities</p> <p>Promote increased awareness about ART adherence through youth-friendly centres</p> <p>Establishment of AYPLHIV support groups</p> <p>Set up a school-based adherence support program for AYPLHIV in boarding schools</p> | <p>AYP service providers</p> <p>AYP service providers</p> |
| | <p>Limited access to treatment for related coinfections</p> <p>Most facilities focus only on HIV treatment, implying the clients have to go to other centres to access treatment for co-infections not covered</p> <p>Limited access to services (e.g. vaccination for Hepatitis</p> <p>User fees on STI treatment</p> <p>Fear of stigmatisation from health care providers</p> <p>Limited health care facilities for STI treatment</p> | <p>Creation of One-stop shops (OSS) for treatment of coinfections</p> <p>Increase access to diagnosis and treatment support for hepatitis</p> <p>Removal of User fees on STI treatment</p> <p>Sensitisation of Health care workers on the effects of stigma and discrimination</p> | <p>Government agencies (MOH), NGOs, Media, NACA</p> <p>Government agencies (MOH), NGOs, Media, NACA, AYP service providers</p> |

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| | Mental health issues and lack of psychosocial support for AYPLHIV | <p>Low self-esteem, stigma</p> <p>Depression/Trauma resulting from poor handling of disclosure of the AYPLHIV status by parents/guardians/ Health Care providers which also leads to abandonment of treatment /refusal to take medicines</p> <p>Inability to divulge or disclose information about their status on the part of AYPs (<i>Some AYPLHIV interviewed reported nursing suicidal tendencies as well as the fears arising from disclosing status to boyfriends/girlfriends intending partners who are HIV negative and implications of faith-based organisations policies that refuse to join intending couples who are discordant</i>)</p> | <p>Training and engagement of more counsellors, mental health experts to address the peculiarities of AYPs</p> <p>Institute skills acquisition and empowerment programmes for Adolescents Girls and Young Women living with HIV as well as young men</p> <p>Establish mentoring programmes that link experienced PLHIV who are matured adults with AYPLHIV to learn more about coping mechanisms etc.</p> <p>Establish separate support groups for AYPLHIV(particularly in Akwa Ibom and Anambra)</p> <p>Support group meetings for AYPs should be interactive, engaging to attract more AYPLHIV; inclusion of engaging and youth-friendly programmes/activities that will boost their self-esteem</p> <p>Regular discussions on</p> | <p>Friends and family Media (movies , awareness programmes)</p> <p>Government to engage more mental health experts,</p> <p>Community volunteers Health care providers</p> <p>Support groups / AYP service providers</p> <p>Support groups NGOs,</p> |
| | | Limited availability of mental health experts | <p>balanced and age-appropriate sexual health education such as condom negotiation, etc. (most SRH information passed to AYPLHIV is focused on Abstinence only</p> <p>Training and engagement of more counsellors, mental health experts</p> | |

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|--|---|--|---|---|
| | Distance/ access to treatment services | Poverty{ transport costs incurred by AYPs to and from facilities for drug pick up ranging from N200 – N2000 per visit depending on treatment site Stigma and discrimination/privacy and confidentiality issues arising from accessing services in smaller communities | Provision of transport support/ incentives to AYPLHIV Expand treatment services to additional health facilities Raising awareness(through peer education, IPC approaches | Governments NGOs, International agencies |
| | User Fees and high out of pocket costs | Lack of funds to pay for some of the required follow up tests (Viral load etc.) Subtle demands by health care workers for tips etc. | User Fees should be scrapped in all facilities Government policies/monitoring of facilities/anonymous reporting of erring health workers through feedback/rating systems | Advocacy led by CSOs/ PLHIV Networks Hospital management and communities through community-based monitoring and tracking initiatives |
| | Limited access to SRHR services for AYP and YKP living with HIV | There is a relatively high emphasis on ART for AYPLHIV and SRHR is hardly discussed, thereby undermining their sexuality | SRH education for AYPLHIV in facilities and support groups Strengthen SRH service delivery for AYP in clinics, and communities | AYP service providers AYP service providers |

STAKEHOLDERS INTERVENTION SCHEMES

Some prevention interventions schemes targeting AYPs currently exist in Nigeria using regional intervention approaches. Examples include the NYSC peer education programme; Adolescent & youth-friendly spaces/services, SRH-HIV integration - Hello Lagos; and Our Rights, Our Lives Our Future - a comprehensive assessment of FLHE. Treatment, Care and Support focused interventions include support groups for AYPLHIV, support for adolescent transition from pediatric to adult clinics, and the Operation Triple Zero - zero missed appointment, zero missed doses, zero viral load in PEPFAR supported sites. Other interventions include advocacy efforts for the revision of the legal age of consent to access SRH services and Families Matter programme.

Key RSSH Priorities from Consultations held with AYPs in their diversities across the 6 geopolitical zones in Nigeria between Feb 19 and March 6th, 2020 (Lagos, Benue, Akwa Ibom, Anambra , Kaduna, and Taraba States)

Conducted by ANAYD through CRG /Technical Assistance from the Global Fund through ASAP

| RSSH Pillar | Issues | Manifestation | Proposed Activities | Persons Responsible |
|-----------------------------------|---|---|---|---------------------|
| Community-Based Monitoring | AYP organizations and Networks do not have avenues to observe, report and challenge issues of quality of care as well as commodities and commitments for services to them | Poor quality care that responds to the needs of AYPLHIV, including KP and other vulnerable groups | Establish Volunteer-based monitoring (A community led by community scheme where AYP monitors are engaged in sensitisation dialogue as well as training on best methods for ensuring transparency and accountability through quarterly progress evaluations | Youth Networks |

Through community observatories, AYP CSOs, patient communities, and groups will engage their peers and service providers to assess the quality of care, client

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| | <p>Poor compliance to commitments made by government and facility administrations to ease program implementation and service delivery</p> <p>Inadequate timely escalation and remedy for issues of commodity shortages or misuse and client dissatisfaction among AYP</p> | <p>satisfaction, and social determinants of uptake of services (Human rights, gender justice, etc.). Specific interventions could include creating a rating system (colour coded) to evaluate the attitudes and performance of health providers after consultations or service delivery. Colour coded sheets of paper can be placed in strategic locations. Colour codes could include; White – Good/Excellent service Black- Poor, and Grey (Undecided). Slips can be submitted anonymously in drop boxes around the health facility</p> <p>Through Community Observatories, AYP civil society members will also monitor compliance with commitments and policies made to implementers by local and state governments</p> <p>Institute anonymous client supervision</p> <p>AYP CSOs will report grievances and issues with commodities and</p> | Youth Networks |
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| | | | facilities across the ATM programs, and engage authorities at the grassroots for remedies | |
| | Y-CHIS: Youth Community Health Information System. AYP groups and networks lack effective systems for reporting issues that are peculiar to them and critical determinants of AYP vulnerability, service access and quality of care | Inadequate youth-specific priorities and reporting avenues | The status of the existing CHIS system which is domiciled at the Ministry of Health will be ascertained, improved against AYP priorities and launched in phases | AYP Stakeholders |
| | | | Popularize Y-CHIS among AYP stakeholders from grassroots to CSO management through youth-friendly platforms and strategies | Youth Networks |
| | | Inadequate indicators to measure youth-related issues within the HIV Response | Strengthen national indicators and mechanism for capturing community-level data | AYP Stakeholders |
| | | Poor AYP Community data use by Government and Program | Strengthen inter-face and reviews with decision-makers and other key non- | Youth Networks |

| | | | Strengthen data flow and feedback | AYP Stakeholders |
|--|--|--|--|-------------------------|
| | | | | |
| Community-led advocacy and research | AYP Community issues are rarely supported by compelling evidence to influence policy shifts and program priorities | Inadequate avenues to collect and analyse AYP community-level data | Create systems for evidence generation and gathering of community perspectives (scorecards, report sheets etc. | AYP Stakeholders |
| | | | Integrate AYP-community-level indicators in national research | AYP Stakeholders |
| | | Weak awareness of AYP-research publications | Strengthen AYP- capacity to document, disseminate and publicise findings | AYP Stakeholders |
| | Weak advocacy among AYP Community networks | Globally inspired advocacy agenda | Issues identified by the community observatories will generate advocacy tasks at the state and LGA levels. Advocacy will be multi-layered and CSO networks will lead advocacy based on expertise. | AYP Stakeholders |

| | | Solo-Advocacy by AYP-Civil Society actors | Coordinate advocacy demands and activities | AYP Stakeholders |
|--|--|--|--|-------------------------|
| | | Weak gender and human rights advocacy drive | Community stakeholders advocate for change on AYP-related human rights/gender-based challenges | Youth Networks |
| | | Weak AYP-led advocacy for sustainability | Advocacy for domestic resource mobilization | Youth Networks |
| Social mobilization, building community linkages and coordination | Community Rights and Gender | There are structural issues that make AYP vulnerable to HIV infection and barriers to accessing HIV services | Community engagement and Enlightenment programs by AYPs | Youth Networks |
| | | | Publish scorecards on AYP vulnerability and service access | Youth Networks |
| | Social Mobilization, linkages and Coordination | AYPs are hardly motivated to access services for HTS and ARV | Strategic Behaviour Change programming for prevention and access as well as innovative community-led approaches to service delivery for AYPs | Youth Networks |

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| | | Leveraging on social and traditional media—to promote awareness about AYP specific issues as well as highlighting right to health /human rights violations as it relates to prevention and treatment, etc. | |
| | <p>AYP referral completion rate is one of the lowest among all age groups for HTS and ART services</p> | <p>Strengthen Referral for service uptake through AYP friendly approaches like peer-supported referral systems</p> <p>Strengthening AYP support groups existing networks</p> | AYP Stakeholders |

Group Photograph of AYPs Activities/Engagement With: Supportive Partners/Organizations



ACTIVITY INFORMATION

Objectives on Sensitization

TOPICS DISCUSSED

- COVID19

- Sexual Reproductive Health

- Gender-based Violence (GBV)

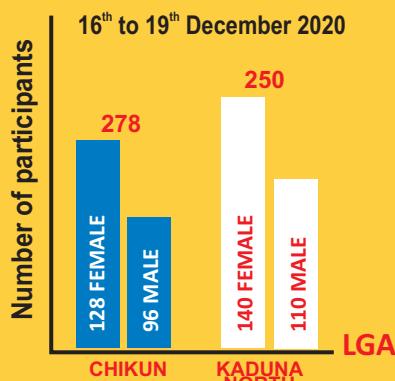
COVID19

- Basic information about cause, transmission, symptoms, and management of COVID19

- Myths and misconceptions

- Risk perception, prevention and control
(How to reduce risk of transmission)

- Stigma and discrimination of those with COVID19 infection



**528 community members
Sensitized on COVID19 and GBV**

**528 participants committed to
spreading the information to
other community members**

**528 participants pledged to adhere
strictly to the preventive measures
to stop the spread of COVID19**

- least 500 community members with awareness and risk mitigation of COVID-19 pandemic

- To reach at least 500 community members with knowledge and information on SGBV

GENDER-BASED VIOLENCE (GBV)

- Violence
- Gender-based violence
- Forms of Gender-based violence
- Consequences of GBV
- Risk factors of Sexual and Gender Based Violence
- Responding to Sexual and Gender Based Violence
- Roles individuals play
- Reporting GBV

Across the 10 locations, participants were excited by the opportunity to learn and interact with new information. Many expressed a desire for such sensitizations to be conducted periodically to reinforce efforts and measure actions.



BACKGROUND

In Kaduna state, communities remain a vital unit of society. Community, Women and Youth Leaders who were trained on COVID19, SRH and GBV identified the need to step-down their knowledge, this informed this community sensitization.

The community sensitization was conducted in 5 communities each in Chikun and Kaduna North LGAs of Kaduna state. It is expected that with more information, residents will take more caution and prevent spread of COVID19.

In addition to deaths, the COVID19 pandemic has shown an increase in Gender-Based Violence (GBV) in Kaduna state. With the huge negative impact of GBV, communities must play their part in both prevention and reporting of GBV.

CHALLENGES

- More than the expected number of participants showed up for the sensitization
- In some locations, time was managed poorly by Community Leaders who facilitated the sensitization
- Some community leaders and participants were late in some locations, this affected timing

LESSONS LEARNED/CONCLUSION

- Community members agree there is no justification for rape
- GBV cases are reported in communities but often times cases are abandoned because of stigma for both the perpetrator and victim
- It is very difficult to convince old people to unlearn and relearn what they know about GBV, but much easier with adolescents and young people, thus, young people are the most viable drivers of positive change
- Getting facilitators from the community increased community acceptance and participation

Section 2A

VIRTUAL TRAINING BY ANAYD FOR THE AYPs

EXECUTIVE SUMMARY

ANAYD is a regional organization whose aim is to facilitate meaningful engagements of Adolescents and Young Persons (AYP) in program design, development, implementation and service delivery. It is an organization that promotes comprehensive Sexual and Reproductive Health and Right information, HIV, Tuberculosis, and Malaria services for Adolescents and Young Persons (AYP), to promote fundamental human rights and gender equality of Adolescents and Young Persons (AYP) in Africa.

The training was aimed at helping Adolescents and Young Persons (AYP) understand the Global Fund (GF) architecture, and the opportunities it provides for meaningful engagement of AYPs. It was also designed to provide updates to AYPs on Nigeria's funding cycle and the entry points for engagements.

Introduction

With the help of Community Rights and Gender Strategic Initiative, Technical Assistance (TA) were received from Global Fund (GF) through AIDS Strategy, Advocacy and Policy Ltd (ASAP) to ANAYD so as to engage Adolescents and Young Persons (AYPs) in various diversities to understand the Global Fund and the funding processes that is acceptable.

The world is faced with a global threat of COVID-19 pandemic – it has caused great harm to the global economy and now leading to global recession or economic meltdown. There is increasing Gender-Based Violence (GBV), and affecting the overall public health response globally - there is a need for continuous strategic engagement of AYPs, particularly those who have not been reached in previous engagements to ensure even participation, thereby creating access to information of GF process, strengthen transparency and accountability for effective service delivery. This pandemic has created a niche for more

virtual engagement of the AYPs even as the pandemic keep ravaging the world since 2019 to 2020 and probably may extend to 2021, as the case may be.

Activity date:

The training lasted for 3days 13th - 15th of July, 2020, the time table was between 9:00am – 12:00 noon everyday West African Time (WAT).

Training objectives:

- To understand the Global Fund Architecture, 2020-2022 cycle funding cycle and opportunities for meaningful engagement of Adolescents and Young Persons (AYP) in the processes
- To provide AYPs with updates on Nigeria's funding request and next steps
- To support the development of corps of youth champions and ensure continued engagement with global funds and other high-level processes
- To update AYPs about the global fund post-2022 strategy consultations and entry points for engagements

Activities/Presentations:

DAY1

The follow activities/presentations took place on day 1:

- Meeting background and objective: CRG Technical Assistance and Purpose
- Goodwill message from Partner
 - National Agency for the Control of AIDS (NACA)
 - AIDS Strategy
 - Advocacy and Policy Ltd (ASAP)
 - Eastern Africa National Networks of AIDS and Health Service Organisations (EANNASO)
- Pre-Evaluation test exercise
- Community Rights and Gender (CRG) and role of Regional Coordination and Communication

Platform (RCCP) - the Anglophone CSO platform.

- Overview of the CRGTA and processes for delivery (Desk review. FGDs, Consultations with AYPs, Engagement with fund development process)
- Global Fund Architecture
- Understanding the global fund cycle and processes

DAY 2

- There was a recap of Day 1 activities
- Overview of the 2020-2022 Funding Cycle
- Engaging in the Fund development process - Observations and lessons were learnt.

DAY 3

- There was a recap of Day 2 activities
- Grant making process- The basics of its kind.
- Global fund post 2022 Strategy Consultations and opportunities for AYP engagement.
- Opportunities for Engagement in Global Fund processes at international and local levels. (Youth Council and Board Delegations)
- Post Test Exercise Evaluation
- Wrap Up/Next Step

MODEL/APPROACH

The training was delivered via Zoom Technology Meeting App. The audio/video technology platform which allows participants or delegates from different geographic zones/locations to join and enable instructors/facilitators to share or make presentations to the benefit the AYPs and ANAYD stakeholders.

OUTPUTS:

Over 100 adolescents and young persons' request for the training was received. This application was assessed and the most qualified 100 participants were given a data package of 1000MB for the period of the engagement.

The following were the outputs of the activity:

- 100 Adolescents and

Young Persons (AYPs) trained

- Training reached participants from 20 states of Nigeria - Kaduna, Kano, Katsina, Benue, Taraba, Borno, Lagos, Nassarawa, Anambra, Yobe, Ebonyi, Sokoto, Jos, Enugu, Gombe, Akwa-Ibom, Jigawa, Abuja, Kwara and Edo

ACHIEVEMENTS/RESULTS:

As a result of this 3 days online training 100 AYPs:

- Understand grant-making basics
- Understand the Global Fund's Cycle and Structure, Eligibility and allocation; Catalytic Investment; Portfolio Categorization; Application and approach
- Understand the Global Fund Partnership- the roles of the CCM
- Understand the roles of local funding agent and processes of program split in the funding request and the thematic areas in each funding request
- Understand the important of aligning with the National Strategic Plan
- Gained an awareness of the Nigerians on the Global Fund youth council and their roles

SUCCESES/SIGNIFICANCE

Delegates and participants were excited as the program created an avenue for information, opinions and views sharing. Participants were fully informed of the Global Fund access processes, the status of Nigeria and overview of the GF & TA Assessment Project. These have helped to improve the overall commitment and contribution of participants as a group was created for further actions and discussion beyond the training that only lasted for three days.

TESTIMONIES/APPRECIATIONS OF PARTICIPANTS/DELEGATES ON THE THREE DAYS VIRTUAL TRAINING

"My sincere gratitude and appreciation goes to Mrs.Olayide for a very wonderful presentation during the meeting. I was very excited and the training was interesting beyond my expectations. Thank you for shedding more light on the Global Fund"

-Abduljalilu Sani Garba

"This is one of the most important training taken so far to sensitize citizens on the importance and benefits of a global intervention and how to participate. I sincerely welcome the idea behind this decision"

-Yoila Samari

"This was one of the most interactive sessions. It was engaging as participants were able to share their views and opinions from diverse AYP space. These has helped improve commitment, strengthen ownership towards ensuring effective service delivery"

- Sakinat Bello

LESSONS LEARNT FROM THE THREE DAYS VIRTUAL TRAINING

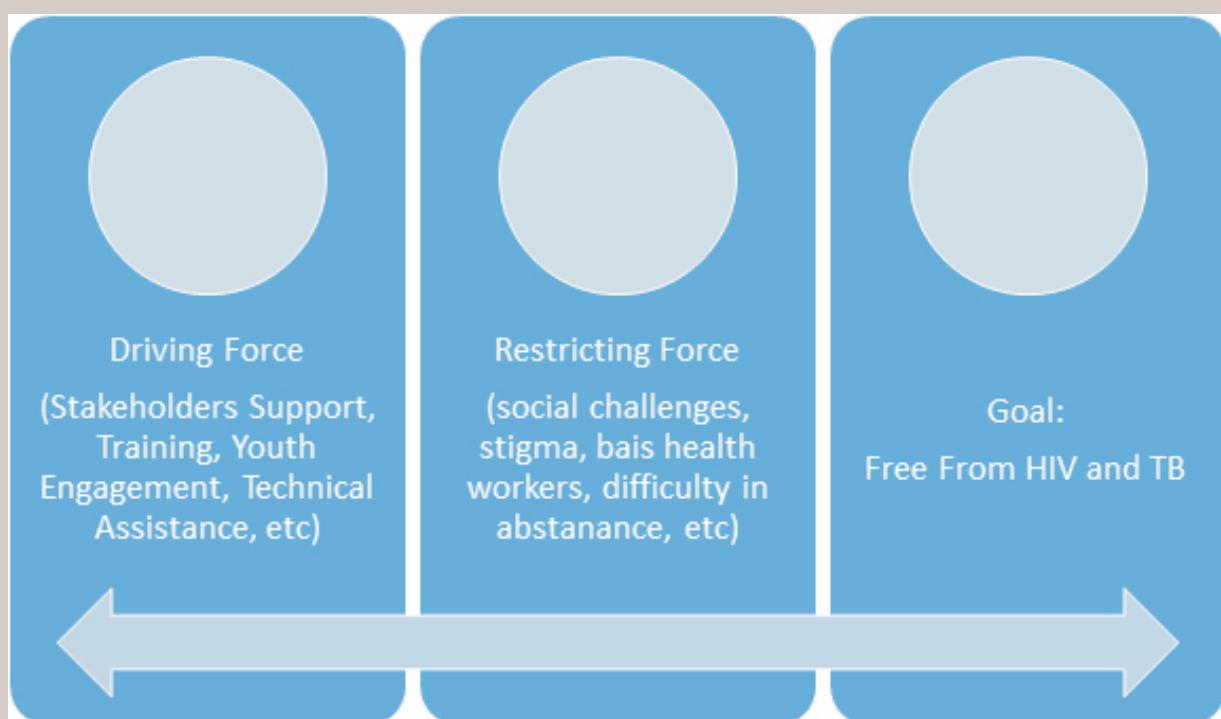
Below are some of the lessons we learnt in the course of the 3 days online training:

- AYPs remain focused and willing to take responsibility towards ensuring their needs and priority are met. They remain committed to ensuring transparency and accountability through even representation and access to information.

CHALLENGES/FINDINGS

- Some of the participants could not use the Microsoft Teams app so we had to switch back to the zoom app due to its flexibility
- Some of the participants had network issues and hence missed some parts in the training.
- Background noise from the participants who did not mute their microphone distracting the facilitators and increasing time

GENERAL FIELD FORCE ANALYSIS OF THE ANNUAL REPORT OF THE ACTIVITIES OF ANAYD and AYPLHIV



- Some AYPLHIV complained for the long period they are expected take drugs for viral suppression that is unending which makes them leave the drugs sometimes.
- Frequent questions attached to persons taking drugs all the time so as to know the reason behind the regular drug in take.
- Lack on confidentiality among the health workers attending to AYPLHIV.
- Social problem attach to AYPLHIV is high.
- Body language of the health worker when AYP requests for condoms makes them to shy away from requesting.
- The activities for engagement are not enough to cater for the need of AYPLHIV and therefore, making them bot to be too committed in their activities.
- Drug stock out challenges sometimes discourages the AYPLHIV from coming without confirming the availability.
- Few youth friendly centres for these AYPs.
- Engaging in training with where the consultant/facilitator is not multilingual is highly challenging for the understanding of AYPLHIV.
- Cost attached to some drugs is discouraging.
- There are zones without support group and therefore needs urgent inauguration.

RECOMMENDATIONS:

- There should be further advocacy and training on how to use these modern technological gadgets and apps to help pass message to AYPs.
- There is a need to involve an IT instructor for a pre-orientation course for AYPs before any other training henceforward.
- More knowledge should still be disseminated periodically using online platforms for wider spread of knowledge on the Global Fund
- Data should be given on a

- daily basis to participants so that those that attended the training for a day would not benefit more than those that attended for three days
- Another training should be organized to teach Adolescents and Young Persons how to write grants
- There should be continuous engagement of AYPs in the process through information sharing both online and offline.

Value for Money

The project saved cost on:

- Renting of venue for the training as participants attended the training in the comfort of their homes
- Feeding, transportation and other related cost.
- There was some level of individual comfort participating in the training through online platform especially for those who don't have money and were trained from the comfort of their houses.
- This online training saved participants the possible risk of exposure to COVID-19 as would have been the case during an onsite session.

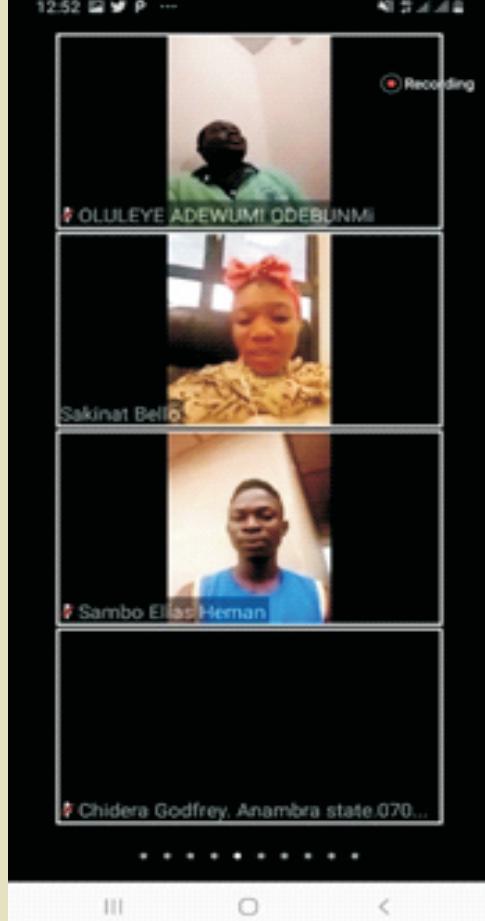
CONCLUSION

AYPs are very important set of people in the society because they are more productive group of the any nation. The ability of this delineated group to understand the criteria or engagement processes stands out for the greatest good of the Young Persons. Thus, every effort to increase knowledge and engagement among the people snuggles or moves developmental efforts closer to the global goals or the end-in-mind.

STAKEHOLDERS/PARTNERS

- ASAP
- EANNASO

ANNEXES PICTURES



Section 2B CSO ACCOUNTABILITY FOR YOUTH PRE-CONFERENCE

**TITLED:
ENHANCING YOUTH PARTICIPATION IN
SHAPING HIV, TB & MALARIA
RESPONSES IN NIGERIA DURING AND
POST COVID - 19 PANDEMIC**

EXECUTIVE SUMMARY

This was held virtually on 12th November, 2020. It was organized by NEPWAN, EVA AND ANAYD. 10 Adolescent Young Persons AYPs represented the 6 geo-political zones and they were 5 males and 5 females. The Executive Director of ANAYD - Aaron Sunday was there to monitor, supervise and solidify actions and plans. The event provided great opportunities for discussion as regards to responses towards engagements of youth in HIV, TB Malaria activities and program during the scourge and after covid 19. Issues were discussed so as to address the accountability of youth and other stakeholders in the HIV, TB and Malaria matters.

There was comprehensive stakeholders planning program, implementation procedures through community, state to national level. While priority was also set on best practice in HIV/AIDS, TB and Malaria and to create initiatives that shall be championed by the youth bodies to drive it from the community, state to national/federal level.

Objectives

To check the consistency of youth participation responses in curbing the menace of HIV, TB and Malaria during and after covid 19 pandemic.

To discuss way forward on how to effectively engage the youth.

To identify opportunities for best practice while discharging their duties.

To create initiatives driven or championed by the youth bodies across community, state and federal/national level.

To deepen the stakeholders relationship/engagement while trying to achieve general goals.

MODEL/APPROACH

Desk Review/Assessment to Action

The desk review was centred on how to create opportunities for the effective engagement of AYPs. There was policy review to accommodate initiatives and implement best practice in HIV/AIDS, TB and Malaria.

FINDINGS USING OBSERVATION AND DESCRIPTIVE ANALYSIS

There is high level of drive for commitment to do the best by implementing or encouraging best practice.

Creation of initiatives to be championed by the youth is a great idea in the right direction to avoid youth idleness.

Effective engagement of the youth is to mitigate against sickness and diseases against AYPs.

There is a need to engage other stakeholders for support and funding program to support initiatives upon creation.

There is a need to involve more people in the pre-conference which was virtualized. Virtual responses of very few persons alone cannot give us accurate data of personal opinions and suggestions.

There may not be accurate feedback of those represented.

Recommendations

There should be continuity of virtualizing and increasing numbers of representatives in further pre-conference and engagements.

The implementation of the proposed best practice should be played along with integrity in the discharge of assigned responsibilities to all stakeholders.

The youth bodies initiatives should be established in the six geo-political zones cutting across communities, states and federal level.

Training AYPs on the use of current social media platforms in managing meeting.

Engage more stakeholders whose supports are material and financial based.

Regularize meeting for follow up of plans and implementation.

Stakeholders/Activities Photograph

Section 3

A 2 DAY COALITION MEETING ON NUTRITION & HEALTH ISSUES IN KADUNA STATE EXECUTIVE SUMMARY

A 2 day coalition meeting on nutrition and health issues in Kaduna State took place at Yakubu Avenue, Bafra International Hotel, from 5th - 6th November 2020. Stakeholders meeting was held and ANAYD participated to encourage stakeholders to develop an action plan to address nutrition and health challenges in Kaduna State.

Objectives of the Coalition Meeting

- To identify health burdens, status and multi-sectorial plans for actions.
- To identify priority areas being affected and recommend possible solutions.
- To identify potential collaborators in nutrition advocacy project for the state.
- To develop an action plan for implementation in all problem areas of the State.
- To identify skill needed to address the challenges relating to nutrition and health.

Model/Approach

Desk Review/Assessment to Action

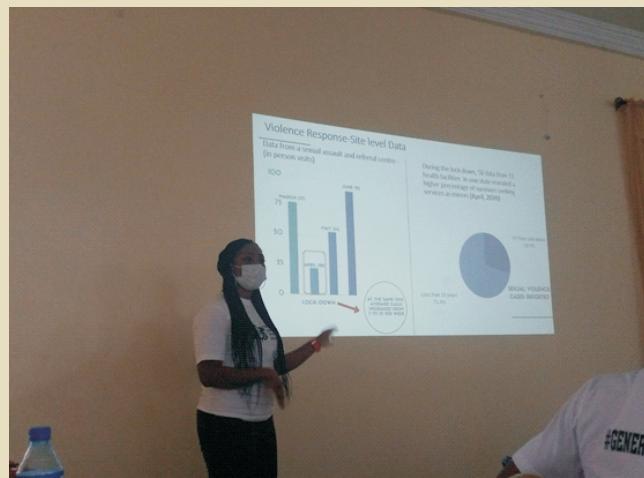
Desk Review was deployed which were more of questions and answers to make better policy or policy review to address the pressing challenges of nutrition and other issues befalling the state. However, the desk review cut across funding processes and access requirement, action plan policy, implementation procedures for proper engagement of stakeholders and develop guide for strategic implementation and map out plans for stakeholders for prompt achievement of the end-in-mind or goal.

Findings Using Descriptive Analysis

- There were few stakeholders for the Coalition Meeting.
- There is need for more of support group or advocacy group or groups.
- Pharmaceutical Companies should be part of the Coalition Meeting.
- Focus Group Discussion is lacking in the stakeholders coalition meeting.

Recommendations

- Form a support group to help campaign on the pressing nutrition and health issues in the state.
- Mobilize stakeholders for financial support.
- Organize a Focus Group Discussion for the affected persons or areas in involving relevant stakeholders in the discussion.
- Involve a youth body to drive the sensitization and training.
- Institute proper dietary campaign in Kaduna State.
- Set timeline for this goals.
- Set up free check-ups and medication.
- Consult pharmaceutical Companies to be part of the stakeholders.
- Increase activities of the Coalition stakeholders on nutrition and health issues.



Stakeholders/Activities Photograph

Section 4

NIGERIA STAKEHOLDERS CONSULTATION (A2 DAY CONSULTATION MEETING)

The two days meeting was proposed for West Central Africa Ministerial Commitment for Educated, Healthy and Thriving Adolescent Young Persons which took place at Ladi Kwali Hall Sharaton Hotel Abuja. It was organized by UNESCO in partnership with or collaboration with UNFPA, FMOH, FMOE & ANAYD which forms the main trust bodies of youth organization. ANAYD led by Aaron Sunday, the Executive Director was present in this

consultation and planning committee to render technical support. There were good will messages presented in the meeting of which success were recorded as presented by Sakinat Bello among many others/inter alia. She also addressed that the emergency of covid - 19 pandemic has increases that challenges of the AYPs and the youths should not be undermined in this scourge but see them as critical stakeholders.

In this consultation meeting youth bodies were represented to include: EVA, ANAYD, APYIN, NEPWAN and other stakeholders youth-led organization focusing on challenges of AYPs like adolescent pregnancy, HIV/AIDS, child marriage, gender-based violence and education which were reviewed and revalidated for progressive implementation. As well as recommendations enlisted to address the pressing challenges of the AYPs in terms of quality of education and SRH services, GBV prevention and protection. The proposed formation of the regional ministerial commitment and road map for stakeholders engagement in the commitment process throughout advocacy, development, implementation, monitoring and evaluation as the progresses.

Objectives

- To assess stakeholders commitment for educated, healthy and thriving of AYPs.
- To give technical support to AYPs.
- To measure success or Significance through goodwill messages and make projection on the next agenda.
- To monitor activities of engagement and provide necessary support where there are shortfalls.
- To ensure planning committee follow established goals to the latter.
- To encourage stakeholders participation in every sphere of this consultation in the geo-political zones.
- To encourage stakeholders not to be nervous because of the scourge but collaborate with the youth bodies not to be found vulnerable.
- To collect data and make findings on recent challenges of AYPs.

MODEL/APPROACH APPRAISAL THROUGH GOODWILL MESSAGES

Stakeholders appraised their performance through goodwill messages presented by some stakeholders following the recent years of activities and engagement.

CONSULTATION OF AYPs

The AYPs were also consulted in a session to know the cause of adolescent pregnancy, child marriage, HIV/AIDS, gender - based violence and level of education amongst the AYPs in the geo-political zones.

FINDINGS USING OBSERVATION ANALYSIS

There were fear of the covid 19 pandemic. Not all stakeholders were evenly active during the peak of the pandemic scourge. The exact level of commitment were not actually ascertained because of in activities in some areas as a result of government compulsory imposition order or rules that must be obeyed.

Pandemic yielded to adolescent pregnancy because of idleness coupled with child marriage, increase in the spread of HIV and gender based violence people were not busy during the covid 19 period of ravage.

Recommendations

There should be a meeting with stakeholders to include AYPLHIV and AYPs to map out massive penetration testing to identify those newly infected with HIV to follow up on the treatment.

Make massive sensitization of during and post covid 19 HIV positive individuals to come for free treatment in the centres or zones.

Compaign on abstainance from sex to avoid HIV, other diseases and teenage pregnancy.

AYPs should be encouraged to have IT skills at least Digital Marketing to help them to be busy in case we experience another period like that of covid 19 so that AYPs can get busy online instead of thinking of sex.

STAKEHOLDERS/ACTIVITIES PHOTOGRA Section 5

ONE DAY CENTER FOR INTEGRATED HEALTH PROGRAM, GENDER BASED VIOLENCE STAKEHOLDERS REVIEW

MEETING

EXECUTIVE SUMMARY

This meeting took place Bafra International Hotel, Yakubu Avenue, Kaduna State, Nigeria, on 8 December, 2020. ANAYD was honourably represented by Sakinat Bello. This program was organized and meeting was successful through the help of ANAYD, CIHP through PEPFAR/CDC in Kaduna State. ANAYD advocate on Gender Based Violence (GBV) joined the critical stakeholders in the current fight against GBV in Nigeria.

This discussion held extensively to initiate action plans for quality and comprehensive services to the survivors of GBV in the state. Through mapping out corresponding strategies for interested organization and health sectors and stakeholders in Kaduna State for the development of comprehensive /holistic directory for GBV survivors and services to be provided to better their health.

Youth capacity strengthening was emphasized to champion some development program in the state. The meeting ended successfully with written reiterated commitment and cover photograph/advocacy pictures for record purpose. The CIHP board says: "Leave No One Behind: End Violence Against Violence and Girls.

Objectives

To encourage advocacy on Gender Based Violence in the State.
To mobilize stakeholders who have interest on the fight against GBV.
To establish hospital/service directory of GBV survivors for appropriate treatment/care.
To straighten the capacity of the youth so as to help actualize the goal.
To support interaction with the victim of GBV.

MODEL/APPROACH

DESK REVIEW/ASSESSMENT TO ACTION

Desk review of the program held in Kaduna State among the stakeholders to straighten commitment and success of curtailing the raising cases of Gender Based Violence GBV and strengthening of youth leadership organization.

FUNDINGS GOTTEN THROUGH VIOLENCE RESPONSE SITE LEVEL DATA

From a sexual assault and referral centre shows that: during the lockdown between April - June gender based violence increased with 65%. From one report call from victim of GBV to 20 per week.

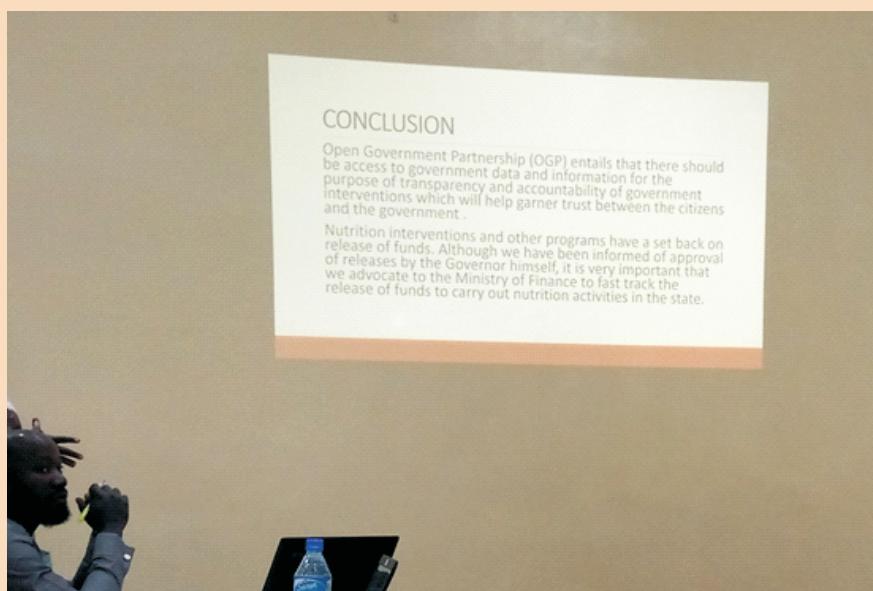
- There was increase in sexual violence.
- There were irritation of partners because of over closeness and idleness.
- Poverty also crept in because not all love survives poverty/idleness.
- Lockdown increased the weakness of opposite gender which led to the rise in lovelorn.
- Lack of sex education in the system.
- Transfer of aggressive as a result of nation/state lockdown brought by the pandemic.
- Low intensity of GBV campaign through our traditional and cultural route to change that ugly narratives.
- Social workshops are not given appropriate attention in Africa.
- Lack of palliative from the government and well meaning citizens.

RECOMMENDATIONS

- The positive response to government directives will make it easier to contain the pandemic which makes lockdown not to be prolonged more than necessary.
- Sex education should be encouraged.
- Create a workshop on managing emotions.
- Intensity campaign to address GBV from our cultural/traditional route.
- Palliatives should always be given to citizens when a replica of the pandemic (covid 19) surfaces to reduce GBV. This is achievable through futuristic and people's centred leadership.
- Government should see health sector as a priority.



- Encourage proactivity in every challenges against health sector.



STAKEHOLDERS/ ACTIVITIES PHOTOGRAPH

PROBLEM TREE ANALYSIS FOR HIV/AIDS SWOT ANALYSIS

There have been great support from many stakeholders trying to ensure there is Technical Assistance and engagement in different capacities. There have been training on funding processing with positive resolve.

Although several initiatives are in place, there are gaps, as AYPs have not been adequately involved in the development, implementation, and evaluation of the programmes and interventions targeting or affecting them. Also, data capturing of the HIV response among the AYPs has not been adequately disaggregated by age. Consequently, the national HIV response has not been sufficiently comprehensive for AYPs.

The virtual or online engagement has reduced cost for the stakeholders in carrying out the goal of each organization. There more the virtual training the more increase in the information sharing among the AYPS. The Covid-19 pandemic also made the virtual engagement more serious now and in the future.

Some of the gaps identified from available engagement and programme reports include weak coordination at sub-national levels, poor integration of adolescent HIV and SRH services; current age of consent policy which limits access to SRH / HIV services for AYPs, limited capacity of programmes to target AYPs, poor financing of focused interventions for AYP, weak legal and human rights response for vulnerable populations including AYPs.

Recommendations

1. ANAYD in partnership with its partners at State level to follow up with and support the convening of regular platforms(starting with States who have indicated an interest in replicating the AYPs Consultation model)where AYPs in their diversities can meet regularly to discuss emerging issues in HIV/TB/SRH service delivery and proffer solutions for addressing them

Follow up activities at State levels would

include:

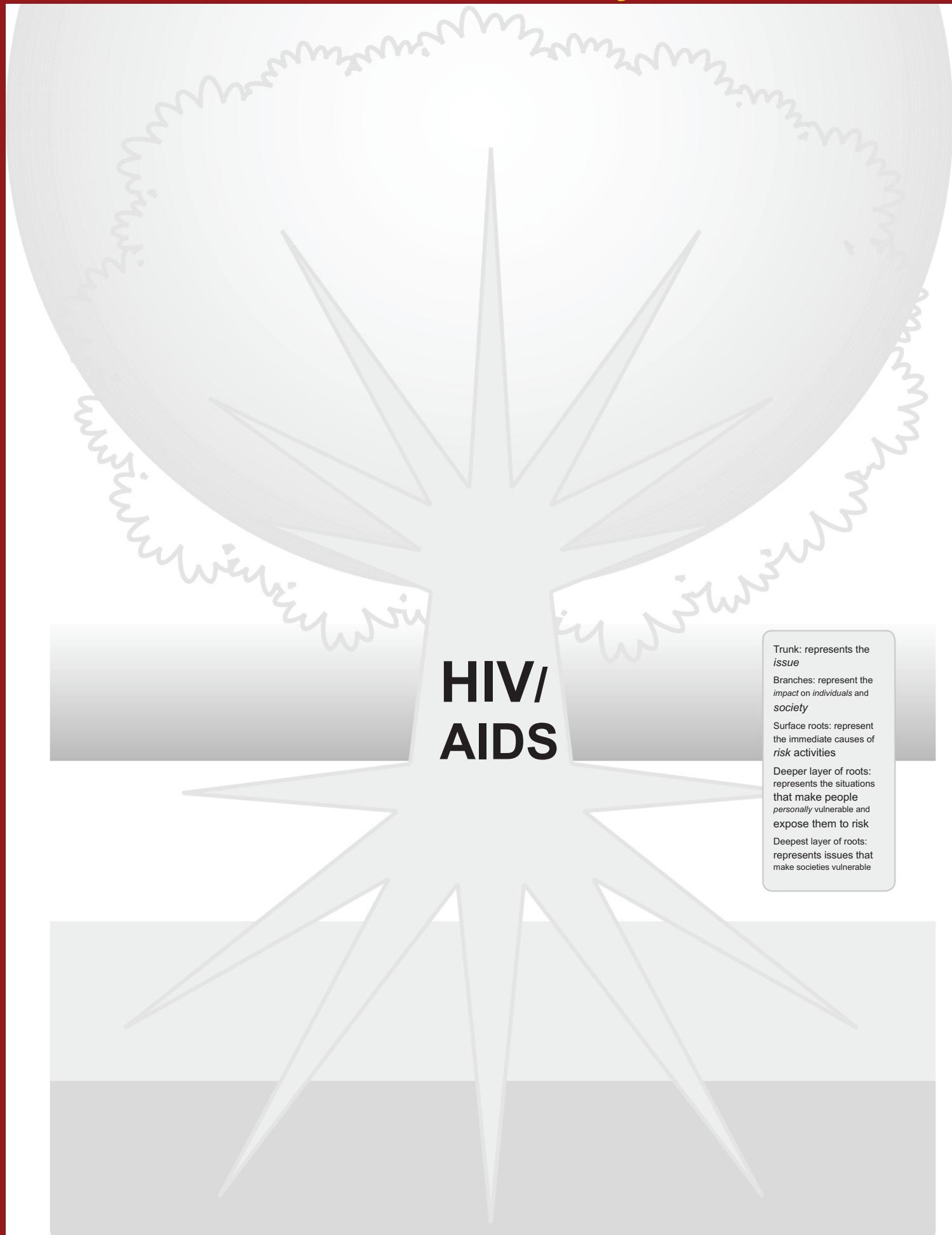
- i. Developing clear AYP agendas/actions plans and defining clearly how AYPs issues will be mainstreamed within State level HIV programme implementation focusing on HIV Prevention, Treatment, and Care
- ii. Engaging the AYPs meaningfully through involvement in monitoring and evaluation of services and including AYPs in the various Technical Working Groups similar to the National Prevention Technical Working Group which serves as an advisory and technical think tank to NACAon prevention issues.
2. ANAYD in collaboration with relevant stakeholders to follow up and support advocacy efforts to ensure the implementation of the policies and strategies that address the AYP age of consent and access to the provision of HIV and SRH services in Nigeria. While there has been National Council on AIDS approval since 2019 for the revision of legal age of consent based on Consensus guidelines to access SRH services to 14 years, this is yet to be implemented at service delivery levels.
3. ANAYD to facilitate the setting up of a body of youth-led monitors comprising AYPs who have been actively engaged through the consultations and funding request development process that will take on Community based monitoring initiatives, in the course of Grant implementation. This body of youth-led monitors will also leverage on and adapt existing tools to ensure that they can adequately reflect the perspectives of AYPs who are beneficiaries of Global fund supported programmes.
4. There is a need for engagement of consultants or facilitators who are multilingual to make sure that every delegate or participant understands every form of training.

established

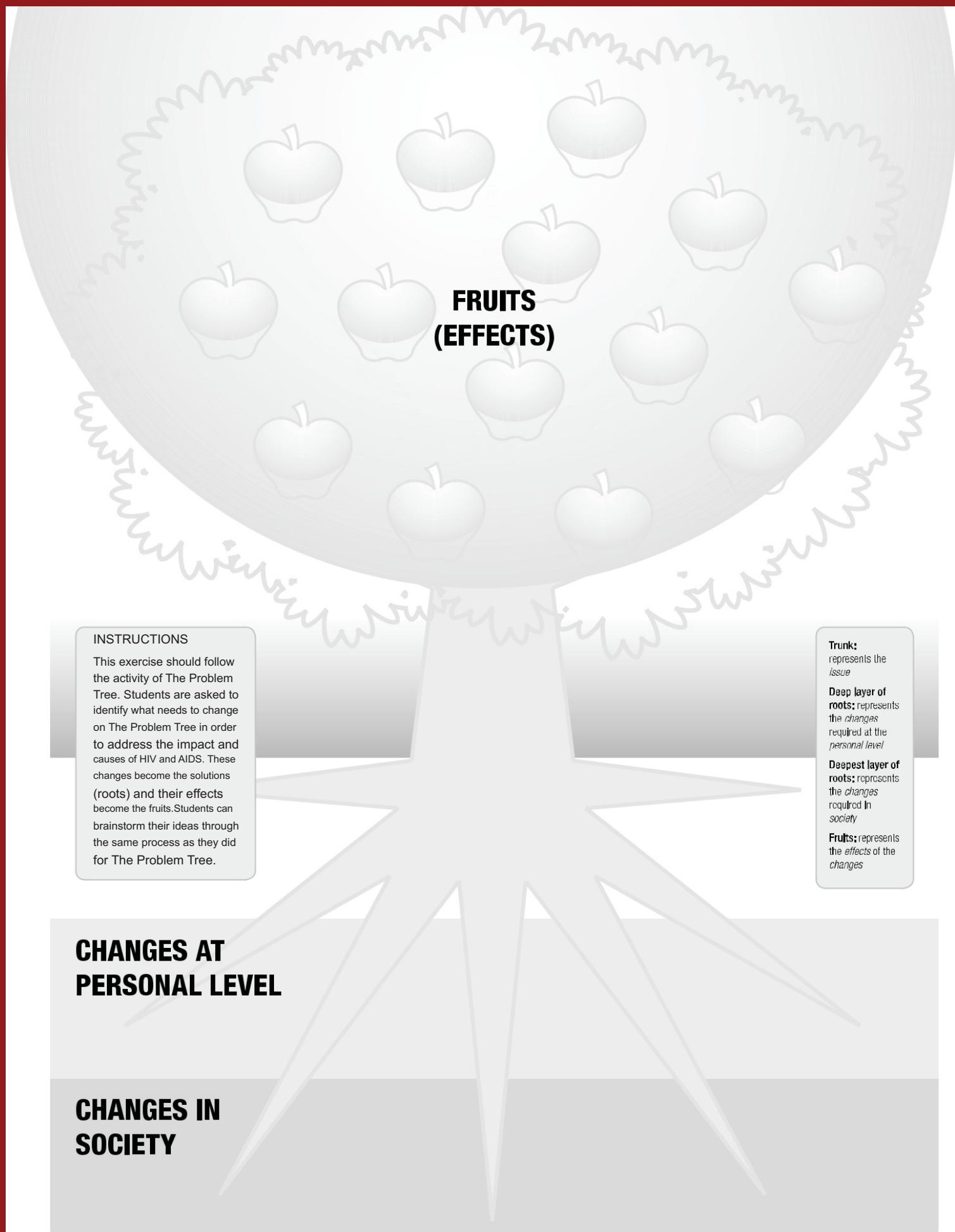
5. ANAYD should facilitate pre-orientation course on the use of online platform for training AYPs.
6. Regular orientation course should be given to health workers to do their work without bias but with high level of confidentiality and integrity.
7. ANAYD and her stakeholders/partners to facilitate and support the development of a corps of youth champions by strengthening the capacity of the AYPs, youth leaders as well as youth-led networks to ensure continued engagement with Global Fund and other high-level processes by identifying and bridging the learning gaps and their needs, involving interested young people for meaningful engagement, organizing post engagement training for AYPs, discussing strategies for grant requisition, consultation, local and international representation of the AYPs and flexible information sharing among the stakeholders.
8. To get a good result ANAYD and her stakeholders/ partners to strengthen linkages and opportunities for interaction and feedback between AYPs engaged through the different processes resulting from this TA and AYP representatives in key spaces such as CCM, Global Fund Board, Global Fund Youth Council so that they can be regularly updated on AYP concerns /issues and also get regular feedback and represent their constituencies effectively.
 - a. *As at the end of the Funding request development process, the AYP representatives on the CCM and the Global Fund Youth Council had been added on to the ANAYD Global Fund TA /AYP Team WhatsApp group but these contacts need to be shared with other AYPs and a well-coordinated/ moderated forum for interaction and discussions should be*
9. ANAYD should ensure that each zone has a support group to achieve their goal easily with other stakeholders. It is pertinent to have support group across zone for it will go along way in sensitising the zone.
10. Create an attractive incentive plan for carrier status disclosure and up to date drug in take for patients.
11. Create a regular Assessment to Action/Desk Review before proper commencement of any training and engagement programme for the AYPLHIV and AYPs.
12. The procurement and stock management stakeholder(s) should be trained on stock inventory and management to avoid stock out reported by AYPLHIV and AYPs for the effective continuation of treatment.

Initiate stakeholder's convention for general deliberation and review of goal and objectives on the way forward on the prevention and treatment of AYPLHIV.

Problem Tree Analysis



Solution Tree Analysis



THE PROBLEM TREE (SOME SUGGESTED ANSWERS)

SOCIAL IMPACTS

Impact on girls/women
(further gender inequalities)

- Care for sick family member
- Often miss out on educational opportunities (making them more vulnerable to HIV and AIDS)
- Often forced into sex work to provide an income so their family can survive

Orphans and vulnerable children

- Children experience a loss of parental support
- May have to leave school to support their family
- Loss of childhood as they take on adult responsibilities
- Grandparents, particularly grandmothers, take on additional responsibilities and become primary care-givers for their grandchildren

Stigma and discrimination

- People living with HIV are often ostracised from their family and communities
- Social death occurs before physical death

PSYCHO-SOCIAL IMPACT

- Repeated trauma of losing parents, siblings, children

ECONOMIC IMPACTS

- People become infected with HIV in the prime of their working lives – impacts on productivity and income
- Reduced labour force as people become too sick to work
- With reduced labour, price of goods rise
- Loss of professional/technical skills
- Continual need to invest in training

DRAIN ON HEALTH RESOURCES

- What is the criteria for accessing anti-retroviral drugs?

CULTURAL IMPACTS

- Reduced life expectancy results in lack of sharing traditional knowledge eg regarding farming techniques

Trunk: represents the issue

Branches: represent the impact of HIV and AIDS on individuals and society

Surface roots: represent the immediate causes of risk activities

Deeper layer of roots: represents the situations that make people personally vulnerable and expose them to risk

Deepest layer of roots: represents issues that make societies vulnerable

HIV/ AIDS

SexBlood
Sharing needles
Mother-to-child transmission

Sexual violence Lack of educational opportunities Stigma and discrimination

Lack of income Substance misuse Child-headed households Movement Lack of medicine

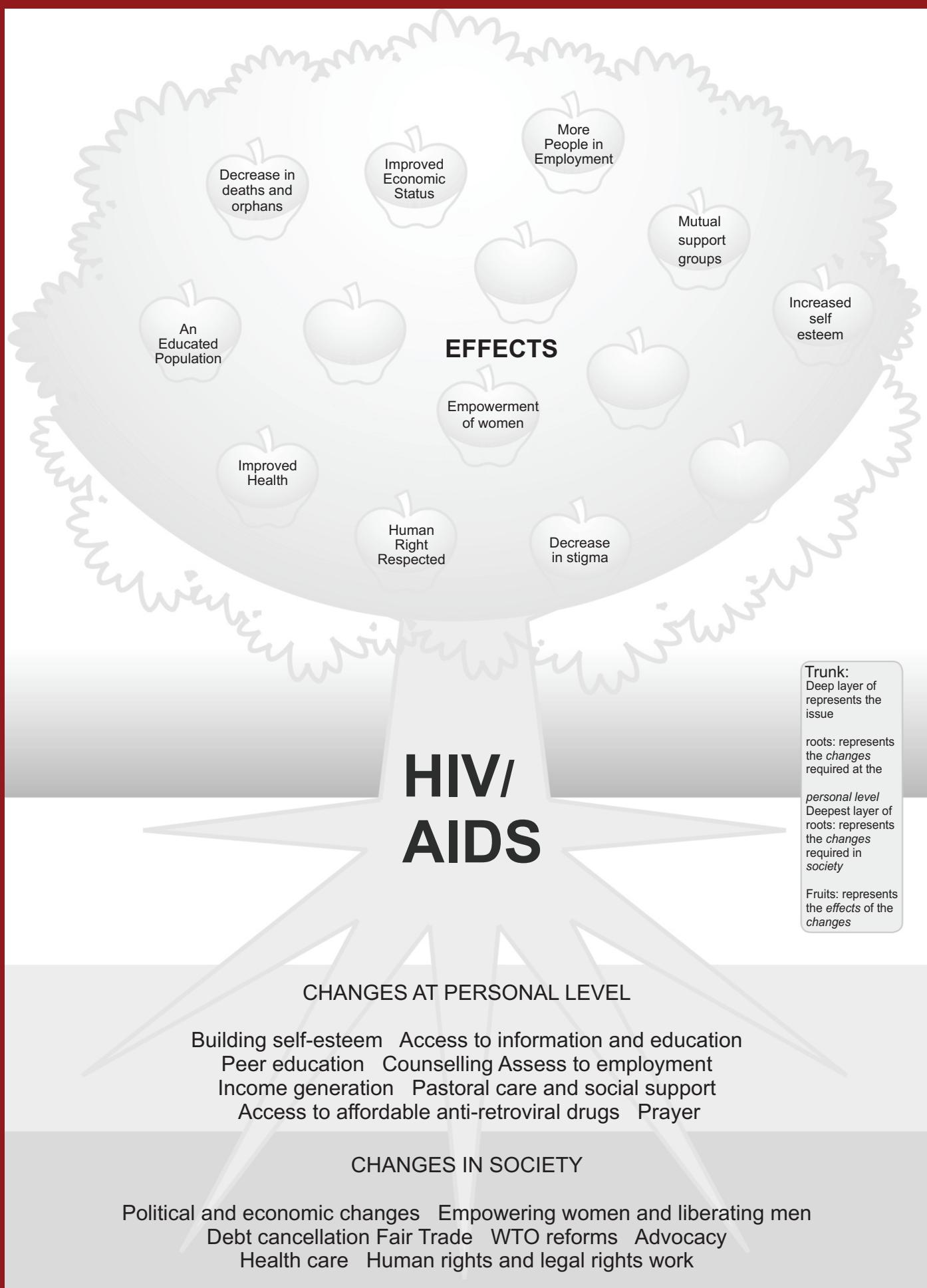
Loss of family/social support Myths and superstition Lack of food Sex work

Gender inequality Poverty

Unfair legal and political systems

Culture War/conflict

THE SOLUTIONS TREE (SOME SUGGESTED ANSWERS)



APPENDIX 1

ASSESSMENT TO ACTION/FOCUS GROUP DISCUSSION QUESTIONNAIRE SAMPLE FOR AYPs

February 2020

Good morning/afternoon. My name is OLAYIDE AKANNI. The African Network of Adolescents and Young Persons Development (ANAYD) has contracted me to help conduct this Focus Group Discussion (FGD) among Adolescents and Young People to inform Nigeria's Funding Request submission to the Global Fund. As part of this Focus Group Discussion (FGD) with you, I would like to ask you some questions about your experiences, challenges as well as recommendations for improving the quality of HIV and SRH services that Adolescents and Young People Living with HIV access in Nigeria. The information you provide will guide those developing Nigeria's Funding Request to the Global Fund on how to better plan for the needs of AYPs in Nigeria and improve the quality of services targeting AYPs. This Group discussion will take approximately 1hour 30 minutes.

Please note that I would be recording this session (with a voice recorder) so I can adequately capture your contributions. Whatever information you provide will be kept strictly confidential. Your participation in contributing to these discussions is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate actively in these discussions as your views are important for improving the quality of HIV and SRH services that will be delivered to AYPS. At this time, do you want to ask me anything about the Focus Group Discussion?

Do you agree/consent to participate in this Focus Group Discussion?

- A. Yes [Continue with the FGD]
- B. No [End the FGD]

FGD Questions

1. What are the services that are available to adolescents and young people living with HIV in your State/Community? Please list them

Note to facilitator: Probe for Prevention services, Treatment, SRH and the existence of Adolescent and Youth Friendly HIV services in their respective communities

- Probe further if the Adolescent and Youth Friendly facilities and /or support groups regularly discuss Sexual and Reproductive Health Rights Issues with their clients;
- If yes, do they only focus on Abstinence, or do they discuss other options such as Condom negotiation; menstrual hygiene, Sexual Health, and Rights, Self-esteem, Personal hygiene etc.?

- a. How easy is it for you to access the HIV and SRH services that you require? Can you access these services on your own or do you need a guardian to go with you? How does having a guardian accompany you make you feel?
2. What can be done to improve the quality of the services you listed in Q1(Facilitator can repeat the services listed based on his/her notes)
3. Do you think adolescents and young people living with HIV are adequately aware of the risks associated with having unprotected sex? What specific measures can be taken to increase awareness among young people living with HIV to reduce the risk of re-infection, STIs, unplanned pregnancies, etc.?

4. Do you as adolescents / and young people living with HIV belong to support groups/ attend support group meetings?
 - a. If yes, why
 - b. If no, why not?

What measures can be put in place such that the support groups can attract more adolescents and young people living with HIV?

5. What are the major challenges that young people living with HIV are facing? (Probe for *HIV related stigma, mental health challenges, difficulties with disclosure; treatment adherence substance use etc.*)
6. What kinds of interventions can be put in place to address each of these challenges you have listed?
7. How would you describe the quality of HIV and SRHR services that you receive as a young person? Are these services provided without bias / judgmental attitudes by the care providers? (Probe about any incidences of health care providers who do not adhere to confidentiality concerns).
8. As a young woman, are there any specific gender-related barriers that you face that limit you from accessing HIV services?
9. As a young man, are there any specific gender-related barriers that you face that limit you from accessing HIV services?
10. What specific interventions should be put in place to reduce the rate of new infections amongst adolescents' girls and young women?
11. What specific interventions should be put in place to reduce the rate of new infections amongst adolescents and young men?
12. What kinds of programmes do you think should be put in place to empower adolescent girls and young women living with HIV and ensure their meaningful engagement in the HIV response in Nigeria?
13. What kinds of programmes should be put in place to empower adolescents and young men living with HIV to ensure their meaningful engagement in the HIV response?

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