

TOWARDS ACHIEVING IMPROVED ACCESS TO YOUTH-FRIENDLY SRHR SERVICES IN CROSS RIVER STATE NIGERIA: SUSTAINING EVIDENCE-DRIVEN ADVOCACY THROUGH THE CRS SRHR POLICY.

The Global Health Network Conference 2022, University of
Cape Town, South Africa
24-25 November, 2022



By:

Goodness. O. Odey
Madonna D. Badom
Hawa Obaje

HOW IT STARTED

A study conducted in three (3) Nigerian states (Anambra, Cross River & Abuja) by the International Youth Alliance for Family Planning (IYAFP) and Population Reference Bureau on the Empowering Evidence Driven Advocacy (EEDA) Project had shown that young people experienced limitations in accessing SRHR services in Cross River State.

**YOUTH POLICY
ADVOCACY**

**YOUTH FRIENDLY SRHR
SERVICES ADVOCACY**

WHY THE PROBLEM IN CROSS RIVER STATE?

The limitations in accessing youth-friendly SRHR services was due to:

- Lack of clear and reliable information
- Providers' discrimination and judgment
- Disregard for youth confidentiality and privacy
- FP programming that do not consider the felt needs of the youth





WHAT WE DID NEXT

Over a period of 13 months of implementation through the multi-stakeholder approach involving interactive diverse policy editing workshops, policy validation, and review meetings, a novel CRS SRHR policy was developed which focuses on youth rights addressing the need for access to safe, effective, non-discriminatory, and affordable SRHR youth-friendly services, to achieve the goal of Universal Health Coverage (UHC).

WHAT WE DID



- Consultative visits to the DG, CRSPHCDA (Top Left)
- Consultative visits to the Health Commissioner (Bottom Left)
- YFS Training Workshop for CSOs (Top Right)
- Stakeholders Advocacy Meeting (Bottom Right)



WHAT WE DID

Policy Drafting Meetings



Policy Validation and Launching Meetings



WHAT CHANGED?

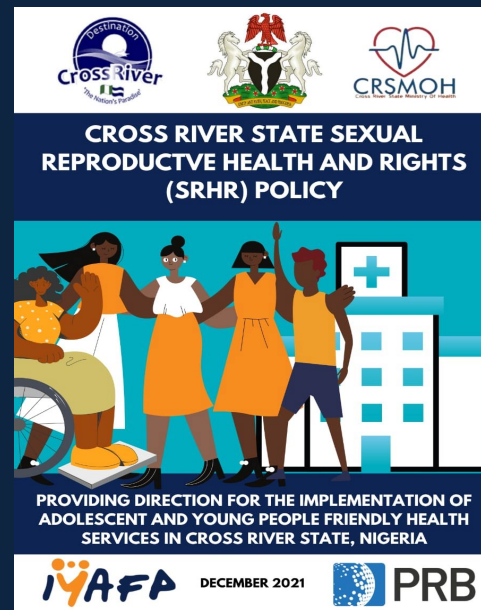
- Since the Policy launch in 2021, there has been increased advocacy and resource mobilization by public and private stakeholders towards holistic implementation.
- We established a strong multi-stakeholders partnership committee in ensuring policy adoption and use

CHALLENGES

- Steering bureaucratic structures in domesticating an SRHR policy.
- Dynamics of a Multi-sectoral stakeholder partnership
- Resistance to change by health workers.
- Escaping ambiguity while formulating the policy

SOLUTIONS

- Digital advocacy
- Multi-sectoral partnership with fewer but effective stakeholders.
- The policy was heavily focused on training and retraining of health care workers as a part of strengthening the entire health system.



RECOMMENDATIONS

1. Research and policy advocacy should always involve meaningful youth engagement throughout the entire process to ensure that the final policies/outputs reflect the youth perspective and respond adequately to that demography.
2. Partners working with state/local governments should form a multi-stakeholder partnership committee who have committed to continuing and amplifying gains after program close out to ensure sustainability of gains.