



**WE KNOW WHAT
WE NEED**

**PROGRAMME DESIGN CONSULTATIONS
WITH ADOLESCENTS AND YOUTH IN
NORTHEAST NIGERIA**

September 2022

This publication is also available online at: www.plan-international.org

First published 2022 – Text and photos © Plan International 2022

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Recommended citation: Plan International (2022). We Know What We Need: Programme Design Consultations with Adolescents and Youth in Northeast Nigeria, Plan International.

ACKNOWLEDGEMENTS

We especially thank the adolescents and young people who have participated in the consultations and who shared their insights, ideas and challenges with us. We thank them for their contributions and dedication to improving their communities. We also thank their parents and caregivers, spouses and key informants for their participation in this consultation process.

We extend our acknowledgements to the Plan International Nigeria staff who have adapted and used the tools and guidance of the Adolescent Programming Toolkit and who led the consultations in northeast Nigeria. They are: Manre Chirtau, Timothy Adedeji, Joy Akinwalere, Julasaya Kambarawa, Dolosan Mahnda and Salahudeen Sambo, Veronicah Wakarima, Chama Adakandra Harmis, Abiodun Mustapha, Chinelo Amaechina, Muawiya Shuaibu, Mohammed Nuhu, Bodish Vincent, Sophia Bitrus, Aisha Baba Yamta, Bintu Ahmed Khalifa, Abatcha Ummate, Edward Augustine Adams, Fatima Muktar Kalli, Mohammed Abba Mohammed and Adamu Sulieman Ameer.

Finally, we thank our colleagues in Plan International Germany who provided technical support during the consultation process: Alissa Ferry, Paula Blanco Alvarado and Lotte Claessens.



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CONSULTING WITH ADOLESCENTS AND YOUTH IN DISPLACED SETTINGS: SUMMARY OF FINDINGS AND RECOMMENDATIONS

INNOVATIVE ADOLESCENT-CENTRED METHODOLOGY

The consultation in Nigeria took place in March and April 2022 and engaged a total of 196 people. Plan International's [Adolescent Programming Toolkit](#) was used to guide consultations and programme design with a **total of 80 adolescents** from Borno and Adamawa States. This included 32 young adolescents aged 10 to 14 years (16 female, 16 male) and 32 older adolescents aged 15 to 19 years (16 female, 16 male), and 16 married girls and young mothers. In addition, 59 youth group representatives (42 female, 17 male) between the ages of 15 and 29 years from Borno were consulted. Additionally, 16 spouses of married girls were consulted along with 32 parents and caregivers of adolescents (16 female, 16 male) and nine key informants.

The Adolescent Programming Toolkit offers a range of adolescent-responsive tools that support participatory consultations with adolescents and young people, including girls and young women. For the adolescent consultation in Nigeria, participatory tools were used. Among these was an activity called **H-assessment** where adolescents explored the services and programmes in their community and identified things they liked, things they did not like, areas for improvement or ideas for the future. Following this activity, adolescents looked at **barriers and enablers** by identifying challenges facing young people in accessing activities and services, and solutions to overcome these challenges. With parents, caregivers and spouses, **focus group discussions** were held.

The adolescent consultations focused primarily on **sexual and reproductive health and rights (SRHR)** and **protection from violence** including child protection and gender-based violence (GBV). The methodology also included questions around preferences and potential risks relating to the use of **cash and voucher assistance (CVA)**.

With youth group representatives, a **SWOT analysis** (Strengths, Weaknesses, Opportunities and Threats) was conducted to examine the role and possibilities for youth groups to actively engage in humanitarian action. This consultation focused primarily on **youth engagement in humanitarian action**.

This initiative was part of a global adolescent consultation process initiated by Plan International in the Lake Chad basin, covering Cameroon, Niger and Nigeria as well as in East Africa, covering Ethiopia and South Sudan, and the Venezuela response, covering Colombia, Peru and Ecuador.

KEY FINDINGS: WHAT WE LEARNED FROM ADOLESCENTS AND YOUTH IN NORTHEAST NIGERIA

During the consultations, adolescents, including married girls and young mothers, and youth highlighted the following concerns:

ADOLESCENTS HAVE LIMITED ACCESS TO SRHR INFORMATION AND SERVICES

Adolescents in northeast Nigeria report the **low availability and quality of basic healthcare services**, in particular sexual and reproductive health services.

Facilities and services for pregnant girls and women are often **located far** from where they live.

Access is further constrained by **financial barriers** (affording transport and the services themselves), as well as by **stigma** and the risk of violence on the way to the facility.

The **lack of female staff** and **disrespectful attitudes** of service providers form major barriers for girls and survivors of violence in accessing services.

Unmarried adolescents struggle to access SRHR information and supplies. At the same time, adolescents are sexually active from a young age and there are concerns over the prevalence of **STIs** and **unintended pregnancies** among adolescents. **Access to contraception is limited**, and abortion is highly restricted, which increases the risk of **unsafe abortions**.

GENDER-BASED VIOLENCE IS RAMPANT AND SURVIVORS HAVE LITTLE SUPPORT

Adolescents face a **multitude of protection risks**, driven by the **social and gender norms** that force girls and boys into caretaking, domestic and breadwinning roles.

Adolescents and their caregivers highlight **poor parent-child relationships** as being a driver of violence against adolescents.

Girls and young women face high risks of gender-based violence and adolescents raise concerns over the **normalisation of sexual violence** in their communities.

GBV survivors are stigmatised in the community when they speak out or seek support.

Girls and female caregivers highlight that there are **not enough case workers** in the community to whom they can safely report concerns.

CASH AND VOUCHER ASSISTANCE CAN SUPPORT ADOLESCENT WELLBEING

Adolescents of all ages and genders think that **cash and voucher assistance can play a role in enabling access to protection and SRH services** and in preventing GBV.

When given to parents, adolescents warn that **money is better managed by female caregivers**, or when the cash is restricted to specific expenses.

Some adolescents **prefer vouchers to prevent the misuse of funds**.

Spouses of married girls recommend giving cash to their wives but noted that they would have a say in the allocation of the cash.

Adolescents think that if cash or vouchers are given to them, their parents would take it away from them or force them to use the money for something else.

YOUTH STRUGGLE TO ENGAGE MEANINGFULLY IN HUMANITARIAN ACTION

In Borno State, representatives of local **youth organisations are highly motivated to advance their communities**, but they operate largely outside the formal humanitarian system.

With **limited access to funding and technical support**, youth-led organisations often remain small, struggle to gain experience, and are often disconnected from their peer organisations.

Female activists and LGBTQIA+ⁱ youth advocates face gender discrimination and backlash in their communities.

The top-down structure of the humanitarian system leaves **insufficient space for systematic youth engagement**.

i. Lesbian, gay, bisexual, transgender, queer/questioning (of one's sexual or gender identity), intersex, and asexual, and more.

RECOMMENDATIONS

During the consultations, adolescents and youth, including married girls and young mothers, developed programming priorities and shared solutions for the (gendered) barriers they face in accessing services and support. This has resulted in the following recommendations:

SUPPORT US WITH INFORMATION AND SKILLS-BUILDING OPPORTUNITIES

Increase adolescents' access to information and supplies

- Provide sexuality education and information about menstrual health and hygiene (MHH)
- Give information to stay safe from violence
- Offer dignity kits, MHH kits and mother-newborn supplies

Increase the social and economic assets of girls

- Promote girls' education
- Create Safe Spaces
- Offer psychosocial support
- Provide life skills programming
- Boost participation in design, implementation and feedback activities

Improve access to services for adolescents

- Improve infrastructure of schools and health facilities
- Equip health facilities and offer outreach services
- Hire female staff
- Train staff on adolescent-friendly service delivery
- Monitor access to health facilities
- Provide cash and voucher support to at-risk adolescents and their families, including survivors of violence
- Work on skills acquisition and income-generating opportunities for adolescents

ENGAGE WITH OUR FAMILIES AND COMMUNITIES TO TRANSFORM HARMFUL PRACTICES

Support parents, caregivers and families

- Hold parenting sessions to share information and promote positive parenting
- Promote parent-to-parent support to address negative social norms
- Provide cash and voucher assistance and income-generating opportunities for parents and caregivers

Engage with communities to address stigma and harmful social norms

- Promote community awareness-raising on available services
- Engage with boys and men to ease restrictions for girls
- Engage with community and religious leaders to organise community dialogues

Invest in community-level services and capacities

- Establish support groups for married girls and young mothers
- Support community-based organisations to lead gender-based violence prevention activities
- Establish local maternity services
- Engage with CBOs to deliver SRH information and services at local level
- Strengthen local referral pathways

IMPROVE THE QUALITY AND AVAILABILITY OF SERVICES IN REMOTE AREAS

Strengthen capacities of youth-led organisations

- Conduct a youth mapping to identify the capacity, governance and work of youth organisations
- Create a youth network that connects and empowers youth-led organisations with information and capacity development

Promote equality for female and LGBTQIA+ youth activists

- Support female, feminist and LGBTQIA+ activists to participate in decision-making processes
- Work with communities and decision makers to address stigma and discrimination facing youth activists
- Conduct safeguarding assessments and identify support needs for youth activists who represent minorities

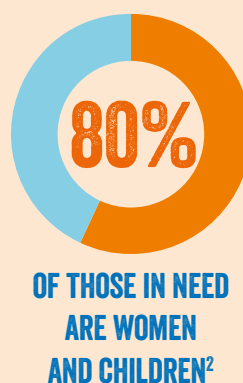
Create more space for youth in the humanitarian sector

- Set benchmarks for youth participation and leadership
- Roll out the IASC Guidelines for working with and for young people in humanitarian action with youth representatives and humanitarian actors

CONTEXT: NORTHEAST NIGERIA

Almost 8.5 million people are in need of humanitarian assistance in Borno, Adamawa and Yobe (BAY) states in northeast Nigeria, due to extremist violence centred around the Lake Chad basin. The conflict stemming from the insurgency of non-state armed groups has entered its 12th year and continues to intensify. It is creating widespread displacement, forced migration, violations of international humanitarian and human rights law, and is exposing children and young people, particularly adolescent girls and young women, to serious protection risks.

CRISIS IN NORTHEAST NIGERIA



THE ADOLESCENT PROGRAMMING TOOLKIT

The [Adolescent Programming Toolkit](#) builds upon the great motivation, energy, innovation and capacity of adolescents and the agency and potential of girls. The toolkit offers guidance and tools that support adolescents to learn, lead, decide and thrive in crisis settings.

The toolkit promotes adolescent-responsive programming, through the intentional design and implementation of actions that meet the gender, age-specific and diverse needs, priorities and capacities of adolescents, with special attention to girls and at-risk adolescents.

The toolkit contains four parts:

1. **Rationale – why** we should invest in adolescents in crisis settings
2. **Theory of change** to support adolescents to learn, lead, decide and thrive in crisis settings
3. **Programmatic framework**, presenting our results framework and key interventions
4. **Step-by-step guide** for programming with and for adolescents in crisis settings throughout the humanitarian programme cycle, including 13 practical tools and key considerations for reaching and supporting adolescent girls.

In March and April 2022, the Adolescent Programming Toolkit was used to hold consultations with adolescents, married girls and young mothers from displaced communities and host communities in northeast Nigeria with the specific purpose to inform the design of a new adolescent-responsive project. In addition, youth group representatives were consulted to inform the design of a youth project aimed at operationalising the Inter-Agency Standing Committee (IASC) Youth Compact guidelines.



Plan International's commitments with and for adolescents in crisis settings

The toolkit was developed based on numerous recommendations of adolescents and girls in crisis settings, as well as evidence that suggests that humanitarian actors should do the following:

- **Place adolescents and girls at the centre of action**, address them as drivers of their own actions, and promote their participation and leadership.
- **Address specific risks and barriers for girls** and engage with boys and men to tackle gender inequality, discrimination and violence against girls and women.
- **Work at all levels** and engage with families and communities, local power holders, service providers, duty bearers and humanitarian actors to improve action for adolescents.
- **Deliver intentional, multi-sectoral programmes** covering protection, education, sexual and reproductive health and rights, and economic empowerment interventions, tailored to the needs and capacities of adolescents and girls in context.

CONSULTATIONS WITH ADOLESCENTS AND YOUNG PEOPLE

Consultations were held with adolescents aged 10 to 19 years, married girls and young mothers, and representatives of youth groups aged 15 to 29 years. The aim was to design a comprehensive project with and for adolescents and young people in Borno and Adamawa. The adolescent and youth consultations each had specific consultation questions.

ADOLESCENT CONSULTATION

The consultations explored how younger and older adolescent girls and boys, married and pregnant girls, young mothers and youth groups understand the unique impact that conflict and displacement have upon them. The consultations enabled adolescents and young people to raise their voices about their immediate needs and future priorities, with a specific focus on protection, sexual and reproductive health and rights (SRHR), and youth engagement.

THE CONSULTATIONS WERE DRIVEN BY THE FOLLOWING QUESTIONS:

- **What actions, activities and services do adolescents, particularly married, pregnant and caregiving girls, prioritise to improve their wellbeing, protection and sexual and reproductive health?**
- **What are the main (gendered) barriers and enablers for adolescent girls to access services and support?**
- **How can cash and voucher assistance support adolescent health, protection and wellbeing outcomes?**

YOUTH CONSULTATION

During the 2016 World Humanitarian Summit, Plan International along with numerous organisations worldwide created momentum for improved humanitarian action with and for young people as part of the Youth Compact. In 2021, the Youth Compact launched the IASC Guidelines With us & for us: Working with and for Young People in Humanitarian and Protracted Crises. This operational guide describes key actions for humanitarian actors to improve the participation and leadership role of young people in humanitarian action. The aim of the consultation with representatives of youth organisations in Borno was to explore how youth-led humanitarian action could be supported, in line with the Youth Compact actions and IASC Guidelines.

THE CONSULTATION FOCUSED ON THE FOLLOWING QUESTIONS:

- **What are the strengths, weaknesses, opportunities and threats for youth-led organisations, in particular girl- and women-led organisations, to meaningfully engage in humanitarian action?**
- **To what extent does the humanitarian system in northeast Nigeria create meaningful opportunity and space for youth engagement in humanitarian action?**

METHODOLOGY

The adolescent and youth consultations were conducted by Plan International Nigeria in March and April 2022 in the communities of Bulabulin, Gamburu, Malabu and Ribadu, in Adamawa and Borno states.

The adolescent consultations were informed by a desk review and focused on qualitative data collection. The consultations were held using the **H-Assessment tool** with single-sex groups of eight participants each where adolescents explored the services and programmes in their community and identified aspects they liked and disliked, as well as areas for improvement or suggestions for future programming. Following this activity, adolescents looked at **barriers and enablers** that support or challenge young people's ability to access services.

The consultations focused primarily on **sexual and reproductive health and rights** (SRHR) and **protection from violence**, including child protection and gender-based violence (GBV), and the use of **cash and voucher assistance (CVA)**.

The adolescent groups were split according to age and gender: adolescent girls and boys aged 10 to 14 years; adolescent girls and boys aged 15 to 19 years. Married and pregnant girls and young mothers were consulted separately, to allow their unique perspective and experience to be at the centre of the consultation. The youth group consultations used a **SWOT** (Strengths, Weaknesses, Opportunities and Threats) analysis tool to examine the role and possibilities for youth groups to engage actively in humanitarian action. The youth groups were split by gender.

Adolescent Assessment Framework

This framework presents the pieces of information that we need to know about the situation of adolescents in crisis. This tool was used to conduct a desk review prior to the consultations.

H-Assessment

This activity helps adolescents to identify existing activities and services in their community, reflect on their strengths and weaknesses, develop recommendations for improvement and share new ideas.

Barriers and enablers

Following the H-assessment, adolescents ranked the most important activities or services for young people, discussed the possible challenges (barriers) and identified solutions (enablers) to these barriers, including social and gender norms.

SWOT analysis

Youth groups conducted a SWOT analysis to examine their strengths, weaknesses, opportunities and threats when engaging in humanitarian action as an organisation.

For more information about the tools and methodology, see: [Adolescent Programming Toolkit](#).

CONSULTATION PARTICIPANTS

The consultation process involved a total of 187 community members. Among those consulted were 80 adolescents, including 32 younger adolescents aged 10 to 14 years (16 female, 16 male), 32 older adolescents aged 15 to 19 years (16 female, 16 male), and 16 married girls and young mothers aged 15 to 19 years. A total of 59 youth group representatives (42 female, 17 male) aged 15 to 29 years old were consulted. Additionally, 16 male spouses of married girls and 32 parents and caregivers of adolescents (16 female, 16 male) were consulted through **focus group discussions**. A total of nine key informants (four female, five male) were consulted through a **key informant interview**. They included community and religious leaders, women leaders and representatives from local community organisations and local service providers.

STATE	COMMUNITY	FEMALE 10-19	MALE 10-19	MARRIED GIRLS	FEMALE YOUTH	MALE YOUTH	FEMALE ADULTS	MALE ADULTS	TOTAL
BORNO	BULABULIN	16	16	8	0	0	8	16	64
BORNO	GAMBURU	0	0	0	42	17	0	0	59
ADAMAWA	MALABU/ RIBADU	16	16	8	0	0	8	16	64

SAFEGUARDING AND ETHICS

The safeguarding and ethics protocols included conducting a safeguarding risk assessment during the planning phase, safeguarding policies and code of conduct signed by all staff and associates involved; informed consent was obtained from both adolescents and their parents/caregivers referral mechanisms in place for potential protection or safeguarding concerns; local safeguarding focal points in place during the consultations; design of adolescent-friendly consultation tools; and training of data collectors on safeguarding, reporting and referral procedures.

The participatory consultation methodology places the voices of adolescents and youth at the centre of needs assessment and programme design. Data collectors and Plan International staff from the same communities were trained as data collectors to conduct the consultations.





FINDINGS: THE PRIORITIES OF ADOLESCENTS AND YOUNG PEOPLE IN NORTHEAST NIGERIA

With the conflict-related crisis in northeast Nigeria entering its 12th year, adolescents and young people highlight their concerns over ongoing insecurity, the risks faced by adolescent girls and young women, and the limited attention paid to their sexual and reproductive health and rights. Adolescent girls highlight that education and economic empowerment are critical to overcome these challenges; yet, their parents, spouses and communities are not always supportive. Youth representatives of youth organisations in Borno say that they are motivated to engage in humanitarian action and work to advance their communities, but that they lack funding, capacity and opportunities to engage meaningfully with humanitarian actors. Despite these challenges, all the consulted adolescents and young people, including girls and young mothers, demonstrated strong motivation and agency to improve their lives and engage in humanitarian action – yet they are not always supported in doing so.

FINDING 1: ADOLESCENTS HAVE LIMITED ACCESS TO SRHR INFORMATION AND SERVICES

SRHR: Main concerns

Adolescents and young people in northeast Nigeria face **major gaps in accessing health information and services**, especially relating to sexual and reproductive health and rights. The main barriers they encounter are the limited availability of services, far distances to reach services, costs of transportation and supplies, and security concerns that hamper access for adolescent girls.

[At school] we were taught how to take care of the body during menstrual period and to stay away from male companion to avoid unwanted pregnancy

Adolescent girl, 10–14, Adamawa

Adolescent boys and girls highlight that they receive **limited information about SRH**. For girls, the preference is to receive information about their health and menstruation from females. Due to the **lack of female staff** in health centres and schools, most girls depend on their mothers for this information. SRHR information is typically provided through schools, including informal Qur'anic educational institutions, and occasionally also through churches and mosques. This information is mostly about hygiene, including menstrual hygiene management. It is often fear-based, abstinence-only information which places the responsibility for preventing pregnancy entirely on girls and women.

Prevailing social and gender norms surrounding SRHR information are a major barrier to accessing reliable information. Their influence leads to young people feeling reluctant to discuss these issues with their parents.

Where comprehensive SRHR information, sex education or services are provided, these often mainly target married girls and women, rather than unmarried girls and women or adolescent boys. This neglects a large group of young people who engage in sexual activity outside formal marriages, including those with multiple or casual sexual partners. This leads to serious risks of **sexually transmitted infections (STIs) including HIV transmission** as well as **unintended pregnancy** among adolescents and young people⁹.

Adolescents also report **limited availability of basic health services**. When it comes to local health clinics, adolescent boys perceive these to focus mainly on services for infants and young children, for example, polio vaccinations. Adolescents report that some schools offer basic health services for children and adolescents such as health screening, hygiene sensitisation, malaria prevention and treatment. Main **barriers** to accessing healthcare are **distance** and **lack of financial means** to pay for services or transportation. **Adolescent girls** face additional constraints as their **parents and spouses control and restrict** decisions over their bodies and access to information and services. Adolescents report that their parents and caregivers often resort to local and **traditional health remedies** before deciding to go to a health clinic or hospital.

Access is further limited for sexual and reproductive health services, due to **stigma and poor treatment** by healthcare workers towards adolescents who are seeking services. Unmarried girls and younger adolescents report that local service providers are rude and do not treat them with respect. Married girls report a different experience, saying that they feel well respected in the clinic. All the female groups (younger, older adolescents and married girls) and younger adolescent boys express concerns over the lack of adequate health services (especially SRH services), specifically the **lack of female staff**. In one of the consultation locations there was only one health staff member present – a male service provider.

Sexual and gender-based violence, harmful social norms and traditional practices are both a cause and a

consequence of the limited access to SRHR for adolescent girls and young women, often with life-long and devastating consequences. Child marriage rates in northeast Nigeria are high and adolescent girls are pressured to bear children from a young age. In Borno state, female genital mutilation/cutting (FGM/C) of children, particularly adolescent girls, is practised, despite the practice being illegal. Adolescents report that sexual violence in communities is widespread and that economic hardship forces many girls and young women, as well as some young men, into sexually exploitative relationships or sex work.

“

“Youth, particularly girls are accused negatively [stigmatised] when they access medical services [that] they want to get contraceptives or abort pregnancy.”

– Female caregiver, Borno”

”

For survivors of violence and girls and women with unintended pregnancies, **access to emergency contraceptives and safe abortion is poor**. As a result, the prevalence of unintended pregnancies and unsafe abortions is high, particularly among displaced populations. Adolescents and parents in Borno both report that

stigma, limited information and a restrictive legal context play a role. Adolescent girls and young women who access SRH services face **stigma** both from community members and health providers and are (sometimes falsely) described as being a rape survivor when they are seen going to a clinic.

Married girls and young mothers report that they can obtain **maternal health** at the hospital, including delivery services and family planning services, but distances and financial barriers limit access. While they do not report specific risks during the consultations, other recent assessments in the region show that maternal health is often constrained by concerns over security, distance and costs of medical care. Some women reported that pregnant women were being raped on their way to the health facility, while others were detained inside the health facility when they could not pay their medical bill.

Finally, adolescent girls and their spouses highlighted **gaps in health services near their homes** including a lack of midwives in the community. Spouses also described how in the past there were community spaces where women could come together to discuss reproductive health issues, pregnancy and how to support themselves, but that this community practice has disappeared.

Recommendations from adolescents, married girls and young mothers relating to their sexual and reproductive health and rights (SRHR)

Adolescents and young people want to receive **sexuality and health education** to learn about their bodies, their rights, safer sex and **menstrual health and hygiene (MHH)**, to identify and mitigate risks and to know how and where to access SRH services and support.

Adolescents, married girls and young mothers would like their parents and caregivers, husbands and community leaders to promote **girls' education** as a strategy to increase girls' access to SRHR information. They also prioritise **life skills and MHH sessions**, culturally sensitive **sexuality education** and the **distribution of SRHR supplies** such as dignity kits, MHH supplies such as sanitary pads, and supplies for new mothers and their babies.

To overcome the barriers to SRHR information, adolescents suggest **engaging with parents and husbands** about the importance of SRHR and to enable permission for girls to access critical information, supplies and services. Furthermore, **economic support** such as income-generating opportunities can enable parents to facilitate access to services for adolescents.

To **improve the availability of health services**, adolescents recommended rehabilitating infrastructure, equipping health centres with furniture and medication, and increasing the number of trained staff. To enable equal access for all and transparency about services, adolescents recommended regular community consultations, **feedback mechanisms** and regular monitoring of health services.

To **improve the quality of health services** adolescents suggested creating **adolescent-only** areas in health facilities where they can receive adolescent-friendly, confidential and non-judgemental services and information. To overcome social barriers and stigma of girls from the community, adolescents recommended hiring **female health workers** and increasing efforts to **build trust** between service providers and young people, particularly girls.

Adolescents also recommended **community-level awareness** activities to address the stigma faced by adolescent girls and survivors of GBV and to normalise the access to SRH services. Key informants suggested involving community-based organisations to deliver SRH information and facilitate health referrals.

To overcome financial barriers, adolescent girls recommended **economic empowerment** through cash support, skills building and income-generating activities to overcome financial barriers and to improve their sexual and reproductive health and rights. This suggestion was supported by parents, caregivers and spouses.

FINDING 2: GENDER-BASED VIOLENCE IS RAMPANT AND SURVIVORS HAVE LITTLE SUPPORT

CHILD PROTECTION AND GENDER-BASED VIOLENCE: MAIN CONCERNS

Adolescents in northeast Nigeria face a multitude of protection risks such as family separation, physical and sexual violence, child marriage, and recruitment, abduction and killing by non-state armed groups that are active in northeast Nigeria.

During the consultations, girls and boys of different ages highlighted that **rape** is the most important safety concern for adolescents and that it mostly affects girls. Adolescent girls also face high risks of experiencing other forms of **gender-based violence** (GBV) including sexual and commercial exploitation and child, early and forced marriage and unions (referred to in this report as “child marriage”). Child marriages are linked to traditional social norms and practices, as well as poverty, and affect girls as young as nine years old.

Adolescents highlighted that **GBV has become normalised** and that rape survivors are often ignored, neglected and left without support in their community. According to the consulted adolescents, perpetrators of sexual violence are mostly older adult men or “toasters” (the local term used for young men who ask girls out) who get rejected.

Survivors of violence often do not report incidents or seek case management support out of fear of **repercussions, stigma and discrimination** by the community. Furthermore, survivors often have **no financial means** to go to the police, to a case worker or to seek health services. Parents and caregivers observed that perpetrators often escape justice and that survivors receive little respect and support from their communities. Spouses noted that traditional community mechanisms to manage cases of violence have broken down due to the conflict and displacement.

“We have a high rate of rape cases in our community. Even now a lady has been raped and she is now pregnant and no one cares about her condition.” – Adolescent boy, 15–19, Borno

“Regarding rape it happened recently to a girl in the community. The man was arrested and later on he was released again, which is terrifying for the girl and the community members. This means we need case workers or any service regarding the issue of rape.” – Female caregiver, Borno

Other protection concerns for adolescents include **drug abuse, child labour, criminal activity** and **violence** in the community. Some adolescents mentioned the religious practice of **ritual killings** as a major concern. The prevalence of ritual killings is unclear and reported incidents seem to be linked to local traditional practices that draw from the Old Testament sacrifice to God. In some local communities in northeast Nigeria a sacrifice is made to a local deity (god) to secure financial, political or career prosperity. More research is needed to understand the gravity and prevalence of ritual killings.

During the consultations, adolescents shared that people who are, or who are perceived to be, **LGBTQIA+** often face **stigma and discrimination** including false accusations of “influencing young children” and “paedophilia”.

Both adolescents and parents and caregivers highlighted that a **poor parent-child relationship** is a driver of violence against children and also forms a barrier to services. Girls face additional barriers to accessing services. Adolescent girls are tasked with **heavy domestic and caretaking duties** and their parents and husbands often restrict them from accessing community activities. Girls shared that due to cultural sensitivities, they sometimes feel shy about participating in safe space activities when these also involve boys.

Finally, adolescents of all ages, married girls and young mothers, all pointed out that they have **limited opportunities to participate** in humanitarian response activities.

Recommendations from adolescents, married girls and young mothers relating to their protection from violence (child protection and GBV)

Adolescents of all ages want to have access to **information** on how to stay safe from violence and report concerns. To access this information, they recommend **promoting girls' education** and regular awareness activities in the community. Adolescents also highlighted the importance of **safe spaces** and recommended scaling up **psychosocial support (PSS) activities**, life skills sessions and dedicated activities for adolescent girls.

Adolescents emphasised the importance of **engaging with parents, caregivers and girls' husbands** to sensitise them about the issues that are affecting them, such as domestic violence and child marriage. They recommended **parenting sessions** with parents and caregivers to promote girls' education and release the restrictions placed upon them.

Adolescents recommended addressing **discrimination, stigma and harmful traditional practices** against girls, LGBTQIA+ people and survivors of violence, through ongoing awareness-raising, sensitisation, and community dialogues with gatekeepers. Prevention of gender-based violence and drug abuse are two priority concerns in Borno, while in Adamawa gender-based violence was the most mentioned concern.

To overcome existing barriers related to protection services, adolescents recommended that local service providers should have **case workers at local level and build trust with communities**. To overcome financial barriers, adolescents recommended providing **cash and voucher support** and other forms of **economic support** to adolescents and their families.

To improve access to services, adolescents and their caregivers felt that staff should be better trained to work with adolescent girls, especially unmarried girls. Key informants added that local **referral mechanisms** for protection concerns should be strengthened.

Adolescents emphasised that **girls' education is essential to protect girls** and to give them a better future. To promote better access to education, they suggest improving existing educational facilities, addressing violence in schools and promoting post-primary education.

Finally, adolescents wanted aid agencies to increase **transparency** about community services. They also hoped that agencies would consult them regularly and promote their participation in decision-making processes at community level.

FINDING 3: CASH AND VOUCHER ASSISTANCE CAN SUPPORT ADOLESCENT WELLBEING

HOW CVA CAN SUPPORT THE HEALTH, PROTECTION AND WELLBEING OF ADOLESCENTS

Where a lack of financial means was identified as a barrier to accessing services or as a risk to their overall wellbeing, adolescents were asked about the role that cash and voucher assistance (CVA) could play in addressing this. Adolescents, as well as parents, caregivers and spouses, highlighted that cash would most likely be used to meet basic needs, in particular accessing healthcare. Possible costs that they would cover with cash included transportation to a hospital, buying medicine, hygiene materials such as sanitary pads, and paying hospital bills.

WHO SHOULD RECEIVE CVA

Adolescents across all locations and age groups expressed concerns over the possible misuse of CVA by parents. While some younger adolescent girls thought that parents and caregivers should be the recipients of CVA, across most groups, adolescents expressed concern that parents and caregivers would not use the CVA for its intended purpose, or for their benefit. Younger adolescent boys and all girls recommended that if CVA was given to their parents, it should go to their mothers, not their fathers. This opinion was shared by some parents and caregivers. Others felt that parents were more responsible in managing CVA than young people themselves. Spouses recommended giving CVA to their female spouse to manage, highlighting that they had more time to manage the funds than their husbands, but that husbands still had a say in how to spend the money. Adolescent boys suggested that CVA should be given to the person in need directly, whether an adolescent or adult, or even to the service provider such as the clinic, to avoid misuse of the funds.

PREFERRED MODALITY: CASH OR VOUCHERS

Adolescents indicated that they could see the relevance of either cash or a voucher modality and that the right choice would depend on the situation and its purpose. Some adolescent boys indicated that cash could help them in getting help faster, for example in taking transport to the doctor, or when buying medication. In addition, spouses and parents highlighted that for some services only cash is accepted, such as medical check-ups for pregnant girls and emergency delivery services in the clinic. Adolescent girls observed that this would only work if strict conditions were given to parents on the use of cash.

Both adolescent girls and boys felt that vouchers were a good alternative to cash and were a way to prevent the misuse of cash and to ensure that the money was used to meet the needs of the young person instead of something else. Some boys said that vouchers would help to ensure appropriate care from health services, as many parents would resort to traditional medicine because it is cheaper. According to them, only in cases where an illness worsens, would parents go to a hospital or health clinic, a delay which often results in negative health outcomes for children.

WHAT ARE THE RISKS?

The main risk highlighted by most groups was the risk of misuse of CVA, especially when provided in cash modality. However, safety risks were also identified, mostly by adolescent girls and young mothers.

Adolescent girls said that if CVA was given directly to them, they feared that parents would forcefully take it

away from them. Other risks mentioned by adolescent girls and married girls included discrimination and envy, parents forcing the girls to use the money for other purposes, fear of retribution if the girls do not give the money to their parents, parents' fear that having the money would prompt community members to suspect them of giving sexual favours to earn it. Girls also mentioned the risk of bullying, name calling, being robbed or beaten.



FINDING 4: YOUTH STRUGGLE TO ENGAGE MEANINGFULLY IN HUMANITARIAN ACTION

YOUTH ORGANISATION CONSULTATION IN BORNO

A total of 59 young people (42 female, 17 male) representing approximately 30 youth organisations from Borno State participated in the consultation. Through a SWOT analysis, the youth groups identified barriers as well as opportunities for youth engagement in the humanitarian sector. Most organisations focused on service delivery, awareness and sensitisation activities in their communities. Although they are interested in participating in decision-making, none of the youth groups were involved in coordination or advocacy, except one group that was engaged in advocating for increased budget allocations for education at local level. Youth representatives highlighted that opportunities to engage meaningfully in decisions at local level were few.

When asked what engagement in humanitarian action meant to them, the young people shared different ideas. Some youth representatives understood humanitarian aid as relief support that is provided to people in need, after disasters or during emergencies; some participants understood humanitarian action as voluntary work or community service. Most youth representatives did not have a clear understanding of the inter-agency humanitarian system and how it works.

INTERNAL BARRIERS

Both youth groups and key informants mentioned **funding limitations** as the main challenge for youth groups. This was related to a lack of targeted funding for youth groups in northeast Nigeria, as well as youth groups' limited ability to mobilise their own resources. Key informants identified **poor governance structures** as a barrier to youth groups becoming a viable organisation and mobilising adequate resources. They also linked funding issues to the humanitarian system's expectations for youth and women's groups to fit a certain profile to qualify for funding.

"We insist that youth and women groups have to be like NGOs. It is not innate to them. We keep trying to transform them into sub-grantees to fit with our system." – Key informant, Borno

Funding is also linked to economic independence and stability of individual youth group members. Many community-based youth groups are membership-based and they mobilise funding among their members and their communities. Hence, the economic status of young people and communities influences their ability to be active in their communities.

Although some groups have formed partnerships with each other, youth groups and key informants both highlighted that there is limited collaboration between youth groups. Youth mentioned that sometimes there are differing opinions that cause conflict and that they do not always have the capacity to resolve these conflicts. Additionally, due to scarce resources and platforms many youth groups face pressure to prioritise the interests of the individual group, rather than the collective. As a result, there are very few active youth networks in Borno.

"Having different people with views brings more conflict." – Youth FGD, Borno

Key informants warned that representation is an important aspect to consider when bringing young people to the table, to ensure that there is not “elite capture”.

“One challenge is competition among the youth. We hardly come together and find common ground. There is a lack of collaboration and lack of trust. Also, [a challenge is] putting the wrong people to be the leaders [representatives] of the youth.” – Key informant, Borno

EXTERNAL BARRIERS

While there were more female participants involved in the consultations than male participants, youth participants pointed out that **girls and young women were less likely to participate** and speak out when grouped together with boys. Representatives of women- and girl-led groups highlighted that they are held back by gender discrimination and that young women are more likely to speak up in a female-only group.

“There is this little youth project we were trying to introduce and one of the objectives was to see how girls and boys would come together – one of the barriers we found out was that boys would speak up more, but the better ideas come from the girls, so we ended up separating them.” – Key informant, Borno

We face a lot of challenges because people view women as weak people.
- Female youth, Borno

Youth highlight that an attempt at organising activities to increase visibility and **inclusion of LGBTQIA+** youth, was unsuccessful due to strong and restrictive **cultural and religious beliefs**. A key informant also highlighted that risks of **backlash** in the community are the reason why not many youth organisations work to address LGBTQIA+ issues.

“There is a serious barrier when it comes to sexual minorities – they can never open up. There was an attempt by a group recently to open up, but they were shut down – this is more of a human rights violation. There are organisations like mine that feel this way, but we cannot go out publicly with it.” – Key informant, Borno

Youth observed that **limited educational opportunities** affect their ability to be employed in the humanitarian sector. The level of education among youth in Borno is low and is deteriorating, with even **lower educational levels for girls and young women**. This creates an additional barrier for young people who may want to be involved in decision-making in the humanitarian sector, especially as most communication is in English. This also affects their ability to compete for job opportunities in their communities and humanitarian agencies.

“Organisations are employing people from outside the community to work in our community, while the community has its own literate community members.” – Youth FGD, Borno

“In Banki [community] we had a youth group that asked NGOs to leave the community, because they felt their recruitment was not fair.” – Key informant, Borno

Key informants highlighted that the **humanitarian sector presents a systemic challenge** because “by nature it is not inclusive and is a very top-down process”. As humanitarian response often requires rapid action, youth engagement is not always systematic. As a result, despite the IASC Guidelines being endorsed by agencies globally, **there is no accountability mechanism** to ensure the actions are being implemented. In addition, key informants highlighted that the nature and degree of youth engagement is dependent on individual agencies’ commitment. A key informant highlighted the **risk of tokenistic engagement** of young people and youth groups.

“By nature, its structure is top-down. And this affects youth, women, local communities, etc. We still see youth organisations as targets of our work not as partners in decision-making. In terms of [participation in] high-level [events], maybe INGOs try, but we still work with these groups to tick the box. Even when we bring them to conferences it is last-minute, as an afterthought and not from planning.” – Key informant, Borno

At local and state government level, youth also have **limited opportunities to participate** in decision-making processes. Borno state recognises the need to invest in young people and this is reflected in its 25-year development plan for the state. However, as one key informant noted there are “weak government efforts to include youth for social inclusion and cohesion”, implying that oftentimes youth may be engaged as targets but not as equal partners in development.

We want community leaders to engage us in the decision making in our community
- Male youth, Borno

Finally, in the context of the ongoing hostilities and conflict, security also represents a challenge, especially when it comes to engaging youth as actors. Both youth and key informants mentioned security as a barrier to youth engagement. They pointed out that humanitarian actors need to be careful not to transfer security risks to youth when funding youth groups to operate in high-security zones.

OPPORTUNITIES

There is currently a lot of interest in localisation in Nigeria and this presents an opportunity for youth groups. However, several young people expressed that youth groups are diverse and there is no universal understanding of the definition of youth groups. They said that factors to consider include age restrictions (i.e. the Nigerian government defines youth as those aged between 15 and 29 years), political affiliation, nature of activities and potential risks. For example, engagement with the Civilian Joint Task Force (CJTF), a local armed group formed in 2013 to support the Nigerian security forces combat Boko Haram. To better support and resource youth organisations, a youth key informant suggested conducting a **mapping of youth groups** to collect information on the diverse types of youth groups, their composition and how they operate.



“And what do we mean by youth? We need to be working with people in their 20s. I would go with the UN age if it were up to me, but we can extend to 29 [years] based on [the] Nigerian definition.” – Key informant, Borno

Young people expressed that humanitarian actors, local and national stakeholders do not always deliberately set out to work with them.

“Sometimes the stakeholders neglect us.” – Youth FGD, Borno

Key informants highlighted that **policies and interventions are “youth-blind”**. They also suggested that to genuinely support youth, the focus should be on creating a proper governance structure of local organisations to “guide them to have proper governance structures as it raises their ability to raise funding”. To prevent competition between youth groups, a key informant recommended that **engagement with youth groups is best done through networks** instead of with individual youth groups.

“If they are competing from the same ground as others [organisations] with access to more resources, they will be squeezed out. So special considerations should be made for them.” – Key informant, Borno

“Don’t look at just one group, but rather a networking platform.” – Key informant, Borno

Key informants believed that the existence of the **Youth Compact and IASC Guidelines** could be used to negotiate for increased youth participation in decision-making, as a first step to systematically engaging with youth (groups). Additionally, they suggested learning from the work that has been done to institutionalise gender into humanitarian response to mitigate against the ad hoc involvement of youth.

“We need a similar approach to youth as we do for gender. For example, for all projects we have gender considerations, we hold consultations and we use the gender marker – we need something similar for youth.” – Key informant, Borno



CONCLUSION AND RECOMMENDATIONS

Adolescents and young people have clear views on the things that matter to them. At the same time, they face a lot of challenges in accessing the support and services related to their health, protection and wellbeing. Adolescents have limited access to comprehensive information, supplies and services to promote their sexual and reproductive health and protection, and limited financial means to access services when they need it. Adolescent girls, young mothers and LGBTQIA+ adolescents face additional, gendered risks and barriers. These are intrinsically linked to gender inequality and harmful social norms that are embedded in patriarchal societies and reinforced by religious beliefs and practices. Very high rates of gender-based violence and child marriage affect girls, yet only limited prevention efforts and response services exist at community level.

Youth organisations highlight that while they have the ideas and motivation to contribute to their communities, they face systematic barriers to their meaningful participation in humanitarian action. Limited funding, poor internal governance and power differences within the sector affect youth organisations at large. Female and LGBTQIA+ activists face additional gendered risks and barriers to being active in their communities.

Despite these challenges adolescents and young people, including girls and young women, are determined to make changes in their lives and participate in humanitarian action. During the consultations they have prioritised actions that they themselves, the people around them and humanitarian actors should take to make these changes happen.

The clear priorities and strategies described by the adolescents and young people during the consultations lead to the following recommendations for action:

1. SUPPORT US TO PROTECT OURSELVES FROM VIOLENCE, TO STAY HEALTHY AND TO ACCESS ECONOMIC OPPORTUNITIES

INCREASE ADOLESCENTS' ACCESS TO INFORMATION AND SUPPLIES

Adolescents of all ages need to have **information about SRHR and protection**, including information about **menstrual health and hygiene (MHH)**, and prevention of sexual exploitation and abuse (PSEA). Culturally appropriate SRHR information should be available for all adolescents, including very young adolescents, and not be restricted to married girls and adult women. Adolescent girls should have access to **dignity kits** and **MHH supplies**. Pregnant girls and young mothers should have access supplies for themselves and their babies.

INCREASE THE SOCIAL AND ECONOMIC ASSETS OF GIRLS

To address the gendered barriers that girls face in accessing information, adolescents prioritised promoting **girls' education** and scaling up **safe spaces** with a variety of activities specifically designed for girls such as recreational activities, life skills sessions and psychosocial support activities. Adolescent girls, married girls and young mothers should have the opportunity to **participate in project design, implementation and feedback mechanisms**.

IMPROVE ACCESS TO SERVICES FOR ADOLESCENTS

To **improve the availability of services and make them more adolescent-friendly**, it is necessary to improve the infrastructure of schools and health facilities, equip local clinics with supplies and medication, and offer outreach services in remote villages. More **female staff should be hired** for positions such as health workers, midwives, case workers and assistant teachers to break down barriers for girls. Staff should be trained on **adolescent-friendly service delivery** that approaches adolescents in an age-appropriate, respectful and confidential way. To ensure equal access for all, it is important to **monitor health facilities** in the communities.

To address the financial barriers to services, consider promoting **skill acquisition** and **income-generating opportunities** for older adolescents, parents and their caregivers and their spouses. Furthermore, cash and voucher assistance can support survivors of violence to get help when they need it.

2. ENGAGE WITH OUR FAMILIES AND COMMUNITIES TO TRANSFORM HARMFUL GENDER NORMS

SUPPORT PARENTS, CAREGIVERS AND FAMILIES

Parenting sessions help parents and caregivers to understand the importance and benefits of SRHR information and promote girls' education. At the same time, the sessions help to ease parents' control over girls' bodies and decision-making, and prevent violence and child marriage. Parenting activities can also help to increase the **social support between families** and address social norms that hamper girls' access to services.

Cash and voucher assistance and **income-generating opportunities** can enable parents and caregivers to meet adolescents' needs and facilitate their access to services. To mitigate the risk of funds being misused, adolescents prefer restricted cash or vouchers.

ENGAGE WITH COMMUNITIES TO ADDRESS STIGMA AND HARMFUL SOCIAL NORMS

Integrated **community awareness-raising** should be promoted on SRHR and protection, specifically about the availability of services, safety precautions and referral mechanisms. **Husbands of married girls should be engaged** to promote access to education and other services for girls and to address the heavy restrictions placed upon them. **Community and religious leaders should be engaged** to organise community dialogues, improve the transparency of aid and promote the participation of adolescents and young people in decision-making at local levels.

INVEST IN COMMUNITY-LEVEL SERVICES AND CAPACITIES

The protective environment for adolescents should be strengthened by establishing support groups for married girls and

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“We want a transparency in every service rendered in our community so that we can take part in it and inform others that are not aware”

- Adolescent boy aged 10-14 years, Borno

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young mothers and by supporting community-based organisations to lead local gender-based violence prevention activities. **Local healthcare capacities** should be increased including maternity services with ante- and postnatal care for pregnant girls and women, and (young) caregivers. **Female community members should be recruited and trained as midwives** and **community-based organisations (CBOs)** be empowered to deliver SRH information and services at local level. **Local referral mechanisms** should be strengthened to enable adolescents, including girls and survivors of violence, to report concerns and access health and protection services.

3. INVEST IN YOUTH PARTICIPATION AND LEADERSHIP IN HUMANITARIAN ACTION

STRENGTHEN CAPACITIES OF YOUTH-LED ORGANISATIONS

Youth-led organisations in northeast Nigeria should be supported by **creating a youth network** that connects and empowers youth-led organisations with information and capacity development. To develop an effective model to promote youth-led action and collaboration between youth organisations, it is critical to conduct a **youth mapping** to understand the capacity, governance structure and scope of work of youth organisations.

PROMOTE EQUALITY FOR FEMALE AND LGBTQIA+ YOUTH ACTIVISTS

Agencies that support youth-led action in northeast Nigeria should make specific efforts to support girl- and women-led organisations, female and LGBTQIA+ activists. Support is needed for girls and young women to **overcome gendered barriers** to participating in decision-making processes. Work should be undertaken with communities and decision makers to **address stigma, discrimination and backlash** experienced by feminist and LGBTQIA+ activists. It is important always to conduct a safeguarding assessment to ensure safe youth engagement and to identify specific support needs of youth activists who represent at-risk persons or marginalised groups.

CREATE MORE SPACE FOR YOUTH IN THE HUMANITARIAN SECTOR

To create and hold space for meaningful participation in the humanitarian sector, specific **benchmarks for youth participation and leadership should be set** to help agencies to systematically promote youth engagement in humanitarian response and to be accountable on their Youth Compact commitments. To increase the awareness of and operationalise those commitments, **the IASC Guidelines With us & for us: Working with and for Young People in Humanitarian and Protracted Crises**, should be rolled out with youth representatives, government and non-government actors, services providers, UN agencies, cluster leads and donors.

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“We need a similar approach to youth as we do for gender. For all projects we have gender considerations we must adhere to – we need something similar for youth” **Youth key**

- informant, Borno

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