HEALTH SYSTEMS STRENGTHENING ACCELERATOR

COMMUNITY, YOUTH, AND RESILIENCE

NIGERIA CASE STUDY

Introduction and Key Findings

The Health Systems Strengthening Accelerator (Accelerator) is a global initiative funded by the United States Agency for International Development (USAID), with co-funding from the Bill & Melinda Gates Foundation. Its goal is to partner with countries to build resilient, high-performing health systems that respond to persistent and emerging health challenges that disproportionately impact vulnerable populations.

During the life of the project (2018-2024), the Accelerator has taken on numerous research and learning activities on range of topics that cut across health systems strengthening (HSS) work. This case study brief explores how USAID programs in Nigeria have supported youth health care utilization and economic well-being through resilience interventions during the COVID-19 pandemic and other shocks.

1 Resilience is common in USAID's youth programming but seldom labeled as resilience

2 Building resilience is fundamental to engaging youth, particularly in the context of shocks

3 Shock-responsive programming for youth must consider systems, community, and individual level impacts

4 Attaining scale for resilience youth programming requires multi-level, coordinated efforts

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Case Study Overview

Objective

The case study had these aims:

- Examine how USAID's investments in strengthening resilience among youth and their communities were supportive of youth health care utilization and socioeconomic outcomes during the COVID-19 pandemic and other shocks

- Present evidence on youth-focused resilience activities and associated challenges to inform policy makers and implementers working with youth-focused programs in similar contexts

Interviews

Nineteen individuals working for USAID Nigeria or USAID implementing partners were interviewed between July and August 2023 to discuss youth access to services, youth programming in Nigeria, and how programs, individuals, and communities adapted to the COVID-19 pandemic and other relevant shocks, generally limited to the period 2019-2023. Interviews were semi-structured and lasted approximately one hour.

Secondary Data Analysis

Secondary data sources reviewed included: Afrobarometer (2017, 2022), PEFAR (2023) monitoring data, UNAIDS (2022) HIV/AIDS estimates, Nigeria Demographic and Health Surveys (ICF, 2018), labor force statistics (NBS, 2023), publicly available health services data, and Kano and Lagos COVID-19 survey (PMA, 2020).

Limitations

Secondary data on resilience activities were limited and while qualitative evidence of successful interventions was found, these results were not measured or assessed quantitatively. Additionally, no direct beneficiaries or youth were interviewed. Issues with age-disaggregation, interruptions in data collection, and changes in indicators meant trend analyses related to youth were not possible at this time. For example, methods for computing unemployment rates were changed between 2020 and 2022 so post-COVID-19 rates could not be directly compared to pre-COVID-19 rates (NBS, 2023).

Youth in Nigeria

Global research has demonstrated the importance of youth employment, specifically during the first years in the labor market, on future earnings, and on well-being and social connectedness, as well as the negative, long-term impact when expectations about the future go unrealized (Alam and de Diego, 2019). In Nigeria, many youth have multiple jobs, both paid and unpaid, with the hope that they will widen their personal networks and improve their chances of getting a better job. Self-employment is high among Nigerian youth but this is driven by lack of other options. Unemployment, informal employment, and underemployment increase vulnerability in the face of shocks (Youth Power Learning, 2016). Additionally, early marriage, which is relatively common in some parts of Nigeria, has a large, negative effect on women's employment (Youth Power Learning, 2016).

Key Findings

1 **Resilience is common in USAID's youth programming but seldom labeled as resilience**

From interviews it was possible to align 86 of the activities discussed by key informants with one or more of USAID's Resilience Policy (USAID, 2024). Some examples of resilience embedded across projects included:

- Use of Voluntary Savings and Loans Associations (VSLA) to increase opportunities for economic agency in communities

- Implementing partners working directly with schools to obtain school fee waivers in exchange for block grants to support school improvements, improving school access for their beneficiaries while benefiting the full community through school enhancements

- Projects facilitating linkages to community-based programs for internally displaced people as they exited humanitarian services

- Support of birth registration, both to improve beneficiaries' access to state-supported services as well as strengthening vital records systems

- Technical assistance to build health committee capacity to provide oversight and support to health facilities at the community level, including working with Village Development Committees to use health facility data to identify problems and develop a community action plan to solve them

- Youth engagement in agriculture is a priority for sector sustainability and to foster youth engagement one project recruited youth to assist small farm holders organize to rent tractors through a digital platform, facilitating youth employment via fees collected from small holders

Identifying interventions explicitly that support youth resilience would help programs monitor and assess the effectiveness and value of their resilience efforts, potentially supporting advocacy efforts for funding these activities.

> *"The life skills building, the leadership training, really gets towards increasing agency among adolescents. Agency to say no to sex when they don't want to. Agency to report cases of harassment, or any type of report, to know where to report. Agency to understand that even though they are out of school that there are opportunities for them and also understanding that there are systems in place to support them to get back to school should they want to."*
>
> **(USAID staff interview)**

2 **Building resilience is fundamental to engaging youth, particularly in the context of shocks**

Including resilience in youth-focused programming helped support program participation -- either indirectly, by providing economic, logistical, and nutritional support to participate, or by generating demand for programs. Respondents emphasized that more stable households were better able to support child and youth participation across programs. Stable households were understood to be resilient households. Young people's sense of agency, and their ability to make decisions for themselves, was also identified as part of resilience and related to program engagement. Resilience activities included the following:

- When transportation costs rose suddenly, cash for transportation was provided directly and program-level support helped identifying alternative venues for apprenticeships and trainings.

- When movement restrictions were in place, programs supported treatment distribution closer to beneficiaries along with strategies to reduce required visits.

- HIV and OVC programs offered nutritional support to ensure safe, routine uptake of HIV medications.

- Programs facilitated household income generation as part of the interventions to support stable households, to help keep children and youth from missing appointments due to prioritizing work or income generation.

Family planning programs serving youth cited resilience interventions as a strategy for increasing demand and aiding retention, usually as key features of a youth-centered space. These included:

- Livelihood trainings, including income generation support and skills training, financial education, communication and self-advocacy support;

- Connections to apprenticeships and job opportunities; and

- Computers and internet to support job hunting and education activities.

> *"When we say stable in a USAID program, what we mean is that we want to be sure that each of the households within the program has built up a level of resilience in that they do not have to sell their means of livelihood just to attend to an emergency or access basic social services."*
>
> **(Implementing partner interview)**

3 Shock-responsive programming for youth must consider systems, community, and individual level impacts

Shock-responsiveness is best built into programs starting at the design phase taking into consideration the potential impact of shocks at the system, community and individual level to plan.

- Systems-level efforts to ensure continuity of care require flexibility around service provision models:

  → By layering HIV services with COVID testing, PEPFAR was able to leverage existing structures, its relationship with the government of Nigeria, and its facilities and labs, to support the government response to COVID through direct testing support and at the same time also provide access to HIV clinical services.

  → Decentralized drug distribution and multi-month drug distribution enabled implementing partners, particularly those serving children and youth, ensure uninterrupted treatment despite movement restrictions.

- Shocks can also affect program implementers' ability to provide services, so preparedness planning is important for organizations as well:

  → Economic shocks leading to rapid inflation of transportation costs can cause service interruptions, reductions in staff availability, shorter office hours, stock outs caused by issues with transporting goods, or higher prices of those goods. In many cases the response was to rapidly reprogram funds toward cash transfers or other emergency uses.

  → Security risks pose specific issues, as destruction of homes, abrupt changes in the security situation, movement restrictions, and a large displaced population impact staff as well as beneficiaries.

  → A commonly cited way to enable responsive programming was through budgeting for emergency spending and USAID incorporating flexibility to reprioritize implementation areas in their awards.

- Examples of individual-oriented shock-responsive programming include cash transfers to support transportation costs and triaged approaches to home visits and support, such as with the orphans and vulnerable children (OVC) lite approach. With OVC lite, case workers reduced home visits based on a standardized household needs assessment, and for households receiving fewer visits, checked in through phone calls.

> *"COVID … we just immediately re-strategized… we've seen [these strategies] work. We have something we can look back on to say yes when we did this we made some impact… the truth is that that is what is informing what we are doing now [to respond to the fuel subsidy removal]."*
>
> **(USAID staff interview)**

4 Attaining scale for resilience youth programming requires multi-level, coordinated efforts

Given the size of Nigeria's youth population, respondents were explicit that program-based solutions could not meet the need for youth-focused services. As one USAID Nigeria staff member indicated, the issue of providing youth-friendly health services must be taken up and scaled by government institutions, such as the National Primary Health Care Development Agency (NPHCDA) and the state primary health care boards, because it requires systemic change. Given young people's vulnerability to shocks and their identified need for youth services, programs were *"just a drop in the bucket."*

Many of the barriers to youth accessing services identified in interviews and in the literature are multi-faceted and require multi-lever, multi-sectoral solutions:

- Decision-making about care is often not in the hands of youths themselves, sometimes even into adulthood. This requires changes in norms related to youth agency as well as gender. Ongoing projects are working directly with communities to address norms related to these barriers, such as through community-focused social and behavioral change interventions and connecting community activities to facilities to build up support networks to serve youth and the broader community.

- Rules around age of consent for health care remain a barrier to care in some areas of Nigeria. Changing national level laws has not addressed this issue everywhere.

- Privacy and confidentiality were identified as a major concern for youths seeking care, a health facility infrastructure issue.

- Provider bias, described as ranging from general "adultism" (an overall orientation of all services to adults and treatment of youth as children) to explicit anti-youth bias, was identified as deterring youth from accessing care, and was described as fundamentally a health system issue. Providers needed more training on how to provide youth-friendly services, and also there was a need for more providers offering such services.

The release of government funds for youth programming, either when funded separately within state budgets or as part of the general health budget, is often delayed and frequently only a portion of promised funds are released resulting in irregular funding and in some cases receiving less funding than promised.

> *"The work we are doing has not really had a significant impact on the primary health system in terms of creating a system that is youth and adolescent friendly. You have [only] a number of sites that might be youth friendly."*
>
> **(USAID staff interview)**

Recommendations

Youth are integral parts of their community and need to be engaged in society in order to have a resilient society. Nigeria, with a large youth population, dynamic programming, and recent history of numerous shocks, provided an apt case study on ways that programs were supporting youth resilience through USAID-supported activities in the context of repeated shocks.

1 Fundamentally, efforts to support young people's sense of agency are efforts to strengthen their resilience. Interview respondents traced a path from young people's sense of agency, specifically in terms of the ability to decide about the health care they receive and obtaining adequate economic resources to meet their basic needs, as crucial to any efforts to improve youth access to health care services.

2 Programmatic engagement needs to include youth, their parents, and their communities, and youth engagement must be prioritized and intentional throughout the implementation period of any youth-focused activities. This engagement is important for generating demand for health services among youth; improving youth access to health services; and supporting retention in care.

3 Models exist for effective, context-adapted youth-centered care, as has been documented as best practice (USAID Momentum, 2022). To bring these models to scale, broader integration of these models into the health system is needed. For sustainability and scale, the government needs to assume a strong leadership role in youth services.

4 Youths and their communities have multiple, competing needs, and a best practice for cultivating youths' engagement with service programs is an integrated approach that is responsive to how individuals and the community have prioritized their needs. For example, implementers indicated youth retention in family planning services was most successful were paired with income generation or life skills support and provided links to other health services.

5 More explicit support is needed for youths aging out of supportive programs.

6 Documentation of resilience strengthening activities needs to be emphasized and ideally routinized. Generating evidence of the effects or impact of youth-focused resilience-strengthening will require strengthening capture of adequate samples of youth in existing surveys and routine data and ensuring sufficient age-disaggregation across data products for youth-focused analysis.

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Acknowledgments

About the Accelerator

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The Accelerator systematically learns and shares new knowledge about building sustainable, country-led institutions for iterative health systems strengthening that ultimately help countries and development partners develop new strategies, partnership models, and approaches.

The Health Systems Strengthening Accelerator
Results for Development
1111 19th Street NW, Suite 700
Washington, DC, 20036, USA

Contact Information

USAID

USAID missions and country representatives interested in joining the project should contact Jodi Charles, USAID Agreement Officer's Representative, at jcharles@usaid.gov.

Accelerator

Other interested parties should contact Nathan Blanchet, Accelerator Project Director, at nblanchet@r4d.org.

@AccelerateHSS

https://www.facebook.com/accelerateHSS

accelerateHSS@r4d.org

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