



# LFZ, IBEJU-LEKKI QUALITATIVE BASELINE ASSESSMENT REPORT

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## **LIST OF ABBREVIATIONS**

<b>AIDS</b>	Acquired Immuno Deficiency Syndrome
<b>ASRH</b>	Adolescent Sexual and Reproductive Health
<b>FGD</b>	Focus Group Discussion
<b>GBV</b>	Gender Based Violence
<b>HIV</b>	Human Immunodeficiency Virus
<b>KII</b>	Key Informant Interview
<b>LASUTH</b>	Lagos State University Teaching Hospital
<b>LCDA</b>	Local Council Development Areas
<b>LGA</b>	Local Government Area
<b>MOH</b>	Medical Officer of Health
<b>NTD</b>	Neglected Tropical Disease
<b>PHC</b>	Primary Healthcare Centre
<b>SRH</b>	Sexual Reproductive Health
<b>STI</b>	Sexually Transmitted Infections
<b>TBA</b>	Traditional Birth Attendant
<b>TOC</b>	Training of Coaches
<b>WHO</b>	World Health Organization
<b>YEDI</b>	Youth Development & Empowerment Initiative
<b>YFC</b>	Youth Friendly Centre

## **ACKNOWLEDGEMENTS**

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## **DISCLAIMER**

The author's views expressed in this publication do not necessarily reflect the views of the Ishk Tolaram Foundation, and the Lagos Free Zone operators.

## EXECUTIVE SUMMARY

With funding from Ishk Tolaram Foundation and Lagos Free Zone, the SKILLZ program is designed to promote adolescent health and development in the LFZ host communities; particularly the program aims to improve indicators of knowledge, attitudes, and practices around adolescent sexual and reproductive health, including mental health, and also galvanize the support of parents and other community gatekeepers to address social and gender norms that are inimical to adolescent health and development in the area. The project will directly target 300 adolescents and young people between the ages of 13 to 20 years through the SKILLZ curriculum-based training, and parents/ community leaders and other stakeholders from the LFZ host communities through community dialogues and parental engagement sessions.

To fully understand the context for the project implementation and to obtain baseline information to aid program design, YEDI was supported by Ishk Tolaram Foundation and Lagos Free Zone to carry out a baseline study that included Focus Group Discussions (FGD) with over 50 adolescents, and Key Informant Interviews (KIIs) with parents, community leaders, religious leaders, health workers, teachers, etc. The team also incorporated data from desk review in the survey process. The data collection took place from May 22 – 24 (3 days), with respondents selected mainly from five of the host communities namely, Idotun, Itoke, Magbonsegun, Okesegun, and Okunraye communities. The team faced some challenges during the data collection process such as heavy rains, lack of adequate accommodation within the LFZ, and time constraints.

This report reveals several challenges mitigating against the achievement of sexual and reproductive health for young people in the area and identifies recommendations for improvements. The survey also identified individuals, institutions, and facilities that the project can leverage for optimum results. The baseline highlighted poor knowledge and skills to make informed decisions that can lead to improved health and well-being for young people, and the absence of a safe and confidential space for young people to access reliable ASRH information and services. High prevalence of substance abuse, teenage pregnancy, and gender-based violence were also identified as challenges to adolescent health in the area that need to be addressed urgently.

The prevailing context and challenges give relevance to the SKILLZ intervention for young people in the LFZ host communities. Other activities recommended to contribute to ameliorating the challenges will include community dialogues and parental engagement sessions which are key to addressing identified social norms and beliefs that need to be corrected.

We hope that this report will provide a valuable description of the prevailing knowledge, attitudes, and practices around adolescent sexual and reproductive health in the LFZ host communities and serve as a useful guide for the SKILLZ program design for YEDI, and to other actors working in the adolescent health space in Ibeju Lekki.

## 1. INTRODUCTION

### 1.1 Background

Ibeju Lekki, fondly called the "new Lagos," is arguably the fastest-growing real estate region in Nigeria. The community is also growing rapidly in terms of industrialization with the new refinery and petrochemical industry, fertilizer company, seaport, and other associated investments. This development no doubt comes with unprecedented and overwhelming pressure on key infrastructure and the lifestyle of residents, particularly young people. According to a KII interviewee, a teacher and community leader from Idotun community, "the development in our area has come with both good and bad; we now have better job opportunities but the influx of people from different parts of the country is also changing our society in some negative ways".

Typical of most rapidly developing rural/semi-rural communities, the overwhelming fast-changing environment and the influx of thousands of young company employees, small businesses, and relaxation centers, put young people in the host communities at risk of early pregnancy, STIs/ HIV, exposure to substance abuse, and gender-based violence. This risk is higher among young people who are adventurous and worse if they lack the education and skills to make informed decisions about their health and well-being.

With the support of Ishk Tolaram Foundation and Lagos Free Zone as a financial and access partner, YEDI plans to implement the SKILLZ curriculum-based intervention to reach 300 in-school and out-of-school adolescents/youth (13 - 20 ) years in the LFZ host communities in Ibeju Lekki with a comprehensive education on sexual and reproductive health rights, and life skills to reduce the risk factors and support them to transform into more responsible adults and benefit more from the opportunities that abound. The SKILLZ program is an evidence-based approach that uses football to communicate key lessons and share practical tools that can help young people to navigate through obstacles such as peer influence and cultural norms that may sometimes compromise their health, particularly the girls.

### 1.2. Overview of the Project

The proposed SKILLZ intervention to be supported by Ishk Tolaram Foundation, Lagos Free Zone and implemented by YEDI, aims to contribute to improved health and well-being outcomes for 300 adolescents and youth (13-20 years) due to changing attitudes and behavior towards sexual and reproductive health (SRH), substance abuse, and gender-based violence. This goal will be supported by three specific objectives as follows:

- Empower adolescents and young people in LFZ host communities with knowledge and skills to promote changes in attitudes and behaviors towards SRH, substance abuse, and gender-based violence.
- Increase access and uptake of SRH, substance abuse, and GBV information and services by young people in targeted communities.
- Inspire community actions toward addressing social and gender norms that constitute barriers to the health and well-being of young people in targeted communities.

The project will involve the delivery of YEDI/ Grassroot Soccer's SKILLZ curriculum-based interventions to in-school and out-of-school adolescents 13-20 years from targeted communities to build their knowledge of sexual and reproductive health/ rights, HIV/ STIs, substance abuse, and gender equality. The training will last 3 hours daily for 5 days, reaching 100 participants per cohort.

Pre and post-tests will be administered to the participants before and after the training to determine the level of knowledge increase and changes in beliefs and attitudes towards ASRH and gender equality

issues. The SKILLZ Training methodology combines lectures, group tasks, role-playing, presentations by participants, and play activities for improved participation and learning.

The initial plan is to reach 300 adolescents with the intervention in three cohorts of 100 participants each with the program.

The SKILLZ interventions will deploy 2 of the program's curricula; SKILLZ Guyz and SKILLZ Girl. A brief description of the curricula is as follows:

Curriculum	Target Audience	Description
SKILLZ Girls	Female adolescents only, 13-20 years. Used for both In-School and Out-of-School adolescents	SKILLZ Girl curriculum is our girls-only intervention for ages 13-20. It educates them on HIV prevention, sexuality, and life skills, empowering them with basic information to make healthy choices about sexual and reproductive health (SRH), personal development, how to live healthily and avoid risky behavior
SKILLZ Guyz	Male adolescents only, 13-20 years. Used for both In-School and Out-of-School adolescents	SKILLZ Guys is gender-specific for adolescent boys from ages 13-20. It is aimed at promoting Positive masculinity where young men use their physical and emotional strength to champion healthy behaviors and emphasize gender justice in their communities. The curriculum helps generations of young men learn healthy behaviors and then develop more robust communities

Expected results from this project phase include

Outputs:

- 300 adolescents 13-20 years exposed to at least one of the SKILLZ curriculum-based interventions.
- 10 Coaches trained and mobilized to deliver the SKILLZ interventions
- 3 Parental engagement sessions/ dialogue on promoting adolescent health in the LFZ host communities conducted
- 3 action plans adopted by participants of the parental engagement sessions for implementation to promote adolescent health and rights in LFZ host communities.
- End-line assessment conducted
- 3 quarterly participatory project evaluations conducted by YEDI MERL team

Outcomes:

- Adolescents and young people in LFZ host communities are showing change in perceptions and behavior relating to SRHR, HIV, substance abuse, and gender-based violence.
- Community leaders, parents, and other community influencers showing change in attitudes towards adolescent health and rights.
- Increased demand for, and uptake of available SRH services and products among adolescents and young people in LFZ host communities.



## **2. THE BASELINE ASSESSMENT**

### **2.1. Study Objectives**

The baseline assessment study was conducted by YEDI in June 2023 with the following objectives:

1. To collect basic information on prevailing levels of knowledge, attitudes, and practices around adolescent sexual and reproductive health, substance abuse, and gender equality within the LFZ host communities.
2. To analyze the data to inform the SKILLZ program design for adolescents in Ibeju Lekki, specifically the LFZ host communities.

### **2.2. Methodology**

The basic assessment methods used were key informant interviews (KII), focus group discussions (FGD), desk review of existing data, and observation. The tools comprised semi-structured question guides which were reviewed by project team members and partners, pre-tested, finalized, and used. All participants were informed of the study objectives and procedures and participated voluntarily. Ethical issues such as informed consent were obtained from respondents, and parents/guardians were available to grant consent where participants were below the age of consent.

In total, 52 adolescents within the age range of 13-20 years (27 males, 25 females) selected randomly from five of the LFZ host communities participated in the FGDs, while 14 respondents participated in the KIIs; including community leaders (n= 5), parents (n= 3), health service providers (n= 2), school teachers from the community (n=1), religious leaders (n=1), parents (n=2) and other community members (n=3). Data was collected over a period of three days (22<sup>nd</sup> June- 24<sup>th</sup> June).

Participants were drawn from Idotun, Itoke, Magbonsegun, Okesegun, and Okunraye communities in Ibeju Lekki.

### **2.3. Limitations and Challenges**

Due to time constraints and the fact that the intent of the study was to inform internal planning, implementation, and monitoring of the SKILLZ program, a protocol was not presented to the health ministry for ethical approval. However, the Medical Officer of Health (MOH) of Lekki LCDA was informed and was also one of the respondents to the interviews.

The survey team could not reach all eight LFZ host communities because of the short period of time available for data collection. Observations and discussions with residents and community leaders however showed that the communities bear huge resemblance in the areas relevant to the study, and reaching the remaining three communities could not have resulted in any significant difference in the outcomes of the study.

## **3. FINDINGS AND IMPLICATIONS**

### **3.1. Adolescents' knowledge of Adolescent Sexual and Reproductive Health & Rights**

There was a clear lack of comprehensive knowledge of adolescent sexual and reproductive health and rights among adolescents in the LFZ host communities. Most of the adolescent respondents had limited knowledge and the little they knew was taught to them in school with a curriculum that is not holistic



enough. There also seemed to be misconceptions about the use of family planning among female adolescents. A female FGD participant had this to say about the use of family planning:

*"If you use family planning and e no good for your body e go cause you make you dey bleed all the time."*

Both male and female FGDs participants appeared to have a nonchalant attitude toward HIV/AIDS and other STIs. They know it as a "thing" but have limited knowledge in this field. It was also discovered that the primary source of information on ASRH especially menstrual hygiene was from school. The participants informed us that they seem to be poor menstrual hygiene practices among girls in the community. Some do not know the proper way to make use of a sanitary pad, and some still make use of a sanitary towel that they don't wash for days.

Excerpts of female FGDs on adolescents' knowledge of ASRH:

*"Teenagers get pregnant a lot in our community, from the ages of 13. A lot of us don't know how to take care of ourselves during menstruation and get stained and smelly during that period. We don't know about STIs. I know of someone who was bleeding frequently and didn't know what was wrong with her even after several hospital visits till she died, but the illness was from unprotected sex."*

*"Some youths use condoms in our community but a lot of them don't know about it, how to use it, or what it is used for."*

Conclusively, analysis of the responses of participants implies that there is poor knowledge of Sexual reproductive health information and rights, negative attitude, and poor practice, which implies that a high percentage of young people in LFZ host communities are prone to poor decision making, engagement in unhealthy sexual behaviors and practices which in turn affect their general well-being negatively.

### **3.2. Preferred Sources of ASRH Information Among Adolescents in the Target Communities**

There are many circumstances that hinder adolescents interviewed from discussing ASRH issues with anyone. The stigma associated with such discussion was a main factor for that. Most of the adolescents interviewed would rather not have such conversations with parents, some preferred talking to their friends about such issues, or look up information they require on social media. For the adolescents that chose to talk about it with a parent, most of them interviewed were more comfortable talking to their moms about their sexual and reproductive health than their fathers. They highlighted how easier it was for them to access their moms. However, most of the participants expressed reservations when it comes to discussing matters around ASRH with anyone, not to mention with their parents.

A discussion with the parents also showed that most parents would not discuss anything that has to do with sex with their children. The parents see it as a sacred issue that should not be delved into. The fathers would rather push that responsibility to the mothers. This should be the main reason why the adolescents that agreed to discuss ASRH with anyone else are more comfortable talking to their mom about it than with anyone else.

*"I normally do not talk about this sort of thing with anyone, but generally just like in most cases, I would feel more comfortable discussing ASRH with my mom. She seems to be more understanding than my dad".*

On the other hand, some of the parents interviewed expressed how sacrosanct such conversations are, and the need to start it at a very young age. An estimate of 45% was given by one of the parents as the number that would probably have such conversations with their children. Education and exposure

might have helped ease adolescents' access to SRH information. The contradiction between the answers given by the adolescent participants might be a result of their discomfort with discussing ASRH.

*"I have a very good relationship with my kids. I always ensure I am accessible to them. Actually, I am always aware of the menstrual cycle of my most senior daughter. I always support her when she is on her cycle".*

The use of social media as a source of information has improved adolescents' access to information about SRH in the interviewed communities. Alternatively, most participants source this information from parents/elder siblings. Adolescents that own smartphones are more comfortable sourcing information on ASRH through social media. This medium has served as an alternate source of information for adolescents in these communities. Also, information whether positive or negative is rapidly shared among peers in playgrounds, schools, and places of worship. Some other adolescents source their information from older siblings. There is a clear lack of accurate sources of information on ASRH among the interviewed adolescents. Some of the participants commented saying: *"I mainly source any information I need around these topics from social media (Facebook), but alternatively I have an older brother I talk to about these things".*

Another participant added:

*"I learnt about ASRH from friends".*

Conclusively, it can be deduced that Adolescents and young people from LFZ communities are poorly equipped with adequate sources of ASRH information. Implication of sources of information from Quack, uninformed, inexperienced sources that may have given misconstrued narratives that can endanger their lives and affect their future. An example of such narrative stated by a participant *"Some girls consume one full sachet of paracetamol can get rid of unplanned pregnancy"*

### **3.3. Preferred Places for Receiving SRH Services Among Adolescents in the Targeted Communities**

It was discernible from the interviews that most of the adolescents prefer patronizing Patent & Proprietary Medicine vendors to get health services than visiting the hospital, nurses who are also drug vendors, and other traditional means. Factors contributing to these could be addressed as the lack of a general hospital, YFC in the community, and the poverty rate among the people living in the residence. A community leader in the Okunraye community interviewed gave insight into how often members of the community visit a healthcare professional. When asked where young people prefer to go to, get health service he had this to say:

*"Majority of them visit the chemist store. The health center in the community is not convenient enough for most of them. Only about 3% can afford to visit a private hospital in the community. Alternatively, those that can't visit the hospital, resort to self-medication, take traditional medicine (agbo), and visit traditional worship places. For the ones that need urgent medical attention but cannot afford it, the community sometimes makes contributions for such people".*

Continuous patronage from such points can further lead to the spread of misinformation to very dangerous ramifications

### **3.4. Availability of safe and confidential ASRH services in the LFZ Host communities**

The majority of the participants interviewed often meet as a group during school hours, in religious places, on football fields, and in places of apprenticeship. The lack of a Youth Friendly Centre (YFC) where these adolescents can go to get adolescent-friendly SRH information, and services could be a contributing factor to a shallow knowledge of ASRH. The participants showed a keen interest in having

a YFC developed in the community. A male participant said this during one of the FGDs with young people:

*"We do not have a YFC, the only place people my age meet is on the football field or at school. I also would love a place to go get reliable information on (ASRH)".*

Adolescents in LFZ host communities' access ASRH services from unrecommended sources due to the lack of a safe space and equipped health facilities for better healthcare. The lack of a YFC has also invariably contributed to the lack of trained professionals who can provide adolescent sexual and reproductive health services in a manner that is both safe and confidential. The closest the adolescents in these communities could get when it comes to these services mentioned above were in churches and other places of worship. The adolescents shared that the information and services obtained in these places were often lacking in detail and of low quality. This in turn results in these adolescents relying on self-help to navigate through these challenges

During an interview with staff of the Lekki LCDA health centre, it was revealed that there had been a plan to establish a youth friendly centre within the facility in line with guidelines for PHCs, however, the plan had been abandoned due to lack of funds, although a hall had been allocated for the purpose.

### **3.5. Gender Equality/Gender-Based Violence**

The education of girls is valued within the host communities as the boys and girls have equal opportunities for education. However, when asked who would be favored between the boy and girl child, if the family could only send one person to school? All the FGD participants agreed that the boy would be favored. Young girls have poorer access to employment opportunities and don't have any influence in community decision-making, unlike the males who dominate the youth platform which is a very influential platform at the community level.

Gender Based violence came up as an issue of concern in the host communities, particularly among adolescents and young people. During one of the FGDs with male adolescents only, 5 out of the 9 participants agreed that they have physically abused a girl within the last 6 months. One participant added, *"If any girls insult me, she must collect immediately"* while the rest laughed. One of the community leaders said that there are many reports of people beating their wives in the communities and blamed that on the lack of the fear of God among perpetrators of such.

### **3.6. Substance Abuse**

On the issue of substance abuse, the information gathered from the parents, teachers, and community leaders suggested an epidemic level of drug abuse in the communities. According to the information gathered, Indian hemp and tramadol seem to be the most abused substance in the community. Some other substances mentioned include codeine, ice, rephinol, etc. There also seems to be a high demand for some of these substances as seen from the comments of a Patent and Proprietary Drug Vendor:

*"I cannot say if there is a high rate of drug abuse in this community. I do not live in this community but only come here for my business. Some of the young ones have come to me in time past to ask for some of these hard drugs (like tramadol) but I do not sell it. I always try my best to advise them to desist from this as it can ruin their future for them".*

There also seems not to be much done collectively to fight the menace of drug and substance abuse in the LFZ communities. When a KII participant in the Idotun community was asked what was being done to fight drug abuse in the community he said:

*"There is no collective effort to fight drug abuse among youths in the community. It is only on an individual basis we tackle this issue. I sometimes talk to some of the people I know who engage in these activities".*

Also, information gathered showed that there were no facilities to help those willing to quit drug abuse. A community leader in Okunraye when asked about the presence of facilities/programs to help those who have drug abuse issues commented:

*"There is no facility at the moment to help with the fight against drug abuse in the community."*

### **3.7. Teenage Pregnancy**

Some FGD participants and KII community leaders cited teenage pregnancy as a recurring health concern in the host communities. According to the evidence gathered, the prevalence of teenage pregnancy appears to differ from community to community, with Okunraye being frequently cited as the hardest hit. When the adolescents in the FGD were asked about the prevalence of adolescent pregnancy in the community, the majority agreed that it existed. They also stated that most pregnant teenagers have unsuccessfully attempted to abort the baby, which has resulted in them dropping out of school, early marriage, and stigmatization by members of society. According to the adolescents, some pregnant teenagers frequently seek assistance from unskilled professionals. There appears to be an epidemic level of misinformation about contraception use, which has fueled the epidemic rate of teen pregnancy. When asked about the usage of contraception by adolescents in the community, one participant stated:

*"Na mumu dey carry belle na! When e be say e get plenty things wey person fit do make e no get belle for this time and age. If you squat immediately after sex e go clear. Also, e get some kind things wey person fit use like; teem drink and potash, alabukun, and lime, and also consuming a whole sachet of paracetamol can wash the body off any pregnancy".*

### **3.8. Additional Relevant Findings**

The study also revealed the problem of lack of electricity and access to clean water in the communities which have implications on socio-economic activities and health for both young people and adults in the communities. According to some residents, the communities have not enjoyed steady electricity for over 13 years, and this has impacted the livelihoods of residents. In Itoke community, for example, the main source of water for the members of the community is a well. They often drink, cook, and bathe with this water which often has health effects on them. A community head in Idotun said the only source of potable water in the community was constructed by Dangote group and is a bit far from their location. The lack of potable water in the community has led to so many waterborne diseases in the community with typhoid predominantly being the main case. Some community members also expressed reservations about the environmental effects of many of the industries located in their community. They wondered if, at some point in the future, these industries will have adverse effects on their health and well-being

Another challenge highlighted by some of the community leaders is the absence of incentives like opportunities and scholarship programs for the youths in the community. They expressed deep hurt and feel abandoned and neglected by the LFZ especially when it comes to opportunities and infrastructural development for the communities in need. Also, a male KII expressed reservation with the leadership of the communities. He feels any intervention from LFZ should go straight to the beneficiaries and not through the community leaders who are often corrupt.

*"Scholarship should be awarded to members of the community, especially those that need it. The leaders of the community are not plain and might want to present their people and neglect those that actually need these interventions."*

From observations and answers gotten from respondents, the communities also seem not to have any form of portable water.

For the FGD participant, the majority of them wanted a safe space with trained professionals that can assist them with ASRH services. When quizzed on what they would like the organization to do for them, a female participant in one of the female FGDs responded:

*"We would like the organization to bring a trained professional who understands the young people that we can talk to about ASRH."*

#### **4. THE WAY FORWARD**

These baseline results illustrate the enormous challenges to the health and well-being of adolescents in the LFZ host communities and give insights into interventions that can contribute to improvements in adolescent health indices in the area. The following are recommended action points to address the challenges identified by the study.

1. Increasing comprehensive SRHR knowledge among adolescents in the area should be prioritized. The fast pace of society requires that young people are also well equipped with the knowledge and skills to navigate the challenges that changes in their culture make them vulnerable to. If young people can make more informed decisions, it will more likely contribute to a reduction in teenage pregnancy, substance abuse, gender-based violence, and other unformed health practices that puts the lives of young people at risk in the communities. The SKILLZ program is a tested approach that can help deliver this objective.
2. Increasing the involvement of parents and leaders within the communities in promoting the health of young people is important. This can help address social norms such as gender roles and poor communication between parents and adolescents which are inimical to adolescent health and development. Parental engagement sessions and community dialogues on adolescent health and well-being are recommended interventions that can bring good results in this area.
3. Establishing a Youth Friendly Centre is vital to provide safe and confidential information and services to the teeming young people in the LFZ host communities. Equipping and staffing the abandoned YFC at the Lekki LCDA PHC may be the way to go, as it will reduce the cost of establishing a YFC. There is also a need to plan for sustainable funding to cater for the center's maintenance as such facilities will require regular replenishing of consumables, coverage for utility, and payment of staff to remain functional.

The survey shows that the SKILLZ interventions are relevant and needful in the context of the host communities. Going by insights from the survey, we recommend a two-pronged approach to the SKILLZ interventions.

- A. A Five Day (2-3 hours each Day) intervention to be held morning sessions and evening sessions for a week. This is mostly to reach out-of-school participants and will require transportation support for participants and light refreshment. Target 150 participants
- B. A Five-Day SKILLZ Holiday Camp during the long holiday (4-5 hours per day) in Late July to mid-August. This will target more in school adolescents and will require transportation support and one lunch for each participant (More expensive). Target 150 participants

## **ANNEXES**

[link Photos](#)

[link to Question Guide for FDG/ KII](#)

[link to participant consent form](#)

[link to participant attendance](#)