



Community health volunteer, Maryam Babyo attends to a client from the nearby host community in Maiduguri, Borno State, Nigeria. Photo: Karl Bergbom for the IRC, February 2025.



Someone Like Me

Linking Peer Mentorship and Education to Accessible SRHR Services for Adolescents in Borno State

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The Problem

Adolescents living in conflict-affected areas of northeast Nigeria face profound and interconnected challenges that threaten their health, safety, and future opportunities. Years of armed conflict, displacement, and disrupted public services have severely limited access to education, healthcare, and protection systems, leaving adolescents particularly vulnerable to exploitation and harm.

In Borno State, one of the regions most affected by protracted humanitarian crisis, adolescents frequently encounter protection risks including gender-based violence (GBV), early and forced marriage, and harmful social norms that restrict their ability to access essential services and information. Many adolescents lack accurate knowledge about their sexual and reproductive health and rights (SRHR), and stigma surrounding discussions on topics such as menstruation, contraception, and relationships, prevents them from seeking guidance or support. Adolescent girls in these settings face increased risks of early pregnancy, unsafe childbirth, and poor reproductive health outcomes, further reinforcing cycles of vulnerability and limited opportunity.

In Borno State's Konduga and Monguno Local Government Areas (LGAs), these vulnerabilities are further compounded by limited access to adolescent-friendly spaces where young people can safely learn, ask questions, and build the life skills needed to navigate complex social and economic environments. Without trusted sources of information or support, adolescents often struggle to make informed decisions regarding their health, relationships, and personal safety.

The absence of structured life skills education and safe peer engagement opportunities also contributes to weak connections between adolescents and available health and protection services. As a result, adolescents may remain unaware of where to seek help or may feel discouraged from accessing services due to fear, stigma, or misinformation. While peer education

Nigeria data

- Modern contraceptive rate (mCPR) among married women is 12%¹
- 1,047 deaths per 100,000 live births (2020)²

Borno State data

- Northeast Nigeria (Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe): 1,500 maternal deaths per 100,000 live births³
- Borno State mCPR is 9.3%⁴
- Borno State unmet need for family planning is 26.3%⁵

programs focused on raising awareness alone have limited evidence of impact on SRHR outcomes for adolescents, peer education programs that have strong linkages with health facilities and services have a great chance of improving service uptake and reducing SRH stigma among this underserved population.⁶ IRC's *They Know Best* study reinforced this finding – strengthening community engagement and adolescent friendliness of health services is insufficient if the underlying health system weaknesses are not addressed.

Recognizing these critical gaps, the IRC's PRET-SRHR (Partnering for Resilience to Emergencies through Transformation of Sexual and Reproductive Health and Rights) project, funded by Swedish International Development Cooperation Agency (Sida), implemented an adolescent life skills education program while strengthening access to and quality of SRH and GBV services aimed at strengthening adolescents' knowledge, resilience, and access to SRHR information and services in Konduga and Monguno LGAs.

1 National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018.

2 Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023.

3 National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF

4 Federal Ministry of Health and Social Welfare of Nigeria (FMOHSW), National Population Commission (NPC) [Nigeria], and ICF. 2025. *Nigeria Demographic and Health Survey 2024*. Abuja, Nigeria, and Rockville, Maryland, USA: FMOHSW, NPC, and ICF

5 Ibid

6 Chandra-Mouli V, Lane C, Wong S. What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices. *Glob Health Sci Pract*. 2015 Aug 31;3(3):333-40.

The Solution

To address the identified gaps in adolescent knowledge, empowerment, and protection, IRC implemented structured adolescent group sessions using the Girl Shine Life Skills Curriculum, an evidence-based program designed specifically for both male and female adolescents living in humanitarian contexts. The curriculum creates a safe space for adolescents to discuss the support systems available within their communities, including trusted adults, health workers, community structures, and other referral pathways. Participants were guided on how to identify when support is needed, where to seek help, how to make or request referrals, and how to access available health, protection, and psychosocial services. This practical connection between life-skills education and existing community services is particularly important, as it enables adolescents to move beyond simply acquiring knowledge to actively seeking appropriate support and utilizing services when needed. In this way, the curriculum strengthens both individual agency and the link between adolescents and the services and support systems available to them.

In Nigeria, the Girl Shine curriculum was adapted with modifications for adolescent boys and girls in Year 1 and 2 to reflect the realities of conflict-affected communities in Konduga and Monguno LGAs. In year 3 IRC introduced the SAFE (Supporting adolescents and families in emergency) curriculum for adolescent boys. Sessions were delivered in safe, accessible community spaces and facilitated by trained female mentors who speak the local language. The content was contextualized to address specific risks such as early and forced marriage, gender-based violence, and restricted mobility, while also integrating practical information on available health and protection services. Flexible session scheduling was adopted to accommodate adolescents' daily responsibilities, and strong referral linkages were established to ensure participants could access support services when needed. The program focused on building adolescents' life skills, strengthening their understanding of sexual and reproductive health and rights, and equipping them with practical tools to identify and respond to protection risks within their communities.

Building on Evidence & Best Practices

They Know Best

The *They Know Best* study (IRC, 2020) tested packages of interventions to improve adolescent access to and use of SRH services in Maiduguri, Nigeria and South Sudan. It found that improvements to facility readiness and provider attitudes, while achievable, were not sufficient on their own to increase service use — particularly where weak health systems, user fees, and entrenched community norms remained unaddressed. The study also found that meaningful community engagement and adolescent participation in humanitarian programs is both feasible and acceptable. The core lesson: reaching adolescents in conflict-affected settings requires directly addressing the protection barriers and harmful norms that shape whether a young person feels safe seeking care in the first place. The PRET-SRHR program's approach in Borno State was designed with that learning in mind.

Girl Shine and SAFE

Girl Shine is an IRC-developed program model that seeks to support, protect, and empower adolescent girls in humanitarian settings. It provides girls with skills and knowledge on GBV and how to seek support services, supporting them as they navigate a safe and healthy transition into adulthood. The program also provides life skills that strengthen social and emotional learning, as well as information on adolescent sexual and reproductive health. While Girl Shine focuses on empowering girls, SAFE addresses boys' specific experiences through topics such as knowing and understanding their bodies, puberty, friendship, critical thinking, and healthy relationships. In the humanitarian context, where children may experience disrupted support systems, protection risks, and increased social and emotional pressures, SAFE complements Girl Shine by ensuring that boys are also equipped with the knowledge, confidence, and life skills needed to make informed choices, seek support, and build healthy relationships.



Community women's champion, Sanda Bukar leading a session at the IRC's Women Centre in Konduga, Borno State, Nigeria. Photo: Karl Bergbom for the IRC, February 2025.

A key component of the intervention was the recruitment and training of 16 adolescent mentors aged 18–24 years old (8 girls and 8 boys) from the intervention communities. Mentors were selected through community recommendations based on their leadership potential, positive role-model behavior, and the trust they held among peers and community members. To prepare them for their role, mentors participated in a four-day intensive training which introduced them to the Girl Shine curriculum, participatory facilitation techniques, safeguarding principles, confidentiality protocols, and ethical standards for working with adolescents. Special attention was given to ensuring mentors could effectively communicate and translate key concepts into local languages, enabling inclusive and culturally appropriate learning during sessions. Following the training, the program enrolled 80 adolescents aged 10–18 years, with 40 participants in each LGA. Sessions were delivered over a 24-week period, organized into six-week learning cycles.

The curriculum covered four key thematic areas critical to adolescent development and protection: trust and safe spaces, social and emotional learning, health and hygiene, and safety and protection. Through these sessions, the program created supportive peer environments where adolescents could gain knowledge, build confidence, and develop critical life skills necessary for safe and healthy transitions into adulthood.

"Because of the support I received, I can continue my education with confidence and without worrying about an unintended pregnancy or stigma. I now feel hopeful about my future."

ADOLESCENT GIRL, AGE 17

Approaching Key Challenges

Delivering adolescent programming in humanitarian and conflict-affected settings inevitably presents operational, cultural, and logistical challenges.

IRC-supported service providers are trained on Values Clarification and Attitude Transformation (VCAT), which has strengthened their ability to offer adolescent-responsive services that are confidential, private, non-judgmental, and free from stigma and discrimination. This has helped create a more enabling environment for adolescent boys and girls to seek SRH information and services while having their rights respected and upheld. Significant gaps remain at the community level, however. Social norms, misconceptions, and stigma around adolescent SRH continue to shape access to services, and parents, caregivers, other community gatekeepers, and even providers outside IRC-supported facilities may still hold biases that lead to gatekeeping, delayed care-seeking, and reluctance among adolescents to seek services, particularly for sensitive needs like contraception. Addressing these barriers will require sustained engagement with gatekeepers and community stakeholders alongside continued capacity strengthening for service providers, so that adolescents can access confidential, respectful, and rights-based services without unnecessary obstacles.

Many adolescents also expressed interest in learning practical income-generating skills such as tailoring, soap production, and cap making. These opportunities could have further strengthened their economic empowerment and resilience. One significant challenge was the limited scope of the project to SRHR and the lack of additional resources for economic recovery and development, which restricted the program's ability to integrate complementary components such as vocational and livelihood training. Moving forward,

adolescent programming in humanitarian settings should, where feasible, integrate income-generating activities, vocational skills, and other livelihood-strengthening components alongside SRHR interventions, as these can enhance adolescents' economic resilience, reduce vulnerability, and strengthen their ability to make informed, independent decisions about their health and wellbeing. As part of this approach, the team will work closely with the State Primary Health Care Development Agency (SPHCDA) and relevant government stakeholders to help adolescents in Konduga and Monguno benefit from the Federal Ministry of Education's Adolescent Girls Initiative for Learning and Empowerment (AGILE) programme, linking SRHR programming with broader opportunities for learning, skills development, and empowerment.

Another challenge involved scheduling conflicts and competing responsibilities. Adolescents in the intervention communities often balance multiple roles, including attending school, assisting with household chores, and supporting family livelihoods through farming or harvesting activities. These responsibilities sometimes made it difficult to maintain consistent attendance or schedule sessions at convenient times for all participants.

To address this, mentors and project staff adopted flexible scheduling approaches, adjusting session times based on community feedback and school calendars. This flexibility helped sustain participation and ensured adolescents could continue engaging in the program. Infrastructure limitations also posed challenges. Many sessions were conducted in temporary or outdoor spaces, which became uncomfortable during the rainy season. While canopies were used to provide shelter, heavy rainfall and strong winds occasionally disrupted sessions and affected the learning environment.

Results and Impact

Across the first two years of PRET-SRHR in Nigeria, the program directly supported 160 adolescents through peer-led learning (80 girls and 80 boys). Joint GBV and SRH awareness activities reached 1,755 adolescents (1,112 girls and 643 boys) through community sessions. These activities contributed to measurable improvements in access to essential SRH services:

- **616 girls**
under 18 received skilled birth attendance.
- **3859 females**
accessed family planning services in the year 2024 across IRC implementation locations. In the year 2025, 6165 females had access to family planning services. From January to July 2026, 3574 females were reached with family planning services, showing the program was already on track to meet 2025 numbers by mid-year.
- **346 adolescents**
(299 girls and 47 boys) received syndromic management of STIs.

In addition to the results above, program implementers observed meaningful positive changes for adolescents, including strengthening knowledge, confidence, and service-seeking behavior among participants.

1 Adolescents demonstrated improved understanding of SRHR. Through structured discussions and interactive learning activities, participants gained practical knowledge on puberty and body changes, menstrual hygiene management, and a clear understanding of different contraceptive methods, including their use, benefits, and where to access them. Adolescents were also equipped with skills to make informed choices, communicate effectively with peers and trusted adults about SRHR issues, and identify and challenge harmful myths and misconceptions. In addition, sessions covered healthy relationships, consent, and recognizing and responding to protection risks such as gender-based violence, while linking participants to available health and protection services. The confidential and supportive nature of the sessions enabled adolescents to openly ask questions and challenge misconceptions that previously limited their understanding of SRHR.

2 The program contributed to increased access to health services among adolescents. As participants became more aware of confidentiality and privacy protections at health facilities, they showed greater willingness to independently seek SRHR services. In some cases, adolescent girls accessed family planning services to prevent unintended pregnancies, particularly in situations where they faced potential risks during daily activities such as collecting firewood or working on farms.

3 The program helped develop adolescents as peer educators and change agents within their communities. Participants shared knowledge gained during the sessions with their peers and family members, extending the reach of SRHR information beyond the immediate program participants. Some adolescents also supported referrals to health facilities and protection services, strengthening community awareness and improving access to available support systems.

The safety and protection modules also strengthened adolescents' ability to recognize and respond to gender-based violence and harmful practices. Participants reported increased confidence in identifying unsafe situations, understanding their rights, and seeking support when necessary. Importantly, the program contributed to positive shifts in attitudes toward gender equality and respectful relationships between girls and boys. By addressing harmful gender norms and promoting mutual respect, the initiative helped foster more supportive social environments for adolescent development.

"After experiencing sexual violence, I felt scared and uncertain about my future. The support I received in a safe space helped me regain my confidence, restore my dignity, and find hope to move forward with my life."

ADOLESCENT GIRL, AGE 16

The Way Forward

Sustaining and expanding the gains achieved through the PRET-SRHR initiative will require continued investment in adolescent-focused programming and strengthening the health system's ability to deliver high-quality SRH services across conflict-affected communities in northeast Nigeria. A sustainability plan was developed in collaboration with the LGAs, the Ministry of Women Affairs, and the State Primary Health Care Development Board to strengthen local ownership and ensure continuity of the adolescent life skills program alongside health services improvements. Advocacy with government stakeholders also promoted integration of adolescent SRHR and life skills interventions into existing health and community structures for long-term sustainability.

Future interventions could benefit from integrating skills development and livelihood opportunities alongside life skills education. Providing adolescents with practical vocational skills would not only enhance economic independence but also strengthen resilience against exploitation and harmful coping mechanisms. Expanding the adolescent life skills model to additional communities

and LGAs in Borno State would enable more vulnerable adolescents to benefit from safe spaces, peer mentorship, and access to accurate SRHR information. Strengthening collaboration with health facilities, community leaders, schools, and local authorities will also be essential for sustaining adolescent-friendly health and protection services. These partnerships can help institutionalize adolescent programming and ensure long-term support for young people.

Finally, continued engagement of trained adolescent mentors presents an opportunity to sustain peer-led learning and community awareness, ensuring that the knowledge and leadership developed through the program continue to benefit future cohorts of adolescents. By equipping young people with knowledge, life skills, and leadership opportunities, initiatives such as the PRET-SRHR adolescent program contribute not only to improved health outcomes but also to the long-term resilience and stability of communities affected by humanitarian crises.

Key Lessons for Humanitarian Actors

- 1** Safe spaces are essential for adolescent learning and empowerment. Structured peer groups create environments where adolescents can discuss sensitive topics and build confidence.
- 2** Peer mentorship strengthens trust and engagement. Adolescent mentors play a critical role in encouraging participation and sustaining program impact.
- 3** Life skills education, when aligned to programs improving access to and quality of SRH services, can improve health-seeking behavior among adolescents. Providing accurate SRHR information helps adolescents overcome stigma and establishing strong referral mechanisms support them to access health services.
- 4** Community engagement supports program sustainability. Working with community leaders and families increases acceptance and participation.
- 5** Integrating livelihoods could further strengthen resilience. Combining life skills with vocational training may enhance adolescents' long-term empowerment. 