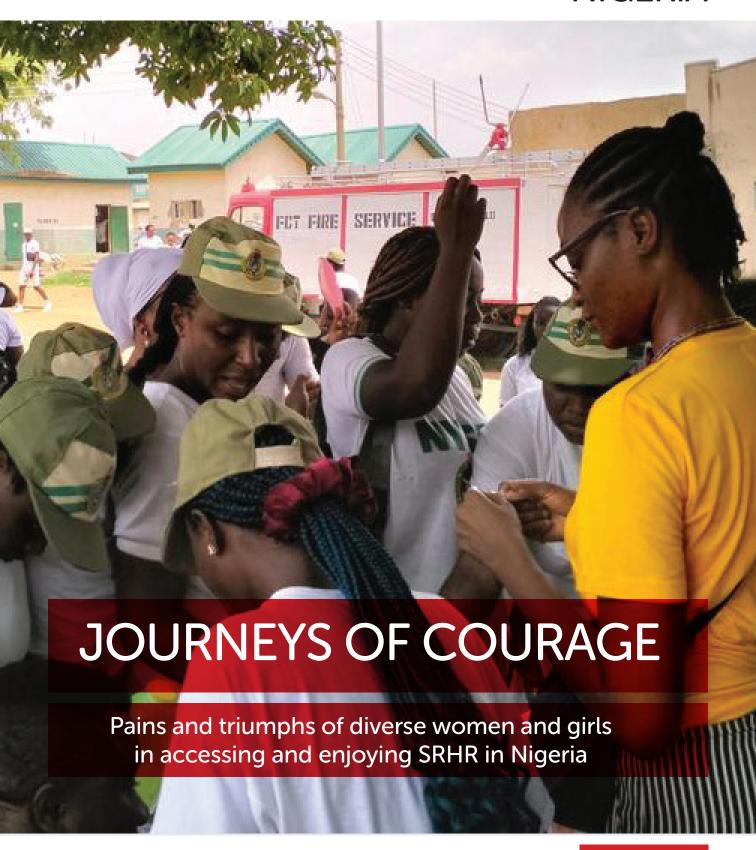
NIGERIA





Journeys of Courage

Pains and triumphs of diverse women and girls in accessing and enjoying SRHR in Nigeria

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Foreword

Planting Seeds, Nurturing Change

t has been a profound privilege to witness the journey of transformation that the We Lead program has inspired in Nigeria. What began as an ambitious initiative to place young women at the forefront of Sexual and Reproductive Health and Rights (SRHR) advocacy has evolved into a powerful movement, one that is reimagining inclusion, amplifying marginalized voices, and redefining what feminist leadership looks like in practice.

This booklet captures that journey through stories that speak to courage, resilience, and possibility. They are stories of young women and allies who have not only broken barriers, but built bridges between communities and policymakers; between health systems and rightsholders; and between silence and voice. They remind us that when young women lead, transformation is not just possible; it is inevitable.

Nigeria's SRHR landscape, like much of the world, remains layered with complexity. While significant strides have been made through progressive policies and frameworks, deep-rooted inequalities still determine who has access to information, care, and dignity. For women and girls living with HIV, those with disabilities, those affected by displacement, and sexual and gender minorities, these inequalities are often compounded by stigma, bias, and systemic neglect. Against this backdrop, We Lead has offered a model of solidarity and intersectionality, one that does not just advocate for inclusion but embodies it

Each of the stories in this collection offers a window into how change takes root when rightsholders are empowered to define their own priorities. From Intersex Nigeria's groundbreaking collaboration with the Federal Ministry of Health and Social Welfare to lay the foundation for Nigeria's first-ever National Healthcare Guideline on Intersex Inclusive and Safe Healthcare; to the moving testimonies of intersex persons and their families. They remind us that awareness is, indeed, the first medicine against silence and shame.

Equally compelling is the story of TFT's "Na Awa Mata" radio programme, which reached over six million listeners across northern Nigeria. By transforming everyday conversations about family planning into relatable, culturally grounded stories, the programme demystified myths, bridged religious and \rightarrow

gender divides, and inspired families, like Mallam Gambo and his wife. The Gambo's interaction with the radio program helped them to make informed choices about their reproductive health. In communities where discussions on contraception once sparked discomfort or disapproval, "Na Awa Mata" has become a catalyst for dialogue, empathy, and action.

Another story that shines through these pages is that of the emerging Youth Network for Young Women in South-West Nigeria, a collective born from We Lead's capacity-strengthening efforts. The network's members, drawn from diverse backgrounds including queer women, women living with HIV, and young women with disabilities, are building a sisterhood that is both safe and powerful. As one young woman shared, "For the first time, I am being seen. I am being heard." These words encapsulate what We Lead has stood for: visibility, agency, and belonging.

Together, these stories capture not only achievements but the intentional design of We Lead's model, anchored in intersectionality, collaboration, and sustainability. Over the years, the Community of Action (CoA) organizations have worked hand in hand to strengthen advocacy capacities, engage policymakers, and co-create safe and inclusive spaces for rightsholders. The program's investments in advocacy to duty bearers, policy influencing and development, gender-responsive budgeting, values clarification and attitude transformation for healthcare providers, and sustainability planning for youth-led networks have created ripples that will outlast the project's timeline.

As the Nigeria Country Lead, I have seen firsthand how this work has shaped not just organizations but individuals, young women who entered as participants emerged as advocates, storytellers, and movement-builders. I have seen government officials become allies, health workers transform their attitudes, and communities begin to listen differently. It has been a journey of collective growth, one marked by learning, unlearning, and an unwavering belief in the power of young feminist leadership.

This booklet is, therefore, a testament to what can happen when trust, collaboration, and feminist values converge. I invite you, the reader, to engage deeply with each narrative. Let these stories challenge your assumptions, inspire your advocacy, and remind you that progress is built, not in isolation, but through shared commitment and empathy.

The We Lead program in Nigeria has planted seeds of change that will continue to grow, through the voices of those featured in these pages and countless others whose lives they have touched. May this booklet serve as both a reflection of what has been achieved and an invitation to keep the flame of advocacy burning, until every young woman, in all her diversity, can truly lead a life of dignity, choice, and equality.

Funom Yakubu

Community of Action Facilitator, We Lead Nigeria

Acknowledgements

The Journeys of Courage booklet is a result of the collective vision, passion, and dedication of many individuals and organizations who have walked this journey with us. To the young women rightsholders: your courage lit the path, your voices stirred the winds of change. To our Host Organizations, and Community of Action (CoAs): you nurtured the soil where these seeds could grow. To every hand that wrote, photographed, designed, and dreamed: you gave this story its colors. This booklet is a celebration of us all.

Our immense gratitude to the Dutch Ministry of Foreign Affairs, who funded the We Lead program under the SRHR Partne rship Fund, which is part of the Strengthening Civil Society subsidy framework. Without your support, these stories of change would not have been possible.

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Special appreciation goes to Arthur Okwemba, Faith Muiruri, and Ruth Omukhango, who worked tirelessly to compile, edit, and design the booklet. Your creativity, persistence, and teamwork have made this product both inspiring and memorable.

In Nigeria, our heartfelt appreciation goes to Education as a Vaccine (EVA), the host organization, for its steadfast coordination and leadership in bringing the voices of young women to the forefront.

To the Community of Action organizations, whose creativity and commitment shaped powerful narratives of transformation across the country, thank you for championing the rights and dignity of young women in all their diversity. We also acknowledge the young women rightsholders, who opened their hearts and shared their journeys, as well as every mentor, advocate, and partner who stood beside them. Your collective efforts made this booklet not just possible, but truly meaningful.

Because when We Lead, Change Blossoms.

From opponent to supporter of SRHR of women and girls: The story of Chief Ala



hief Yina Ala was known to be a nononsense man who did not hold conversations about expanding the sexual and reproductive health and rights of women and girls beyond what was allowed and accepted by his Ortar community's customs.

A powerful traditional leader, Chief Ala's resistance to SRHR discussions was making it difficult for not only women and girls, but also for organizations pushing for greater SRHR to

work freely in his community.

Troubled with what was happening, one organization, Disability Rights Advocacy Center (DRAC), decided to contact Chief Yina to tell him why his support for SRHR services in his community was so important. For DRAC, Chief Yina held the solution to reducing the resistance women and girls were experiencing.

The challenge for DRAC was how to approach the Chief and get his support





for expanding access to SRHR services by women and girls. Initial attempts to meet with him failed as he viewed such talks as an affront to traditional norms.

Strategic actions that transformed the Chief

DRAC, supported by the We Lead program, had to devise tactical ways to arrange a meeting. Their strategic engagement with other community leaders got them the support of respected community influencers to act as emissaries to the Chief. Finally, he agreed to a formal meeting at his palace with DRAC.

When the day arrived, DRAC's team presented a compelling case for why SRHR issues in

the community needed urgent action. More importantly, they spoke about the need to address misconceptions about disability and SRHR. They framed SRHR as a human rights matter; not a taboo, emphasizing the vulnerabilities and needs of women and girls with disabilities (WGWD). The organization then presented to the Chief "A Leader's Guide to Disability Inclusion," a publication specifically designed to help figures of authority better understand these matters.

This constructive dialogue impressed the Chief, but he was non-committal. Follow-up meetings were held with the Chief to win his trust and support. They worked. Once a reluctant

traditional leader, Chief Ala agreed to be on the frontline in championing access to SRHR for women and girls with disabilities (WGWDs) in his community. To date, he is remains a vocal advocate.

His transformation had massive ripple effects in the Ortar community. Members of his ruling council, too, joined in to push for greater access to SRHR and enjoyment of these rights by women and girls. They committed to challenge harmful cultural beliefs about women with disabilities and to promote disability inclusion. Slowly, their shift in mindset started to positively influence the attitudes of families and community members on the rights of WGWD.

Women and girls enjoy expanded rights

Women and girls in the Ortar community say Chief Ala's conversion from an opponent to a supporter on access to SRHR has been a blessing. He has created awareness about the subject and dismantled myths such as "family planning is taboo" or "disability is punishment from the gods so persons with disabilities should be avoided."

In the community, he uses his influential council members to challenge misconceptions and beliefs that negatively affect enjoyment of SRHR. This has seen more women and girls' stream to health facilities to get their needs attended to.

To his credit, the Chief now promotes full inclusion of persons with disabilities in health care, especially in SRHR provision, and in other aspects of social life. Every month, he visits primary health care centers under his authority

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to advocate for inclusive SRHR. His actions and those of other community leaders have increased local ownership, endorsement, and acceptance of SRHR-related discussions in the community.

DRAC is now using this favorable environment and culturally-sensitive approaches to further break down barriers to SRHR services for WGWD.

For these rightsholders, a chief's personal transformation represented hope, unfettered access to SRHR, and inclusion in spaces where they were once invisible. The success of this We Lead supported initiative proves that shifting societal attitudes, building local leadership, and promoting systemic change within communities is key to increasing the enjoyment of SRHR for women and girls with disability.

A traditional chief becomes the greatest champion of SRHR inclusion and dignity

rired of community leaders preventing young people from enjoying their sexual and reproductive rights, an organization in the Lagos state managed to do what many people thought was impossible. They got the community leaders to become frontline advocates championing these rights.

Known in many African societies as gatekeepers of cultural norms, community leaders think talking about or using SRHR services is only for adults. For young people, it's a taboo. From the leaders' perspective, a person's sexuality is controlled by the family and society, not oneself.

At the same time, young women across communities in Nigeria were constrained by cultural prescription from enjoying their SRHR needs, a health care system that was judgmental when offering these services to young people, and disrespectful language used to discuss SRHR.

With support from the We Lead program, Vision Spring Initiatives (VSI) decided to jump into this context and try to change the practices, narratives, perceptions, and attitudes about young people's access to SRHR services and enjoyment of their rights.

Crucially, VSI gained support from another important corner: an influential Baale, the traditional chief of Ibeshe village, in Lagos State. Initially, he was hesitant to engage in such initiatives and conversations, fearful of being branded as a traitor to the community's social norms.

But through training, Chief Jimo Badejo emerged as a vocal and committed SRHR champion. He is now a powerful voice and advocate of SRHR rights for young women and girls. On many occasions, he has helped amplify their voices at SRHR workshops and public dialogues and influence debate in broader community and policy spaces. His support and public statements about SRHR values have lent credibility to the cause and opened doors for SRHR actors in the community to engage in policy advocacy.

"I am happy to be part of this project. I have not only grown in knowledge, my heart has grown bigger, my mind has become more open, and I am able to speak up for young women and girls," said Chief Badejo.

Chiefs join the SRHR liberation movements

His story is not an isolated one. In another





six southwestern states of Nigeria - Lagos, Ogun, Oyo, Osun, Ekiti, and Ondo- a total of 90 community leaders, including religious leaders, are also doing the same in their communities, thanks to VSI initiatives there as well. The elders' conversations center around ending stigma and harmful stereotypes, and allowing comprehensive sexuality education.

How did this happen? It was in 2022 when VSI started a series of structured engagements with community leaders in the six states about young women's and girls' SRHR. The organization convinced them of the importance of supporting the cause. Many of them were persuaded.

This breakthrough, however, did not come as easy as it sounds. Some leaders remained resistant to the proposal VSI was making, saying it went against traditional views and religious teachings on sexuality, bodily autonomy, and gender equality. In addition, such discussions have always created discomforting situation between adults and young women and girls.

Winning strategies

However, VSI's strategy of building trust, listening to concerns, and tackling SRHR conversations with cultural sensitivity, helped to break down their resistance. Rather than dismissing them, VSI learned to use storytelling,

human-centred approaches, and lived experiences of young women and girls to gently confront harmful attitudes.

"Building on this foundation, we deployed the Value Clarification and Attitude Transformation (VCAT) training model—a proven tool that invites personal reflection, empathy-building, and non-confrontational dialogue around SRHR issues," says VSI.

Using the model, community leaders were encouraged to examine deeply held beliefs, question inherited norms and connect emotionally with the lived experiences of rightsholders; particularly young women and girls who were experiencing stigma, discrimination, and limited access to health and rights services.

Elders advocate for SRHR rights

The elders listened and became key champions of the SRHR rights of women and young girls. Their support was a major cultural shift that in turn helped to shift attitudes, create new alliances, and influence community members to appreciate the rights young women and girls to access SRHR services and products.

Indeed, people in the communities within the six states noted that the leadership of community leaders paved way for greater inclusion, protection, and dignity for rights holders in hard-to-reach communities.

These positive changes at the society level can also be attributed to VSI's dedicated and committed team and young women and girls being on the frontline of change. In addition, having a traditional leader acting for their wellbeing sent a powerful message: that their



rights are valid, their voices matter, and that they deserve protection and support within their own communities and families.

This endorsement helped reduce stigma, leading to community acceptance, and created safer environments for the young people to express themselves on SRHR matters.

The successful engagement of community elders in such sensitive matters demonstrates how inclusive dialogues can shift deeply entrenched social norms and create a favorable environment for women and girls to enjoy their rights. It further proves that even in the most rigid cultural spaces, norms and attitudes can be changed when influential people in the community become the change agents •

Joy at last for Nigeria's Intersex persons



or decades, intersex persons in Nigeria lived in silence. They were excluded from healthcare systems, avoided participating in social functions, and misunderstood by a society that often viewed their existence through the lens of shame. But today, that silence is breaking, replaced by cautious hope and a growing sense of dignity.

Government and communities who used to discriminate Intersex are now embracing them. While cultural, religious, and societal misconceptions that made it difficult for Intersex individuals to enjoy their human rights are slowly being dismantled.

A mother of an intersex child in Osun State, sums up this frustration: "As parents, our greatest fear was never our child's intersex body," she says quietly. "But the ignorance, lack of adequate information, and the secrecy that surrounded it. Clear and well integrated and implemented healthcare guidelines would mean that no doctor sees our children not as disorders to fix, but as humans to care for, that's when healing begins."

Their efforts to ensure a better healthcare system contributed to the groundbreaking decision by the Nigeria's Federal Ministry of Health and Social Welfare to, in 2024, initiate a process of developing a National Healthcare Guidelines



on Intersex Inclusive and Safe Healthcare. The guidelines will provide a framework that expands access to health services and safeguards the rights of Intersex persons.

Intersex is a term that refers to people born with innate biological variations in sex characteristics (such as gonads, sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns) that do not fit typical binary notions of male or female bodies.

That is why the increased attention to Intersex persons by the government had a ripple effect. Grassroots communities too started to engage and listen to personal testimonies of the Intersex persons, something they had for years considered a taboo.

Mobilizing support for Intersex persons

But these actions by government and communities to embrace Intersex did not happen organically. It was a consequence of strategic interventions undertaken by Intersex Nigeria with the support of the We Lead, a Hivos Program.

Through this support, Intersex Nigeria engaged an array of stakeholders, including government officials, healthcare providers, traditional and religious leaders, and community members, Nigeria's National Human Rights Commission, and other civil society organizations, to increase awareness on who Intersex persons are, their experiences, realities, and their rights. It worked.

Medical practitioners, for instance, promoted ethical and rights-based approaches in handling Intersex health issues. This increased public understanding about Intersex experiences.

Intersex persons too took the lead in advocating for their own rights, thanks to the capacity building sessions offered to them by Intersex Nigeria.

They used storytelling to convince the Nigeria government and other actors why they needed to be treated better and their rights respected.

This advocacy snowballed into a strong collaboration between Intersex Nigeria



and Federal Ministry of Health and Social Welfare. They shared platforms to create awareness on the rights of Intersex persons.

Creating a friendly healthcare system for Intersex

The collaboration further led the Ministry to come up with a joint action plan to address health concerns of Intersex persons. The action plan will lead to the development of this guidline.

Some of the issues the guideline will address include: Clear procedures and protocols when responding to SRHR needs of Intersex persons; ban on non-consensual, non-urgent interventions; promotion of informed consent; and continuous training.

The guidelines expect the healthcare service providers to be respectful, ethical, and sensitive to the needs of Intersex persons.

Observes David Haniel Hyellaiti, a rightsholder: "For a long time, intersex people have been treated unfairly. Healthcare guidelines are a lifeline to dignity, safety, survival, and dignified development. They will serve as the bridge between medical harm and medical justice for intersex Nigerians."

Such recognition at the national level is not only helping to reduce medical injustices Hyellaiti is refereeing to; but has also increased the safety of Intersex persons within communities as people start to embrace them.

It was not an easy win

Getting to this level of acceptance, however, did not come easy. At the onset of the campaign, Intersex Nigeria and Intersex persons were threatened for advocating for issues the community considered too controversial.

The organization had to take various measures

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to ensure the safety of Intersex persons and its staff, including: Balancing visibility with safety, creating safe spaces for Intersex persons, using virtual engagements when threats were high, and building alliances with sister organizations for joint advocacy.

Despite these challenges, Intersex Nigeria is happy that progress has been made in expanding the rights and recognition of Intersex persons in the county.

The success demonstrates how youth-led, feminist-informed, and community-centered strategies can reshape health systems. For rightsholders, intersex persons who initially faced stigma, discrimination and harmful medical practices, these wins mean so much about their future in Nigeria. "With awareness, Intersex persons can know their rights, become visible, and demand better from society, institutions, including healthcare practitioners," Obioma Chukwuike, Founder and Executive.

From doubt to acceptance: How radio program changed a couple's perception on family planning

or years, Mallam Gambo and his wife believed that family planning was sinful, an act that challenged the will of God, and negated their cultural values.

This belief ran so deep that Gambo's wife avoided even basic reproductive health services, fearing health workers might use the opportunity to convince her to use contraceptives. Like many couples in their rural community, the Gambos were guided by age-old myths and religious misconceptions that portrayed family planning as forbidden.

But one day after listening to a radio drama series known as "NA AWA MATA" aired on Fombina FM, the couple's long-held beliefs began to shift.

The program, produced by Today for Tomorrow with support from Hivos, under the We Lead Program, was aired four times a week for two months in 2023. It tackled sensitive sexual and reproductive health and rights topics in a manner that was both entertaining and deeply relevant.

"Before the program, we had strong negative beliefs about family planning because of societal norms and religious teachings," says Gambo, a father of seven. "But the drama helped us understand contraceptive use, how to prevent unplanned pregnancies, and the importance of respecting each partner's sexual rights." For Gambo's wife, the program was equally liberating. "Listening to the drama series gave me confidence to discuss family planning with my husband. I now know my rights as a woman, and together we decided to space our children. This program has brought peace and understanding into our home."

Like Gambo and his wife, the radio program reached over six million listeners in Adamawa, Bauchi, Borno, Maiduguri, Taraba, and Gombe regions of Nigeria, to dispel harmful myths and misconceptions around reproductive health issues, including family planning. Listeners were happy with the culturally sensitive and appropriate manner in which the drama series were done.

During each broadcast, a panel of three experts joined the program to answer live questions from callers and guide open, non-judgmental discussions around sexual and reproductive health issues.

This active engagement and consistent messaging started to change the deep rooted cultural and religious prescription around family planning.

Inspired by the radio program's success, Today for Tomorrow expanded its efforts to reach more marginalized communities. The



organization implemented a model known as SRHR Driver program that expanded access to sexual and reproductive health services for young women in Salama Housing Camp for Internally Displaced Persons.

Funded by We Lead program, the model enabled young women and girls like Rebecca Andrew to lead peer-to-peer conversation with fellow young women in the camp on their sexual and reproductive health fears, struggles, and needs.

Government authorities, families, and healthcare providers who listened to these dialogues, started to take note of the needs of these young women.

"Safe spaces where these conversations happened enabled me and other girls to access

accurate information on issues such as menstrual hygiene, family planning, sexually transmitted infections, HIV prevention, and gender-based violence. These have greatly improved my knowledge on menstrual hygiene management and to know my rights as a woman," says Peace Joseph.

For others like Blessing Joseph, the dialogues did more than educate. They built bridges between young women and their families.

"Through the SRHR Drivers program, even my parents have changed," adds Blessing Joseph, another participant from the Salama Camp. "They now give us girls the same opportunities for education as our brothers, and they listen when we talk about our health needs."

Youth Network pushing SRHR boundaries



n Nigeria, where conversations around sexual and reproductive health and rights are often restricted by culture, stigma, and silence, a new movement of young women is boldly rewriting the script.

Tired of facing discrimination, exclusion, and the unfulfilled promises of better access to health services, these youth decided to take matters into their own hands by coming together, organizing, and speaking with one united voice. At first, many of them tried advocating individually for their sexual and reproductive health and rights (SRHR). Their efforts were passionate but disjointed and easily drowned out. What they needed was someone or organization to help them organize into a united front.

Vision Spring Initiatives (VSI) emerged as that organization. With the support of Hivos through the We Lead program, VSI mobilized 36 young women, including

LBTQ persons, young women with disabilities, and young women living with HIV from Lagos, Oyo, Ogun, Ondo, Ekiti, and Osun States to a conversation on putting up a united front. The goal of the meeting was simple yet revolutionary: to imagine what solidarity could look like.

Solidarity in action

A consensus was reached that led to the establishment of a National Network of Youth that brought together young women in their diversities, to advocate for their sexual and

reproductive health and rights.

"As a queer woman, this is the first Network that really accepts me the way I am. Now I am being heard," says Elizabeth, one of the young women who participated in the meeting.

"I believe creating an inclusive network for women makes us feel safe, and heard. It also bridges the gap in gender equality and gives women a sense of purpose," adds Oriyomi, Oluwadamilola.

Still, Oluwadamilola and other young women felt that for them to achieve





the objectives of the Network and carry out effective advocacy, they needed knowledge, skills, and confidence to do so.

VSI responded to this need by conducting capacity enhancement sessions on sexual and reproductive health, leadership trainings, and confidence building for Network members.

The more than 220 young women who went through these sessions are now leading community advocacy on reproductive rights, holding state and non-state actors accountable, and pushing for policy changes that address their needs.

The Network has become a crucial platform for amplifying voices of young women and increasing their agency in fighting for their rights beyond the reproductive health ones.

Some of the issues they are advocating for include: inclusion of LBTQ identities, development of health materials in braille, and provision of comprehensive sexuality education. Other issues of concern to the Network are: access to youth friendly sexual and reproductive health services, violence against women and girls with disabilities; and inclusion of young people in decision making processes.

Amplifying the voice

The Network is using the media and digital platforms, and participating in multistakeholder meetings with decisions makers and services providers, to amplify these issues.

"This Network represents a paradigm shift from young women being seen as passive recipients of services to active changemakers and experts

in their own lives. It aligns strongly with the We Lead program's commitment to rightsholders leadership, and addressing issues from an intersectionality approach," says VSI.

The young women are happy that the Network has helped to shift power in their favor when it comes to tackling exclusion, stigma, and discrimination in access and enjoyment of their sexual and reproductive health and rights.

VSI has developed two knowledge products to help augment the work of the Network.

"Voices from the Margin: A Journey Towards Comprehensive SRHR for Young Women," which offers practical insights into the roles and influence of various stakeholders in promoting and protecting SRHR, is one of them.

The other is the "Advocacy Toolkit: Prioritizing the Sexual and Reproductive Health and Rights of Marginalized Women and Girls", which provides guidance on how to engage policymakers, community leaders, service providers, and other key actors.

VSI believes these products and the establishment of the Youth Network are defining how government and societies handle young women and their reproductive health needs.

"The establishment of this Network under the We Lead program is a milestone in the advancement of the rights of young women in Southwestern Nigeria. It is proof that when young women are given space, resources, and support, they don't just participate, they lead with courage and creativity," notes VSI

Hivos people unlimited

