FEDERAL REPUBLIC OF NIGERIA

ADOLESCENTS AND YOUNG PEOPLE IMPLEMENTATION PLAN

(2021 - 2025)
ACRONYMS

ART  Anti-Retroviral Treatment
AYP  Adolescent and Young People
AYPF  Adolescents and Young People Friendly
AYPFC  Adolescents and Young People Friendly Centres
AYPFHS  Adolescents and Young Peoples’ Friendly Health Services
AYPH  Adolescents and Young Peoples’ Health
AYPHDP  Adolescent and Young Peoples’ Health and Development Plan
AYPHDS  Adolescent and Young Peoples’ Health and Development Services
BHCPF  Basic Health Care Provision Fund
BMPHS  Basic Minimum Package of Health Services
CBO  Civil Based Organizations
CHEW  Community Health Extension Worker
CRA  Child Rights Act
CSO  Civil Society Organizations
F&SMIC  Federal and State Ministry of Information and Culture
F&SMoH  Federal and State Ministry of Health
F&SMWASD  Federal and State Ministry of Women and Social Development
F&SMYSD  Federal and State Ministry of Youth and Sport Development
FBO  Faith-Based Organizations
FCT  Federal Capital Territory
FMIC  Federal Ministry of Information and Culture
FMoARD  National Ministry of Agriculture and Rural Development
FMoE  Federal Ministry of Education
FMoEnv  Federal Ministry of Environment
FMoH  Federal Ministry of Health
FMoI  Federal Ministry of Information
FMoT  Federal Ministry of Transportation
FMWASD  Federal Ministry of Women and Social Development
FMYSD  Federal Ministry of Youth and Sport Development
FRSC  Federal Road Safety Corps
HIV  Human Immunodeficiency Virus
HMIS  Health Management Information System
HPV  Human Papilloma Virus
HW  Health Worker
IEC  Information, Education and Communication
IPC  Inter-Personal Communication
LG  Local Government
LGA  Local Government Area
LGHA  Local Government Health Authority
M&E  Monitoring and Evaluation
MDCN  Medical and Dental Council of Nigeria
MNCH  Maternal, Newborn and Child Health
MoC  Ministry of Communication
MoE  Ministry of Education
MoH  Ministry of Health
MoI  Ministry of Information
MoI&C  Ministry of Information and Culture
MWASD  Ministry of Women and Social Development
MYSD Ministry of Youth and Sport Development
N&SPHCDA National and State Primary Health Care Development Agency
NAFDAC National Agency for Food and Drug Administration and Control
NASS National Assembly of Nigeria
NAWDWG National Adolescent Health and Development Working Group
NCD Non-Communicable Disease
NDA Nigerian Defence Academy
NEMA National Emergency Management Agency
NGO Non-Governmental Organizations
NH National Health
NHIS National Health Insurance Scheme
NHMIS National Health Management Information System
NHRC National Human Rights Commission
NMCN Nursing and Midwifery Council of Nigeria
NOA National Orientation Agency
NPHCDA National Primary Health Care Development Agency
NSCDC Nigeria Security and Civil Defence Corps
NTI National Teachers’ Institute
NUC National Universities Commission
OIC Officer-in-Charge
OVVC Orphans and Vulnerable Children
PAID Preston Associate for International Development
PHC Primary Health Care
PMV Patent Medicine Vendor
PPP Public-Private Partnership
PRS Planning, Research and Statistics
Q1 Quarter 1
Q2 Quarter 2
Q3 Quarter 3
Q4 Quarter 4
SBCC Social and Behavioural Change Commission
SHIS State Health Insurance Agency
SMLGCA State Ministry of Local Government and Chieftaincy Affairs
SMoE State Ministry of Education
SMoI State Ministry of Information
SMWASD State Ministry of Women and Social Development
SMYSD State Ministry of Youth and Sport Development
SOML Save One Million Lives
SON Standards Organization of Nigeria
SPHCB State Primary Health Care Board
SPHCDA State Primary Health Care Development Agency
SPHCMB State Primary Health Care Management Board
SRHR Sexual and Reproductive Health Rights
STI Sexually Transmitted Infection
SUBEB State Universal Basic Education Board
TCRN Trauma Certified Registered Nurse
TWG Technical Working Group
UBEC Universal Basic Education Commission
UNAIDS the Joint United Nations Program on HIV/ AIDS (UNAIDS)
UNFPA United Nations Populations Fund (UNFPA)
UNICEF United Nations Children’s Fund
WHO World Health Organization
Foreword

Young people form a significant population demographic group in our country, with 62% of all Nigerians under the age of 25, according to the United Nations population projections for 2020. The developmental processes they undergo in this stage of their lives, creates unique challenges, placing them at higher risk of social distribution, such as mental health, substance abuse, teenage pregnancy, violence, etc. Our Young people represent the Nigeria of tomorrow on whose future the economic, social, and political progress will be manifestation in the investments made today in human capital development.

For effective implementation of the revised National Policy on the Health and Development of Adolescent and Young people (2021), an implementation plan is required that will map out key interventions that ensure achievement of the goal of the policy. This National Implementation Plan on the Health and Development of Adolescents and Young People in Nigeria has been developed to aid the rapid translation of Policy into actions, in line with the commitment of the Nigerian government and its people, for the development of the younger generation. The Implementation Plan takes cognizance of the role of various stakeholders, including government agencies, civil society organizations (including community-based organizations, non-governmental organizations, and faith-based organizations), the academia, the private sector, international development partners and other stakeholders.

It is my hope that implementation of interventions outlined in this plan will improve the health and developmental needs of our young people, in Nigeria thereby enabling them to contribute towards our national aspiration of achieving the Sustainable Development Goals and a better future for all.

I therefore recommend the plan to all stakeholders working in the field of Adolescent programing in Nigeria to ensure standardization and provision of quality Adolescent and Youth friendly health services.

Dr. E. Osagie Ehanire, MD, FWACS
Honourable Minister of Health
ACKNOWLEDGEMENT

The implementation plan for the revised National Policy on the Health and Development of Adolescents and Young People is a product of robust interaction of relevant Stakeholders who are passionate about young people and totally committed to their health and optimal wellbeing. The development for the exact sequence comprising of two major activities; a situation analysis on adolescent health and development and an assessment of barriers to accessing health services for disadvantaged adolescents in Nigeria. The findings from these two surveys were very pivotal to the review of the Policy and its Implementation Plan thereby providing baseline information and facts.

Our sincere gratitude goes to the World Health Organization (WHO) for supporting the conduct of the two surveys to its dissemination and throughout the development of this plan. We thank immensely members of the National Technical Working Group (TWG) on the Health and Development of Adolescent and Young People in Nigeria for their technical inputs throughout the development process.

To all our colleagues from Ministries, Departments and Parastatals (MDAs); Non-Governmental, United Nations, Academia and Implementing Partners who generously made time to share their knowledge, insights, and experience, we are grateful.

Our profound appreciation goes to the Consultant; Professor Dr. Nkemidilm Ene for her resourcefulness, devotion, and efforts in producing this plan that addresses the concerns of adolescents and young people in Nigeria.

Finally, worthy of commendation for the successful conclusion of the development of this plan is the dedication of the GASHE team led by the Head, Dr. Christopher Ugbo and Dr. Amima Muhammed, Deputy Director, in charge of Adolescent School-Health Desk.

Dr. Salma Ibrahim Anas, MBBS, MWACP, FMCPH
Director and Head, Family Health Department
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<td>Federal Ministry of Youth/ Sport</td>
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<td>Nynetha-program officer</td>
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<td>ICH, University of Ife</td>
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<td>Margret Bolaji</td>
<td>Swag with a Girl (SWAG) Initiative</td>
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<td>70</td>
<td>Prof. Adesegun Fatusi</td>
<td>Chairperson, National TWG for AHD</td>
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RATIONALE AND METHODOLOGY FOR THE PLAN

Rationale
In 2010, Nigeria developed the National Action Plan on the Health and Development of Adolescents and Young People to facilitate the improved implementation of the national policy. With a time lapse of about 10 years after the development of the last policy, the move to revise the policy to better respond to current and emerging issues in the field of adolescent and young people’s health culminated in various national stakeholders’ consultative fora and the formal onset of the policy revision exercise in 2018 through the conduct of situation analysis using the global Accelerated Action on Health of Adolescent (AA-HA!) guidance. Resulting from that national process, this new policy was developed in 2021 and designed to provide the strategic direction for improving the health and development of adolescents and young people in Nigeria as well as to reenergise the national commitment and stakeholders’ engagement in this important agenda.

In translating the new policy into action, this led to the development of the implementation plan that is guided by the goal, Strategic objectives, targets and prioritized intervention areas from the Policy (2021-2025) and articulates the processes for systematically implementation using a multi-stakeholder’s approach. The programmatic areas as dictated by the Policy also guided the key activities, at various level and stakeholders.

Methodology for the Development of the Implementation Plan
The process commenced with various wide consultation with relevant stakeholders which culminated after the development of the National policy. The plan was needed to ensure smooth and effective implementation of the national policy at various levels across the health sectors and other sectors that undermine the health and development of adolescents and young people. This development process was commissioned to Preston Associates for International Development (PAID) through the leadership of Federal Ministry of Health and key Partners.
Goal of the Policy

The overall goal is to ensure that the Nigerian health system is adequately adolescent- and youth-responsive and delivers quality, gender-sensitive, equitable health services that effectively meet the preventive, curative and rehabilitative health needs of all young people, thereby reducing morbidity, disability, and preventable mortality rates as well as optimally contributing to their wellbeing and development.

Strategic Objectives

I. Reduce morbidity, disability, and preventable mortality rates among adolescents and young people.
II. Strengthen the capacity of the health system to deliver adolescent-and youth-friendly services and innovative adolescent- and youth-responsive programmes
III. Strengthen the capacity of the school health system and its linkage with the health sector to improve the health knowledge, health literacy, and self-care competencies of school-attending adolescents and youths and facilitate their access to relevant health and health-related services.
IV. Ensure safe and health-enhancing environment for adolescents and young people in all settings, including the home, community, schools and training facilities, work environment, and healthcare centres through appropriate policies, legislations and legal framework and processes.
V. Improve the level and intensity of adolescents’ and young people’s meaningful engagement, participation, and involvement in the development and implementation of all policies and programmes relating to their health and development at all levels.
VI. Strengthen the capacity of parents and households and the community system to provide the appropriate supportive environment and care to adolescents and young people as well as to engage with and support adolescent and youth-responsive policy and programme initiatives.
VII. Strengthen adolescent leadership and engagement in the family and community using transformative interventions that address the power imbalance between adolescent girls and boys as well as gender-inequitable norms and practices, including gender-based violence.
VIII. Strengthen the partnership and collaborations within the health system and between the health sector and other sectors to enhance the implementation of the adolescent health and development agenda at various levels and nationally.
IX. Strengthen the social accountability systems regarding adolescent- and youth-responsive service delivery and programmes nationally as well as for demand for the duty bearers to deliver on the policy promises to adolescents and young people.
Guiding Principles and Values for the development of plan

The principles and values underlying this Plan as articulated in the policy are the following:

- Young people as vital resources for sustainable future and national development:
- Rights-based approach
- Diversity of adolescents' and young people's needs and situation:
- Gender equity and responsiveness:
- Cultural sensitivity
- Participatory and consultative
- Integration of services
- Life course approach
- Evidence-based and innovation-driven
- Quality-focused and result-oriented

Thematic Areas

The Implementation Plan cuts across twelve (12) thematic areas:

1. Policy recommendations
2. Implementation objectives
3. Operational level
4. Key interventions
5. Responsible actors
6. Budget source
7. Threats
8. Indicators
9. Baseline
10. Target performance
11. Desired outputs
12. Outcomes.

These thematic areas address the key priority programmatic areas in the Policy for the consideration of Adolescent Health in Nigeria. The focus for interventions and programmes are Mental Health, Violence and injury, Sexual and reproductive health and rights, Nutrition and Physical activity, Non-Communicable diseases, Disabilities, Communicable diseases, Oral Health and Systems performance and intervention (Health system; school system; community and family systems) will be centred around improving the health of adolescents and young persons. This Plan will cover the same period of the policy and Monitoring and evaluation plan (2021-2025).
1. POLICY AND LEGAL FRAMEWORK

1.1. Revise the National Policy on Adolescent and Young People’s Health and Development (AYPHD) to reflect emerging issues.

There are four implementation objectives under these recommendations, which include:

1.1.1. To identify and prioritize emerging adolescent health and development issues.
1.1.2. To revise the National Policy with approval from key stakeholders
1.1.3. To disseminate the national Policy to relevant stakeholders at all levels.
1.1.4. To adopt the National Policy on Adolescent and Young People at the state level.
1.1.5.

1.2. Integrate adolescent health service into the Basic Minimum Package of Health Services at PHCs.

There are two implementation objectives in this study recommendation.

1.2.1. To delineate a mandatory minimum care package for adolescents. To advocate to FMOH and NPHCDA for the inclusion of these services as package of care for PHCs.

1.3. Develop a standard to guide the implementation of AFHS in health facilities to include minimum requirements for AFHS.

1.3.1. To identify space within existing health or non-health facilities for rendering Adolescent Friendly Health services.

1.4. Develop guidelines for the Implementation of adolescent-targeted outreach services and mobile clinics for special populations such as out of school young people, street children, OVCs, emancipated minors and young people living with disabilities.

There are two implementation objectives under this recommendation.

1.4.1. To identify which AYPHD services can effectively be offered through targeted outreach and/or mobile clinic rounds
1.4.2. To develop service delivery guidelines for non-facility-based services (adapted from existing models such as immunization).

1.5. Boost general health worker supply, especially of the female gender in the northern states and ensuring their appropriate training in accordance with population needs.

1.5.1. To leverage on NPHCDA negotiations with the School Accreditation Boards and Nursing Council to increase output of female graduates.
1.5.2. To incentivize enrolment of rural based married women into nursing schools in order to minimize post-training urban migration.
1.6. Enhance prioritization of AYPHD issues through inter sectoral collaboration.

1.6.1. To align the national adolescent health and development policy for inclusion into existing policies, plans and operations of the Federal Ministry of Health and other key agencies, highlighting potential entry points.

1.6.2. To establish an Inter sectoral collaboration platform for the regular and effective coordination of policy, programming and resource allocation.

1.7. Provision of essential services that will be progressively expanded.

There are three implementation objectives under this recommendation.

1.7.1. To advocate to State Health Insurance Schemes to broaden eligibility criteria to include membership of trade unions, mutuals and cooperatives, where many older adolescents and young people work as apprentices and volunteers.

1.7.2. To advocate to State Health Insurance Schemes for free services (no co-payment) to adolescents and young people.

1.7.3. To define and regularly revise the adolescent health essential services for inclusion in provider mandates and subscriber benefit packages.

1.8. Create Integrated Supportive Supervision Checklist. Strong sanctioning of violations (illegal charges for free services).

1.8.1. To enforce the abolition of user fees at facility level through Integrated Supportive Supervision efforts.

1.9. Definition of the legal age for an adolescent to access services, as adolescents below the age of 18 years who present in a health facility without a guardian or parent are often turned away.

The two implementation objectives under this recommendation are:

To clearly define the legal age an adolescent can seek care for themselves

1.9.1. To develop and disseminate adolescent consent and
2. BUDGETING AND RESOURCE MOBILIZATION

2.1. **Priority should be given to adolescent health in resource allocation.**
   2.1.1. To advocate for the prioritization of AYPHD in budget and resource allocation.

2.2. **Leverage the SOML to access funds for Adolescent Health and Development programs especially at the sub-national level.**
   2.2.1. To create a package of evidence-based and cost-effective interventions that are proven to address AYP issues which could be supported by The Save One Million Lives Initiative.

2.3. **Advocate for specific budget lines and funding at national and sub-national levels.**

   There are two implementation objectives under this recommendation.

   2.3.1. To advocate for increase in budgetary allocation to provide AYPHD information and services at national, state, LGA, district and sub-district level to adolescents and young people.
   2.3.2. To strengthen budget tracking in respect of AYPHD funds, in order to ensure that the funds provided are utilized on the intended activities.

2.4. **Establish mechanisms to mobilize financial resources through effective partnerships with Development partners and the private sector.**
   2.4.1. To promote private sector participation and support.
   2.4.2. To advocate for more donor funding and technical support to the AYPHD programme.
3. SERVICE DELIVERY

3.1. **Introduce the Adolescent Health Week or integrate adolescent health activities within the existing maternal and Child Health Week programmes.**

3.1.1. To create awareness on Adolescent and Young People’s Health issues
3.1.2. To create demand for AYPH&D services

3.2. **Strengthen service delivery mechanisms to ensure the quality of care and comprehensiveness along with other essential dimensions.**

3.2.1. To promote effective service delivery, which is of high quality in urban and rural areas through standard service delivery mechanisms
3.2.2. To enhance the capacity of service providers and implementing partners to deliver quality AYPFHS

3.3. **Enhancement of the health facility environment, such as counselling, games, music and life building skills to motivate adolescent attendance and compliance while waiting for services.**

3.3.1 To ensure safe and healthy environment for health and development of the adolescents and youths

3.4. **Improve the sexual and reproductive health status of adolescents and young people by engaging a range of evidence based and effective interventions.**

3.4.1. Enhance technical capacity and coordination of sexual reproductive health services
3.4.2. Strengthen coverage and utilisation of contraceptives among 15–24 age group

3.5. **Promote positive social norms which addresses age and gender-based discrimination and violence, including child marriage by engaging and influencing policy makers and key stakeholders.**

There are two implementation objectives under this recommendation.

3.5.1. To empower adolescents, especially girls, by providing them with life skills to stand up for their rights, including their rights to fully and freely consent to marriage.
3.5.2. To strengthen health and social protection systems to provide services to meet the needs of the most vulnerable adolescents.

3.6. **Support the attainment of nutritional well-being of adolescents and young people as part of the overall physical, psychological and social-economic development by means of health and nutrition activities.**

There are two implementation objectives under this recommendation.

3.6.1. To reduce under nutrition and anaemia among adolescent girls (pregnant and non-pregnant) and boys
3.6.2. To reduce the threats of overweight and obesity among all adolescents

3.7. **Promote the Mental health of Adolescents and young people by implementing evidenced based strategies and interventions for mental health**

3.7.1 To integrate the mental health agenda within primary health care services and other relevant health and education services.

3.8. **Promote a safe and secure environment where adolescents and young people feel safe and protected by preventing and responding to violence and injury**

There are two implementation objectives under this recommendation.

3.8.1 Promote the primary prevention of violence and injury

3.8.2 Reduce the mortality and morbidity from intentional and unintentional injuries among young people, in particular from road traffic injuries

3.9. **Increase the visibility of adolescents and young people living with disabilities by establishing an all-inclusive intervention approach that targets them.**

3.9.1 Promote inclusion of adolescents and young persons with disabilities in integrated health services for adolescent and young people

3.10. **Prevent and control oral diseases, conditions, and injuries, and improve access to preventive services and dental care.**

There are two implementation objectives under this recommendation, they are:

3.10.1 Increase acceptance and adoption of effective preventive interventions

3.10.2 Reduce disparities in access to effective preventive and dental treatment services

3.11. **Prioritize addressing the threats factors and underlying determinants associated with Non-Communicable Diseases (NCDs), so that adolescents and young people reach the highest attainable standards of health and productivity**

3.11.1 To strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants

3.11.2 To take integrated action on threat factors and their underlying determinants across sectors

3.12. **Strengthen the health care system for prevention and control of communicable diseases**

There are two implementation objectives under this recommendation.

3.12.1 To reduce the incidences of communicable diseases

3.12.2 To monitor trends and determinants of communicable diseases and evaluate progress in their prevention and control
4. BASIC INFRASTRUCTURE

4.1. Improve basic infrastructure, supply and technology to ensure the provision of essential package of AYPHD services.

There is only one implementation objective under this recommendation.

4.1.1. To provide appropriate and adequate basic infrastructure.

4.2. Revise construction guidelines for health facilities to include adolescent friendly facilities.

4.2.1. To ensure the creation of Adolescents and young people’s friendly facilities.
4.2.2. To identify gaps in the availability of basic infrastructure required to provide the essential package of Adolescent and Young people’s health services.

4.3. Improve access to transportation by ensuring a dedicated vehicle at each PHC, for use by all AYPFHS safe spaces and services, to support community and outreach adolescent health services.

4.3.1. To support the strengthening of mobile/outreach health Services
5. HUMAN RESOURCES

5.1. Strengthen the capacity of health facility adolescent-friendly service providers and boost general health worker supply
There are four implementation objectives under this recommendation.
5.3.1. To support scale up training of all facility workers in the provision of Adolescents and Young People’s Friendly Health Services (AYPFHS).
5.3.2. To increase the number of health workers providing AYPFHS, especially females in Northern Nigeria.
5.3.3. To strengthen community participation, by training Community Health Extension Workers (CHEWs), in AYPFHS.
5.3.4. To strengthen community participation, by training Patent Medicine Vendors (PMVs) in AYPFHS.

5.2. Develop a strategy to include the requirement of demonstrating knowledge and skills in the area of adolescent and youth health as part of the accreditation, certification, and licensure examinations of health professionals.
5.2.1. To promote capacity-building among primary health care providers of AYPFHS.

5.3. Review curriculum for post-service training of health workers, teachers and social workers to emphasize the special needs for the adolescent group
5.3.1. To ensure availability of appropriately qualified and experienced health workers and CHEWs, with appropriate skills in AYPFHS.

5.4. Integration of adolescent friendliness, value clarification, and adolescent-targeted sexual/ reproductive and mental health, gender based violence, disabilities and other vulnerable groups in post-service training curricula for health workers.
5.4.1. To build capacity for the delivery of age and gender sensitive sexual and reproductive health services which includes HIV/STI prevention, treatment and care.
5.4.2. To create an enabling environment for mental health services including counselling and to develop the capacity to provide effective services at all levels of facilities.

5.5. Exploring distance learning as a viable training modality for service providers who manage substance abuse by adolescents.
5.5.1. To increase access to AYPFHS by improving capacity of service providers through distance learning
6. Expanding Access

6.1. Establish new and strengthen existing safe spaces for young people.

There are two implementation objectives under this recommendation.

6.1.1. Upgrading existing designated non-health centres to provide AYP services for recreation, information, and PHC referrals.
6.1.2. To provide non-clinical services, livelihood skills development, psychosocial support through youth organizations/clubs

6.2. Engagement and training of private health care providers/patent medicine vendors for supplemental provision of essential adolescent health care as well as for adolescent health needs and issues.

6.2.1. To strengthen demand creation and community mobilization for ADFHS.
6.2.2. To strengthen community participation, by training Health Workers in AYPFHS.

6.3. Strategic sponsorship by the state government in specific communities of more women to attend community midwifery school

6.3.1. To increase the number of female health workers providing ADFHS in specific areas of need.

6.4. Training and equipping of pharmacists and patent medicine vendors with accurate and sufficient information to provide basic health education and provide a minimum range of services to adolescents who patronize them.

6.4.1. To increase the access of adolescents and young people in the community to ADFHS

6.5. Strengthen coverage and utilisation of HIV prevention, care, and treatment services among youth, especially young adolescents (10-14 years) and teen mothers.

There are two implementation objectives under this recommendation

6.5.1. Reduce stigma and discrimination against persons living with or affected by HIV and AIDS
6.5.2. To increase the awareness and knowledge of vulnerable adolescents on SRH, abstinence, safe sex, sexuality and HIV/STI prevention in a wholesome environment
7. COMMUNITY ENGAGEMENT AND MOBILIZATION

7.1. Engage communities to increase their support for adolescents’ use of health services.

There are three implementation objectives under this recommendation.

7.1.1. To raise awareness of community leaders (school, other sectors, religious leaders, local authorities, parents) on adolescent health through communication for development.
7.1.2. To engage adolescents, young people, guardians, teachers and communities to develop positive attitude towards AYPFHS.
7.1.3. Promote the meaningful participation of young people, in planning and implementing AYPHD programmes.

7.2. Promote and strengthen partnerships and alliances that include schools, parents, adolescents and youth, and community organizations (both from civil society and the private sector) to help build social will and determine next steps in promoting the adolescent health agenda.

There are three implementation objectives under this recommendation.

7.2.1. To incorporate community-based interventions that strengthen families, include schools, and encourage broad-based participation
7.2.2. To raise awareness of the AYPFHS programme among parents, community leaders and young people.
7.2.3. To increase participation of community structures to participate in administering the AYPFHS package by partners.

7.3. Create strong linkages with community development groups, NGOs, community-based organizations and Faith Based Organizations to promote positive socio-cultural norms in the communities and in families.

There are three implementation objectives under this recommendation.

7.3.1. To strengthen the relationship between CBOs, FBOs, parents and guardians to promote the health and development of adolescents
7.3.2. To strengthen the capacity of parents, guardians and teachers to respond positively to the needs of adolescents and young people through a combination of dialogue, engagement and information, education and communication (IEC) approaches.
8. INTER SECTORAL COLLABORATION

8.1. Identify potential strategic and institutional partners to join a national alliance which will support the implementation of an intersectoral adolescent and young people's health and development plan.

There are three implementation objectives under this recommendation.

8.1.1. To identify strategic and institutional partners to join a national alliance.

8.1.2. To ensure effective coordination and participation of strategic and institutional partners for holistic and synergized programming.

8.1.3. To strengthen and sustain partnership through strengthening of communication channels with clearly defined roles and responsibilities.

8.2. Strengthen State level implementation of family life and HIV/AIDS Education in schools across 36 States and FCT

There is one implementation objective under this recommendation, and it is operational at the national level.

8.2.1. To advocate to National Ministries and policy makers for the integration of family life and HIV/AIDS education curriculum into out of school structures (especially vocational and youth friendly Centres).

8.3. Develop and implement the Intersectoral plan of action with institutions from different governmental sectors by establishing TWG for AYPHD across the 36 States of the federation and FCT.

There are two implementation objectives under this recommendation.

8.3.1. To identify strategic areas of intervention to develop an Intersectoral plan of action

8.3.2. To implement the Intersectoral plan of action.

8.4. Enhance the capacity of coordination structures at national, state and community levels.

There are two implementation objectives under this recommendation.

8.4.1. To identify platforms for coordination mechanisms for key line ministries to effectively execute the implementation of holistic AYPFHS programs.

8.4.2. To strengthen coordination structures at all levels.
9. AYP HEALTH LITERACY AND SBCC

9.1. Create social networks among adolescents and young to promote healthy behaviours through the use of new technologies.

There are three implementation objectives under this recommendation.

9.1.1. To create social networks by the inclusion of social communication interventions and innovative technologies in national adolescent health programs.

9.1.2. To promote healthy behaviours and practices among adolescents through social networks (beyond social media example, community adolescent group)

9.1.3. To strengthen the capacity of stakeholders on the use of social communication techniques and new technologies.

9.2. Adapt and implement strategies for social communication, social mobilization, and behavioural change.

This recommendation has one implementation objective and it is operational at the state level.

9.2.1. To strengthen the capacities of state adolescent health actors for implementing new strategies on behavioural changes and life skills for AYPs.

9.3. Identification and engagement of mentors for adolescents in varied settings (teachers, parents, community leaders, faith-based organizations, as so on) to improve adolescent health education, including the social determinants of high fertility rates among adolescents (such as unprotected sex).

There are three implementation objectives under this recommendation:

9.3.1. To engage health and education officials, teachers and their representative organizations, students, parents, and community leaders for promotion of health.

9.3.2. To incorporate health education and awareness activities on physical, social and emotional wellbeing and key adolescent health issues into all aspects of life at school and in the community.

9.3.3. To improve nutritional knowledge (literacy) of adolescents, young people and care givers.

9.4. Promotion of peer-to-peer education programmes for in-school and out-of-school adolescents by engaging young people at the grassroots to work as social mobilizers to create awareness using adolescent-focused messaging.

There are three implementation objectives under this recommendation.

9.4.1. To develop and adapt tools for peer education and distribute them to districts and communities.

9.4.2. To promote capacity building of young people, social mobilizers and active engagement young people.
9.4.3. To sensitize parents/caregivers, teachers, community leaders, traditional/religious and social leaders to support the promotion of health and development of adolescents including the vulnerable adolescents.

9.5. Availability of information on health service locations to transient populations at their known points of convergence (adolescents fleeing conflict, nomadic farmers, seasonal fishermen) as well as through affordable mass media such as radio. This recommendation has one implementation objective and is operational at the national, state, LGA and ward level:

9.5.1. To promote access to quality information and services so as to sustain healthy behaviours and practices among adolescents.

9.6. Engagement of media using radio jingles, dramas and other educational programmes targeting adolescents to sensitize on health literacy, especially on the need to access services from trained personnel. This recommendation has one implementation objective and it is operational at the national, state, and community level:

9.6.1. To innovate and intensity use of mass media campaigns for advocacy on health and development of adolescents and young people.

9.7. Strengthen School Health System to offer AYP health and development Services and establish strong referral channels between school health systems and higher level of care. This recommendation has one implementation objective and it is operational at the national and state level.

9.7.1. To strengthen establish a viable school health response to adolescents and young people at schools where prevention, early intervention and referral services can be delivered.
10. ADOLESCENTS AND YOUNG PEOPLE’S PARTICIPATION

10.1. Explore additional entry points to reach ‘out of school’ and disadvantaged adolescents, IDPs, including those with disabilities. There are three implementation objectives under this recommendation, all of which are operational at the State, LGA and Ward Level.

10.1.1. To develop a specific and relevant information package for community workers to improve access of ‘out-of-school’ and disadvantaged AYPs to AYPFHS.

10.1.2. To engage CBOs, FBOs, youth groups and youth networks in sensitization on AYPFHS.

10.1.3. To create outreach initiatives to reach out the most vulnerable and excluded youth and engaging representatives of at threat groups as peer educators, outreach workers.

10.2. Develop and/or strengthen youth leadership programs, particularly among indigenous adolescents towards planning, monitoring and evaluation of ADFH services. There are two implementation objectives under this recommendation, both of which are operational at the State, local and ward level.

10.2.1. To promote participation by adolescents and young people in AYPHD decision-making and development.

10.2.2. To develop feedback mechanisms for young clients on AYPHD services and protocols for adolescents and young people’s role in monitoring and supervision of services.
11. MONITORING AND EVALUATION FRAMEWORK

11.1. Build capacity of stakeholders to ensure implementation of M&E systems at all levels
There are two implementation objectives under this recommendation.
11.1.1. To strengthen the M&E system of the AYPFHS program.
11.1.2. To strengthen systematic collection, analysis, dissemination and use of data for promotion of adolescent health.

11.2. Routine monitoring and supervision of service providers on adolescent-friendly health services (integration of such services in the Integrated Supportive Supervision checklist).
There are two implementation objectives under this recommendation.
11.2.1. To support routine monitoring and supervision of service providers on AYPFHS.
11.2.2. To support the implementation of quality assurance using AYPFHS tools and other quality improvement tools at all levels.

11.3. Expansion of the initial data disaggregation effort (which includes input on gender and age) to include the type of service being provided at all levels of the health care sector (i.e. national, state, local government authority and health facility).
There are three implementation objectives under this recommendation.

11.3.1. To review the Health Management Information System for the inclusion of disaggregated AYP data.
11.3.2. To adopt the collection of disaggregated data to include age, sex, vulnerability, school status (in or out of school), disability etc.
11.3.3. To ensure that national reports on cause-specific utilization of services include a specific focus on Adolescents and Young People.

11.4. Amendment and dissemination of the current reporting tools to the lowest levels of care to ensure that all relevant data are captured.
There are two implementation objectives under this recommendation.
11.4.1. To develop and amend program key indicators and data collection tools
11.4.2. To support dissemination of amended data reporting tools
12. ADVOCACY

12.1. Strengthen advocacy to the 12 states in the North for the domestication of the Child Rights Act.
There are two implementation objectives under this recommendation.

12.1.1. To identify current challenges to the domestication of the Child Rights Act (CRA) in the remaining 12 states.
12.1.2. To develop an advocacy strategy to mitigate identified barriers to domestication.

12.2. Inclusion of disadvantaged adolescents as a “vulnerable” group as an amendment to the 2014 National health Act, to enable them access free health care as provided for children under 5 and pregnant women.
12.2.1. To articulate justification for classification of disadvantaged adolescents as a “vulnerable” group

12.3. Advocacy with specific community fact sheets to existing community structures (meetings of community leaders, religious leaders). This can be carried out by conducting advocacy visits and community dialogues.
There are two implementation objectives under this recommendation
12.3.1. To raise awareness of the AYPFHS programme among parents, community leader, adolescents and young people.
12.3.2. To increase the participation of community structures towards the promotion of AYPH.

12.4. Encourage girl-child education through advocacy towards Parents and Guardians, Community, religious leaders and policymakers
There are two implementation objectives under this recommendation.
12.4.1. To advocate to policy makers for the promotion of girl-child education in communities.
12.4.2. To create awareness on the significance of girl child education.
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