# 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 Adolescent and Young People Friendly Centres

AYPFHS Adolescents and Young Peoples' Friendly Health Services

AYPH Adolescents and Young Peoples' Health

AYPHD Adolescent and Young Peoples' Health and Development

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
Mol Ministry of Information

Mol&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

OVC 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 8

## **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 Ugboko and Dr. Amima Muhammed, Deputy Director, in charge of Adolescent School-Health Desk.

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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.

- 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 subnational levels.

- 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

- 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

- 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.

- 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.

- 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 inter sectoral 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.

- 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 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-ofschool adolescents by engaging young people at the grassroots to work as social mobilizers to create awareness using adolescent-focused messaging.

- 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 intensify 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.

- 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

- 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.

		1					Au	olescenc			3 Health	and De	velopili	enc impie	mentation Plan 202	1-2023						
Policy Priority Prog. Area	Implementation Objective(s) Open	rational Level	Key Interventions/Activity	Responsible Actors	or los	2021 Q3 Q4 Q	2022	los os	Timeline 2023		2024	104	2	025	Budget Source	Risks	Indicator	Definition of Indic	Indicator group	Baseline Performance Target	Performance Desired Outputs	Desired Outcomes
Policy and legal framework					Qi  Qi	9 19 19	1  Q2  Q3	101	92 93	100 101	101 101	1 101 10	Q1  Q2	0, 0,	1	T	mucator	mulcacor type	mucator group		1	
evise the National Policy on Adolescent (oung People⊟s Health and Developmen	1.1.1 - To disseminate the national Policy to relevant statishadiers at all levels     Nationa	al level, state, LGA	Dissemination of the National Policy on the Health and Development of Adolescent and Young People in Nigeria to relevant stakeholders	FMoH, FMWASD, FMYSD, and Development partners, NGOs, CBOs and CSOs.							Ш				FMoH, Development Partners and Donor Agencies	Delayed adoption of revised national policy and implementati	Proportion of states and LGAs that have receive copies of the Nationa/Policy on Adolescents and Young People's Health and development	Output	Thematic Indicator (System Performance and intervention)		Utilization of the revised poli- relevant stakeholders at all le	
HD) to reflect emerging issues	1.1.2 -To adapt the National Policy on Adalescent and Young People at the state	ı	Dissemination of the National Policy on the Health and Development of Adolescent and Young People in	FMoH, FMWASD, FMYSD, Development											F&SMoH, Development Partner	s Delayed adoption of revised	Proportion of states and LGAs that have adopted the National Policy on Adolescents and Young People's health and development and have costed		Thematic Indicator (System		The adoption and implements	Informed decision making on tion of AYPHD program at all levels
	Iteel. State In  1.2.1 - To advocate for the improved  implementation of the National Standards  and Minimum service package for AYFHS	rvel	Nigeria at State level Advocate to NPHCDA, NHIS, SOM and submational levels for improved implementation of existing Basic Minimum Package for AYPs at PHCs	partners, NGOs, CBOs, CSOs  F8SMoH, FMWASD, FMYSD, NPHCDA, Development partners, NGOs, CBOs,						П					and Donor Agencies  FMoH, NPHCDA, NHIS and	national policy and implementati Delayed implementation of BMF		Output	Performance and intervention) thematic Indicator (System		the revised policy by states The adoption of the National Standards and minimum servis	<ul> <li>AYPFHS by adolescents and young</li> </ul>
egrate adolescent health service into sic Minimum Package of Health s at PHCs.	in MHCs at Subnational level National  1.2.2 - To review the existing Mational guideline for the integration of AYFHS into BHCs in Nigeria Nationa	al and State level	To conduct a Technical working Meeting and stakeholders meeting to review the National guideline for the Intergration of AYFHS into PHCs in line with the new National Adolescent Health Policy of 2021-2025	FMoH, FMWASD, FMYSD, NPHCDA, Development partners, NGOs, CBOs,											FMoH, NPHCDA, NHIS and	at PHC levels  Delay in constituting the review meeting	and Youth-Friendly Health Propoparison of states that have received copies of the reviewed National Guildines for inogration of ATPHS into Mach.	Output	Performance and intervention)  Thematic Indicator (System Performance and intervention)		package by states  A reviewed guideline for integ of AYFHS into PHCs	people
2007102	1.2.3 -To adopt the minimum package and standard of health services for AYP at the	1 2372	Training and Retraining of desk officers on the National Standards and Minimum Service Package for Adolescent and Youth-Friendly Health Services to ensure improved implementation												FMoH, NPHCDA, Donor Agencies, Development Partner	s, Delayed implementation of BMF	Proportion of states that have adopted the National Standards and Hiniman Service Package for Adolescent and Youth-Friendy Health	Osigo	Thematic Indicator (System		Advocacy visits conducted to	Improved access to AYPFHS by
rrelop guidelines for the nentation of adolescent-targeted ch services and mobile clinics for I populations such as out of school	state level state le  1.4.1 - To identify which AYPFHSs can effectively be offered through targeted outreach and/or mobile clinic rounds		To conduct Technical Working Meeting and stakeholders meeting to identify AYPH-ISs that can be	F&SMoH, NHMIS, FMWASD, NPHCDA, FMYSD, Development Partners, NGOs.											and Private Organizations  FMoH, NPHCDA and	at PHC levels  Non-participation of adolescent young people and other membe	Services.  S. Health service use by	Outrope	Performance and intervention)  Thematic Indicator (System Performance and		SOML and SHISs  Developed guidelines for AYF	
people, street children, OVCs, ijpated minors and young people living isabilities	Nationa  1.4.2 - To develop service delivery guidelines for non-facility-based services (adapted from existing madels such as		offered through targeted (mobile rounds  To conduct consultative meetings for the development of service delivbery guidelines for non-facility based	NPHCDA, FMoH, FMWASD, FMYSD,											Development Partners  FMoH, NPHCDA, Development	of the community  AYPHD being considered as low	adalescents (proportion of adalescents who had access to AYFHS in a govern period)		intervention)/Additional indicator for consideration at state level	3	targeted outreach services Approved service delivery gui	young people Increased demand, uptake and access to AYPFHS by adolescents delines and young people, inlouding the
ost general health worker supply, ally of the female gender in the	1.5.1 - To reverage on NPHCDA negotiations with the School Accreditation Boards and Nursing Council to increase	a, State level	Continued advocacy to NMCN to raise annual school admission capacity and higher admission quota for	Development Partners  NPHCDA, NMCN and FMoH								1 1			Partners and Donor Agencies  NPHCDA and Development	priority  Councils with limited or no flexibility to do what needs to b	Proportion of facilities with think's service providers trained in the provision of adolescent halls services in the assr 12	0	Thematic Indicator (System Performance and Intervention)/Additional indicator		for outreach services Increased number of Nurses deployed to facilities to suppo	underserved groups
rn states and ensuring their appropriate og in accordance with population needs	output of fensele graduates Nationa 1.5.2 - To support enrolment of rural based married women into nursing schools in order to minimize post-draining urban Nationa migration Ward L.	al, State, LGA,	Interduction of appropriate package of incentives for community volunceers/health workers involved in provision of AYFFHSs	NMCN, FMoH, Community Mobilizers, NGO, CBOs and SPHCMB											Partners  FMoH, NPHCDA and Development Partners.	High attrition rate of health workers in rural areas	health services in the past 12 months	Cespa	intervention)/Additional indicator for consideration at state level	4	Programming  Increase in the number of nu school graduates to support a Programming in rual commun	YP
shance prioritization of AYPHD issues	I.S. 1-To olign the national adolescent health and development policy for indusion into existing policies, plans and operations of the Faderal Missisty of Freshth and other key agencies, highlighting potential energy politics.		Build consensus and establish a framework for inter- sectoral and Public-Private Partnerships for AYP	FMoH, FMWASD, NPHCDA, FMYSD, NHIS, and Partners									T		FMoH, NPHCDA, FMYSD, FMWASD and Development Partners.	Vertically implemented program on AYPHD	15 Number of shared inter-	Output	Thematic Indicator (System Performance and		Approved and aligned policies initious AYP plans	to Holistic and inter-sectoral AYP
gh inter sectoral collaboration	1.6.2 - To strengthened/instablish an inter secasor's collaboration platform for the regular and effective coordination of policy, programming and resource allocation		Identify and man Ministries Denartments and Agencies	FMoH, FMWASD, NPHCDA, MoE, MoI and MYSD, NGOs, CBOs.											FMoH and Development Partners	The lack of a coordination platfor for inter sectoral collaboration	sectoral projects or programs		intervention)/Additional indicator for consideration at state level	5	A compiled list of relevant partners/stakeholders	Programming
	criteria to include membership of trade unions, mutuals and cooperatives, where many older adolescents and young people	al, state	Advocace to State Health Insurance Schemes (SHIS) to broaden eligibility criteris, to expand their subscriber base.												N&SHIS, FMoH, Development	Non establishment of Health	Percentage of population covered by health insurance		Thematic Indicator (System		Expanded schedule of service AYP enroless	for Improved financial access to AYPFHSs.
ovision of essential services that will be essively expanded	work as apprentices and volunteers  1.7.2 - To advocate to State Health frausance Schemes for free services (no co- payment) to adolescents and young people Nationa.	al state, LGA	Advocate to State Health Insurance Schemes for free services (no co-payment) to adolescents and young people.	NHIS, FMoH, NPHCDA  FMoH, NPHCDA and Partners							'	1 1			Partners and Donor Agencies  N8SHIS, FMoH, Development Partners and Donor Agencies	Insurance Scheme at the state le Out- of-pocket payment which barrier to accessing of services be adolescents and young people	is a Self-reported out-of-pocket	Output	Performance and intervention)  Thematic Indicator (System Performance and intervention)		Increased number of AYP entitle health insurance scheme i	olled in Reduced out-of-pocket cost for t all AYPFHS, and Improved Financial access to such services
	1.7.3 - To define and regularly revise the adalescent health essential services for inclusion in provider mandates and subscriber benefit packages Nationa	al state	Hold consultative meetings with stakeholders, CSOs, religious and traditional leaders	NHIS, FMoH, NPHCDA, NGOs, FBOs, CSOs, Community Rulers.											FMoH, NPHCDA, Development Partners.	Non-establishment of health insurance scheme in some states	Proportion of providers implementing the inclusion of Adolescent essential health services in their subscriber to benefit packages.	Output	Thematic Indicator (System Performance and intervention)		Defined AYPFHSs in the insur	
reate integrated Supportive Supervision dist. Strong sanctioning of violations of charges for free services)		al, state, Wards	Develop regulatory frameworks for AYPFHS service programme and developing mechanism for sanctioning of violations (lifegal tanzers for free services) for adolescents and young people -Conduct regular quarterly ISS	FMoH, NPHCDA, NHIS , FMYSD, FMWASD, FMoI, Development Partners											F&SMoH, NPHCDA, N&SHIS, Development Partners and Donor Agencies	The absence of a regulatory framework for AYPFHSs	Percentage of states where integrated supportive supervising checkfact has been observed and used for monitoring efforts	output	Thematic Indicator (System Performance and intervention)		Monitoring and tracking repo available to strengthem AYPF provison.	States enarting laws and
inclusion of disadvantaged adolescents  [vulnerable] group as an amendment to 1014 National health Act, to enable them st fee health care as provided for tren under 8 and pregnant women	1.10.1 - To aniculate juscification for classification of disordinatograf addrescents. National as a "kulternable" group	al level	Conduct advocacy visits to the National Assembly for the revision of the National Health Act 2014	FMoH, NPHCDA, Partners, CBOs, FBOs, CSOs, and NGOs											FMoH, Development Partners, Donor Agencies.	Non-prioritization of AYPHD issues.  Unreadiness for a review of the National Health Act 2014 for thindusion of vulnerable AYPs to enable them access free health of services.	Percentage of adolescents and young people (30 26years) with disability tha heav access to relevan health services	Output	Thematic Indicator (Non- communicable diseases and Dissabilities)		Amended National Health Ac	Disadrantaged AYPs have access to free, quality AYPFHS.
	I.II.I - To identify strategic and immissional partners to july the Technical Natio	ional, state, LGA	Conduct stakeholders mapping in order to identify strategic partners, their objectives, power, capacity and planning resources.	Federal and State MoH-Lead, National Adolescent Health and Development Working group (NAHDWG), development partners, youth led and focused organizations, private sectors enterprises											F8SMoH, Development partners, Donor Agencies, CBOs, Private sector	Strategic and institutional partne not willing to be part of the condition/falliance, systemic bureaucracy and issues which wi hinder coordination and partner Won-fulfillment of agreement an	Number of meetings held by by	Input	Thematic Indicator (System Performance and intervention)		Partners identified and particl the national technical working alliance in each state	oate in Increased intersectoral, effective group and holistic support for AYP programming
I Boost the effectiveness of the National Adolescent Health and Development thinical Working Group which will support the implementation of an intersectoral folescent and young people's health and development plan		i	Conduct an inaugural and periodic review of stakeholders for allance-building between strategic and institutional partners for effective programming	Federal and State MoH-Lead, NAHDWG, development partners, youth led and focused organizations, Private sectors enterprises											F&SMoH. Development partners, Donor Agencies and the private sector	Non-fulfillment of agreement an collaborative advantage between partners. Vertical/parallel implementation partners	by				Increased participation of par the TWG reviews	ners in
	I.11.2 - To ensure effective coordination and participation of startegic and institutional partners for hidsis and springszed programming	ional, state J.GA	Develop a basic stakeholder coordination strategy and periodic review of stakeholders to strangthen systems for ensuring high standards of transparency and accountability.	Federal and State MoH-Lead, NAHDWG, development partners, youth led and focused organizations and private sectors enterprises											F8SMoH, Development partners, Private sector and Donor Agencies	Asymmetry of information and resources  Lack of trust among partners	Number of states with SAHDWG	Онерия	Thematic Indicator (System Performance and intervention)		Established basic stakeholder coordination strategy	Screngthened inter sectoral partnership in adolescent and youth programming
	syndysec programmy	I	Finalize the National guide being to aid the formation and functioning of State Adoelscent Health and Development Technical working group	F&SMoH, NAHDWG, development partners, Youth-led organizations and representatives of young people											F&SMoH, Development partners, Private sector and Donor Agencies	Delay in finalization of guideline					Guideline for the formation a functioning of SAHDWG	nd
eting and Resource Mobilization fority should be given to adolescent a la resource allocation	2.1.1 To advocate for the prioritization Nationa of AYPHD in budget and resource allocation.	al, State and LGA.	Advocate for the allocation of funds from intersectoral sources for Joint priorities in AYPH&D	Federal and State Ministry of Health, Finance and Education, Federal and State Ministry of Women Affairs, Federal and State Ministry of Youth & Sport Development, NPHCDA, SMoH, SPHCMB, Development Partners											Ministry of Education, Ministry of Women Affairs, Ministry of Youth & Sport Development, FMOH, NPHCDA, and Private Partners, Development Partners	f Budgetary constraints  Non-alignment of goals and targ between agencies	Proportion of relevant stakeholders that have included a budget line for joint ATPHID programming priorities	legas.	Thematic Indicator (System performance and Intervention)		50% Availability of resources to sul AYP programming	port More adolescents are able to access and utilize AYPFHSs
everage the BHCPF to access funds for secent Health and Development ams especially at the sub-national level	2.2.1 - To create a paddage of evidence- based and cost-effective iscovernsions shot are private to address AFP issues which could be supported by The Bosic Healthcare Prevision Fund	•	Build consensus on evidence based joint priorities for AYPHD.	FMoH, FMWASD, FMYSD, FMoE, FMoH, NPHCDA, NHS, NGOs, CSOs, Development Partners											Development Partners  FMoE, FMoH, NPHCDA  Development Partners	Classification of AYP as low prior	ority 1. Health service use by adolescents. 2. Number of AYPHD activities/tensestions levenging oon and being familed by The BHOPF	1. Outcome 2. Output	Thematic Indicator (system performance and intervention)		Defined list of prioritized AY interventions	
vocate for specific budget lines and			Monitor and track budgetary allocation and release of funds to the health sector, including dedicated resources for AYPH\$ and the other is to build efficient accountability mechanisms in resource allocation and utilization.	NGOs, CSOs, N&SPHCMB, F&SMoH, F&SMWASD, F&SMYSD, SPHCMB and Partners											NGOs, F&SMoH, Private Partners, Development Partners	Unavailability of funds due to budgetary constraints and misus	Existence of budget specific budget line for AYPHD at eatienal and sub-national		Thematic Indicator (System		Funding available to finance A programs to successful comp	
g at national and sub-national levels	respect of AYPHD funds, in order to ensure that the funds provided are willized an the intended artificies		Develop appropriate indicators and tools for use during monitoring wists to track ATPHD funds, prepare quarterly budget performance reports for the ATPHD Technical Working Group (TWG) meetings and conduct National/sub-national spending analysis on AYPHD.												FMoH, Dvelopment Partners, Donor Agencies	budgetary constraints and misus funds for otherwise intended activities	monitor allocation and efficient use of funds for AYPHD programs	Input	performance and intervention)		Efficiency in the use and allocation funding to AYPHD programs	Strategic deployment of funds to support priority programmatic areas for AYP at all levels.
L Establish mechanisms to mobilize nancial resources through effective erships with Development partners and the private sector	participation and support  2.4.2 -To advocate for more donor funding Nationa.		Exploring and mapping funding partners for AYPFHS programming.  Mobilize funds through bilateral and multilateral	F&SMoH, NPHCDA, SPHCMB, NGOs, CSO, F&SMWASD, F&SMYSD, F&SMoE and Development partners FMoH, NPHCDA, SMoH, SPHCMB.											FMoH, Development Partners, Private Partners and Donor Agencies. FMoH, NPHCDA, SMoH,	Categorization of AYPHD probl as low priority	lems Extense of a defined list of funding partners for AYPHD within the country Proportion of AYPHD programs funded by funds sourced from bitment and	Опрек	Thematic Indicator (System performance and intervention) thematic Indicator (System		Defined list of funding partne Increased funding for AYPHI	strengthen AYP programming at all levels Availability of AYPHD
rvice Delivery	and technical support to the AYPHD  Accountment  3.1.1 To create awareness on Adolescent State		collaborations and to lobby private sector in adopting AYPFIRS as part of comparate composibility	NGOs, and Development partners.											SPHCMB, and Donors	Non-acceptance of adolescent a	od I		performance and incervention)		programs  More members in community	programmes and services at all levels
	J.1.1 To create awareness on Adolescent State and Young People's Health issues Cor	e Level, LGA and I emmunity level.	Young People's health issues during outreaches such as MNCH works	SMoH, SMoE, SHWARD, SMYSD, SMOI, Development Partners Community Leaders, and NGOs, Media, Faith Based Organizations, Civil Society Organizations, Community Based											SMoH, SMWASD. Donor funds and Grants.	Non-acceptance of adolescent a young people's health services in communities Lack of engagement and	nd Number of sensitizations compaigns on AYP health boxes conducted by state and LGA				More members in communiti aware of Adolescent and You people's health and developm issues	as are All adolescents and young people are provided with relevant information and services to enable them to lead a safe and healthy ser.

				E 5	G H I J K L M N O P Q R S	T U V W X	Y Z	M M K	AD AI N	1G	Ast	×
3.1 Introduce the Adolescent Health Week or integrate adolescent health activities within the existing maternal and Child Health Week programmes			Engage and plan with adolescents on how to access outreach services and find the information they need through community events, radio adverts and listener rights.				BHCPF-FMOH, FMYSD Donor funding, Grants	Namber of ourcraches conducted to AVPs on how to access health care services  Comput	Thematice indicator (System performance and incervention)	Number of adoelscents and young people who have access and utilize outreach services	Strengthened health seeking behaviour and utilization of outreach services by the adolescents and young people	
25 programmes	3.1.2. To create demand for AYPH&D services	National State, LGA	Increase role of social marketing organisations and private sector to expand service delivery points to hard to-reach areas for the provision of information and AYPFHS.	Youth clubs, Media CBOs, Youth organizations, Private Partners, NGOs, development partners, SMoH, SMoE, SMWASD, SMYSD.			Budget allocation to SMYSD, SMoH, SMWASD, Donor funds, NGOs, and Grants.			Increased participation of social marketing organizations and private sector.	Adolescents and young people, including the vulnerable groups and the underserved have access to AYPF service delivery pooints.	
3.2 -Strengthen service delivery mechanisms to	3.2.1-To passecte affective service delivery, which is of high quotity in unban and rural areas through standard service delivery mechanisms	National, State, LGA	Develop and disseminate tools to monitor the implementation of rational service standards on adolescents and young psople □s health care.	FMoH, NPHCDA, Development partitions, NGOs.			Private Partners.	Channibility of required misorance to conduct augment be supervisory VISTS  Procurage of access where supervisory  representation of access where supervisory chandles has been decreased and such access for	Themasic Indicator (System	National service standard guide and tools accessible and utilized for AYP programming		
2Strengthen service delivery mechanisms to of ensure the quality of care and comprehensiveness along with other essential dimensions	3.2.2-To enhance the copacity of senice providers and implementing partners to deliver quality AYPSHS	National State, LGA	Provide on-thi-job training to different caches including community health workers/CHIPs) as a means of scaling up quality APPHS delivery, especially in hard-to-reach populations.				NPHCDA, SPHCMBA, F&SMOH, Development Partners and Donor Agencies	Proposition of ballities with beath swicks provides trained in the transition of the transition of the transition of the transition of the medical in the point 52 medical in the point 52 m	Performance and inter-ention) Thematic fusions (System Performance and inter-ention)	Increased proportion of service providers who have received in- service training on the delivery of high quality and integrated AYPFHS	Service providers are equipped with skills to provide high quality and efficient. AYPFHS to adolescents and young people including the vulnerable groups.	
33 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	National, State, LGA, community	Establish and reintroduce youth centres in existing PHCs for adolescents and young people, including the valuntrable and underserved groups for recreation, information, services and referral.				FRSMOH, FRSMYSD, FRSMYSD, Development Partners	Inadequate provision of resources for the establishment of youth centres for ATPs  misuse or abandonment of youth centres	Themsel: Indicator (System Performance and Intervention)	Adequate number of youth centres established in communities.	improved access to AYPFHS by adolescents and young people.	
39	3.4.1 -Enhance technical capacity and coordination of snewal reproductive health senices		Build capacity for the delivery of age and gender sensitive sexual and reproductive health services which includes, post shortal care, HIV/STI prevention, treatment and care.	F85MOHL F85MoE, F85MWASD, F85MYSD, and NGOs, Development partners, CSOs, CBOs, FBOs and youth organizations			NPHCDA, FMoH and donors.	Inadequate provision of funds, fragmentation and lack of a holize, fragmentation and lack of a holize, and coordinated multi-accoral approach to AYPHD  Proposed to AYPHD  Proposed to foliation Propo	Themsels Indicator (Sexual and Reproductive Heath and rights)	Increased proportion of service providers to provide high-quality, integrated information and services for AYP SNH as well as information and services that are responsive to emergencies and fragile contexts.	Maximum utilization of high quality and adequate sexual and reproductive health information and services by adolescents and young people.	
41		National, State, LGA,		F8SMOH, F8SMWASD, NBS, F8SMYSD, NGOs, Development partners, CSOs, CBOs, FBOs, and Youth Organizations			F&SMoH, Development Partners	Ineffective and non-strategic system  Teach Cere indicators who are report  Teach Cere indicators into the second in the second	Thematic Indicator (System Performance and Intervention)	SRH data disaggregated and available for all states. Improved system for data collection and analysis for SRH issues across all states.		
2.4 Improve the sexual and reproductive health status of adolescents and young people by angajing a range of evidence based and effective interventions  42	3.4.2 - Strengthen coverage and utilisation of contraceptives among 10 □ 24 age group	National, State, LGA, community	Intensity messaging on the benefits of contraception for adolescents to dispel myths during community events, outreach promotion, and media sevents.	#83MOL, FASHOH, FASHWASD, F83MYSD, Development partners, NGO: CSOs, CBOs, FBOs, youth based organizations, religious leaders, community leaders.			Partners	Inadequace reach to adolescents and young people (1924) and HV Education Correctain con-ed-strool-young people (1924) people quantity with fall young people (1924)	Thematic Indicator (Sexual and Reproductive Heath and rights)	Availability of contraception services and information, and expanded access to reach underserved groups	young people	
43			Provide manthly mable outreach clinics to hard-to- reach a reas for increased access to contraception methods.	F&SMol, F&SMoH, F&SMVASD, F&SMYDD, Development partners, NGOs CSO. CBOs, FBOs, youth based organizations, religious leaders, community leaders.			FRSMoH, NGOs, FRSMYSD, FRSMWASD, Private Organizations and Development Partners	Instificant aboution of funds and Adviscent contractive propert resources to support out-raids programs for access to information on contraception methods	Themstic Indicator (Sexual and Reproductive Health and rights)	Consistent (monthly) mobile outreaches conducted to hard to reach areas	Maximum utilization of information and services for contraception by adolescents and young people.	
.44	3.4.3 - To improve the knowledge and avernment of Adolescents an Sexual and Reproducible Health and Sexually Transmitted Diseases including MIVIAIDS	National State, LGA, Community	Scale-up on-going efforts to improve the Family Life and HIV/AIDS Education curriculum and its implementation among hi-school and out-of-school adolescents	F&SMoE, F&SMoH, F&SMoI, NACA, Youth dubs, Media, Youth organizations, Faith Based Organizations, NGOs, CSOs, Development partners and the Media				Non-incorporation of school-logal Plantae of shools family life and HFMDS education. Intelligence of the school	Thematic Indicator (Sexual and Reproductive Heath and rights)	Development and incorporation of school-based family life and HIV/AIDS guide into the upper primary and secondary education curriculum	AYP are adequately knowledgeable on Sussal and Reproductive Health and Sessally Transmitted Diseases such as HIV/AIDS	
				NHRC, SMol, SMoH, SMWASD, SMYSD, Development partners, CSDs, CBOS, FBOs, youth based organizations, community leaders, religious leaders, and youth clubs			F8SMoH, NGOs, F8SMYSD, F8SMWASD, Privace Organizations and Development Partners	non-puricipation from all levels,  and madequate funding  and madequ	Themsic Indicator (Sexual and Reproductive Hearth and rights)	Availability of commissioned programs against age and gender- based violence, including child marriage		
45	2.5.1 - To empower adolescence, especially gifs, by providing them with life skills to stand up for their rights, including their rights to fully and freely consent to marriage	National, State, LGA, community	Support behaviour change interventions to engage parants, adolescents, communities and other influential access to trainform gender norms and invest in the development and empowerment of adolescent girls development and empowerment of adolescent girls	NHRC, SMol, SMoH, SMWASD, SMYSD, Development partners, CSOs, CBOs, FBOs, Youth based organizations, community leaders, religious leaders, and youth dubs.			Partners	Non acceptance of the programs by Proportion of parents reached output members of the community, non-acceptance found in adequate funding with Assessor reputative with resistance reputative and inadequate funding	Thematic Indicator (Sexual and Reproductive Heath and rights)	Establisment of interventions geared towards SBCC and gender empowerment	Adolescents and young people are protected especially the most vulnerable and underserved and free from all forms of violence, exploitation, abuse and harmful practices.	
2.5 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			and its consequences.	Development partners, CSOs, CBOs, FBOs, Youth based organizations, community leaders, religious leaders, and youth clubs.				Non acceptance of the programs by Number of shooking and conventions or instead and taken maintained and the maintained and the maintained and the stock of the s	Themsate Indicator (Sexual and Reproductive Heath and rights)  Themsate Indicator (Sexual and	More adolescents, young people and other members in the community informed on gender-based violence and child marriage		
43	3.5.2 - To strengthen health and social protection systems to provide services to meet the needs of the most variantible adolescents.	National, State, LGA, community	effective and efficient services.	National Human Rights Commission (NHRC), PMoH, PMWASD, PHYSD, FMG, Development partners, Logal practitioners, CSOs, CBOs, and PBOs.				Supplement Capacities for regioned on Paratine of grazale ensures Catapac grape and profess-fraced sixteened and other related issues  Supplement of the Capacities of Cap	Thematic Indicator (Sexual and Reproductive Health and rights)	services" at all levels of care, including har to reach areas	Adolescents and Young Pople dermand and have access to related services at all levels of care	
			Promote and enforce the Sexual and Gender-based violence law	National Human Rights Commission (NHRC), PMol. Phlock PMWASD, FMYSD, FMO, Development Purners, Legal Practitioners, CSOs, CBOs, FBOs and the Media.				Non-adoption and implementation of the Security of the Sec	Thematic Indicator (Policies and Programs)		Adolescents and young people are free from sexual violence or any other form of gender-based violence	
3.6 Strengthen advocacy to the 12 states in the North for the donestication of the Child Rights Act		National, State, LGA	Conduct consultation forums with cultural and religious bodies in 12 states to identify the current challenges facing the domestication of CRA.	MWASD, Moj., MYSD, MoH, FBOs, CBOs, Development partners, MoE while the budget source will be MWASD, MoH, FBOs, CBOs, and Development partners, MoE, Donors and PPP.			F&SMWASD, F&SMaH, NGOs Development partners, Donors and PPP.	(Including PCT) that have adopted and implemented Child Rights' Act by 2024	Thematic Indicator (Policies and Programs)	Consultative forum held and challenges in domestication of CRA are identified	All states in Nigeria domesticates the CRA	
	3.6.2 -To develop an advocacy strategy to mitigate identified bowiers to demestication	National State, LGA, Community	Conduct advocacy wists to religious leaders, social actor and cultural initiators on the domestication of the Child Rights Act.					2. Number of consultation forms with Carboni alone Society Composition of Carboni according and carboni according and carboni according and carboni according according and carboni according and carboni according acco		Advocacy with social actors and oultural initiators conducted		
	3.7.1 To reduce under nutrition and ansernia armang addressent girls (programs and non-programs) and bays	National, State, LGA, Community	Develop ancessasi care and nutrition programmes that address the nutrition and health needs of pregnant addressor, givin, founding micronactive near supplementation, foodfolianced protein energy supplementation (where needed) and nutrition education.	F&Shob, NAFDAC, F&SHWASD, F&HTSD, and MDCN, NPHCDA, youth organizations, C50s, SON, Private Sectors, CBOs and youth organizations.			BHCF-FMOH, NPHCDA, Development partners, NGOs, Donor funds and Grants.	Non-participation of the trype; population in the communities, non- compliance to promotion of supplementation to promotion of supplementation and healthy existig, practices  The product of the promotion of supplementation and healthy existig, produce rate of underways (1)  The product of t	Themsels indicates (Nuteration and Physical activity)	Antenstal care and nutrition programmes developed to address the nutrition and health needs of programs adolescent, girls	Reduction of malnut rision/under-weight among adolescens and young people including the marginalized groups	
2.2 X.7 Support the attainment of nutritional wash being of adolescents and young people as part of the overall physical, psychological and social-economic development by means of health and nutrition activities	3.7.2 To reduce the threats of overweight and obesty among all adolescents	National, State, LGA, Community	Prevent and control overweight among adolescents and young people, through the provision of nutrition counselling and services, the promotion of healthy and diversified discs and where necessary recommend supplementation as well as food fortification strategies.  Develop facility and outreach programs to promote and	FRSMOH, NAFDAC, NIPHCDA. FRSMMYASD, FAMYSD, MDCN, Youth organizations, CSOs, SON, Private Sectors, CBOs, Youth organizations and the budget source will be BHCPF-EMOH, FPMYSD and Donors FRSMHH, FRSMWASD, FRSMYSD.				Inadequate ourrach to cover land from time of wavesquit und to reach nees and the underwaread, deterty awag solinexes, detection and additional or communities the target population in communities Inadequate resource allocation to forecasting of additional Character Character and Character and Character Therefore a communities Inadequate resource allocation to forecasting of additional Character Characte	Thematic Indicator (Natrition and Physical activity)  Thematic Indicator (Natrition and Thematic Indicator (Natrition and	Availability and expanded provision of nutrition counselling and services, the promotion of healthy and diversified diets  Sports and recreation facilities		
54	unu wendy amang an addrescents	Community	Develop facility and outreach programs to promote and improve access to sports and physical activity in the community, schools and at the workphoe.  Work with schools, workplaces and communities to				F85MoH, F85MWASD, F85MYSD, NGOs, Development partners.	Inadequate resource allocation to recentage of enforcement October (1) from which have recommended to take of the control of the of the	Thematic Indicator (Nutrition and Physical activity)  Thematic Indicator (Muntal		Improved health and wellbeing of AYP through active participation in Physical activities and sports Improved response to AYP	
			Work with schools, workplaces and communities to deliver sensitization programs to improve mental health literacy and enhance resilience and substance use.	F&SMYSD, F&SMol, and NGOs, Development partners, CSOs, CBOs, FBOs, youth organizations and the media.			F&MoH, F&MoE, NGOs. Development Partners and Private organizations	Non-prioribitation and inadequate with several resources of depart provision of incess the battle resources for AYPFHS delivery, register astitute for nursers providers: significant service providers: significant service for delivery resources and deli	Thomasic Indicator (Phontal Health)	Increased proportion of service providers trained to respond to mental health problems and provide appropriate AYPF Hental Health Services (expanded access to services across the 36 states and FCT)	mental health issues by key actors (all adolescents and young people, including the underserved groups have access to adequate mental health services)	

Provide appropriate treatment interventions 
[pharmacolejeta, psychosocia, rehabilization and RSSMS, FSSMOI, and NIGOL 
After are services) to adolescents and young people with 
Development partners, CSOL, CBOs, 
mencal health issues, aubeatance abuse and technology 
#80s, youth organizations and the mer-Availablety of standardurfated and appropriate treatment inservencions informed tokonge and appropriate treatment inservencions informed tokonge and appropriate treatment inservencions informed tokonge and are young people with mercal health issues, subtrante abuse and etchnology addiction as all levels of care NGOs, Donors, F&MoH, F&MWASD, and F&MYSD Non-participation of adolescents and young people. Inadequate human resource and basic infrastructure to facilitate t promotion of bahaviour change communication among adolescen 3.8.1 -To integrate the mental health agenda within primary health care senior and other relevant health and education 3.8 Promote the Mental health of Adolescents and young people and Substance Use by implementing evidenced based strategies and interventions for mental health National, State, LGA, Community F&SMoH, F&SMoE, F&SMWASD, F&SMYS, F&SMOI, and NGOs. Development partners, CSOs. CBOs, FBOs, youth organizations and the me Support early prevention, screening and referral through strengthened health systems, community and school-based gender responsive mental health programmer. NGOs, donors, grants, F&MWASD and F&MYSD Non-participation of add and young people, prople.

Inadequate human resource and basic infrastructure to facilitate th. promotion of behaviour charge communication amongst folescents F8SMoH, F8SMoE, F8SMWASD, F8SMYS, F8SMOI, and NGOs, Development partners, CSOs, CBOs, F8Os, youth organizations and the me 10H, NGOs, Donors, TWASD, FMYSD and Partners Non-participation of adolescents and young people. Positive behaviour change and informed choices by adolescents and young people Inadequate human resource and basic infrastructure to facilitate t promotion of behaviour change communication amongst Develop in meatiness campaign and distribute primarial Conference of the Conference Publicity campaigns on their owr might be ineffective in preventin, youth violence when not linked to long time prevention strategies as 3.9 Promote a safe and secure envir Decreased incidence of physical violence among male and female adolescents and young people where adolescents and young people feel so and protected by preventing and respondin to violence and injury National, State, LGA, Community 3.9.1 -Promote the primary prevention of violence and injury Resistance to safety regulations, ineffective response systems for emergency situations 3.9.2 -Reduce the mertality and marbidity from intentional and unincentional injuries among young people, in particular from road troffic injuries FMoT, FMoEnv, FMoE, FMoH, FMWA FMYSD, NGOs, Media, FRSC, NEMA, CSOs and CBOs Federal and State MoT, MoH, Partners and NGOs Raise awareness and sensitization on improving safety for all road users on high-threat roads, prioritizing pedestrians and cyclists in urban planning, encouraging pedestrian-friendly resirenteers and aftery rechoslosic Enabling environment where adolescents and young people fi safe and supported adolescents and young people who are afflicted by intentional and unintentional injury Appropriate road safety Tessures 3.10.1 - Promote inclusion of adalescent and young persons with disabilities in integrated health services for adalescen and young people PMoH, FMWASD, FMOI, NOA, FMOE, NHRC, PMYSD, NGOs, CBOs, CSOs, the media, and youth organizations, traditional and religious Institutions. MALI EMWASTS EMVED Discrimination against adolese and young people living with disabilities Increase in the number of adolescents and young people living with disabilities who have access to relevant health services IO Increase the visibility of adolescents or young people living with disabilities by establishing on all-inclusive intervention approach that tarvets them rograms) trengthened systems and poli-hat foster social inclusion and quality for the benefit of dolescents and young people Capacity building of health workers and service providers on disability inclusion and service providers on disability inclusion and service providen for adolescents and young people living with disabilities NPHCDA, F&SMoH, FMWASD, FMYSD, donors and NGOs resource allocation, non-prioritization for the need for Percentage of adolescent and young people (50 26years) with disability the have access to relevan health services Thematic Indicator (Non-Communicable diseases and Dissability) Adequate inclusion of adolescents and young people living with disabilities in all types of AYPFHSs National, State, LGA, FMoH, FMWASD, FMYSD, NPHCDA, Donors, and NGOs ematic Indicator (Dental Oral health care accessed by adolescents and young people at all levels of care No strategic system in place for service delivery, Sustainability, inadequate budget allocation poor health behaviours or the adolescents, young people and other members of the community, non-participation of the target population Establish more community health centres with an or health component and to integrate dental health component in AYPFHS delivery at existing health More community health centres with an oral health component established nensified messaging to delescents, young people and ther members of the communi in the importance of oral health to overall health and well-being 3.11 Prevent and control oral diseases, conditions, and injuries, and improve acc Dental health component in AYPFHS t delivery at existing health centres integrated intensify messaging to adolescents, young people and other members of the community on the important oral health to overall health and well-being. Lack of collaboration among government and other stakeholders to reduce the common modifiable threat factors of NCDs such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol 3.12.1 To strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants NPHCDA, SPHCMBA, F&SMoH, F&SMWASD, F&SMYSD, CBOs, NGOs, CSOs, youth organizations and development partners NPHCDA, FF8SMoH, NGOs, Development Partners and Private Organizations Establishment of a comprehensive approach that systematically integrates policy and action to reduce inequalities in health and tackles NCDs Reduction in the prevalence of NCDs among adolescents and young people. ational State, LGA, onduct capacity building of health workers and servi roviders on people-centred primary health care. nematic Indicator (System orformance and interventi Develop a comprehensive approach that systematically integrates policy and action to reduce inequalities in health and tackles NCDs by simultaneously promoting population-level health promocion and disease prevention programmes, actively targiting groups and individuals at high threat, and maximizing population coverage with effective recarment and care. 2 Prioritize addressing the threats factor I underlying determinants associated wit Communicable Diseases (NCDs), so the dolescents and young people reach the ghest attainable standards of health and productivity National State, LGA, Support the Implementation of as least a minimum set of PhoH.NPHCDA, SPHCB, PhoE, essential NCD interventions in primary care to increase PhyMASD, PhYSID, CBOL, NGOs, CSOs, coverage and equality for basic care and to monotor the progress, creads, and threat of NGDs for guideg policy and priority. Lack of collaboration among government and other stakeholders for reduce the common modifiable threes factors of NCDs such as rebaccouse, physical insecting, unshealthy dies and the harmful see of alcohol F&SMoH, F&SMWASD, F&SMYSD, NPHCDA, donor funds, grants and NGOs. Thematic Indicator (Non-Communicable diseases and Dissability) ecressed proportion of olescent and young people wh e alcohol, cigarettes or any 2.2 To take integrated action on th Capacity building of health workers and service providers on the prevention and control of communicable diseases including TB, Malaris, HIV/AIDS and to create community awareness and knowledge on the prevention and control of communicable diseases through coursech and sensitization programs. National, State, LGA, I. / - To reduce the incidences of co Federal /State MoH, and N/S PHCDA NACA, NCDC, NGOs, CSOs and Development Partners Federal /State MoH, N/S PHCDA, Development Parti and Donor Agencies ematic indicator ommunicable diseases) crease in the prevalence of mmunicable diseases among plescents and young people Increased number of health worker and service providers adequately trained on the prevention and control of communicable diseases intage of people aged 14 who both correctly ify ways of proventing F8SMoH, F8SMoE, F8SMWASD, F8SMNSD, NCDC, CBOs, NGOs, CSOs, and Development partners MALI KIRBUMB Adequate number of community campaign programmes conducted on prevention and control of communicable diseases 3.13 Strengthen the health care system for prevention and control of communicable diseases 8SMoH, NPHCDA, SPHCMB/ 8SMWASD, F&SMoE, Development partners, NGOs, Donor funds and Grants. romote the use of LUINs through sensitization and listribution to in-school and out of school adolescent: increased number of adolescent using LLINs sarticipation of adolesce ne sensitization programm get population not reached unavailability of LLINs for distribution MoH, NPHCDA, MoE, MoI, Development partners, NGC Donor funds and Grants. ortality among adolescents : young people (15-24 years) F8SMOH, N8SPHCMB, F8SMOE, F8SMWASD, F8SMOI, Media, Development partners, NGOs, CSOs, CBOs and Community Leaders. Increased awareness on malaria prevention and control among caregivers, adolescents and your peoble 3.14 Strengthen School Health System to offe AYP health and development Services and establish strong referral channels between school health systems and higher level of core. F&SMoH, F&SMoE, F&SMWASD, F&SMYSD, UBEC, NTI, TCRN, SUBEB, NUC, NGOs, CBOs, and CSOs ematic Indicator (System rformance and interventio Increased number of schools offering school health services Development partners, NC Grants, Public-Private Partnership, FMoE, FMoH, FMYSD, and FMWASD mproved access to a package of preventive, promotive and urative health services at school w Adolescens and Young Book 3.14.1 - To strengthen establish a viable school health response to adolescents and young people at schools where prinormities, early intervention and referral services can be delivered. Provide facilities and resources to promote proper hygiene among adolescents in private and public scho (such as menstral hygein and WASH). FMoE, FMoH, FMWASD, FMYSD, U s SUBEB, NGOs, CBOs, CSOs, Development partners Increase in the number of schools with the adequate facilities for hygiene management levelopment partners, NGO, irants Public-Private artnership, FMoE, and FMoH Inadequate resource allocation t promote proper hygiene and to provide hygienic facilities quate" knowledge of sstraul hygiene 4.1 Improve basic infrastructure, supply and technology to ensure the provision of essential adequate basic infrastructure for AYPHD package of AYPFHSs. National and State Level Procurement and distribution of relevant and essent equipments. N8SPHCMB, F&SMoH, F&SMWASD, F&SMYS, Development Partners, NGOs, CSOs, CBOs. Inadequate resource allocation for the procurement of required products and infrastructure for the hematic Indicator (System erformance and intervention I.S increased number of PHCs with AYP including the underserved required basic infrastructure for the groups have access to standard delivery of AYPFHS and quality AYPFHS ivery of AYPFHS. N&SPHCMB, F&SMoH,
F&SMWASD, F&SMYS, LGA and
Donors.

Consideration of resource
allocation to Adolescent and Young
People's health as low priority onal, State, LGA, PHC Set up stakeholder meetings to revise constructi guidelines to include adolescent friendly facilities SPHCMR FASMAH FASMAVAS Modified construction guidelines with inclusion of adolescent friendly facilities amatic Indicator (System formance and intervention Enhanced adequate access of AYP to AYPHD facilities and services in 4.2.1 - To ensure the creation of Adalescents and young people's friend FRSMYS, Development Partners, NGO CSOs, and CBOs

Integrate adolescent health measures into the socialing integrated apportion speriority checkets to capture flashing the control speriority checkets to capture flashing to integrate deporting speriority checkets to capture flashing to integrate to interrip gain in the simblifity of basic capturing to interrip gain in the simblifity of basic capturing to interrip the control proceeding the control procedure flashing and procedure flashing and captured for procedure flashing package. Identification of AYPFHS data gaps through analyses of available data information to inform planning and management of AYPFHS N&SPHCMB, F&SMoH, F&SMWASD, F&SMYS, NGOs and donors 4.2.2 - To identify gaps in the availabilit Percentage of states when integrated supportive basic infrestructure required to provide e essential package of Adolescent and ung people is health services. ematic Indicator (System rformance and interventi Inadequate resource allocation for the procurement of required resources and transportation systems to facilitate outreach programs for the delivery of AYPFHS 4.3 Improve access to transportation by ensuring a dedicated vehicle at each PHC, use by all APPHS safe spaces and services, support community and outreach adolesce health services.

5.0 Human Resources ASPHCMB, FASMoH, FASMWASD. N&SPHCMB, F&SMoH, F&SMWASD, F&SMYS, LGA, FMYSD and donors. F&SMYS, and FMoT, development partners, NGOs, CSOs, CBOs, FBOs youth clubs, and youth organizations worscents and young people have access to mobile outreach services and services at AYPF actities. Increase in the proportion of skilled health workers for AYPFHS at all levels N&SPHCMB, F&SMoH, F&SMWASD, F&SMYS, LGA, SPHCMB, Development Partners, PPP To support scale up training of all ty workers in the provision of AYPFHS Proportion of facilities with ufficient Funds to conduct Review and update the curriculum for pre-service training of health workers to emphasize the special needs for the adolescent cohort. RSMOH, NPHCDA, SPHCMB, RSMWASD, F&SMYS, Developme Inters, NGOs, NMCN, MDCN. Capacity of health workers are enhanced with the updated AYPFHS provide AYPFHS in health facili post training curriculum incluiding hard to reach areas. arriculum for post-service sining of health workers to ophasize the special needs ne adelescent cohort. SMOH, SPHCMB, NGOs, CS Development Partners 1.2 To increase the number of hec orkers providing AYPFH'S especially males in Northern Nigeria. SMoH), State Primary Health
Care Board (\$PHCHB), Partners
and Public-Private Partnership
reach areas Increased number of trained female Increase in demand and upcake health workers providing AYPFHS in quality AYPFHS by female adolescents and young women More CHEWs and other community level health workers are available to engage adolescent and young people towards seeking health services 3 To strengthen community slicipation, by training Community ofth Extension Workers (CHEWs), i creased capacity of servic providers to offer quality AYPFHS to AYP More PMVs available to engage adolescent and young people towards seeking health services 4 To strengthen community rticipation, by training Community solth Influencers transaters (CHPhilip Conduct training for CHIPs in community on AYPFH5 NPHCDA, F&SMOH, SPHCMB, CSOs, NGOs, Community Leaders, Development partners NPHCDA, SPHCMB, F&SMoH F&SMWASD, F&SMYS, Development, Partners, PPP lational, States, LGAs, Community Difficult in defining scope of train Thematic Indicator (System Performance and intervention 2.1 - To build capacity for the delive ge and gender sensitive sexual and productive health services and menta ealth services for all targeted adulesce not justing people which includes resention, treatment and one. Build capacity of AYPFHS providers at all levels to delive prevention and treatment/counselling for SRH services, (F&SM+HS, NFHCDA, F&SMYSD, Rental Health and other healthcare services to adolescents and young people. NPHCDA, F&SMoH, F&SMWASD, F&SMYSD, SPHCMB and Partners. sufficient funds for periodic he Availability of trained service providers to handle preventive, treatment and counselling on STIs, mental health and SRH ncreased capacity of service roviders to offer preventive : reatment/counselling on STIs workers training. Enhanced capacity of HWs on prevention and treatment of STIs may not translate into positive health seeking behaviour of the adolescent population 5.3 Strategic sponsorship by the state government in specific communities of more women to attend community midwifery school I.1 - To increase the number of skiller endants providing maternal care and ner AYPFHS in specific areas of need. ERSMALI KIRLICTIA SINICMB SMALL NIBLECTIA AND Increase in number of skilled
attendants for AYPFHS at all levels
of care including hard to reach; areas girls and young women ematic Indicator (Sexual and productive health and rights J - To increase the access of ilescents and young people in the munity to AYPFHS Development Departments, N&SPHCMB, F&SMYSD, CSOs and Fair Based Organizations, Pharmacist association of Nigeria, Patent medicine board 6.0 Community Enagagement and Mobiliz 6.1.1 - To raise awareness of community fraders (school, other sectors, religious feaders, focal authorities, parents) on adulescent health strough communication for devaluations. Engage young people to develop and implement a national communication strategy for the AYPFHS programme at all levels MoE, F&SMYSD, NPHCDA SPHCMB and Partners Delay in developing/updating national strategy and non-available of funds for the review and the budget source will be F&SMoE, F&SMYSD, NPHCDA, SPHCMB as Partners nproved utilization of AYPFHS y adolescents and young people communities including hard to each areas. NEHCDA SEHCME NICO: 104 CEC Non-availability of funds to suppo the champion groups on AYPFHS reased involvement of religious I community leaders in adolescer lith issues hematic Indicator (Sysem erformance and Interventio 6.1 Engage communities to increase their support for adolescents ☐ use of health servi Inform young people, guardans, teachers, and communities on AYPHS programmes, procedures, and F&SMMASD, NINCDA, SPHCMB, Civil stowards AYPFHS means to encourage positive attitudes covereds AYPFHS 1.2 - Pranste the meaningful articipation of young people, in plannin ad implymenting AYPHD programmes. F&SMoE, F&SMYSD, NOA, F&SMWASD, NPHCDA, SPHCMB and Partners elescents and Young People maily utilize AYPFHS at amunity level, including erserved adolescents 6.2 Promote and strengthen partnerships and officiances that include schools, parents, adolescents and youth, and community organizations (both from chils society and the private sector) to help build social will and determine next steps in promoting the adolescent health agenda. Create a unified community platform to orient community-based organizations (EDGs), NGOs and APPHG General overlar scross access on APPHG SHOPHG, NGOS and APPHG SHOPHG, CAN Societies, NGOs and APPHG SHOPHG, CAN Societies, NGOs and candidates, community organization and information artificial community organization and information artificial platform of the APPHG SHOPHG S Interventions do not yield sufficie, charge in behaviour, awareness an participation among community members in the administration of AYPFHS 6.2.1 - To incorparate community-bar interventions that strengthen families, include schools, and encourage broad tween the stakeholders and mmunities to promote AYPH Opprint some half meeting with community-based Opprint some half meeting with community-based Opprint some without an advoice interference of the NGCs working with childrenhaldemicrates on the stream) to half their capacity on how to if forms and educate adeleccates as they come into contact on ATPHS and when half concerns. F8SMYSD, NOA, F8SMWASD, Difficulty in synergiaing individual SMLGCA, NPHCDA, SPHCMB stakeholder:ID effort towards promoting the adolescent course and health needs I - To strengthen the relationship reen Adalescent groups, CBOs, FBOs, onts and gwardians to promote the tin and development of adalescents ey come into contact on TPFHS and their health 6.3.2 - To strengthen the capacity of barrens, grandians and teachers to respond positively to the needs of addressmits and young people shrough a strabination of dialogue, engagement an information, education and communication Mobilize services of community leaders, politicians, artists and religious personalities to sensitize the target SPLIGGA. NPHCDA, SPHCMB, NGOs population on health and social issues F8SMYSD, NOA, F8SMVASD.
SMLGCA, NPHCDA, SPHCMB
and Partners

Difficulty in synergising individual
stakeholders: ethic file of towards
promoting the adolescent course
and health needs łational, States, LGAs Community evelopment and private Partners 6.4 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 Engage health and education officials, teachers and their representative organizations, students, parents, and community leaders through community dialogue and advocacy, for the promotion of health. partners, Donors, NGOs, Public Communities not participating in Private Partnership, CSOs, CBOs, FBOs, MoE, SPHCMB and ational, States, LGAs ommunity Members of the community, including parents continually support AYPHD at the community leve and promote AYPHD. Proportion of parents of with adolescent report nealth messages Proportion of community or religious leaders, Community Health Influencers, Premier Ensure a safe and healthy environment for health and development of adolescents and youths, including provision of safitient straistion and water, freedom from abuse and violence, a climate of care, trust and respect, so Partners, Donor funds, NGOs, Public-Privace Partnership, MoE, SPHCMB, SMoH. FMoH, F85MYSD, NOA, F85MWASD SMLGCA, Federal Ministry of Environment, NPHCDA, SPHCMB, NGOs, CBOs and FBOs, Community Leaders, Development and private on Partners 6.4.2 - To increase the participation of community structures towards the promotion of AYPH. research address and head Increased participation of related stakeholders and community institutions to adolescent health Communities have enabling environment with adequate facilities and resources for the health and development of adolescents and young people. Underserved youths identified, data
Additional entry points to reach
for out of reach AYPs available and
out of school' and disolventaged
adolescents established, including
those with disabilities
their unique needs Bigging community workers. CBDs, RBDs, CLDs, us.

CBDs, CSDs, YSDs, CDDs, CDDs SMoH, SMWSD, SMSYD, Public Sigma and cultural barriers, and Private Donors, and Private Donors, and Embedding Small Smal 5.1 - To develop a specific and relevant formation package for community orders to improve access of "out-of-school ad disadvantaged AYPs to AYPFHS. S.2 To engage CBOs, FBOs, youth group: of youth networks in sensitization on PFHS. Extreme of a fet of app goodwill ambassadors to promote the case of walkership, underserved as out of school AYP Youth organizations, CBOs, CSOs, FBOs, Social actors, SMWSD, SMYSD, NGOs, and Media MALE CHONOL CHICALD BYTH ematic Indicator (System rformance and intervention Eminent personalities and goodwill ambassadors identified to champie the cause of underserved AYPs 6.5 Explore additional entry points to reach 'out of school' and disadvantaged adolescents, Adolescent in emaceyency and fragile setting (IDP camps), including those with disabilities. and Private donor s, Development partners, Grants International donors, NGOs, International donors, re MoE, MoIC and FBOs Aolescents and Young peple, including the underserved have access to quality healthcare services i.3 To create outreach initiatives to not out the most vulnerable and disided youth and engaging presentatives of at threat groups as pr ucators, outreach workers. SMoH, SMWSD, SMSYD, Publi and Private Donors, Development partners, International donors, NGOs, MoE, MoIC and FBOs. Hold regularly scheduled outreach programmes that engage youth peer educators to reach the valnerable, NGOs, CBOs, CBOs, FBOs, Media and underserved and exciteded youth in communities Inadequate resources, logistics issues and lack of motivation for youth and community members Number of ourreach programmes that engage you peer educators to reach the universities understood and

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Develop and/or strengthen youth leadership programs, particularly amon indigenous adolescents towards plannin monitoring and evaluation of ADFH set	decision-moking and development.		youths in all planning, implementation, monitoring and decision making in local, national and international forums			Public and Private donors, Development partners, International donors	necessary follow-up activities	trained impresent adolescents and youthin in local national and international fertire. Number of trained young loaders provided with opportunities to impresent adolescents and youthin lineal, national and international		Thematic Indicator (System Performance and intervention)	~		increased participation by adolescents and young people in AYPHD decision-making	Screngthened youth leadership and participation program, particularly among indigenous adolescents towards planning, monitoring and evaluation of adolescent friendly health services	~~
6.7 Engagement of media using redia) of draman and other educational program targeting adolescents to sensitize on he literary, especially on the need to acce services from trained personnel.	mass media campaigns for advocacy on hth health and development of adolescents	National, States, LGAs, Community	Dissemirates ATPH information through yoponsor ships to health and social movies, documentaries, sude mag- page radio talks, supplements in print media, social media etc	s, FMol, MoC, CSOs, CBOs, MoH,		donors, grants, Public-Privat	Os. Non-prioritization of AYPHD information dissemination by states footh, and inadequate funding	Number of reeds program engaged in dissentiating AYPH information through spansarships so health and spansarships so health and section review, documentaries, sardo messages, radio tallo, supplements in print media, social media esc.	Dopus	Thematic Indicator (System Performance and intervention)			through several communication portals	AYP, memebers of communities and caregivers have access to AYPHD information, either at the demand or supply level.	