



# **National Strategic Framework on the Health & Development of Adolescents & Young People in Nigeria**

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FEDERAL MINISTRY OF HEALTH, ABUJA,  
NIGERIA



## **ACRONYMS**

AHD	Adolescent Health and Development
AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
BMI	Body Mass Index
FLHE	Family Life and HIV & AIDS Education
FMOH	Federal Ministry of Health
GAR	Gross Attendance Ratio
GER	Gross Enrollment Ratio
HIV	Human Immunodeficiency Virus
NAR	Net Attendance Ratio
NER	Net Enrollment Ratio
NHMIS	National Health Management Information System
MIS	Management Information Systems
RTA	Road Traffic Accident
RH	Reproductive Health
STI	Sexually Transmitted Infections
UNDCP	United Nations Drug Control Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
YPHD	Young People's Health and Development

## TABLE OF CONTENTS

Section	Title	Page
	Acronyms	ii
	Foreword	iv
	Acknowledgement	vi
	Preface	viii
	Executive Summary	xii
1	Introduction	1
2	Situation Analysis	4
2.1	Nutrition	4
2.2	Accidents	6
2.3	Drug Abuse	8
2.4	Education	13
2.5	Career and employment	18
2.6	Parental responsibilities and social adjustment	23
2.7	Mental health	27
2.8	Spirituality and rights	30
2.9	Sexual and reproductive health	31
3	Framework for Strategic Action	36
4	Implementation/Monitoring and Evaluation	78
5	List of Contributors	104

## FOREWORD

Young people form a significant population group in terms of demographic parameter and are a unique population in terms of characteristics as a result of their developmental processes. They face unique challenges, some of which may compromise their health and development potentials if not well addressed. Since young people represent the future of the country, one of the most important commitments a country can make for future economic, social and political progress is to address their health and development needs.

In Nigeria, there has been a growing recognition of the need to respond effectively to the health and developmental challenges of young people. In this respect, the Federal Government, through the Federal Ministry of Health (FMOH) developed a National Adolescent Health Policy in 1995. A National Adolescent Reproductive Health Strategic Framework was developed in 1999, reproductive health having been identified as a key issue in adolescents. No strategic framework was however produced for other priority areas of adolescent health and development indicated in the 1995 policy. However, several important changes have occurred in the area of adolescent health and development nationally and internationally between 1995 when the old policy was developed and the current time. This has necessitated a revision of the policy and development of a comprehensive strategic framework to reflect the new realities as follows: (a) sexual behaviour; (b) reproductive health; (c) nutrition; (d) accidents; (e)

drug abuse; (f) education; (g) career and employment; and (h) parental responsibilities and social adjustment.

This publication, National Strategic Framework on the Health and Development of Adolescents and Young People in Nigeria has been developed to aid the rapid translation of the policy into actions in line with the commitment of the Nigerian government and people to the development of the younger generations. The framework covers all the priority areas outlined in the revised policy, and takes due cognizance of the role of various stakeholders, including government agencies, civil society organizations (including community-based organisations, non-governmental organizations, and faith-based organizations), the academia, the private sector, international development partners and other stakeholders.

It is my sincere hope that with the implementation of this document, the health and development needs of young people in Nigeria will be better met with a resultant marked improvement in their quality of life, which will contribute towards our national aspiration of achieving the Millennium Development Goals and ensuring a better future for our nation.

A handwritten signature in black ink, appearing to read 'E. Lambo', is written over a horizontal line.

Prof Eyitayo Lambo  
Honourable Minister of Health

## **ACKNOWLEDGEMENT**

The development of this strategic framework which translates the National Policy on the Health and Development of Adolescents and Young people to actionable plans was a partnership between the Federal Ministry of Health and the World Health Organisation (WHO) with active collaboration of many other development partners including various Federal Ministries and government agencies, non governmental organizations, and the young people themselves.

I hereby express my appreciations to all partners who participated in the process as well as various technical resource persons. I particularly wish to acknowledge the contributions of Dr. O. Odujinrin, WHO Reproductive Health Adviser in planning and developing this document. I seize this opportunity to note the immense support of the Enabling HIV & AIDs, TB and Social Sector Environment (ENHANSE) Project to the National Policy review process with particular reference to Mrs. Charity Ibeawuchi, also the Reproductive Health Adviser. The efforts of our lead consultants, Drs. Adesegun-ola Fatusi and Olubunmi Asa in ensuring the successful outcome of the development process are highly appreciated.

I deeply appreciate the hard work of my officers, whose dedication has led to the final output of the document. In particular, I wish to thank Dr. M.A. Odeku, National RH Coordinator and the Adolescent Reproductive Health team: Mr. D. O. Ajagun, National

ARH Coordinator, Mrs. A.O. Etta, Mrs. R. Idris and  
Mrs. A.A. Odunuga.



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## **PREFACE**

The concern about the health and development of adolescent has been expressed in various Regional and International instruments, including the 1985 International Year of the Youth (UN General Assembly), the 1990 UN convention on the Rights of the Child, The OAU African charter on the Rights and Welfare of the Child and more recently, the UN Special Session on Children. The WHO regional committee for Africa also concluded in 1995 that the health situation of adolescents is not satisfactory and subsequently adopted the Adolescent Health Strategy for African Region and endorsed the resolution urging member states to accord adolescent health and development priority in their national and social economic development agenda.

Although adolescents are generally considered physically healthy, they are vulnerable to several unique health problems, such as early childbearing and unwanted pregnancies with its health consequences. Other include higher maternal and



child mortality, unsafe abortion; sexually transmitted infections including HIV/AIDS; and sexual exploitation and abuse. Fifteen million young women between the ages of 15-19 give birth each year accounting for over 17% of all annual births in the least developed countries and as high as 40% of all maternal mortalities in some countries in the Region. Also between 1 and 1.4 million adolescents women have abortions in developing countries each year. Lack of accurate information and limited access to adolescent-friendly health services are major contributory factors to the poor reproductive health status of young people in Nigeria which is reflected in the fact that only 57% of young people in 2005 knew all the transmission routes for HIV. Other common problems of adolescents include malnutrition, injuries and disability as a result of risk-taking activities, parasitic and waterborne diseases and use of alcohol and other harmful substances.

The development of this National Strategic Framework on the Health & Development of Adolescents & Young People was a fall out of the

heightened interest in adolescent health issues, strong collaboration between development partners and the National Adolescent Reproductive Health Conference, 1999.

The frame work compliments the National Policy on Adolescent and Young Persons' Health & Development and aimed at translating the policy into actionable plans to improve the health and development of adolescents in Nigeria. It outlined major areas of adolescent care and needs and described broad strategies for intervention in the areas of sexual behaviour; reproductive health; nutrition; accidents; drug abuse; education; career and employment; and parental responsibilities and social adjustment. It also set out specific objectives for improving adolescent health and development with recommended activities and indicator for measuring achievements.

Adolescence offers both a challenge and an opportunity for investment in human development. Adolescents' resourcefulness and energy have been

shown to contribute to improvement of their standard of living as well as that of their families and communities. The next 3-8 years will be a challenging period for adolescent health in view of the rapidly changing economic, social and technological environment in most countries of the regions and the approaching targets for Millennium Development Goals.

WHO is well situated to continue to provide technical support for translation of strategies articulated in the framework to actions and to foster the partnership required for effective implementation of the framework for improvement of adolescent health and development in Nigeria.

WHO Representative

## EXECUTIVE SUMMARY

In Nigeria, there has been a growing recognition of the challenge of young people's health issues and the need to address this challenge. To respond to the challenges of young people's health and development, the Federal Government, through the Federal Ministry of Health (FMOH) developed a National Adolescent Health Policy in 1995 and a National Adolescent Reproductive Health Strategic Framework in 1999 which complements the policy and aimed at translating the policy into actionable plans.

The goal of this strategic framework is to facilitate the implementation of the National Adolescent Health Policy that aims to improve the quality of life of young persons in Nigeria. In addition to the other thematic areas (sexual and reproductive health, nutrition, accidents, drug abuse, education, career and employment, and parental responsibilities and social adjustment) already addressed by the previous strategic framework this new strategic framework aims to capture all the domains of adolescent health (including adolescent mental health, spirituality and rights for purpose of completeness) that the national policy focuses on.

The contemporary issues under each of the thematic areas are to be addressed through the following strategies:-

- Advocacy and social mobilization
- Promotion of healthy behaviours through education and skills development
- Equitable access to quality health services including school health services
- Capacity building
- Research promotion
- Young people involvement and participation
- Monitoring and evaluation

This strategic framework can be used by all stakeholders to achieve the ultimate goal of the National Adolescent Health Policy which is an improved quality of life for all young people in Nigeria. It serves as a guide for stakeholders to adapt to their contexts and raise resources for all or specific activities and their implementation. To ensure success, the Federal Ministry of Health (FMOH) will undertake the responsibility of disseminating the framework and mobilizing resources for its implementation to the extent possible. The ministry will also collaborate with all partners for the successful and effective implementation of the framework.

This strategy has built into it, appropriate indicators under each thematic area with which programmes can be monitored and evaluated. Government agencies shall monitor activities in the sector within their mandate, and according to the appropriate tier of government. A comprehensive evaluation of the implementation of the framework will be undertaken nationally every five years. The results of monitoring and evaluation activities will be used to improve programme planning and implementation as well as the development of future framework.

# 1. INTRODUCTION

Adolescents as defined by the World Health Organisation (WHO) refer to people between the ages of 10 and 19 years, while youths refer to persons between the age range of 15 and 24 years, and the term young people is used to cover both groups (10-24 years). Young people form a significant population group in terms of demographic parameter as they constitute about a fifth of the human population globally and are rapidly increasing in terms of absolute number. Young people are also a unique population in terms of characteristics and needs and they face unique challenges as a result of their level of development and the societal situation.

One of the most important commitments a country can make for future economic, social and political progress and stability is to address the health and development needs of its young people. In Nigeria, there has been a growing recognition of the challenge of young people's health issues and need to address this challenge. As evidence from various local and national surveys have shown, young people in Nigeria face the challenges of early sexual

initiation, early marriage, and unsafe sexual practices, among others, with the consequences of increasing rate of unwanted pregnancies, unsafe abortions, and sexually transmitted infections (STIs), including HIV and AIDS.

To respond to the challenges of young people's health and development, the Federal Government, through the Federal Ministry of Health (FMOH) developed a National Adolescent Health Policy in 1995. Between 1995 and 2006, several important changes have occurred in the area of adolescent health and development nationally and internationally, which has necessitated a revision of the policy to reflect the new realities.

The broad aim was to ensure that the policy is up-to-date vis-a-vis current health trends and policy frameworks including the revised National Health Policy and the Millennium Development Goals and to also achieve a good fit between the policy and the strategic framework. The policy identified major areas of adolescent health care needs and described broad strategies for intervention to address the following: (a) sexual behaviour; (b) reproductive health; (c) nutrition; (d) accidents; (e) drug



abuse; (f) education; (g) career and employment; and (h) parental responsibilities and social adjustment.

As a follow up, a heightened interest in adolescent health issues and strong collaboration between development partners led to the organisation of National Adolescent Reproductive Health Conference in 1999. One of the outputs of the conference was a National Adolescent Reproductive Health Strategic Framework, which complements the policy and aimed at translating the policy into actionable plans. This new strategic framework aims to capture all the domains of the adolescent health (including adolescent mental health, spirituality and rights for purpose of completeness) that the national policy focuses on.

## 2.

### SITUATION ANALYSIS

#### **2.1. NUTRITION**

To be healthy, young people must have the right kinds and amounts of food. Health and nutrition are closely linked: disease contributes to malnutrition, and malnutrition makes an individual more susceptible to disease. During adolescence, average weight doubles and height may increase by more than 15%. The demands of physical growth can only be met by a balanced intake of nutrients, and a lack or excess of any nutrient may lead to health problems later.

Many young people are becoming economically active, due to poverty and family circumstances, and may be required to perform heavy manual or domestic labour, which may further compound their problem of inadequate diet. Young people may not have adequate nutrition as a result of poverty or due to specific food habits, which have to do with preference for snacking and food fad. Available

evidence also indicate that even where intake of calories and protein is sufficient, shortages of other nutrients such as iron, calcium and some vitamins may be relatively common because of peculiar feeding habits.

Over-nutrition and obesity among young people, resulting from excessive consumption of certain foods and lack of physical exercises, are also increasing in incidence. Young people are often attracted by processed and refined foods. Such foods are often high in fats and sugars, and excessive consumption of these foods results in malnutrition. The establishment of a preference for food containing these substances may lead to early bio-physiological changes and ultimately pathological changes and disease.

Adolescent females may sometime face more challenges than their male counterparts due to biological and social circumstances. As a result of gender discrimination, for example, young females may receive less food in general compared to their male siblings, or less of certain foods such as meat. Teenage pregnancy, when such occurs, further compounds the precarious nutritional state of many

young girls, and they are particularly at high risk of anaemia.

## **2.2. ACCIDENTS AND VIOLENCE**

Accidents constitute one of the major causes of death and disability among young people throughout the world and account for as many as half of all deaths of people aged 10-24 years in many countries. Four settings constitute the major site for accidents among young people: home settings, work or school setting, road, and recreational settings. Increase in community upheavals, including political clashes and inter-communal violence, as well as natural disasters also increase the exposure of young people to accidents and trauma.

Sexual assault, physical harassment and psycho-social abuse of young females occur commonly in cult-linked campus-based violence. Adolescent girls and other young females may also be victims of intimate partner abuse in dating relationships and domestic as well as sexual violence in family settings. Exposure to violence through the mass media, peer pressure and lack of conflict resolution skills

are some of the other factors known to be associated with violence among young people. The various types of accidents and violent activities contribute to high injury-related morbidity and mortality among young people

Young people may also be at a higher risk of accidents than other population groups as a result of factors such as alcohol intake, exuberance, lack of experience, a feeling of invulnerability, and risk-taking behaviour that comes with the need to demonstrate independence and courage. Environmental conditions can also contribute greatly to risk, and it is often a combination of risk-taking and an unsafe environment that leads to injury. Many young people especially in developing countries start work too young and are especially at risk since they often work in conditions more appropriate for adults, may not have fully developed psychomotor skills, are not as aware of potential hazards, and may be careless because of tiredness. Leisure and sports-related accidents, burns, poisonings and falls also represent major risks to young people.

While population-based and national data are scarce and disaggregated in Nigeria about the involvement of young people in road-traffic accidents (RTA), practical

experiences showed that RTA impact significantly on the health and well-being of young people and may result in life-long and severe disabilities such as spinal cord injuries. With the steady rise in the number of commercial motorcycles on the Nigeria roads, the careless attitudes of the riders and the high proportion of young people involved in the use of motorcycles, either as the commercial rider or passenger, the mortality and morbidity rates relating to motorcycle accidents are increasing among young people in Nigeria. The non enforcement of the relevant laws compelling riders and passengers of motorcycles to wear safety helmet has also contributed to the increased rate of head injury and case fatality among victims of motorcycle accidents.

### **2.3. DRUG AND SUBSTANCE ABUSE**

Drug and substance abuse poses a significant hazard to the health and development of young people and cuts across age and social class. The quest for new experiences and the rebellious nature of the young predisposes them to drug abuse. The average age of drug users/abusers has declined in recent years, and multiple drug use has become more

common. Indeed, age at first use of drug has been found to be as early as eleven years (NDLEA 1999). Teenagers in particular are predisposed to drugs by peer pressure, youthful curiosity and the urge to experiment. The ability of drugs to stimulate euphoria, boldness and high levels of energy also make them attractive to young people.

Some of the reasons identified in research reports for the use/abuse of substances by young people in Nigeria include the following: predisposition to experimentation, rebellion and desire for independence; peer pressure; defects in personality such as low self-esteem; notion of 'machismo' characterized by independent risk-taking behavior; engagement of older siblings in drug taking; employment outside the home such as teenagers who drop out-of- school to take up menial jobs in market places and motor parks; frustrations caused by tension between improved levels of education and shrinking employment opportunities; parental deprivation as a result of separation, divorce, death of a spouse or persistent discord between spouses in the home; advertisement such as those associating smoking with success, glamour, popularity, youthful vigor and good health; rapid urbanizations (social change) with the breakdown of the family's effective cultural and social

controls; and exposure to high risk jobs (such as tobacco company) and environments that encourage drug use (such as bars). The abuse of drugs is also higher among marginalized, vulnerable groups of young people, such as street children, commercial sex workers, commercial drivers, okada riders and students

Alcohol and tobacco constitute a major threat to the health of young people. They are referred to as “gate way drugs” as most young people who abuse drugs and other dangerous substances started with alcohol and cigarettes. The illicit drug most commonly abused by young people in Nigeria is cannabis. It is illegally cultivated in different parts of Nigeria and is relatively cheap. These factors make cannabis readily available. As one study showed, almost a tenth (8.2%) of young people between the ages of 10-19 years have used cannabis at some time in their lives<sup>1</sup>. There is also a high incidence of non-medical or self-medicated use of benzodiazepines and psychotropic substances, which are easy to obtain as a result of the ineffective enforcement of laws on their sale and distribution. The use of

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<sup>1</sup> UNDCP, 1999. Report of the rapid situation assessment of drug abuse in Nigeria, Lagos



prescription drugs such as amphetamines and barbiturates, common in adult world, also appear to be increasing among young people. Although the use of highly addictive hard drugs such as cocaine and heroine appear to be low in Nigeria, it is a matter of concern that many young people use multiple drugs. The practice of sniffing volatile organic solvents, such as petrol and glue and abuse of some unconventional substances not yet under international control e.g. pawpaw leaves, zakami, haukatayaro e.t.c. has also been documented from various parts of Nigeria.

Drug taking has a close inter-relationship with crime. This is most evident with respect to the consumption of hard drugs such as cocaine and heroine, which, because of their cost and highly addictive nature, drive their users to robbery or prostitution as a means of maintaining their habit. The ready availability and use of drugs in tertiary educational institutions has been linked to the upsurge of violent cult activities. It is believed that armed robbers, vigilante militants, as well as cult members use drugs as a means of stimulating boldness.

The adverse consequences of drug abuse on young people include dependence, overdose accidents, physical and psychological damage and, sometimes, premature death. Persistent drug use may impair development. It may promote extremely dangerous behavior and is associated with suicidal attempts and fatal or debilitating accidents, often resulting from altered perception and psychomotor reactions. The hazards of drug use have been dramatically accentuated by the spread of HIV infection among users of injectable drugs who share contaminated needles and syringes.

Habitual drug users tend to be alienated from their families, not attending school and living away from home: they often have family problems and a circle of friends among whom drug use is widespread. Often their parents are themselves dependent on substances such as alcohol or tranquillizers. The drug user is likely to fail in many ways – at school, in relationships and at work. As most drug taking is illegal, users and suppliers are directly or indirectly caught up in network of crime and perhaps violence, owing to the vast sum of money that can be derived from the illicit drug

trade. Because of this, many young people have turned to crime and prostitution to finance their habit.

## **2.4. EDUCATION**

Formal education is of great importance for the development of all young people. It is in school that literacy, numeracy and thinking skills are fostered and exercised and knowledge is acquired. School also often introduce young people to sports and provides the conditions for healthy, supervised exercise. Schools and teachers may be able to provide some stability to young people who have been uprooted from their culture or whose families are unstable. They are a major source of education and guidance about specific health issues and sometimes provide health screening and services.

The policies and resources of the country will often determine whether schooling for young people is obligatory, available or accessible. Even where education is available, many young people cannot attend school for economic reasons, because of too early marriage, or being resident in hard to reach areas such as riverine or

mountainous areas and others who do not attend because of psychosocial difficulties.

Even when they do attend school, girls' education may be of inferior quality to that of boys as a result of gender discrimination against the girl child. UNESCO has reported that girls tend to be channeled towards subjects that are of more use in the home than in the factory or office. Studies have shown attending school is often not just enough: boys have been documented as getting more attention from teachers than girls do in mixed classes<sup>2</sup>. It is now recognized that neglecting the educational, employment, health and other needs of women puts a brake on development for the whole society<sup>3</sup>. It is vital, therefore, that consideration be given to the both male and females so that they can achieve their educational, economic and social aspirations, and work more actively in society in partnership with men.

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<sup>2</sup> Council of Europe. Sex stereotyping in schools: educational research workshop report. Lisse, Netherlands, Swets & Zeitlinger, 1982

<sup>3</sup> The Nairobi Forward- looking strategies for the advancement of women: as adopted by the world conference to review and appraise the achievements of the United Nations Decade for Women: Equality, development and peace (Nairobi, Kenya, 15-26 July 1985). New York United Nations Department of public information, 1986

Under the National Policy on Education, adopted in 1981 and revised in 1995 and 1998, Nigeria has a 6-3-3-4 education system comprised of six years of primary education, three years of junior secondary education, three years of senior secondary education and four year of higher education. Under the current Universal Basic Education scheme being operated in the country, the first nine years of schooling up to the end of junior secondary, now constitute the basic education segment. The educational system in the country also includes adult and non-formal education programmes, as well as teacher training and special education, notably for children with disabilities.

After a period of steady growth in the first two decades after independence, primary school enrollment was adversely affected by the socio-economic decline that followed the end of the oil boom in the early 1980s. There was a sharp decline in the primary school Gross Enrolment Ratio (GER) from 82% in 1985 to 68 % in 1990. According to the DHS Education Data survey conducted in 2003, the national primary school net attendance ratio (NAR) was 60% and gross attendance ratio (GAR) was 91%. For

secondary schools, the NAR and GAR ratios were 35% and 61% respectively. At the secondary school level, the NAR was 38% for males and 33% for females while the GAR was 69.0% for males and 53.3% for females. As indicated in a 2006 Federal Ministry of Education publication – the Basic and Senior Secondary Education Statistics in Nigeria: 2004 and 2005 – the gross enrolment ratio in primary school nationally was 95% while school completion rate was 75% and transition rate into class one of junior secondary school (JSS) was 48%. At the JSS level, the gross enrolment ratio was 36% and the school completion rate was 35%. At the senior secondary school (SSS) level, the gross enrolment ratio was 33% and the school completion rate was 30%. The gender parity index (female: male) at primary, JSS and SSS was 0.84, 0.81 and 0.79 respectively. Substantial regional disparity exists with regards to educational enrolment and completion rate.

There is also a challenge regarding the education of the male child in the South East region, where school completion rate at the secondary level is lower than the females as males drop out to engage in trading and other business activities.

Challenges in the education sector in Nigeria include:

- Improving access and equity. Efforts to improve access should appropriately address the issues of regional and gender disparities. Underlying issues such as socio-cultural and religious concerns in the north that encourage parents to send their children to just koranic schools must be addressed. The role of poverty also deserves attention.
- Improving the quality and relevance of education. Ineffective implementation of educational curriculum, rather than the content of the curriculum, plays a major role in the low quality of education<sup>4</sup>. Low quality and poor motivation of teaching staff, as well as insufficient teaching time arising from disruption of school calendar as a result of frequent strike actions are associated with ineffective delivery of curriculum. Inadequate school infrastructure and lack of requisite tools such as textbooks, teaching aids and laboratory

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<sup>4</sup> Aghenta, J.A (2001). A turning point in education and development in Nigeria. Inaugural lecture (series 58). Delivered at the University of Benin on January 24, 2001.

equipments and materials also play a role in this respect. Poor funding, poor quality and poor evaluation techniques are fundamental challenges in the area of quality in Nigeria.

There is therefore a strong need to encourage private sector participation in educational development e.g finance institutions, communication outfits e.t.c. These bodies could contribute by awarding scholarships, sponsor in service teachers training programs, repairing and building class rooms and other infrastructures.

## **2.5. CAREER AND EMPLOYMENT**

One of the hallmarks of adolescence is the individual's preparation to become economically self-sufficient in adulthood. Career development is, thus, a highly important responsibility of all who are concerned with the preparation of young people for future assumption of work roles in the society. In general, educational exposure and skills



development are important to position young people to be comfortably placed on the socio-economic ladder. As more young people attend school, expectations are raised which the other sectors may be unable to satisfy. While it is clear that the young people have potentials to make significant contribution to the economy, they are all too frequently subject to a disproportionate burden of unemployment, which sometimes leads to psychological stress, juvenile delinquencies which manifest as increased participation in crime.

In Nigeria, young people have been-found to be involved in violence and criminal acts. This is peculiar to out-of-school youths and undergraduates of tertiary institutions in an attempt to ensure a means of survival. Some of these criminal acts include urban gangsters and other vices. Studies have shown an increasing rate of young people's involvement in reported criminal cases with increasing unemployment contributing to youth involvement in drugs and substance abuse.

Some cultural practices that do not encourage girl-child education also leave little or no career aspiration for the girl

child, who in most cases ends up as a housewife, thereby not contributing productively to the society.

Many young people seek employment in, or are conscripted into, services which are associated with high risks of compromising their health and well-being. In Nigeria, child trafficking and prostitution have come under increased attention in recent times. Street trading, working in drinking parlours are some of the other risky jobs, and these areas have a preponderance of young people. A lower proportion of females are employed in the upper echelon, and gaining promotion may also be slower for females as a result, among others, of gender-related factors including gender-based discrimination, sexual harassment and family pressure and duties.

On the other hand, many young people start their working life early, and thus either are unable to go to school or try to combine school with work; this may mean that they suffer more fatigue and have a greater number of work related accidents than older workers. Poverty is the major factor that drives young people to work. In many poor communities, children can be found engaging in shining

shoes and hawking on the streets, herding the family's livestock or fetching water and fuel, or working as domestic helps. Young people often engage in menial work but there are those who learn trades and may earn small wages in apprenticeship programmes. The rights of young people need to be protected in relation to work, as defined in the Conventions on the Rights of the Child, to prevent their exploitation.

About a half of young Nigerians are believed to enter the labour market without any secondary or technical education. Over 10% of males and 29% of females aged 15-19 years have never been to school. They have also received very little pre-vocational training directly related to the development of skills needed in the world of work. In essence, there is good reason to believe that by the time they enter the labour market, the vast majority of young Nigerians do so with minimal skills. Most enter the informal economy, in such sectors as peasant agriculture, hawking, and market trading, crafts, mechanical workshops, tailoring and small-scale transport operations. Some remain unemployed, but much larger numbers are under-employed.

Women face a series of specific developmental problems, mainly of a social and economic character, deeply rooted in cultural attitudes regarding the respective roles of the genders. Nigerian women face various forms of discrimination that limit their opportunities to develop to their full potential on a basis of equality with men. According to the Federal Office of Statistics the labour participation rate (the labour force as a percentage of the economically active population aged 15-59) was only 45% for women compared with 80% for men. Women account for only a small proportion of the formal sector workforce in Nigeria. Even in the Federal Civil Service, which is by far the largest employer in the country, women are heavily under-represented, except in junior staff categories, such as clerical officers, secretaries, typists and cleaners. Gender disparity is even greater in the professions, such as Medicine, academic teaching, engineering, architecture and the law, which is overwhelmingly dominated by men while others such as nursing, teaching are dominated by women.

## **2.6. SOCIAL ADJUSTMENT AND PARENTAL RESPONSIBILITY**

Many of the factors that underline unhealthy developments in young people stem from the social environment. These factors include poverty and unemployment, gender and ethnic discrimination and the impact of social change on family and communities. A good understanding of how such forces shape the lives of young people is fundamental to programming for their health and development.

As parents usually remain close to young people and can exercise some degree of authority over their actions, they are vital to any configuration of social factors shaping their health and development. From time to time, peers and the community may be more or less influential, but parents and family are constant elements in most young people's lives despite fluctuations in their relative importance. Caring relationships with families and friends play a vital role in fostering healthy development. Studies have shown that young people who feel close to their parents consistently show more positive psychological development, behavioral competence and psychological well-being.

Experiences have shown that a safe and supportive environment is part of what motivates young people to make healthy choices. “Safe” in this context refers to absence of trauma, excessive stress, violence (or fear of violence) or abuse. “Supportive” means an environment that provides a positive, close relationship with family, other adults (including teachers and religious leaders) and peers. Such relationships can nurture and guide young people, set limit when needed, and challenge certain assumptions and beliefs. Supportive and caring relationships with adults and friends, and positive school experiences are particularly significant aspects of a supportive environment for young people. Such relationships provide specific support in making individual behavior choices, such as when to become sexually active, how to handle anger, what and what not to eat, when and if to use substances.

Nowadays however, the stability of the family in Nigeria, as in many parts of the world, has been seriously threatened, particularly with economic and work situations that tend to keep members of families apart or parents a

long time away from interaction with their children. In the long run, these young people resort to activities that result in grave consequences while searching for happiness. Increases in divorce rate and numbers of single parent families have resulted in large number of young people leaving their families. Even when young people remain in their families, the radical changes in social conditions make many parents feel ill-equipped to help prepare their children for the experience of adulthood which they themselves never had.

Studies in Nigeria have shown that there is a general tendency of parents' and other adults to be secretive about sensitive developmental issues such as sexual and reproductive health (SRH) issues. As the 2005 National HIV/AIDS and Reproductive Health Survey showed, only 39% of adults have discussed sexual issues with their male children/wards over 12 years of age and 51% had discussed such with their female children/wards in the one year preceding the survey. Poor level of parent-child communication has also been widely reported, which generational gaps tend to make worse. While the traditional perspective, which regards SRH and related issues as things

to be discussed only in the secret, parents' sense of inadequacy and low self-efficacy in providing information to their young ones about healthy development also plays a major contributory role. Thus, it is not surprising, that young people usually turn to alternative sources of information (especially friends who are themselves lacking in appropriate and correct information). Consequently, the information to which young people have access is such that encourage them to act in conformity to the peer group subculture. Because they want to be accepted, young people usually behave in ways that meets the approval of their peer group, irrespective of the consequences.

Serious delinquent and criminal acts begin as disobedience and stubbornness. Results from studies confirm that family circumstances (e.g. parental handling, instability in homes) are some of the most frequently cited causes of deviance. Similarly, parental control and regulation was also cited as the most relevant control mechanism for young people in our society. The implication of this is that parents must be urged to provide more effective control and more supportive family environment.



In other words the government should be ‘family-centered’ in its approach to several social and economic issues. This can be done in several ways including mass enlightenment, provision of proper Counselling division and effective social welfare services and qualitative improvement in the status of the family. Overall, the social environment must foster personal development, encourage young people to adopt healthy behavior, and enable them to gradually take on adult responsibilities through participation in decisions that affect their lives and making contributions to their families and communities.

## **2.7. MENTAL HEALTH**

Mental health itself is not the absence of frank mental illness but is a state of well being in which the individual realizes his/her own abilities, can cope with the normal stress of life can work productively and fruitfully and is able to make contributions to his/her community. It entails the optimal development and use of mental abilities (such as cognitive, affective and relational); the achievement of individual and collective goals consistent with justice; and the attainment and preservation of conditions of

fundamental human rights. A disruption which affects the interrelation of the individual, the group and the environment in the above context could manifest as mental health problem.

Young people are generally assumed to have good health, which includes a good mental health which is important to their healthy development. However, mental health problems and disorders are becoming increasingly common among young people. These include mental retardation, hyperkinetic disorders, autism e.t.c.

Mental health problems in young people among others include antisocial disorders, anxiety disorders, depression, psychosis, eating disorders, substance abuse e.t.c and are often characterised by patterns of behaviour, feeling or thinking which interfere significantly with the individuals' ability to work, to fulfil adequately his/her expected role, to get along with other people or to enjoy life resulting in risky behaviour such as engaging in unprotected sex and dangerous driving, disruptive behaviour, physical inactivity, poor academic performance including school drop out and even suicide.

Although mental health is the 9<sup>th</sup> component of Primary Health Care, the implementation is fraught with problems hence nothing is being done about the mental health problems of young people. Reasons for this include dearth of mental health professionals in ensuring its practicalization. Presently mental health services for young people are being run with adult mental health services. Thus young people who need admission are admitted into psychiatric wards alongside adult cases. The existing facilities for the treatment of mental disorders have developed in rather isolated and uncoordinated fashion throughout the country. The service structures are generally over centralized and overspecialized and are located in urban areas

The strategies towards prevention and management of mental health problem in young people include:-

- Mental health education through media (formal and informal, rallies in markets, schools etc.
- Integration of mental health into primary health care, including capacity building and early referral system.

- Early management including detection treatment, counselling and rehabilitation of established cases.

In conclusion, mental health of young people needs to be approached in a holistic manner with multisectoral collaboration from all parties and stakeholders. Protection of mental health of young people is an invaluable investment into our future and will promote attaining a state of sustainable development.

## **2.8. SPIRITUALITY AND RIGHTS**

Spirituality is one of the important issues in young people's developmental processes, and spiritual development exerts influences on health behaviours. Moral development, which is often linked with spiritual development, has been identified as an important element in young people's lives alongside intellectual and emotional development and other desirable traits. Studies have shown that young people who attach deep value to religious beliefs and practices are less likely to involve in health compromising behaviours compared to their peers. Religious beliefs and spiritual connectedness are also significantly associated with the

potential of young people to cope effectively with stressful situations. Overall, religious organisations and other spirituality-oriented groups play important role in the secondary socialisation role of young people in the Nigerian environment.

Young people can put their spirituality to work for them. Improving the spirituality based information and behavioral ethics for young people who choose to improve on their spirituality in their relationships (with parents, friends etc), at school and outside of home environment will help them to acknowledge the relationship between their own beliefs and handle all forms of diversities, scientific developments in society, respect for human rights and social injustice.

## **2.9. SEXUAL AND REPRODUCTIVE HEALTH**

Studies on the sexual and reproductive behavior patterns of young people in Nigeria have shown that early onset of sexual activity and early marriages are highly prevalent as evidenced by the median age at first marriage of 16.6 years (ranging from 14.6 in the Northwest to 21.3 years in the

Southwest according to the 2003 NDHS); the consequences of which include unwanted pregnancies, unsafe abortions and sexually transmitted infections including HIV/AIDS. The 2005 national HIV sero-prevalence survey conducted at sentinel ante-natal care clinics reported a rate of 3.6% and 4.7% for young people aged 15-19 years and 20-24 years respectively. These have long term consequences such as infertility and increased rates of maternal mortality and morbidity.

Other issues impinging on the health and development include sexual exploitation, domestic violence, and issues of social practices harmful to women including female genital mutilation and early marriage. Lack of accurate information and limited access to adolescent-friendly health services are major contributory factors to the poor reproductive health status of young people in Nigeria which is reflected in the fact that only 57% of young people in 2005 knew all the transmission routes for HIV.

Major forms of sexual and reproductive rights violation affecting young people include denial of access to relevant information and services, female genital cutting/mutilation,

sexual assault and early marriage. With 31% of females aged 15-19 years already married in 2003, married adolescents constitute a sizeable portion of young people in Nigeria. Married adolescents are likely to have less exposure to SRH information and more intense, sometimes riskier, sexual exposures with the attendant sexual and reproductive health challenges. They also often face social isolation and restricted developmental opportunities. Other groups of young people that may have special sexual and reproductive health challenges include people having sex with the same sex, the physically and/or mentally challenged, orphans and vulnerable children (OVC), young people in conflict situations, street children and *almajiris*.

Lack of accurate information as reflected in the fact that only 57% of young people in 2005 knew all the transmission routes for HIV have been identified as a major contributory factor to their poor reproductive health status. Population and family life education, including sexuality education, is not taught in most schools despite the fact that relevant curricula have been designed and approved for use in Nigerian secondary schools. Various stakeholders tend to withhold reproductive health and sexuality information

from young people mainly as a result of negative traditional and socio-cultural beliefs.

Young people also have a limited access to relevant reproductive health services. Where health services are available, the non-friendly nature of these facilities to young people limits their utilization. The response of the healthcare system to the needs of young people has been tepid and ineffective. Any initiative in response to the reproductive health needs of young people must give due consideration to the following:

- Awareness creation on the RH issues and needs of young people
- Involvement of young people and gatekeepers/stakeholders in planning, implementation, monitoring and evaluation of activities
- Establishment of acceptable channels of communication between young people and adults
- Establishment of functional youth-friendly services
- Research to update knowledge and information on adolescent RH issues and services.



### 3.

## STRATEGIC FRAMEWORK

The proposed framework will broadly be based on the following strategies:-

- Advocacy and social mobilization
- Promotion of healthy behaviors through education and skills development
- Equitable access to quality health services including school health services
- Capacity building
- Research promotion
- Young people involvement and participation
- Monitoring and evaluation

## A. Nutrition

OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
<p><b>To promote optimal linear growth and prevent thinness</b></p>	<p>Skills-based nutrition education for adequate energy/protein consumption</p>	<p>Counselling with age-tailored messages for dietary decision-making and healthy lifestyle fundamentals; shopping for best nutrition buys; food handling/safety and preparation skills.</p>	<ul style="list-style-type: none"> <li>• Nos. of age tailored messages developed</li> <li>• Nos. of Counselling messages held</li> <li>• % young people falling below cutoff for height-for-age</li> </ul>
	<p>Reduce excess energy expenditures (e.g., improved household food processing technology; decreased household labor production demands)</p>	<p>Production and wide distribution of information on appropriate household food processing technology</p>	<ul style="list-style-type: none"> <li>• Nos. &amp; types of information produced and disseminated</li> <li>• % young people falling below cutoff for BMI-for-age</li> </ul>
	<p>Targeted supplementary feeding for at-risk young people (e.g., during natural or manmade disasters; in food insecure communities)</p>	<p>Distribution of multiple supplements to all young people (through schools, clubs etc.) in endemic communities</p>	<ul style="list-style-type: none"> <li>• Nos. of supplementary feeding programs</li> <li>• Nos. of schools/clubs providing supplement</li> <li>• % reduction in young people suffering from micronutrient deficiencies</li> </ul>

	Comprehensive antenatal care for young people who are pregnant	Counselling on preventive health and nutrition self-care practices	<ul style="list-style-type: none"> <li>• Nos. of Counselling</li> <li>• Nos. of pregnant you</li> <li>• Counseled.</li> <li>• Low birth weight (LL</li> <li>• rate and trends</li> </ul>
	Targeted supplementary feeding for at-risk girls during pregnancy/lactation	Community-based weekly feeding sessions plus free micronutrient	<ul style="list-style-type: none"> <li>• Nos. of sessions held</li> <li>• Nos. of participants p</li> <li>• Nos. &amp; type of micro</li> <li>• distributed</li> <li>• Weight gain during p</li> <li>• data collection is fea</li> </ul>
<b>To prevent overweight and obesity</b>	Skills-based nutrition education for optimal energy/protein consumption (for healthy weight maintenance and/or healthy weight reduction)	<ul style="list-style-type: none"> <li>• Counselling with age-tailored messages for dietary decision-making and healthy lifestyle fundamentals; shopping for best nutrition buys</li> <li>• Facilitate favorable environments/opportunities for physical activity (e.g., School-based physical education programs; urban</li> </ul>	<ul style="list-style-type: none"> <li>• Nos. of age tailored n</li> <li>• developed</li> <li>• Nos. of Counselling</li> <li>• messages held</li> <li>• % young people falli</li> <li>• cutoff for body mass</li> <li>• for-age</li> <li>• Nos. of school with p</li> <li>• education programm</li> </ul>

		design to promote mixed land use, recreation space/facilities)	
<b>To prevent and treat micronutrient deficiencies</b>	Skills-based nutrition education for consumption of diverse food sources rich in micronutrients	Counselling on the use of fortified foods and supplements to all young people accessible through schools or other youth programs	<ul style="list-style-type: none"> <li>• Nos. of Counselling</li> <li>• Nos. of in school and youths counseled</li> <li>• Monitoring biochem of iron &amp; vitamin A clinical signs of defici</li> </ul>
Vitamin A deficiency (VAD) prevention and treatment	<ul style="list-style-type: none"> <li>• Skills-based nutrition education for consumption of diverse food sources rich in Vitamin A.</li> <li>• Fortification of widely consumed foods with vitamin A</li> <li>• Vitamin A supplementation in deficient populations (10,000 IU daily or 25,000 IU weekly 4-8 weeks for pregnant</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitization visits to young people accessible through schools and/ other youth organizations/health facilities</li> <li>• Advocacy/Sensitization to manufacturers/importers of foods</li> <li>• Consumer education programmes on popular media</li> </ul>	<ul style="list-style-type: none"> <li>• Nos. of sensitization</li> <li>• Nos. in school &amp; out youths sensitized</li> <li>• % of vulnerable young consuming Vitamin A foods</li> <li>• Monitor implementa fortification guidelin</li> <li>• Nos. of consumer ed activities conducted</li> <li>• Nos. of popular medi</li> </ul>

	adolescent girls)		
Iodine deficiency disorders prevention and treatment	<ul style="list-style-type: none"> <li>• Universal salt iodization and consumer education</li> <li>• Short-term supplementation (iodized oil; iodized water) where iodized salt is not available in iodine-deficient areas</li> </ul>	Consumer education programmes on popular media	<ul style="list-style-type: none"> <li>• Nos. of consumer education activities conducted</li> <li>• Nos. of popular media</li> <li>• % households consuming salt</li> <li>• Proportion of target population with urinary iodine level &gt; 100mg/L or Proportion of children with palpable thyroid</li> </ul>
Iron deficiency and anemia prevention and treatment:	<ul style="list-style-type: none"> <li>• Fortification of widely consumed foods with iron/folate</li> <li>• Strategy will be an integrated package, depending on the specific causes of iron deficiency and anemia in a given setting</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer education programmes on popular media</li> <li>• Iron/folic acid supplements for young people in supervised settings such as schools, workplace (weekly for non-pregnant; daily throughout pregnancy for pregnant teens)</li> </ul>	<ul style="list-style-type: none"> <li>• Nos. of consumer education activities conducted</li> <li>• Nos. of popular media</li> <li>• Monitor implementation of fortification guidelines</li> <li>• % vulnerable households consuming iron fortified</li> <li>• Prevalence of anemia</li> </ul>

			population receiving iron supplements
<b>To address underlying causes of malnutrition by preventing young female pregnancy</b>	<ul style="list-style-type: none"> <li>• Increase age at marriage; delay first pregnancy including provision of family planning and reproductive health information and services for young people</li> <li>• Increase educational attainment of young people</li> </ul>	Conduct regular family health education programmes on popular media, in schools and communities	<ul style="list-style-type: none"> <li>• Nos. of educational programmes on popular media, schools &amp; communities</li> <li>• Increased age at marriage <ul style="list-style-type: none"> <li>• Service statistics on adolescent RH services</li> </ul> </li> </ul>
<b>To improve young people's access to/control over food</b>	Increase educational attainment of young people	Conduct regular family health education programmes on popular media, in schools and communities	<ul style="list-style-type: none"> <li>• Nos. of educational programmes on popular media, schools &amp; communities</li> <li>• Increased completion of secondary schooling</li> </ul>
	Parent education about meeting the nutritional needs of young people	Conduct regular family health education programmes on popular media, in schools and communities	<ul style="list-style-type: none"> <li>• Nos. of educational programmes on popular media, schools &amp; communities</li> </ul>
	Increase income earning potential (adult literacy)	<ul style="list-style-type: none"> <li>• Organize adult literacy education; skills training;</li> </ul>	<ul style="list-style-type: none"> <li>• No of adult literacy education; skills training programmes</li> </ul>

	education; skills training; inputs/microcredit for small business enterprise development)	<ul style="list-style-type: none"> <li>• Support with inputs/microcredit for small business enterprise development</li> </ul>	<ul style="list-style-type: none"> <li>• Nos. of entrepreneur s inputs/microcredit fac</li> <li>• % target population c 80% of daily energy r OR &lt; two meals per d</li> </ul>
	Increase household livelihood security	<ul style="list-style-type: none"> <li>• Conduct regular family health education programmes on popular media, in schools and communities</li> <li>• Support all farm income generating activities of young people</li> </ul>	<ul style="list-style-type: none"> <li>• Nos. of education programmes in r &amp; communities</li> <li>• Nos. and type of income generatin</li> <li>• % of households expenditure on f household exper</li> </ul>

<sup>1</sup>% <5<sup>th</sup> percentile NCHS/WHO height-for-age (Kurz and Johnson-Welch, 1994)

<sup>2</sup>% <5<sup>th</sup> percentile NCHS/WHO BMI-for-age (Kurz and Johnson-Welch, 1994)

<sup>3</sup>% >95<sup>th</sup> percentile NCHS/WHO BMI-for-age (Kurz and Johnson-Welch, 1994)

## B. Accidents

OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
<b>To identify reasons why young people are involved accidents</b>	Research	<ul style="list-style-type: none"> <li>• Conduct situation analysis on young people’s involvement in accidents</li> <li>• Design appropriate interventions targeting young people to reduce their involvement in accidents</li> </ul>	<ul style="list-style-type: none"> <li>• No/ type of Research</li> <li>• No/ type of intervention</li> <li>• Data available to different categories of stakeholders</li> </ul>
<b>To reduce young people’s involvement in road traffic, home, work place and recreational accidents</b>	Community mobilization and advocacy	<ul style="list-style-type: none"> <li>• Develop variety of community mobilization activities to provide safety environment for young people</li> <li>• Conduct multi- media awareness creation activities on road safety for key stakeholders (parents/ guardian/ teachers etc) on road traffic regulations for young people</li> <li>• Hold advocacy meetings for the enforcement of safety regulations and laws for young people at institutions, workplace, road and recreational facilities</li> </ul>	<ul style="list-style-type: none"> <li>• No/ type of community mobilization activities</li> <li>• No/ Type of media awareness activities held</li> <li>• No of Persons sensitized through awareness activities</li> <li>• No of advocacy meetings held</li> <li>• No of institutions / people publicly supporting the enforcement of safety regulations for young people</li> </ul>



<b>To equip young people with road safety ethics</b>	Advocacy and Skills development	<ul style="list-style-type: none"> <li>• Develop modules for the integration of accidents and safety topics in the school curriculum</li> <li>• Formation/ strengthening of road safety clubs in schools</li> <li>• Production and distribution of Youth friendly version of highway code</li> </ul>	<ul style="list-style-type: none"> <li>• No of schools that have integrated road safety in the school curriculum</li> <li>• No of road safety clubs established/ strengthened</li> <li>• No of IEC materials produced and distributed</li> </ul>
<b>To expand interventions targeting young people in hard to reach areas</b>	Research	<ul style="list-style-type: none"> <li>• Conduct Needs assessment</li> <li>• Design interventions based on needs assessment</li> </ul>	<ul style="list-style-type: none"> <li>• No/ type of assessment conducted</li> <li>• No/ type of intervention</li> </ul>

### C. Drug and Substance Abuse

OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
<p><b>To sensitize young people on the consequences associated with drug abuse and equip them with necessary skills with which to resist peer pressure to take drugs</b></p>	<ul style="list-style-type: none"> <li>• Social mobilization</li> <li>• IEC</li> <li>• Capacity Building</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitize stakeholders (School authorities PTA, Religious organizations) etc.</li> <li>• Use mass media approaches to drug prevention e.g. jingles on radio and television, drama, talk shows quiz, role play etc.</li> <li>• Organize anti-drug programmes targeting at the groups at-risk e.g. street children, area boys, commercial drivers etc.</li> <li>• Erect bill boards with different anti-drug concepts and illustrations at strategic locations across the country.</li> <li>• Active participation in the celebration/ marking of the United Nations Anti-Drug Day – June 26.</li> <li>• Produce and distribute culturally acceptable IEC materials like</li> </ul>	<ul style="list-style-type: none"> <li>• Number of different stakeholders sensitized</li> <li>• Number of jingles, radio talk shows quiz, and television.</li> <li>• Number of anti-drug programmes organized</li> <li>• Number of anti-drug billboards erected.</li> <li>• Number of activities during anti-drug celebration.</li> <li>• Number of IEC materials produced and distributed</li> <li>• Numbers of DDI trained.</li> <li>• Numbers of peer educators trained.</li> <li>• Number of schools</li> </ul>

		<p>posters, stickers, etc.</p> <ul style="list-style-type: none"> <li>• Train of Drug Demand Reduction personnel e.g Doctors, Nurses, Psychologists counsellors etc.</li> <li>• Train school counsellors</li> <li>• Train peer educators.</li> <li>• Training NGOs involve in young people's programmes</li> </ul>	<p>trained.</p> <ul style="list-style-type: none"> <li>• Number of NGO</li> </ul>
<p><b>To determine the nature and extent of drug abuse situation among young people in Nigeria and design culturally acceptable intervention measures</b></p>	<p>Research</p>	<ul style="list-style-type: none"> <li>• Rapid situation assessment of drug problems in Nigeria.</li> <li>• Study on the Knowledge, Attitude, Belief and Practice of drug use among young people.</li> <li>• Research on the pattern of drug use among the at-risk groups.</li> <li>• Study on the effects of emerging substances e.g. Zakami, Paw-paw leaves etc</li> </ul>	<ul style="list-style-type: none"> <li>• Number of studies</li> <li>• Number of reports studies disseminated</li> </ul>
<p><b>To effectively treat young people who are drug dependent</b></p>	<ul style="list-style-type: none"> <li>• Counselling Services</li> <li>• Referral Services</li> </ul>	<ul style="list-style-type: none"> <li>• Train counsellors and health workers on early identification of young people with drug problems and effective counselling skills.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of counsellors</li> <li>• Number of health workers trained</li> <li>• Number of Counsellors</li> </ul>

	<ul style="list-style-type: none"> <li>• Treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Set up of counselling centres in all states and local government within the existing State/ Primary Health Care Centres.</li> <li>• Strengthen referral services among stakeholders e.g. Treatment centres, service centres, Primary Health Care based etc</li> <li>• Disseminate information on treatment centres available across the country</li> <li>• Institute standard for treatment and rehabilitation of young people with drug related problem</li> <li>• Set up of drop-in centres and half way homes for treated drug dependent young people across the country</li> </ul>	<p>set up across the</p> <ul style="list-style-type: none"> <li>• Number of drug young people ref</li> <li>• Number of bulle available treatme rehabilitation cen</li> <li>• Improved quality and rehabilitation</li> <li>• Number of drop-way homes in pla</li> </ul>
<p><b>To ensure quality services aimed at assisting drug dependent persons to recover, be drug free and re-</b></p>	<p>Capacity Building</p>	<ul style="list-style-type: none"> <li>• Train health personnel involved in the treatment and rehabilitation of drug dependent persons</li> <li>• Establish vocational centres within and outside the hospital setting across</li> </ul>	<ul style="list-style-type: none"> <li>• Number of health trained</li> <li>• Number of vocat in place</li> <li>• Number of vocat</li> </ul>

<p><b>integrate back to their families and the society at large</b></p>		<p>the country</p> <ul style="list-style-type: none"> <li>• Train vocational trainers</li> </ul>	<p>trained</p>
<p><b>To build bridges of acceptability and support for treated drug dependent young people</b></p>	<p>Community Mobilization</p>	<p>Organize workshops/seminars aimed at people oriented solutions to the drug problems</p>	<ul style="list-style-type: none"> <li>• Numbers of work organized</li> <li>• Improved commu participation in dr prevention progra</li> <li>• Number of anti-d activities initiated community</li> <li>• Number of attend seminars/worksho</li> </ul>

## D. Education

OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
<b>To provide young people with health information/ knowledge</b>	Teaching of Health Education in schools	<ul style="list-style-type: none"> <li>• Train and re-train health education teachers in curricula implementation</li> <li>• Provide for teaching of health education in school's time table</li> <li>• Provide relevant teaching material</li> <li>• Regular supervision of teaching activities</li> </ul>	<ul style="list-style-type: none"> <li>• % of schools with health education</li> <li>• % of schools where health education is included in the curriculum table and taught</li> <li>• % of schools supervised during school term</li> <li>• % of young people with appropriate level of health knowledge</li> </ul>
<b>To integrate health education in the school curriculum</b>	Reconceptualisation of school health curriculum by Federal Ministry of Health/ Education	<ul style="list-style-type: none"> <li>• Review health education curricula</li> <li>• Ensure the integrate health education into school time-tables</li> <li>• Organize conference of stakeholders and subject experts in Health Education</li> <li>• Development of relevant resource materials</li> <li>• Integration of the revised health education into school curricula</li> </ul>	<ul style="list-style-type: none"> <li>• % of public &amp; private schools teaching health education</li> <li>• % of secondary schools where health education teaching revised</li> <li>• % of tertiary institutions where health education teaching revised</li> <li>• Number of conferences organized for health education</li> </ul>

		education package into school curricula	Health Education <ul style="list-style-type: none"> <li>• Number of mater</li> <li>• Evidence of inte revised health ed package into sch</li> </ul>
<b>To recruit health educators and relevant health personnel</b>	Federal/State Ministry of Education and Health to employ the service of Health Education graduates, Nurses, Physicians, Health inspectors and Counsellors.	<ul style="list-style-type: none"> <li>• Training of master trainers.</li> <li>• In-service training.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of recruit all levels of educ</li> </ul>
<b>To institute a School Health Programme</b>	Construction of safe play areas, clinics and food vendor sheds/shops and improvement of existing ones.	Monitoring of play areas, food vendors, health service delivery healthy school environment and safe water supply.	<ul style="list-style-type: none"> <li>• % of schools me standard for pla vendors, health delivery healthy environment an supply.</li> </ul>

<p><b>To provide infrastructures for school health programme</b></p>	<p>Provision of school clinics, first aid, provision of sporting facilities and equipment.</p>	<ul style="list-style-type: none"> <li>• Provision of sporting personnel</li> <li>• Organization of sporting activities such as individual, dual and team sports.</li> <li>• Monitoring of student performance during physical activities.</li> </ul>	<ul style="list-style-type: none"> <li>• % of schools with personnel.</li> <li>• % of schools with sporting activities</li> <li>• Average number of activities organized per term</li> <li>• % of schools with monitoring of student performance during activities.</li> </ul>
<p><b>To provide and implement health education outreach programmes</b></p>	<p>Provision of out-of-school health education curriculum and resource materials.</p>	<ul style="list-style-type: none"> <li>• Train Resource persons/speakers to implement community-based Health Education programme</li> <li>• Engage youths, Media, Community groups, and Non Governmental Organizations in community-based Health Education programme</li> </ul>	<ul style="list-style-type: none"> <li>• Number of resource persons trained</li> <li>• Number of different stakeholders engaged</li> </ul>
<p><b>To create awareness</b></p>	<p>Seminars,</p>	<ul style="list-style-type: none"> <li>• Organize sensitization activities for</li> </ul>	<ul style="list-style-type: none"> <li>• Number of sensitized persons</li> </ul>



<p><b>and re-sensitize stakeholders on health education issues</b></p>	<p>workshops and advertisement etc.</p>	<p>the media on topical health issues such as tobacco, driving, drug trafficking and violent behaviours.</p> <ul style="list-style-type: none"> <li>• Organize information, education and communication programme using appropriate channels</li> </ul>	<p>activities carried</p> <ul style="list-style-type: none"> <li>• Number of information education and communication programmes organized</li> </ul>
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## E. Career and Employment

OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
<p><b>To improve the relevance of training to market needs</b></p>	<p>Research collaboration with Organizations and other institutions</p>	<ul style="list-style-type: none"> <li>• Identification of key stakeholders based on predetermined criteria.</li> <li>• Carrying out regular Community and sectoral Survey researches.</li> <li>• Scheduling thematic Stakeholder meetings.</li> <li>• Holding fora for discussion of key stakeholder revealed preferences.</li> <li>• Holding role definition, sharing &amp; expectation meetings among identified stakeholders.</li> <li>• Implementing infrastructure and environment upgrading for career development through skill acquisition</li> <li>• Visioning exercises and sessions for capacity building.</li> <li>• Giving visibility to success stories</li> </ul>	<ul style="list-style-type: none"> <li>• Number of community research surveys conducted per year.</li> <li>• Number of stakeholder meetings held.</li> <li>• Number of participatory meetings.</li> <li>• Number of participatory young people's panels.</li> <li>• Number of feedback reports from employers of labor.</li> <li>• The quality and frequency of employers' referrals.</li> <li>• Training and capacity building budget allocation.</li> <li>• Number of mentorship programs.</li> <li>• Number of success stories.</li> </ul>

		through exhibition programmes	
<p><b>To broaden the base for effective skills transfer and acquisition to young people</b></p>	<p>Capacity building.</p> <p>Involving the Non governmental and community-based organizations to play more prominent roles in capacity building for young people</p> <p>Enriching the quality of training through extra-curricular activities which physically involve young people</p>	<ul style="list-style-type: none"> <li>• Creating ‘days’ for particular activities so as to invite the attention of young people to the relevant themes eg. HIV/AIDs, Arts competition, Malaria Days. ‘Peace days’ etc.</li> <li>• Lectures by ‘Successful’ people, role models on relevant theme e.g what it takes to succeed.</li> <li>• Creating mentorship for young people in their school environments and neighborhoods where appropriate values are underscored eg. Role of discipline etc</li> <li>• Identifying key activities for inclusion in mentorship programmes eg. Regular interactions and progress monitoring.</li> <li>• Creating opportunities for young</li> </ul>	<ul style="list-style-type: none"> <li>• Number of partic structured mento</li> <li>• Number of young interactive sessio leaders.</li> <li>• Number of partic session</li> <li>• Number of comm exhibition progra adolescent work.</li> <li>• Number of young exhibitors.</li> <li>• Number of young moderated sessio community topic</li> <li>• Number of suppo infrastructure and follow up on you issues.</li> </ul>

		<p>people to table their feelings on particular issues of importance on an interactive basis.</p> <ul style="list-style-type: none"> <li>• Scheduling ‘Career’ talks’, which are interactive in nature.</li> </ul>	
<p><b>To build on the ‘Personality’ factor as key subject for further development</b></p>	<p>Curriculum development</p> <p>Underscoring life skills as facilitator for personality development and employability</p>	<ul style="list-style-type: none"> <li>• Standardize life skills curricular in line with modern developments.</li> <li>• Ask young people to comment on key issues in their surroundings: this will form part of class work.</li> <li>• Staging of exhibition programmes for constructive engagement of the head, hands and minds of young people</li> </ul>	<ul style="list-style-type: none"> <li>• Number of curriculum assessments.</li> <li>• Number of young participants in development advocacy activities</li> <li>• Number of young people participating in personality development forums</li> <li>• Number of messages from young people on key issues.</li> </ul>
<p><b>To increase flexibility of the educational system in order to make it tolerant of young people’s</b></p>	<p>Policy advocacy</p> <p>1. Initiate policy reforms to make the educational system less</p>	<ul style="list-style-type: none"> <li>• Engagement in Issues dialogue with the legislature.</li> <li>• Building vocational Institutions for those who are inclined to vocational education.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of legislative adolescent issues</li> <li>• Number of stakeholder meetings.</li> <li>• Number of young people</li> </ul>

<p><b>strengths, weaknesses and capabilities.</b></p>	<p>restrictive 2. Accelerating career development based on attributes shown relatively early in life 3. Domestication of international best practices</p>	<ul style="list-style-type: none"> <li>• Providing training facilities for the personnel of these institutions</li> <li>• Exchange programmes for relevant personnel</li> </ul>	<p>meetings</p> <ul style="list-style-type: none"> <li>• Number of traini</li> <li>• Number of partic</li> <li>• Number of applic</li> <li>• Number of international reg</li> <li>• Number of domesticated.</li> </ul>
<p><b>Sustaining out-of-school programmes to meet young people's aspirations</b></p>	<p>Capacity building.</p> <ul style="list-style-type: none"> <li>• Engage faith based institutions, which have very strong influence on young people.</li> <li>• Engagement of existing clubs and organization</li> </ul>	<ul style="list-style-type: none"> <li>• Creating regular dialogue on various themes among faith-based institution and other youth organizations.</li> <li>• Staging plays and drama sketches for passing messages across to young people</li> </ul>	<ul style="list-style-type: none"> <li>• Number of comm</li> <li>• Counselling sess</li> <li>• Number of partic</li> <li>• session.</li> <li>• Number of comm</li> <li>• competitions and</li> <li>• activities program</li> <li>• Number of target</li> <li>• in- and out- of- s</li> <li>• people.</li> <li>• Number of essay</li> <li>• among schools.</li> </ul>

	that have similar objectives.		<ul style="list-style-type: none"> <li>• Number of school debate sessions</li> <li>• Number of participation programmes.</li> </ul>
<b>To reduce incidence of young people's constriction and involvement in high-risk employment</b>	<p>Advocacy</p> <ul style="list-style-type: none"> <li>• Parent/Guardian awareness programmes on a sustained basis</li> <li>• Involving industry groups and employers in effort to facilitate the adoption of global best practices in employment as it concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Discussing young people's employment as an integral part of agenda at industry or sectoral group meetings.</li> <li>• Generating media awareness (Radio/Television) programmes on adolescent at risk in sectors of the economy.</li> <li>• Registering and creating a database of unemployed parents/Guardians as well as at risk young people for appropriate state sponsored support in terms of funding, education, health service, employment etc.</li> <li>• Monitoring compliance of industry with government regulations to protect at-risk young people in the world of work.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of media targeted at young</li> <li>• Number of business meetings on employment matters,</li> <li>• Number of industries involving young</li> <li>• Number of health regulations adopted</li> <li>• Number of work inspection visits</li> <li>• Number of periods the informal sector</li> </ul>

	<p>young people</p> <ul style="list-style-type: none"> <li>• Creating social security safety nets for out-of-employment parents/guardians or for young people sent out of home</li> <li>• Incorporating the informal sector within the effective reach of policy</li> </ul>	<ul style="list-style-type: none"> <li>• Create and sustain forum for informal sector units.</li> </ul>	
<p><b>To help young people imbibe the reading culture as part of their overall development</b></p>	<p>Advocacy</p> <ul style="list-style-type: none"> <li>• Encourage the work of authors and other publishing</li> </ul>	<ul style="list-style-type: none"> <li>• Lobbying support for import duty lowering or removal in specific cases for inputs and books</li> <li>• Forming working groups to conduct regular, basic research into challenges facing young people in efforts to ‘roundly’ develop</li> </ul>	<ul style="list-style-type: none"> <li>• Number of stake meetings</li> <li>• Number of partic meetings</li> <li>• Reduction in the essential books a materials.</li> </ul>

	<p>industry practitioners particularly those with bias for young people's readership. This could come via input and/or output incentives</p> <ul style="list-style-type: none"> <li>• Exposure of young people to successful people</li> <li>• Broadening the opportunity space and choice for young people</li> </ul>	<p>capabilities</p> <ul style="list-style-type: none"> <li>• Encouraging industry practitioners such as the association of Nigerian authors to sponsor publications on regular basis</li> <li>• Licensing more educational institutions and examination bodies</li> </ul>	<ul style="list-style-type: none"> <li>• Number of radio messages on industry</li> <li>• Number of young people participating in media programmes.</li> <li>• Number of duly examination bodies</li> <li>• Number of young people involved in examination malpractices.</li> <li>• The proportion of people who pass their examinations</li> </ul>
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## F. Parental Responsibilities and Social Adjustment

OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
<p><b>To equip parents, adults, and young people with knowledge and skills that will promote optimal social adjustment in adolescents</b></p>	<p>Advocate for support and implementation of family centered policies and programmes</p>	<p>Conduct sensitization workshops on issues relating to effective parenting and young people’s social adjustment for stakeholders and policy makers ( Federal, State, Local governments, parent groups, community and opinion leaders, principal officers and project directors in public and private institutions</p>	<ul style="list-style-type: none"> <li>● Number of sensitization conducted</li> <li>● Number of workshops conducted</li> <li>● Documentation and in family centered progr</li> </ul>
<p><b>To equip parents and young people with knowledge and skills that will promote healthy interpersonal relationships between young people, parents and other adults</b></p>	<p>Advocate for resources to support and implement family centered programmes</p>	<p>Conduct sensitization workshops on issues relating to effective parenting and young people’s social adjustment for stakeholders and policy makers ( Federal, State, Local governments, parent groups, community and opinion leaders, principal officers and project directors in public and private institutions</p>	<ul style="list-style-type: none"> <li>● Number of sensitization conducted</li> <li>● Number of workshops conducted</li> <li>● Documentation and in family centered progr</li> </ul>
<p><b>To develop</b></p>	<p>Implementation of</p>	<ul style="list-style-type: none"> <li>● Adopt existing parent manual to</li> </ul>	<ul style="list-style-type: none"> <li>● Pre and post worksho</li> </ul>

<p><b>capacities and skills for parents and young people for conflict resolution and management</b></p>	<p>training and training of trainers for family centered programmes (e.g. knowledge and skill building programmes for parents and young people)</p>	<p>train personnel that will be involved in family centered programmes</p> <ul style="list-style-type: none"> <li>• Organize recruitment, training and training of trainers of personnel for family centered programmes (e.g. parent educators, peer educators)</li> <li>• Conduct refresher training workshops for personnel involved in family centered programmes at regular intervals</li> </ul>	<p>recruitment and training</p> <ul style="list-style-type: none"> <li>• Number of trained personnel implementing family programmes at various facilities</li> <li>• Number of family centered programmes executed at various facilities</li> </ul>
<p><b>To increase awareness amongst young people, parents and other adults on parenting in the context of human rights framework</b></p>	<p>Dissemination of information on parenting through IEC materials, community mobilization, media coverage, sensitization and enlightenment programmes</p>	<ul style="list-style-type: none"> <li>• Produce IEC materials on effective and healthy parenting</li> <li>• Conduct media enlightenment campaigns, talk shows, community mobilization and sensitization rallies</li> </ul>	<ul style="list-style-type: none"> <li>• Number of IEC materials disseminated</li> <li>• Number of media enlightenment campaigns, talk shows, rallies e.t.c. carried out</li> <li>• Number of collaborations amongst stakeholders for execution of family centered programmes</li> </ul>

## G. Mental Health

OBJECTIVES	STRATEGIES	ACTIVITIES	
<p><b>To increase the number of stakeholders (young people, parents, teachers e.t.c.) with knowledge about young people’s mental health with focus on detection, causes, prevention, treatment and rehabilitation of mental health problems by 50% in 2010</b></p>	<p>Mental health education through media (formal and informal) rallies in markets, schools, churches and mosques</p>	<ul style="list-style-type: none"> <li>● Organise mental health talks with young people wherever they are found viz: schools, market places, places of worship, motor parks etc.</li> <li>● Distribute leaflets, which contain information on mental health detection, causes, prevention, treatment and rehabilitation of young people</li> <li>● Reach out to the stakeholders through drama, songs, jingles and rallies</li> </ul>	<ul style="list-style-type: none"> <li>● N</li> <li>st</li> <li>ed</li> <li>● N</li> <li>de</li> <li>re</li> <li>Nur</li> <li>faci</li> <li>inco</li> <li>peop</li> <li>into</li> </ul>
<p><b>To carry out situation analysis on mental health of young people in the 6 geopolitical zones of</b></p>	<p>Community based pilot survey of the country</p>	<ul style="list-style-type: none"> <li>● Hold stakeholders meeting to develop working document for the research.</li> <li>● Data collection on mental health problems of young people, health providers, from health facilities in the</li> </ul>	

<b>the country by 2010</b>		<p>country under need-assessment survey of the community</p> <ul style="list-style-type: none"> <li>• Publication of research findings on young people's mental health in journals</li> </ul>	
<b>To train health care workers in primary health care settings on mental health issues of young people</b>	<p>Training of trainers workshops organized for health workers across the country</p>	<ul style="list-style-type: none"> <li>• Training of health care workers in primary health care clinics about mental health of young people</li> <li>• Two Training of the Trainers workshops will be organised in each geopolitical zone for all the teachers; one for the teachers of school of nursing, and the other for school of health technology</li> </ul>	<ul style="list-style-type: none"> <li>• N</li> <li>tr</li> <li>• N</li> <li>w</li> </ul>
<b>To Integrate mental health of young people into existing Primary Health Care centres and other levels of care by 2010</b>	<ul style="list-style-type: none"> <li>• Sensitization of principals of schools of nursing, school of health technology and their relevant professional bodies</li> <li>• Two Training of Trainers workshops will be organised in each geopolitical zone for all the teachers; one for the teachers of School of</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitization meeting with the principals and leaders of the professional bodies.</li> <li>• Review meeting with the principals, regulatory and professional bodies to develop the training materials/curricular.</li> <li>• Monitoring visit to the schools in each zone to assess their</li> </ul>	<ul style="list-style-type: none"> <li>• N</li> <li>m</li> <li>• N</li> <li>• N</li> <li>ha</li> <li>th</li> <li>• N</li> <li>ea</li> </ul>

	nursing, and the other for school of health technology	implementation of the integration exercise	kn m y
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## H. Spirituality & Rights

OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
<b>To conduct research on Spirituality &amp; health of young people</b>	Research Information, Education and Communication	<ul style="list-style-type: none"> <li>• Carryout formative and operational research on spiritual connectedness and health outcome/development of young people</li> <li>• Conduct analysis of factors that strengthen or affect spirituality as determinant of young people's health &amp; development</li> <li>• Undertake need assessment of religious community to integrate spirituality development in young people's health &amp; development issues</li> </ul>	<ul style="list-style-type: none"> <li>• Number of research studies conducted and reported</li> </ul>
<b>To Identify links between spiritual health and human rights</b>	Research	Examine existing interventions on the significance of spirituality in the human rights framework	Report produced on experiences from implementing the context of spirituality
<b>To establish commitment and support for spirituality</b>	Advocacy Mobilization	<ul style="list-style-type: none"> <li>• Sensitize stakeholders (Civil society, Parents/guardians, service providers, religious institutions etc) to recognize the significance of spirituality in shaping</li> </ul>	<ul style="list-style-type: none"> <li>• Number of stakeholders sensitized</li> <li>• Number of activities held.</li> </ul>

<p><b>as a fundamental approach towards behavioral change for improving the health &amp; development of young people</b></p>		<p>health and development of young people.</p> <ul style="list-style-type: none"> <li>• Advocacy meetings for religious institutions to celebrate spirituality and young people’s health and development in the calendar of annual events</li> </ul>	<ul style="list-style-type: none"> <li>• Number of In celebrate spir</li> </ul>
<p><b>To strengthen the capacity of institutions and organizations to collaborate to equip young people with competency to achieve the development of their spiritual health</b></p>	<p>Capacity building</p>	<ul style="list-style-type: none"> <li>• Develop a module for BCC/Counselling on spiritual well-being within the context of human rights.</li> <li>• Provide skills and train counselors on spiritual health and development</li> <li>• Provide sensitization for parents to provide guidance for spirituality development of young people to improve their health &amp; development within the human rights framework</li> <li>• Establish link between schools and religious community for peer</li> </ul>	<ul style="list-style-type: none"> <li>• No of par</li> <li>• A module sessions o BCC/Cou</li> <li>• No and ty that recog relationships spirituality and health people.</li> <li>• No of spir counselor</li> <li>• Linkages</li> </ul>

		counselling and support	and religious established
<b>Provide young people with services in spiritual well-being (health)</b>	Behavior Change Promotion/IEC	<ul style="list-style-type: none"> <li>• Develop and distribute effective IEC materials with messages that will enhance spirituality and the health of young people.</li> <li>• Mobilize young people to participate in sessions on spiritual health.</li> <li>• Raise awareness among young people on where to gain access to information and services on spiritual health. <ul style="list-style-type: none"> <li>-Counselling in spirituality</li> <li>-Training of peer Educators</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Number of materials distributed</li> <li>• Number of participative sessions on spiritual well-being.</li> <li>• Number of people utilizing spiritual v</li> </ul>



## I. Sexual & Reproductive Health

OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
<p><b>To promote awareness of reproductive health issues of young people amongst all stakeholders</b></p>	<p>Advocacy Social mobilization</p>	<ul style="list-style-type: none"> <li>• Conduct needs assessment and stakeholder analysis</li> <li>• Train potential advocates in message delivery, lobbying, community and resource mobilization skills</li> <li>• Develop programme reports, case studies and advocacy kits for use in awareness creation</li> </ul>	<ul style="list-style-type: none"> <li>• Data available in AR amongst different categories of stakeholders</li> <li>• Stakeholder profile and message delivery, lobbying, community and resource mobilization skills</li> <li>• Number of advocacy kits produced and distributed</li> </ul>
<p><b>To educate young people on reproductive and sexual health</b></p>	<p>Promotion of healthy reproductive behavior/IEC</p>	<ul style="list-style-type: none"> <li>• Conduct needs assessment including sociocultural studies of young people</li> <li>• Develop appropriate messages and activities</li> <li>• Use innovative multimedia including traditional media approaches to inform and educate</li> <li>• Develop strategies to link IEC</li> </ul>	<ul style="list-style-type: none"> <li>• Data/information available on reproductive health and sociocultural issues amongst young people</li> <li>• Number of messages and IEC activities carried out</li> <li>• Number of electronic messages used and number of people reached</li> <li>• Number of young people using reproductive health facilities</li> </ul>

		activities to health services	
<b>To strengthen the capacity of parents, guardians and significant others to respond positively to the needs of young people through effective IEC approaches</b>	Promotion of healthy reproductive behavior/IEC	<ul style="list-style-type: none"> <li>• Conduct assessment of the needs of parents</li> <li>• Sensitize parents on young people's reproductive health issues and programmes</li> <li>• Develop/adopt appropriate IEC materials</li> <li>• Conduct training of parent trainers</li> </ul>	<ul style="list-style-type: none"> <li>• Report on needs of parents available</li> <li>• Parents knowledge improved</li> <li>• Number of IEC materials and circulated</li> </ul>
<b>To develop mass media as an integral part of young people's reproductive health IEC/advocacy programme</b>	Promotion of healthy reproductive behavior/IEC	<ul style="list-style-type: none"> <li>• Conduct sociocultural studies and needs assessment of media organizations</li> <li>• Train media practitioners on young people's RH issues</li> <li>• Provide necessary equipments and logistics</li> <li>• Develop plan of action including networking among media organizations for young people's</li> </ul>	<ul style="list-style-type: none"> <li>• Data available on young people's RH capacity of media</li> <li>• Number of media stations established</li> <li>• Number of media institutions assisted with equipment</li> <li>• Media young people's groups established</li> <li>• Number of young people's reproductive health programmes produced</li> </ul>

		reproductive health programming and experience sharing <ul style="list-style-type: none"> <li>• Collaborate with media personnel to develop and implement programmes</li> <li>• Integration of young people's RH issues into Pre-service/In-service training curricula for journalists</li> </ul>	implemented by media organizations
<b>To integrate comprehensive sexuality education including life skills training into existing FLHE programmes in all schools</b>	Education and skills development	<ul style="list-style-type: none"> <li>• Situation analysis of existing FLE curriculum in terms of ARH content, number of trained teachers and schools offering the FLE programme</li> <li>• Review/update existing FLE curriculum to fill in the identified areas of deficiencies in young people's RH especially STI/HIV/AIDS, comprehensive sexuality education and gender issues</li> <li>• Re-orientate the inspectors and teachers using the newly revised curriculum</li> <li>• Integrate the revised FLE into pre-service training of teachers</li> </ul>	<ul style="list-style-type: none"> <li>• Areas of deficiencies reproductive health in curriculum</li> <li>• Number and categories with previous FLE tr</li> <li>• Revised FLE curriculum the identified gaps pr</li> <li>• Number/categories of personnel on the revisi</li> <li>• Number of students t revised FLE curricul</li> <li>• Number of teachers t new FLE curriculum</li> </ul>

<p><b>To provide facilities for the development of vocational skills for young people</b></p>	<p>Education and skills development</p>	<ul style="list-style-type: none"> <li>• Situation analysis of currently available facilities for vocational skills development</li> <li>• Needs assessment of types of vocational skills required by young people</li> <li>• Needs assessment of training and other support needed</li> <li>• Situation analysis of existing coordinating bodies as well as framework for coordination of linkages developed</li> </ul>	<ul style="list-style-type: none"> <li>• Number/types of facilities identified</li> <li>• Number of types of support identified</li> <li>• Number of coordinating bodies identified</li> <li>• Types of training needed</li> <li>• Number/types of facilities strengthened</li> <li>• Types of support provided</li> <li>• Institutional framework to linkages established</li> </ul>
<p><b>To build the capacity of stakeholders as advocates on young people's RH issues</b></p>	<p>Capacity building</p>	<ul style="list-style-type: none"> <li>• Conduct a situational analysis on young people's RH issues</li> <li>• Conduct sensitization seminars on young people's RH issues</li> <li>• Conduct advocacy training for parents/guardians, adolescents, legal officers, NGOs and other relevant individuals and groups</li> <li>• Develop and equip trained advocates with young people's RH advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Report of the situation</li> <li>• Number of sensitization seminars conducted</li> <li>• Number of people reached through the seminars</li> <li>• Number of advocacy activities conducted</li> <li>• Number and categories of trained advocates</li> </ul>

		packs	
<b>To produce training materials including curricula on young people's RH issues for all levels</b>	Capacity building	<ul style="list-style-type: none"> <li>• Take inventory of available curricula and other training materials</li> <li>• Review, modify, adapt and produce RH training curricula</li> <li>• Develop other relevant training materials including audiovisual aids</li> <li>• Produce training guidelines for all types of young people's RH related training</li> </ul>	<ul style="list-style-type: none"> <li>• Inventory of young people's training materials</li> <li>• Number and quality of reviewed/developed young people's RH issues</li> <li>• Number of relevant materials developed</li> <li>• Quantity and quality of guidelines developed</li> <li>• Accessibility of, and distribution of guidelines by groups and individuals</li> </ul>
<b>To build the capacity of health workers and other relevant groups in delivering quality RH</b>	Capacity building	<ul style="list-style-type: none"> <li>• Conduct training needs assessment</li> <li>• Conduct advocacy seminar for relevant stakeholders and policy makers on integrating young people's RH issues into existing curricula</li> <li>• Integrate young people's RH issues</li> </ul>	<ul style="list-style-type: none"> <li>• Report of training needs assessment</li> <li>• Categories of stakeholders on the issue of integrating young people's RH into training programme</li> <li>• Number of training packages developed with young people's</li> </ul>

<p><b>information, counselling and clinical services as well as other development-oriented outputs for young people.</b></p>		<p>into the training of relevant RH workers</p> <ul style="list-style-type: none"> <li>• Conduct young people’s RH -related training for relevant individuals and groups</li> </ul>	<p>integrated</p> <ul style="list-style-type: none"> <li>• Number and categories of young people’s RH -related services trained on service delivery</li> </ul>
<p><b>Establish youth friendly gender sensitive services in public/private health institutions including youth centers</b></p>	<p>Equitable access to quality young people-friendly health services</p>	<ul style="list-style-type: none"> <li>• Situation analysis. ARH research to assess: <ul style="list-style-type: none"> <li>-what facilities are available</li> <li>-what services are available</li> <li>-RH needs of young people</li> <li>-training needs of service providers</li> </ul> </li> <li>in young people’s RH <ul style="list-style-type: none"> <li>-management structures that are available</li> </ul> </li> <li>• Develop guidelines on quality and access for young people’s RH services</li> <li>• Provide logistic support and strengthen financial management</li> <li>• Sensitize community including</li> </ul>	<ul style="list-style-type: none"> <li>• Number and types of services available</li> <li>• Types of services available</li> <li>• Types of young people identified</li> <li>• Training needs of service providers identified</li> <li>• Guidelines developed</li> <li>• Types of support provided</li> <li>• Number/category of people reached</li> </ul>

		<p>young people on services available</p> <ul style="list-style-type: none"> <li>• Conduct training, including counselling of health and other relevant workers</li> <li>• Provide comprehensive/integrated youth friendly services based on results of baseline surveys</li> <li>• Provide required services for young-people-in-trouble e.g. pre and postnatal care for teenage mothers and post abortion care</li> </ul>	<ul style="list-style-type: none"> <li>• Number/types of awareness creation activities undertaken</li> <li>• Number/categories of other relevant workers for counselling and other services</li> <li>• Types of services provided</li> <li>• Number of young people served by service type</li> </ul>
<p><b>Establish a health unit for young people in tertiary hospitals including neuropsychiatric hospitals as referral and training models</b></p>	<p>Equitable access to quality adolescent-friendly health services</p>	<ul style="list-style-type: none"> <li>• Conduct situation analysis for needs assessment of tertiary institutions</li> <li>• Develop guidelines on quality and access in line with ministry of health policies</li> <li>• Procure logistics</li> <li>• Sensitize community and young people in the environment</li> <li>• Conduct training of service providers</li> </ul>	<ul style="list-style-type: none"> <li>• Types of needs identified</li> <li>• Training needs of providers</li> <li>• Facilities for service provision</li> <li>• RH needs of young people</li> <li>• Guideline developed</li> <li>• Types of support provided</li> <li>• Number/type of awareness activities undertaken</li> <li>• Number of people reached</li> <li>• Number/categories of services</li> </ul>

		<ul style="list-style-type: none"> <li>• Provide comprehensive and integrated youth friendly services to serve as training models</li> </ul>	workers trained
<b>Establish a referral system</b>	Equitable access to quality young people- friendly health services	<ul style="list-style-type: none"> <li>• Provide complementary referral services</li> <li>• Develop a two-way referral system</li> <li>• Train providers on the use of referral forms</li> <li>• Establish/strengthen linkages between IEC and services</li> <li>• Sensitize young people on the need for referral as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Type of referral/form</li> <li>• Number/types of links established</li> <li>• Types of support provided</li> <li>• Number of health workers on the use of referral</li> <li>• Referral forms available at facilities</li> <li>• Number of referral points</li> <li>• Number of awareness activities on referral</li> </ul>
<b>To achieve a sustainable and equitably distributed young people's RH services (urban/rural and across</b>	Equitable access to quality adolescent-friendly health services	<ul style="list-style-type: none"> <li>• Integrate young people's RH services into existing services</li> <li>• Promote community involvement and participation and thus encourage community ownership of services</li> <li>• Ensure regular budgetary allocation for young people's RH services</li> </ul>	<ul style="list-style-type: none"> <li>• Distribution of young people's RH facilities and services by type/number/location</li> <li>• Types of community involvement in service delivery</li> <li>• Level of awareness of young people's RH services</li> </ul>



regions)		<ul style="list-style-type: none"> <li>• Establish and equip facilities, including youth centers for young people's RH services in areas where these do not currently exist</li> </ul>	<p>various age groups in community</p> <ul style="list-style-type: none"> <li>• Amount/regularity of allocation for young services</li> <li>• Number, types and location of facilities established</li> <li>• Number and location of centers established</li> <li>• Number and types of people's RH service provided</li> <li>• Number of young people with services by location</li> </ul>
<b>To strengthen the MIS for effective monitoring and evaluation of young people's RH activities</b>	Research, monitoring and evaluation	<ul style="list-style-type: none"> <li>• Conduct regular monitoring exercises of young people's RH activities including their sexual and reproductive health rights at all levels</li> <li>• Provide equipment, materials and logistic support to institutions and groups for MIS</li> </ul>	<ul style="list-style-type: none"> <li>• Frequency of monitoring</li> <li>• Number of publications on people's sexual and reproductive health rights</li> <li>• Availability of legislation to mandate official reporting on service delivery groups and professionals</li> </ul>

			<ul style="list-style-type: none"> <li>• Availability of monitoring instruments and related data at various levels</li> <li>• MIS operational at various levels</li> <li>• Number of LGAs and health facilities submitting regular reports to the NHMIS</li> </ul>
<p><b>To strengthen the capacity of programme managers, other relevant individuals and institutions at all levels to conduct research activities on young people's RH issues</b></p>	<p>Research, monitoring and evaluation</p>	<ul style="list-style-type: none"> <li>• Identify priority research areas for young people's RH issues</li> <li>• Provide grants to individuals, groups, NGOs and institutions to conduct priority operations, sociocultural and policy oriented research on young people's RH</li> </ul>	<ul style="list-style-type: none"> <li>• Priority young people's RH research areas documented</li> <li>• Number of individuals, groups and institutions provided grants</li> <li>• Proportion of grant activities satisfactorily completed</li> </ul>
<p><b>To enhance the capacity of programme managers at all</b></p>	<p>Research, monitoring and evaluation</p>	<ul style="list-style-type: none"> <li>• Disseminate research findings widely to young people's RH workers and institutions</li> <li>• Establish a database for young people's RH issues</li> </ul>	<ul style="list-style-type: none"> <li>• Number of research reports produced and circulated to young people's RH workers</li> <li>• Number of NGOs and health facilities</li> </ul>

<p><b>levels to utilize research findings and MIS outputs in improving young people's RH programme management</b></p>		<p>people's RH -related publications</p> <ul style="list-style-type: none"> <li>• Generate, analyze, publish and widely disseminate relevant data from the NHMIS through various channels, including data producers-users for a</li> <li>• Monitor the use of generated data and research findings in programme management</li> </ul>	<p>people's RH workers research findings</p> <ul style="list-style-type: none"> <li>• Functional database o</li> <li>• Number of LGAs, sta</li> <li>• people's RH groups s</li> <li>• feedback from the N</li> <li>• Number of dissemina</li> <li>• Number of workplan</li> <li>• the use of research fi</li> <li>• programme managen</li> </ul>
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## 4. IMPLEMENTATION/MONITORING & EVALUATION FRAMEWORK

### COLLABORATION AND PARTNERSHIP IN YOUNG PEOPLE'S HEALTH AND DEVELOPMENT

The strategy clearly recalls the importance of the various problems young people face that negatively impacts on their health and development. It reflects the multisectoral and multidisciplinary nature of the issues and the solutions. It also underscores the need for collective will of different strata in society (family, community and the young people themselves) in the effort to change the situation for the better using all feasible means and approaches. Concerted and coordinated actions are therefore required now in order to achieve the aim of this strategy. It calls for the active participation of the young people themselves; their families; ministries of health, youth affairs, education, labour and employment, finance and planning, communication, information and national orientation; community development; youth technical and vocational training; legislation; non-governmental organizations; the private

institutions including corporate bodies and financial institutions; the mass media; professional bodies; researchers and the academia; the United Nations and international agencies. The implementation of this strategic framework therefore, demands an enriched partnership and collaboration among all stakeholders

### **Role of young people**

- Advocacy and resource mobilization in support of YPHD programmes;
- Undertake health advocacy and sensitization programmes to promote young people's participation in national development agenda and for the elimination of customs and practices that discriminate and/ or impact negatively on their rights as well as health and development;
- Educate and empower their peers for healthy living and health-supporting practices;
- Create linkages with government agencies, CSOs including youth-serving NGOs, and other development partners to enhance YPHD programmes;
- Monitor the implementation of this framework.

## **Role of families and communities**

Parents and guardians can pass on sound traditional values to young people and provide them with correct sources of information and advice on matters relating to their health and development. They can improve communication with their children and ensure that young people do not engage in harmful practices and behaviour. This can be achieved by being good role models, setting an example in abstaining from harmful substances like drugs and alcohol, demonstrating respect for each other and refraining from violence and abuse of any form.

## **Role of the Ministry of Health**

While a holistic approach to young people's health is advocated, with every effort made towards a functionally integrated approach across sectors and disciplines, the ministry of health has to take the leading role. The health sector has an important lead role to play in making concerted efforts to remove obstacles and barriers in order to create a facilitating environment for strengthening the implementation of this framework. These include the development of programmes and services for young people,

coordination of inter-sectoral health activities, and monitoring and evaluating the process. The health sector must provide accurate information to young people and adults working with them about healthy behaviour, the development process and common characteristics associated with adolescence, as well as activities available to young people.

**The Federal Ministry of Health shall:**

- Foster partnership for the advancement of YPHD agenda by creating and strengthening linkages with other sectors (such as education, women affairs, youth development, information and justice), its various parastatals (particularly the National Primary Health Care Development Agency), the National Agency for the Control of AIDS (NACA) and other health-related national agencies/programmes, international development organisations, and other levels of government.
- Establish and effectively support the operations of a multi-disciplinary, multi-sectoral Technical Advisory Group the National Adolescent Health and Development

Working Group (NAHDWG) with membership drawn from relevant arms of the Federal Ministry of Health and its agencies, other ministries, parastatals, youth-led and adolescent-serving non-governmental organisations, the academia, research bodies, private institutions, religious bodies, social welfare institutions and organisations working with mentally/physically challenged adolescents, among others. The current National Adolescent Reproductive Health Working Group will constitute the core of the NAHDWG, and cease to exist following the establishment of the latter. The Adolescent Reproductive Health Branch of the Federal Ministry of Health shall constitute the secretariat for the NAHDWG.

- Assume a leading role with regard to advocacy for increased government and stakeholders' commitments in support of YPHD programmes in terms of budget and resource provision, enactment of supportive legislation, and creation of environment conducive for programme implementation.
- Create budget line for YPHD activities and provide adequate funds annually to support effective implementation of the framework.



- Set standard, develop guidelines and make available tools for training and other human resources development activities nationwide.
- Develop, widely disseminate and periodically review national standards, minimum health packages, tools, instruments and materials in support of adolescent/youth-friendly health services in Nigeria, including clinical, counselling and health communication services.
- Encourage, promote and facilitate the establishment of adolescent/youth-friendly health services in federal health institutions and the orientation of all services to be adolescent/youth-friendly.
- Provide technical assistance to States, Local Government Areas, and other agencies and sectors in the implementation of relevant areas of the framework including building their capacity to: plan and implement training activities; undertake information, education and communication as well as behaviour change communication activities; establish adolescent/youth-friendly services; develop and implement school health services; and, integrate young people's health issues into sectoral programmes.

- Mobilize the private sector and other development partners to support programmes for young people's development, particularly educational, vocational, life skills and livelihood skills activities.
- Develop national research priorities on young people's health and development and promote/support research activities on such issues.
- Collect, collate and disseminate relevant national data about young people's health services and issues in a gender-disaggregated form.
- Review, monitor and evaluate framework on YPHD nationwide to ensure that set objectives are achieved

**The State Ministry of Health (SMOH) shall provide leadership for the implementation of this framework within the State. In particular, the Ministry shall:**

- Foster partnership with other agencies and actors in the State to advance the implementation of YPHD programmes, including the use of school health approach
- Designate a Focal Officer with specific terms of reference to promote the effective implementation and institutionalization of YPHD programmes in the State and

supported to perform maximally through the provision of appropriate staff complements, infrastructure, office equipment and financial resources.

- Establish and effectively support the operations of a multi-disciplinary, multi-sectoral Technical Advisory Group with the SMOH providing the secretariat.
- Assume a leading role with regard to advocacy for increased government and stakeholders' commitments to support YPHD programmes in the State.
- Create budget line for YPHD activities and provide funds annually in adequate amount to support effective implementation of the framework at state level.
- Provide technical assistance to Local Government Areas and agencies and institutions in the state in the implementation of framework.
- Ensure the appropriate integration of adolescent/youth-friendly services into secondary health care facility activities.
- Collect, collate and disseminate relevant data about adolescent and youth health services and issues within the State in a gender-disaggregated form.
- Monitor the implementation of the framework within the State.

**The Local government and related social development departments shall:**

- Integrate adolescent/youth-friendly services into primary health care, primary schools, social welfare and all other relevant activities within the purview of Local Government Area authority.
- Establish youth centres in line with relevant national standards
- Build the capacity of health workers, primary school teachers, social welfare officers, counsellors and other relevant staff to provide quality and friendly services to young people and effective school health services
- Create a budget line and provide adequate and regular funding for YPHD services and judiciously manage all funds provided (either by the LGA or other partners to the LGA) for such services and related programmes.
- Provide technical assistance and support to local non-governmental organisations and community-based organisations and institutions in the LGA in the implementation of relevant areas of the framework.

- Collect, collate and disseminate relevant data about adolescent and youth health services and issues within the LGA in a gender-disaggregated form.
- Support operation and other types of research on YPHD issues within their LGAs.
- Monitor activities, services and programmes being conducted within the LGA that relates to the health and development of young people.

### **Role of the Ministry of Youth Development**

The ministry responsible for youth development has a central role to play in the promotion of young people's health and development and should:

- Establish and manage youth centres with relevant adolescent/youth-friendly services such as counselling to meet the needs of in- and out-of-school young people.
- Undertake IEC activities to sensitize the public on health and development issues of young people
- Undertake BCC programmes targeting young people of various categories to improve their decision-making capacity and health behaviour

- Organize capacity building activities to increase the potentials of young people for gainful career/employment life and for engendering meaningful participation in national development activities
- Collect, collate, analyze and disseminate data on adolescent and youth development programmes and activities in a gender-disaggregated manner

**Role of the Ministry of Education shall include the following:**

- Intensify efforts to achieve Universal Basic Education (UBE) and eliminate illiteracy.
- Expand the integration and teaching of family life and HIV/AIDS education (FLHE) into relevant subject curricula at all levels and various institutions.
- Scale-up the training of teachers in FLHE.
- Integrate FLHE into mass literacy, adult and non-formal educational programmes to cater for the out-of-school young people.
- Support FLHE research programmes.
- Ensure the provision of curricula and co-curricular FLHE activities in schools.

- Ensure the effective functioning of school health services and programmes in all parts of the country.
- Ensure the availability of functional teaching aids and optimal learning environment to enhance student learning.
- Monitor the standard of teaching activities and the performance of students in relation to FLHE at all levels.
- Collect, analyze, interpret and disseminate gender-disaggregated education service statistics as well as document and disseminate FLHE best practices and programme experiences.

### **Role of the Ministry of Labour and Productivity:**

- Strengthen training programmes in YPHD issues, including family life and HIV/AIDS education, for workers.
- Promote practices that will enhance the knowledge and skills of young people to prepare them for gainful employment.
- Promote practices that will ensure equitable access to employment opportunities and reduce under-employment

and unemployment among young people (both male and females).

- Discourage workplace practices that could be detrimental to the health and development of young people.
- Ensure mainstreaming of the needs of young people in vulnerable situations and special circumstances, including those with physical and mental challenges and young people living with HIV and AIDS, into the sectoral activities.
- Ensure the regular collection, analysis and dissemination of gender-disaggregated adolescent- and youth-specific employment statistics.

### **Role of the Ministry of Finance:**

- Ensure sufficient budgetary allocation, timely release of funds and full accountability of money released for YPHD activities.
- Support the establishment of specific budget lines for YPHD activities for different line ministries and other government agencies.



## **Role of the Ministry of sports and Social Development:**

- Develop recreational and other facilities to enhance the health and development of young people and promote their access to such facilities.
- Intensify the implementation of organised recreational and sporting activities to enhance youth development.
- Ensure the availability of relevant social welfare services at various levels, including community-based adolescent-friendly counselling services that will contribute to healthy, safe and supportive environment for young people.
- Ensure that family and HIV/AIDS education is integrated into the teaching curriculum of institutions dealing with young people with special needs, including those that are physically and mentally challenged.
- Introduce and/or strengthen special programmes to support the development and integration of physically and mentally challenged young people into the mainstream of the society.
- Encourage and supervise social welfare voluntary agencies to effectively implement appropriate areas of the framework.

- Ensure the establishment, maintenance and effective functioning of rehabilitation centres to cater adequately for young people needing such services.
- Collect, collate, analyze and disseminate sectoral data on young people's development programmes and activities.

### **Role of the Ministry of Information and National Orientation:**

- Support the dissemination of YPHD information through the national orientation strategies at all levels.
- Mobilize available organizational structures and institutions to support the implementation of YPHD programmes.
- Ensure integration of YPHD issues into the curriculum of journalist training institutions and programmes.
- Build the capacity of journalists and mass media practitioners in reporting and broadcasting on health and development issues of young people.
- Enforce existing laws on information dissemination and mass media activities that have relevance to young people's health and development

## **The role of other stakeholders**

### **Mass media**

In this age of information and cultural globalization, the mass media has a big role to play in the area of young people's health and development. It is therefore imperative to ensure that they:

- Produce programmes and disseminate accurate, culturally-appropriate and gender-sensitive information on young people's health and development
- Collaborate with other development partners and sectors in undertaking educational campaigns on young people's health and development
- Assist relevant agencies in dissemination of young people's health and development data and other relevant information
- Actively involve young people in creating programmes for themselves
- Encourage less violence and abuse on entertainment programmes
- Discourage advertisement of harmful substances and behaviours

## **Civil Society Organizations**

These organizations should complement government efforts in the formulation, financing, implementation, and monitoring and evaluation of YPHD programmes and also help:

- Promote and support networks for YPHD issues.
- Mobilize, organize and build the capacity of the informal sector to support young people's health and development
- Expand the delivery of adolescent/youth-friendly health and related development services to the community, especially to hard-to-reach areas.
- Undertake operational research activities and adopt innovative methods to improve the delivery of friendly health and development services to young people, including vulnerable ones and those in difficult/special circumstances.
- Collaborate with relevant line ministries and government agencies in the implementation of YPHD programmes.
- Collect and submit service statistics to relevant government agencies on regular basis.
- Monitor the implementation of this framework.

## **Research institutions/Academia**

The relevant institutions should:

- Undertake basic, operational and applied research activities to generate new ideas, monitor and improve programme development and management activities in the areas of YPHD.
- Provide current and up to date data that will effectively inform programme actions
- Ensure wide dissemination of research findings in suitable forms to policy makers and programme implementers
- Provide training on YPHD concerns.
- Develop and implement programmes that will effectively support the health and development of the population of young people, including health promotion activities, BCC programmes, and counselling services.
- Establish youth-friendly health services in their institutions.
- Develop and activate mechanisms to regularly monitor the health and development of young people within their institutions.

- Provide advisory services on YPHD issues to other development partners.
- Assist in the evaluation of programmes related to this national framework.

### **Faith-based institutions**

Religious institutions should:

- Provide moral instructions and spiritual guidance that will promote positive development and health of young people.
- Provide opportunities for constructive activities
- Cooperate with other sectors to enhance the health and development of young people
- Sensitize their members and communities on health and development issues of young people.
- Promote reproductive health services and other development activities for young people consistent with their religious beliefs.
- Organize and promote programmes that will enhance the health and development of young people.

## **Organized Private Sector**

The organised private sector should actively participate in programme development and implementation of activities relevant to the health and development of young people, and complement the efforts of the Government and other sectors of the society. Organised private sector should also endeavour to make their work environment and policies friendly to young people, including the vulnerable ones and those in special circumstances.

## **Legislature**

- Support the implementation of the framework and act as advocates for the health and development of young people.
- Make appropriate legislation in support of the health and development of young people.
- Ensure timely and adequate financial approval for activities relating to the health and development of young people.
- Mobilize and educate their constituencies to institute and support YPHD programmes.

## **The justice and law enforcement agencies**

Young people's encounter/conflict with law enforcement agents could influence the kind of adult they develop into later in life. It is therefore absolutely essential for law enforcement agents and other institutions involved in the exercise of justice to:

- Enforce the protection of young people's rights as relevant to their mandate
- Build the capacity of officers and staff to understand and effectively intervene in issues relating to young people, their health and development
- Ensure proper collection of disaggregated data for developing health programmes
- Ensure proper implementation of appropriate laws for young people
- Offer rehabilitation services for juvenile offenders
- Establish adolescent and youth-friendly desk in their organisations
- Ensure the enforcement of existing code of conduct that protects young people.



## **National Planning Commission**

- Ensure sufficient budgetary allocations for YPHD activities.
- Ensure integration of YPHD issues into development planning in all relevant sectors.
- Strengthen the coordination of international co-operation and support for YPHD activities.
- Integrate YPHD data into the national data bank

## **National Population Commission**

- Collect, analyze, interpret and disseminate gender-disaggregated demographic and other relevant data relating to young people through censuses and sample surveys.
- Disseminate specific data regarding adolescents and young people through the development and distribution of monographs, fact sheets, and other print and electronic materials.
- Support and promote national research activities on YPHD issues, including sexual and reproductive health and education.

- Monitor and evaluate the implementation of health and development programmes for young people in collaboration with other appropriate bodies and agencies.
- Advocate and promote the implementation of SRH programmes for young people as part of population and development activities.
- Provide relevant data on YPHD on timely basis to the National Planning Commission for inclusion in the national data bank.

### **The role of UN, bilateral agencies and corporate bodies**

United Nations, Bilateral and Donor agencies, corporate bodies as well as non governmental organizations should give high priority to young people's health and development programmes among their many activities and should:

- Support government to implement young people's health and development programmes
- Support the Ministry of Health to establish youth friendly services and centers
- Support joint reviews on programming and measuring young people's health programmes

- Continue to monitor and highlight YPHD issues through supporting research and international fora on them
- Advocate for higher levels of commitment from governments, corporate bodies, technical and financial partners
- Adapt framework into national operational plans and integrate young people's health into primary health care
- Define indicators, surveillance activities, monitoring and evaluation of the effectiveness of strategy
- Funding for research activities

## **MONITORING & EVALUATION**

Monitoring and evaluation shall constitute a major element of the implementation of the framework. This strategy has built into it, appropriate indicators under each thematic area with which programmes can be monitored and evaluated. Government agencies shall monitor activities in the sector within their mandate, and according to the appropriate tier of government. Government agencies and other partners shall submit quarterly report to the Adolescent Reproductive

Health Branch of the Department of Community Development and Population Activities, Federal Ministry of Health, which shall serve as the secretariat of the National Adolescent Health and Development Working Group (NAHDWG).

The secretariat will develop a uniform format which would be used for reporting of various organisations and institutions involved in YPHD programme in the country. The NAHDWG will consider reports on the implementation of YPHD programmes at its meetings. An annual national progress report on YPHD will be published by the secretariat of the NAHDWG. The secretariat shall serve as repository for various publications and reports on YPHD programmes and activities within the country. Results of periodic research will constitute part of the inputs of monitoring and evaluation activities, and an annual compilation of research findings on YPHD will be undertaken by the NAHDWG secretariat. Progress reports of YPHD will be produced and disseminated to all relevant stakeholders and at various fora.

A comprehensive evaluation of the implementation of the framework will be undertaken nationally every five years.

The results of monitoring and evaluation activities will be used to improve programme planning and implementation as well as the development of future framework.

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