

FEDERAL REPUBLIC OF NIGERIA

ADOLESCENTS AND YOUNG PEOPLE IMPLEMENTATION PLAN

(2021 - 2025)



**FEDERAL MINISTRY OF
HEALTH**

ACRONYMS

ART	Anti-Retroviral Treatment
AYP	Adolescent and Young People
AYPF	Adolescents and Young People Friendly
AYPFC	Adolescent and Young People Friendly Centres
AYPFHS	Adolescents and Young Peoples' Friendly Health Services
AYPH	Adolescents and Young Peoples' Health
AYPHD	Adolescent and Young Peoples' Health and Development
AYPHDP	Adolescent and Young Peoples' Health and Development Plan
AYPHDS	Adolescent and Young Peoples' Health and Development Services
BHCPF	Basic Health Care Provision Fund
BMPHS	Basic Minimum Package of Health Services
CBO	Civil Based Organizations
CHEW	Community Health Extension Worker
CRA	Child Rights Act
CSO	Civil Society Organizations
F&SMIC	Federal and State Ministry of Information and Culture
F&SMoH	Federal and State Ministry of Health
F&SMWASD	Federal and State Ministry of Women and Social Development
F&SMYSD	Federal and State Ministry of Youth and Sport Development
FBO	Faith-Based Organizations
FCT	Federal Capital Territory
FMIC	Federal Ministry of Information and Culture
FMoARD	National Ministry of Agriculture and Rural Development
FMoE	Federal Ministry of Education
FMoEnv	Federal Ministry of Environment
FMoH	Federal Ministry of Health
FMol	Federal Ministry of Information
FMoT	Federal Ministry of Transportation
FMWASD	Federal Ministry of Women and Social Development
FMYSD	Federal Ministry of Youth and Sport Development
FRSC	Federal Road Safety Corps
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papilloma Virus
HW	Health Worker
IEC	Information, Education and Communication
IPC	Inter-Personal Communication
LG	Local Government
LGA	Local Government Area
LGHA	Local Government Health Authority
M&E	Monitoring and Evaluation
MDCN	Medical and Dental Council of Nigeria
MNCH	Maternal, Newborn and Child Health
MoC	Ministry of Communication
MoE	Ministry of Education
MoH	Ministry of Health
Mol	Ministry of Information
Mol&C	Ministry of Information and Culture
MWASD	Ministry of Women and Social Development

MYS	Ministry of Youth and Sport Development
N&SPHCDA	National and State Primary Health Care Development Agency
NAFDAC	National Agency for Food and Drug Administration and Control
NASS	National Assembly of Nigeria
NAWDWG	National Adolescent Health and Development Working Group
NCD	Non-Communicable Disease
NDA	Nigerian Defence Academy
NEMA	National Emergency Management Agency
NGO	Non-Governmental Organizations
NH	National Health
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information System
NHRC	National Human Rights Commission
NMCN	Nursing and Midwifery Council of Nigeria
NOA	National Orientation Agency
NPHCDA	National Primary Health Care Development Agency
NSCDC	Nigeria Security and Civil Defence Corps
NTI	National Teachers' Institute
NUC	National Universities Commission
OIC	Officer-in-Charge
OVC	Orphans and Vulnerable Children
PAID	Preston Associate for International Development
PHC	Primary Health Care
PMV	Patent Medicine Vendor
PPP	Public-Private Partnership
PRS	Planning, Research and Statistics
Q1	Quarter 1
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
SBCC	Social and Behavioural Change Commission
SHIS	State Health Insurance Agency
SMLGCA	State Ministry of Local Government and Chieftaincy Affairs
SMoE	State Ministry of Education
SMoI	State Ministry of Information
SMWASD	State Ministry of Women and Social Development
SMYS	State Ministry of Youth and Sport Development
SOML	Save One Million Lives
SON	Standards Organization of Nigeria
SPHCB	State Primary Health Care Board
SPHCDA	State Primary Health Care Development Agency
SPHCMB	State Primary Health Care Management Board
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
SUBEB	State Universal Basic Education Board
TCRN	Trauma Certified Registered Nurse
TWG	Technical Working Group
UBEC	Universal Basic Education Commission
UNAIDS	the Joint United Nations Program on HIV/ AIDS (UNAIDS)
UNFPA	United Nations Populations Fund (UNFPA)
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Foreword

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

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

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

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


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

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

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RATIONALE AND METHODOLOGY FOR THE PLAN

Rationale

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

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

Methodology for the Development of the Implementation Plan

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

Goal of the Policy

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

Strategic Objectives

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

Guiding Principles and Values for the development of plan

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

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

Thematic Areas

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

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

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

1. POLICY AND LEGAL FRAMEWORK

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

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

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

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

There are two implementation objectives in this study recommendation.

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

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

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

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

There are two implementation objectives under this recommendation.

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

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

- 1.5.1. *To leverage on NPHCDA negotiations with the School Accreditation Boards and Nursing Council to increase output of female graduates.*
- 1.5.2. *To incentivize enrolment of rural based married women into nursing schools in order to minimize post-training urban migration.*

1.6. Enhance prioritization of AYPHD issues through inter sectoral collaboration.

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

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

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

There are three implementation objectives under this recommendation.

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

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

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

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

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

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

The two implementation objectives under this recommendation are:

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

1.9.1. *To develop and disseminate adolescent consent and*

2. BUDGETING AND RESOURCE MOBILIZATION

2.1. Priority should be given to adolescent health in resource allocation.

2.1.1. To advocate for the prioritization of AYPHD in budget and resource allocation.

2.2. Leverage the SOML to access funds for Adolescent Health and Development programs especially at the sub-national level.

2.2.1. To create a package of evidence-based and cost-effective interventions that are proven to address AYP issues which could be supported by The Save One Million Lives Initiative.

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

There are two implementation objectives under this recommendation.

2.3.1. To advocate for increase in budgetary allocation to provide AYPHD information and services at national, state, LGA, district and sub-district level to adolescents and young people.

2.3.2. To strengthen budget tracking in respect of AYPHD funds, in order to ensure that the funds provided are utilized on the intended activities.

2.4. Establish mechanisms to mobilize financial resources through effective partnerships with Development partners and the private sector.

2.4.1. To promote private sector participation and support.

2.4.2. To advocate for more donor funding and technical support to the AYPHD programme.

3. SERVICE DELIVERY

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

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

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

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

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

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

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

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

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

There are two implementation objectives under this recommendation.

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

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

There are two implementation objectives under this recommendation.

- 3.6.1. To reduce under nutrition and anaemia among adolescent girls (pregnant and non-pregnant) and boys

3.6.2. To reduce the threats of overweight and obesity among all adolescents

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

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

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

There are two implementation objectives under this recommendation.

3.8.1 Promote the primary prevention of violence and injury

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

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

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

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

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

3.10.1 Increase acceptance and adoption of effective preventive interventions

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

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

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

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

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

There are two implementation objectives under this recommendation.

3.12.1 To reduce the incidences of communicable diseases

3.12.2 To monitor trends and determinants of communicable diseases and evaluate progress in their prevention and control

4. BASIC INFRASTRUCTURE

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

There is only one implementation objective under this recommendation.

4.1.1. To provide appropriate and adequate basic infrastructure.

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

4.2.1. To ensure the creation of Adolescents and young people's friendly facilities.

4.2.2. To identify gaps in the availability of basic infrastructure required to provide the essential package of Adolescent and Young people's health services.

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

4.3.1 To support the strengthening of mobile/outreach health Services

5. HUMAN RESOURCES

5.1. Strengthen the capacity of health facility adolescent-friendly service providers and boost general health worker supply

There are four implementation objectives under this recommendation.

- 5.3.1. To support scale up training of all facility workers in the provision of Adolescents and Young People's Friendly Health Services (AYPFHS).
- 5.3.2. To increase the number of health workers providing AYPFHS, especially females in Northern Nigeria.
- 5.3.3. To strengthen community participation, by training Community Health Extension Workers (CHEWs), in AYPFHS.
- 5.3.4. To strengthen community participation, by training Patent Medicine Vendors (PMVs) in AYPFHS.

5.2. Develop a strategy to include the requirement of demonstrating knowledge and skills in the area of adolescent and youth health as part of the accreditation, certification, and licensure examinations of health professionals.

- 5.2.1. To promote capacity-building among primary health care providers of AYPFHS.

5.3. Review curriculum for post-service training of health workers, teachers and social workers to emphasize the special needs for the adolescent group

- 5.3.1. To ensure availability of appropriately qualified and experienced health workers and CHEWs, with appropriate skills in AYPFHS.

5.4. Integration of adolescent friendliness, value clarification, and adolescent-targeted sexual/ reproductive and mental health, gender based violence, disabilities and other vulnerable groups in post-service training curricula for health workers.

- 5.4.1. To build capacity for the delivery of age and gender sensitive sexual and reproductive health services which includes HIV/STI prevention, treatment and care.
- 5.4.2. To create an enabling environment for mental health services including counselling and to develop the capacity to provide effective services at all levels of facilities.

5.5. Exploring distance learning as a viable training modality for service providers who manage substance abuse by adolescents.

- 5.5.1. To increase access to AYPFHS by improving capacity of service providers through distance learning

6. Expanding Access

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

There are two implementation objectives under this recommendation.

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

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

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

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

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

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

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

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

There are two implementation objectives under this recommendation

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

7. COMMUNITY ENGAGEMENT AND MOBILIZATION

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

There are three implementation objectives under this recommendation.

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

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

There are three implementation objectives under this recommendation.

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

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

There are three implementation objectives under this recommendation.

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

8. INTER SECTORAL COLLABORATION

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

There are three implementation objectives under this recommendation.

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

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

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

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

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

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

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

There are two implementation objectives under this recommendation.

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

8.3.2. *To implement the Intersectoral plan of action.*

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

There are two implementation objectives under this recommendation.

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

8.4.2. *To strengthen coordination structures at all levels.*

9. AYP HEALTH LITERACY AND SBCC

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

There are three implementation objectives under this recommendation.

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

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

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

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

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

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

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

There are three implementation objectives under this recommendation:

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

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

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

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

There are three implementation objectives under this recommendation.

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

9.4.2. *To promote capacity building of young people, social mobilizers and active engagement young people.*

9.4.3. *To sensitize parents/caregivers, teachers, community leaders, traditional/religious and social leaders to support the promotion of health and development of adolescents including the vulnerable adolescents.*

9.5. Availability of information on health service locations to transient populations at their known points of convergence (adolescents fleeing conflict, nomadic farmers, seasonal fishermen) as well as through affordable mass media such as radio.

This recommendation has one implementation objective and is operational at the national, state, LGA and ward level:

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

9.6. Engagement of media using radio jingles, dramas and other educational programmes targeting adolescents to sensitize on health literacy, especially on the need to access services from trained personnel.

This recommendation has one implementation objective and it is operational at the national, state, and community level:

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

9.7. Strengthen School Health System to offer AYP health and development Services and establish strong referral channels between school health systems and higher level of care.

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

9.7.1 *To strengthen establish a viable school health response to adolescents and young people at schools where prevention, early intervention and referral services can be delivered.*

10. ADOLESCENTS AND YOUNG PEOPLE'S PARTICIPATION

10.1. Explore additional entry points to reach 'out of school' and disadvantaged adolescents, IDPs, including those with disabilities.

There are three implementation objectives under this recommendation, all of which are operational at the State, LGA and Ward Level.

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

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

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

10.2. Develop and/or strengthen youth leadership programs, particularly among indigenous adolescents towards planning, monitoring and evaluation of ADFH services.

There are two implementation objectives under this recommendation, both of which are operational at the State, local and ward level.

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

10.2.2. *To develop feedback mechanisms for young clients on AYPHD services and protocols for adolescents and young people's role in monitoring and supervision of services.*

11. MONITORING AND EVALUATION FRAMEWORK

11.1. **Build capacity of stakeholders to ensure implementation of M&E systems at all levels**

There are two implementation objectives under this recommendation.

11.1.1. *To strengthen the M&E system of the AYPFHS program.*

11.1.2. *To strengthen systematic collection, analysis, dissemination and use of data for promotion of adolescent health.*

11.2. **Routine monitoring and supervision of service providers on adolescent-friendly health services (integration of such services in the Integrated Supportive Supervision checklist).**

There are two implementation objectives under this recommendation.

11.2.1. *To support routine monitoring and supervision of service providers on AYPFHS.*

11.2.2. *To support the implementation of quality assurance using AYPFHS tools and other quality improvement tools at all levels.*

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

There are three implementation objectives under this recommendation.

11.3.1. *To review the Health Management Information System for the inclusion of disaggregated AYP data.*

11.3.2. *To adopt the collection of disaggregated data to include age, sex, vulnerability, school status (in or out of school), disability etc.*

11.3.3. *To ensure that national reports on cause-specific utilization of services include a specific focus on Adolescents and Young People.*

11.4. **Amendment and dissemination of the current reporting tools to the lowest levels of care to ensure that all relevant data are captured.**

There are two implementation objectives under this recommendation.

11.4.1. *To develop and amend program key indicators and data collection tools*

11.4.2. *To support dissemination of amended data reporting tools*

12. ADVOCACY

12.1. Strengthen advocacy to the 12 states in the North for the domestication of the Child Rights Act.

There are two implementation objectives under this recommendation.

12.1.1. To identify current challenges to the domestication of the Child Rights Act (CRA) in the remaining 12 states.

12.1.2. To develop an advocacy strategy to mitigate identified barriers to domestication.

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

12.2.1. To articulate justification for classification of disadvantaged adolescents as a "vulnerable" group

12.3. Advocacy with specific community fact sheets to existing community structures (meetings of community leaders, religious leaders). This can be carried out by conducting advocacy visits and community dialogues.

There are two implementation objectives under this recommendation

12.3.1. To raise awareness of the AYPFHS programme among parents, community leader, adolescents and young people.

12.3.2. To increase the participation of community structures towards the promotion of AYPH.

12.4. Encourage girl-child education through advocacy towards Parents and Guardians, Community, religious leaders and policymakers

There are two implementation objectives under this recommendation.

12.4.1. To advocate to policy makers for the promotion of girl-child education in communities.

12.4.2. To create awareness on the significance of girl child education.

Adolescents and Young People's Health and Development Implementation Plan 2021-2025

Table with columns: Policy Priority Prog. Area, Implementation Objective(s), Operational Level, Key Interventions/Activity, Responsible Actors, Timeline (2021-2025), Budget Source, Risks, Definition of Indicators, Indicator type, Indicator group, Baseline Performance, Target Performance, Desired Outputs, Desired Outcomes, Weight/Rank. The table contains 27 main rows corresponding to policy areas 1.0 to 3.0, with detailed sub-rows for each objective.

Area	Objective	Strategic Action	Responsible Parties	Start	End	Current Status	Key Indicators	Measurement Method	Frequency	Impact	Thematic Indicator	Target	Remarks										
3.1 Introduce the Adolescent Health Week or integrate adolescent health activities within the existing maternal and Child Health Week programmes	3.1.2 - To create demand for AYPWD services	Engage and plan with adolescents on how to access reach services and find the information they need through community events, radio advisers and learner clubs	National, State, LGA	Youth clubs, Media, CBOs, Youth organizations, Private Partners, NGOs, Development partners, SPH, SPHE, SPWAWD, SPYSD			Budget allocation to SPYSD, SPH, SPWAWD, Donor funds, NGOs, and Grants.	Non participation of social marketing organizations and private sector.	Number of social marketing organization engaged in creating service delivery points for AYP.	Output	Thematic Indicator (System Performance and intervention)		Increased participation of social marketing organizations and private sector.	Adolescents and young people including the vulnerable groups are under served have access to AYP service delivery points.									
															3.2.1 - To promote effective service delivery which is of high quality in urban and rural areas through standard service delivery mechanisms	National, State, LGA	FPH, NPHCDA, Development partners, NGOs.	FPH, Development Partners, Private Partners.	Unavailability of required resources to conduct supportive supervisory visits	Percentage of sites where program supportive supervisory visits has been. Assessment and use for Continuous improvement	Thematic Indicator (System Performance and intervention)	National service standard guide and AYP interventions introduced to serve AYP program.	Standardised and effective AYP services accessible and introduced to serve AYP program.
															3.2.2 - To enhance the capacity of service providers and empower patients to deliver quality AYPHS								
3.3 Enhancement of the health facility environments, such as counselling, games, music and life building skills to motivate adolescent attendance and compliance while waiting for services	3.3.1 - To ensure safe and friendly environments for health and development of the adolescents and youth	National, State, LGA, Community	FBSM, FBSMWD, FBSMYD, NGOs, CSOs, CBOs, and FBOs, social actors, media, youth organizations and youth clubs.	FBSM, FBSMYD, FBSMYD, Development Partners.	Inadequate provision of resources for the establishment of youth centres for AYPH	Provision of PMIC with internet requirements to ensure health and safe environment for AYP.	Thematic Indicator (System Performance and intervention)	Adequate number of youth centres established in communities.	Improved access to AYPHS by adolescents and young people.														
										3.3.2 - To ensure the capacity of service providers and empower patients to deliver quality AYPHS	National, State, LGA	FBSM, FBSMWD, FBSMYD, NPHCDA, SPHCDA, Development partners, NGOs, FBOs, CSOs and CBOs.	FBSM, Development Partners and Donor Agencies	Inadequate provision of funds, fragmentation and lack of holistic and coordinated multi-sectoral approach to AYPH	Proportion of service providers who received training in the last 12 months	Thematic Indicator (Sexual and Reproductive Health and rights)	Maximum utilization of high quality and adequate sexual and reproductive health information and services for adolescents and young people.						
																		3.4 Improve the sexual and reproductive health status of adolescents and young people by engaging a range of evidence based and effective interventions	3.4.1 - Enhance technical capacity and coordination of sexual reproductive health services	National, State, LGA, Community	FBSM, FBSMWD, FBSMYD, Development partners, CSOs, CBOs, FBOs and youth organizations	NPHCDA, FPH and donors.	Inadequate provision of funds, fragmentation and lack of holistic and coordinated multi-sectoral approach to AYPH
3.4.2 - Strengthen coverage and uptake of contraceptives among (15-19) age group	National, State, LGA, Community	FBSM, FBSMWD, FBSMYD, NPHCDA, Development partners, CSOs, CBOs, FBOs and Youth Organizations	FBSM, Development Partners	Ineffective and non-strategic system for data collection/analysis on the sexual and reproductive health of adolescents to inform policy and programming.	Share data disaggregated and available for all sites. Improved system for data collection and analysis for SHH across all sites.	Thematic Indicator (System Performance and intervention)	Sexual and reproductive health status and uptake improved quality of AYPHS																
								3.4.3 - Strengthen coverage and uptake of contraceptives among (15-19) age group	National, State, LGA, Community	FBSM, FBSMWD, FBSMYD, Development partners, CSOs, CBOs, FBOs and Youth Organizations	FBSM, FBSMWD, FBSMYD, Development partners, NGOs, CSOs, CBOs, FBOs, youth based organizations, religious leaders, community leaders.	Inadequate provision of funds, fragmentation and lack of holistic and coordinated multi-sectoral approach to AYPH	Adoption of contraceptive services and information, and expanded access to reach underserved groups.	Thematic Indicator (Sexual and Reproductive Health and rights)	Increased uptake and utilization of information and services for contraception by adolescents and young people.								
																3.4.4 - Provide monthly mobile outreach clinics to hard-to-reach areas for increased access to contraception methods.	National, State, LGA, Community	FBSM, FBSMWD, FBSMYD, Development partners, CSOs, CBOs, FBOs, youth based organizations, religious leaders, community leaders.	FBSM, NGOs, FBSMYD, Development Partners	Ineffective and non-strategic system for data collection/analysis on the sexual and reproductive health of adolescents to inform policy and programming.	Consistent (monthly) mobile outreach centres conducted to hard-to-reach sites.	Thematic Indicator (Sexual and Reproductive Health and rights)	Maximum utilization of information and services for contraception by adolescents and young people.
3.4.7 - To improve the knowledge and awareness of Adolescents on Sexual and Reproductive Health and Sexual Transmitted Diseases including HIV/AIDS	National, State, LGA, Community	FBSM, FBSMWD, FBSMYD, Development partners, CSOs, CBOs, FBOs, youth based organizations, religious leaders, community leaders.	FBSM, FBSMWD, FBSMYD, Development Partners, Donor Agencies	Non-incorporation of school-based family life and HIV/AIDS education into upper primary and secondary school curriculum.	Number of schools implementing Family Life and HIV Education Curriculum	Thematic Indicator (Sexual and Reproductive Health and rights)	AYP are adequately knowledgeable on Sexual and Reproductive Health and Sexually Transmitted Diseases such as HIV/AIDS.																
								3.5.1 - To empower adolescents, especially girls, by providing them with life skills to boost up for emergencies, including their rights to fully and freely consent to marriage	National, State, LGA, Community	NPHC, SPH, SPH, SPWAWD, SPYSD, Development partners, CSOs, CBOs, FBOs, youth based organizations, community leaders, religious leaders, and youth clubs.	FBSM, FBSMWD, FBSMYD, Development Partners, Private Organizations and Development Partners	Non-participation from all levels, and inadequate funding	Proportion of girls and women aged 15-19 who have undergone female genital mutilation/circumcision (FGM/C)	Thematic Indicator (Sexual and Reproductive Health and rights)	Availability of commissioned programs against age and gender-based violence, including child marriage								
																3.5.2 - To promote positive social norms which address age and gender-based discrimination and violence, including child marriage by engaging and influencing child mothers and key stakeholders	National, State, LGA, Community	NPHC, SPH, SPH, SPWAWD, SPYSD, Development partners, CSOs, CBOs, FBOs, youth based organizations, community leaders, religious leaders, and youth clubs.	NPHC, SPH, SPH, SPWAWD, SPYSD, Development partners, CSOs, CBOs, FBOs, youth based organizations, community leaders, religious leaders, and youth clubs.	Non-acceptance of the programs by the members of the community, non-participation from all levels, and inadequate funding	Number of training and community dialogues in relation to the issue of age and gender-based discrimination, child marriage and its consequences	Thematic Indicator (Sexual and Reproductive Health and rights)	More adolescents, young people and other members in the community informed on gender-based violence and child marriage.
3.5.3 - To strengthen health and social protection system to provide services to meet the needs of the most vulnerable adolescents.	National, State, LGA, Community	FBSM, FBSMWD, FBSMYD, Development partners, CSOs, CBOs, FBOs, youth based organizations, community leaders, religious leaders, and youth clubs.	FBSM, FBSMWD, FBSMYD, Development Partners	Non-acceptance of the programs by the members of the community, non-participation from all levels, and inadequate funding	Proportion of girls and women aged 15-19 who have undergone female genital mutilation/circumcision (FGM/C)	Thematic Indicator (Sexual and Reproductive Health and rights)	Provision of evidence based information, programmatic, female genital mutilation/circumcision at all levels of education, including for to reach areas.																
								3.6 Strengthen advocacy to the 12 states in the North for the domestication of the Child Rights Act	National, State, LGA, Community	National Human Rights Commission (NHRC), FPH, FPH, FPHWAWD, FPHYD, FPH, Development Partners, Legal Practitioners, CSOs, CBOs, FBOs and the Media.	Donor Funding, Grants, FPH, FPHWAWD, FPHYD, NGOs	Non-adequate and implementation of the Sexual and Gender-based violence law.	Status and implementation of AYPW Act	Thematic Indicator (Policies and Programs)	100% enforcement of the Violence Against Persons Prohibition law.								
																3.6.1 - To identify current challenges in the domestication of the Child Rights Act (CRA) in the remaining 12 states	National, State, LGA	FBSM, FBSMWD, FBSMYD, Development partners, CSOs, CBOs, FBOs, youth based organizations, community leaders, religious leaders, and youth clubs.	FBSM, FBSMWD, FBSMYD, Development partners, Donors and PPP.	Low prioritization of Child Rights Policy issues	1. The proportion of states (including FCT) that have adopted and implemented Child Rights Act by 2024. 2. Number of consultation points with citizens and religious bodies in 12 states identified for the current challenge facing the domestication of CRA.	Thematic Indicator (Policies and Programs)	Constructive forums held and challenges in domestication of CRA are identified.
3.6.2 - To identify an advocacy strategy to engage identified barriers to domestication	National, State, LGA, Community	FBSM, FBSMWD, FBSMYD, Development partners, CSOs, CBOs, FBOs, youth based organizations, community leaders, religious leaders, and youth clubs.	FBSM, FBSMWD, FBSMYD, Development partners, Donors and PPP.	Low prioritization of Child Rights Policy issues	1. The proportion of states (including FCT) that have adopted and implemented Child Rights Act by 2024. 2. Number of consultation points with citizens and religious bodies in 12 states identified for the current challenge facing the domestication of CRA.	Thematic Indicator (Policies and Programs)	Advisory with social actors and cultural influencers conducted.																
								3.7.1 - To reduce under nutrition and stunting among adolescent girls (pregnant and non-pregnant) and boys	National, State, LGA, Community	FBSM, FBSMWD, FBSMYD, Development partners, CSOs, CBOs, FBOs, youth based organizations, community leaders, religious leaders, and youth clubs.	FBSM, FBSMWD, FBSMYD, Development Partners, Private Organizations and Donor Agencies	Non-participation of the target population, non-compliance to promotion of supplementation and healthy eating practices	Proportion of low birth weight newborns in 12 states (including FCT) by 2024.	Thematic Indicator (Nutrition and Physical activity)	Amenal care and nutrition programmes developed to address the nutrition and health needs of pregnant and young adolescents girls.								
																3.7.2 - To reduce the threats of overweight and obesity among adolescents	National, State, LGA, Community	FBSM, FBSMWD, FBSMYD, Development partners, CSOs, CBOs, FBOs, youth based organizations, community leaders, religious leaders, and youth clubs.	FBSM, FBSMWD, FBSMYD, Development Partners.	Inadequate outreach to cover hard-to-reach areas and non-participation of the target population in communities.	Proportion of overweight and obesity among young people in 12 states (including FCT) by 2024.	Thematic Indicator (Nutrition and Physical activity)	Availability of expanded provision of nutrition counselling and services, the promotion of healthy and diversified diets and where necessary recommended supplementation as well as food fortification strategies.
3.7.3 - To reduce the threats of overweight and obesity among adolescents	National, State, LGA, Community	FBSM, FBSMWD, FBSMYD, Development partners, CSOs, CBOs, FBOs, youth based organizations, community leaders, religious leaders, and youth clubs.	FBSM, FBSMWD, FBSMYD, Development Partners.	Inadequate resource allocation to promote sports and other physical activities, low prioritization.	Proportion of adolescents who have engaged in sports and other physical activities, low prioritization.	Thematic Indicator (Nutrition and Physical activity)	Sports and recreation facilities established for adolescents and young people in physical activities and sports.																
								3.7.4 - To improve the mental health of adolescents and young people as part of the overall physical, psychological and socio-economic development by means of health and nutrition education	National, State, LGA, Community	FBSM, FBSMWD, FBSMYD, Development partners, CSOs, CBOs, FBOs, youth based organizations, community leaders, religious leaders, and youth clubs.	FBSM, FBSMWD, FBSMYD, Development Partners and Private Organizations.	Non-participation and inadequate provision of mental health services, negative attitude from service providers, stigmatization and discrimination.	Proportion of adolescents who have engaged in mental health services, low prioritization.	Thematic Indicator (Mental Health)	Improved proportion of service providers trained to respond to mental health problems and service providers AYP Mental Health Services (expanded access to services across the 16 states and FCT).								

