

MINISTRY OF HEALTH



# Nigeria National Standards & Minimum Service Package for Adolescent & Youth- Friendly Health Services (2018)







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& Minimum Service Package  
for Adolescent & Youth-  
Friendly Health Services  
(2018)**





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## Acronyms and Abbreviations

AA-HA!	Global Accelerated Action for the Health of Adolescents
AFHS	Adolescent Friendly Health Services
AHD	Adolescent Health and Development
AIDS	Acquired Immune Deficiency Syndrome
AYFHS	Adolescent and Youth Friendly Health Services
BCC	Behaviour Change Communication
BMI	Body Mass Index
COPAD	Community Programme Advisory Board
CSOs	Civil Society Organisations
FMOH	Federal Ministry of Health
FMOI	Federal Ministry of Information
HIV	Human Immunodeficiency Virus
IDPs	International Development Partners
IEC	Information, Education, and Communication,
LGA	Local Government Authority
mhGAP	Mental Health Gap Action Programme
NGO	Non-Governmental Organisations
NOA	National Orientation Agency
NPHCDA	National Primary Health Care Development Agency
NPHDAYP	National Policy on the Health and Development of Adolescents and Young People in Nigeria
PHC	Primary Health Care
PP Global	Planned Parenthood Global
RTIs	Training and Research and Training Institutions
SMOH	State Ministry of Health
SMOI	State Ministry of Information
TWG	Technical Working Group
UNFPA	United Nations Population Fund

UNICEF	United Nations Children's Fund
WHO	World Health Organisation
YAG	Youth Advisory Group
YFHS	Youth Friendly Health Services
YP	Young People
FLHE	Family Life and Health Education
PMV	Patent Medicine Vendors
STI	Sexually Transmitted Infection
CBOs	Community-Based Organisations
HMIS	Health Management Information System
HSDPs	Health Service Delivery Points
SOP	Standard of Practice





Young people between the ages of 10 and 24 years constitute almost a third of Nigeria's population; they constitute the critical link between childhood and adulthood and a major force in the nation's development quest

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## 1. BACKGROUND

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### 1.1. Introduction

*Young people between the ages of 10 and 24 years constitute almost a third of Nigeria's population; they constitute the critical link between childhood and adulthood and a major force in the nation's development quest. Failure to ensure the health and well-being of adolescents may result in wastage of investments previously made in the childhood state, and will also lay a foundation for poor health in adulthood. Investment in adolescent health and well-being brings a three-fold dividend of health-related benefits: benefit in the immediate period in terms of improved health and development of the adolescents themselves; benefit for the later life of adolescents in the adult period of life; and, benefit for the next generation of children as the adolescents become parents. The health situation of today's young people will not only determine the overall health situation of the country but will impact every facet of national development. Investment in the health and well-being of adolescents and young people increases the potential for demographic dividend.*

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In recognition of the potentials of investing in adolescent health, Nigeria is increasing her focus and commitment towards the health and development of her young people. As the National Policy on the Health and Development of Adolescents and Young People in Nigeria states, "The government and people of Nigeria are convinced that investing in the health and development of adolescents and other young people will yield benefits for both young people and the entire Nigerian society, and is critical for the sustained economic and social development of the country". While this policy commitment has translated into positive action and some progress in a number of areas, Nigeria is currently classified by the Lancet Commission on Adolescent Health and Well-being as a multi-burden country in terms of the health status of her young people. The leading health challenges of adolescents and young people in Nigeria, as identified by the national policy are sexual and reproductive health issues, trauma and injuries, mental health, substance use, and nutritional problems.

As the new Global Accelerated Action for the Health of Adolescents (AA-HA!) indicates, an adolescent- and youth-responsive national health system is critical to ensuring universal health access with regards to young people. Adolescent- and youth-responsive national health system is an approach which

brings together the qualities that young people demand regarding health services, with the high standards that have to be achieved in technical and quality dimension. Programming for adolescent-responsive health system entails actions that address both the clinical and non-clinical aspects of health services and ensure high quality of service delivery to young people in an appropriately friendly environment. As the AA-HA! framework also explicitly noted in this context, the provision of adolescent-friendly health services (AYFHS) is an evidence-based intervention that promotes adolescent positive development. AYFHS provide a platform through which health services can be appropriately offered to young people in an optimal manner. Furthermore, Nigeria's nation policy identifies AYFHS as a key strategic approach for advancing the health and development of her adolescent and youth population.

Nigeria developed her first Clinical Protocol and Service Guidelines for Adolescent Health Services in 2001, with a list of minimum package of services included. While the document provided a good starting point in the efforts to move AYFHS services forward in Nigeria, the document has certain limitations and is also dated considering the changes that have been experienced nationally and globally in the adolescent and youth health sphere. Among others, the 2001 document did not have standards specified for the listed services, thereby severely limiting its usefulness to provide a detailed guide in the establishment of AYFHS and serve as a platform for quality assurance. On the other hand, the spectrum and burden of adolescent and youth health challenges have changed in some ways even as there are new platforms for interventions particularly with increasing engagement with digital technologies. Also, the Federal Government has prioritised the rehabilitation of a primary health care centre in each local government area (LGA) as part of the effort to strengthen PHC and National Guidelines for the Integration of Adolescent and Youth Friendly Services into Primary Health Care Facilities has been developed. On the global stage, the World Health Organization (WHO) has developed a global standard for adolescent-friendly health services (in partnership with the Joint United Nations Programme on AIDS [UNAIDS]) and, more recently, developed the AA-HA framework. Sustainable Development Goals and the Global Strategy for Women's, Children's and Adolescent Health have also emerged as global agenda-setting documents with relevance to adolescent and youth health and development.

## 1.2. Rationale for the document

Several national policy documents recognise, and indeed, advocate for improved availability and accessibility of AYFHS in Nigeria as a key strategy for advancing the health and development of young people. The National Policy on the Health and Development of Adolescents and Young People (NPHDAYP) and the National Action Plan on Advancing the Health and Development of Young People in Nigeria, in particular, strongly position the establishment and expansion of AYFHS nationwide as a central platform for expanding the coverage of quality services – promotive, preventive, curative, and rehabilitative services – for adolescents and young people (age 10-24 years) in Nigeria. In the context of that guidelines, AYFHS refers to health services that have policies and attributes that attract youth to the facility/programme, provide a comfortable and appropriate setting for serving youth, meeting the needs of young people and are able to retain the youth clientele for follow-ups and repeat visits. However, the lack of an up-to-date minimum package of services and quality standards for AYFHS pose a challenge to the full operationalisation of the guidelines as there is no sufficient guidance to stakeholders on the services expected to be offered in the different healthcare setting as well as the standards nationally desired.

This document aims to address the identified gaps with respect to the minimum package of services and standards with respect to services to be offered nationwide in Nigeria to young people age 10-24 years. In so doing, this document provides a platform for driving the agenda for the provision of quality services to adolescents and young people nationwide and ensuring that AYFHS are accessible, acceptable, appropriate, effective and equitable in line with WHO's criteria.

## 1.3. The Process of Developing the Document

The development of this document is rooted in a process commenced in 2013. The process has been guided by relevant national policies (particularly the NPHDAYP and the new National Youth Policy), the WHO and UNAIDS' quality framework for adolescent health services, the global experiences in standards of care-driven initiatives for AYFHS, relevant UNFPA guidelines relating to provision of adolescent sexual and reproductive health information and services as well as local programming experiences in adolescent health. The process was consultative and participatory; it involved a wide cross-section of stakeholders in the field of adolescent and young people's health, including

young people themselves, health care providers, programme managers from government agencies and non-governmental organisations, the academia, and representatives of international development organisations.

The development process particularly benefitted from the technical insight and input of the National Technical Working Group on Adolescent Health and Development, which consists of a diverse group of experts on adolescent and young people's health in Nigeria. The development process commenced with the preparation of background document and preliminary framework and standards by a consultant based on an extensive review of the literature, local experiences and global best practices. The background materials served as the critical inputs for a three-day national workshop, which involved a wide group of stakeholders, during which consensus was built on the standards and the details of its implementation.

Towards the finalization of the document, after a period of delay due to logistic challenges, the National Technical Working Group had further deliberation on the initially developed document in May 2017. In the light of the decision reached by the Technical Working Group, the earlier developed draft document underwent further reviewed and revision to ensure that it responds appropriately to relevant updated WHO and UNFPA's guidelines and to capture key emerging issues. The revised document was then shared with stakeholders for their comments; the stakeholders' feedback was used to further revise the document. The National Technical Working Group, thereafter, hosted a validation meeting and the document finalized subsequently.

#### 1.4. The Purpose of the Document

This document specifies the standard of health services to be provided by health service delivery points (HSDPs) to young people in Nigeria, with the aim of improving their access to a package of quality services as well as utilization of health facilities by adolescents and youths. Specifically, this document is designed to serve as a platform for the implementation of a standards-driven initiative to improve the quality and coverage of health service provision to young people.

The defined "National Standards" will ensure that the services being provided to adolescents and other young people are not only responsive to their health and development and effective in terms of technical quality, but are also

available, accessible, acceptable, and equitable. It will also ensure a minimum quality across all HSDPs serving young people nationally. Thus, overall, it is expected that adhering to the specified national standards will appropriately improve the access of young people to needed health services as well as their utilisation of such services.

### 1.5. Intended Audience and Beneficiaries

The primary beneficiaries of this document are young people (10-24 years) in Nigeria, whose health and lives are expected to be impacted positively through an expanded and improved quality of care that should result from the implementation of the standards. Service providers, policymakers and community members are all secondary beneficiaries as the document provides clear guidelines for health-related policy and service implementation. Also, the benefit of improved health for young people would impact the community and the nation positively in terms of health and socio-economic development.

Overall, the document is directed to all service providers and all other stakeholders working in the area of adolescent and young people's health at all levels within the health sector, including policymakers, programme managers, and service providers in all sectors – government, non-government, private-for-profit, and international development sectors.

### 1.6. Guiding Principle for the Document

The following principles undergird the development of this document and are critical to the implementation of the developed national standards:

- Rights-based – to protect, promote and fulfil the human rights of young people in Nigeria, including their rights to information and healthcare
- Gender-sensitivity and gender-responsive approaches to needs of both males and females
- Evidence-informed and scientifically sound approaches
- Compliance with the highest level of quality healthcare practice and accepted ethical standards.
- Adolescent and youth participation in health services and related developmental opportunities
- Cultural sensitivity and concordance with relevant policies and laws
- Commitment to young people's health issues as a national priority
- Parental involvement and community ownership
- Appropriate linkages with other sectors



A standard is a statement of desired quality. Standards are critical in terms of adolescent and youth-friendly services as they specify clear performance goals and make the definition of quality required for any service explicit.

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## 2. STANDARDS AND CRITERIA FOR ADOLESCENT- AND YOUTH-FRIENDLY SERVICES IN NIGERIA

*A standard is a statement of desired quality. Standards are critical in terms of adolescent and youth-friendly services as they specify clear performance goals and make the definition of quality required for any service explicit. Standards also provide a clear basis against which performance can be monitored, assessed and/or compared. They are, thus, valuable in strengthening programme implementation, assuring and improving quality processes as well as to facilitate objective monitoring and evaluation.*

Thus, the national quality standards for the provision of AYFHS in Nigeria have been developed to provide a platform for the optimal health and development of young people. These standards are consistent with existing national adolescent and youth health and development policies and in line with the WHO's criteria for AYFHS and the relevant UNFPA guidelines. The standards were also informed by global and national experiences, and keeping in view the necessary resources, operational activities and the expected health and development outcomes. The national standards will ensure that the health services being provided to young people across all service delivery points across Nigeria meet a required minimum standard. In all, Nigeria has adopted nine standards for its AYFHS .





## 2.1. Criteria of the Quality Standards of Adolescent- and Youth-Friendly Health Services (AYFHS) and Implementation Guide

### Standard 1:

An enabling environment exists in the community to support the provision and appropriate utilisation of adolescent and youth health services

What does this mean? Community members (including parents), and organisations and leadership are well informed about how the provision of health services could help their young people. They support the provision of these services as well as their use by adolescents and youths. Selected community members may also be involved in the provision of services aimed at improving the health and well-being of young people.

Rationale: In general, the awareness of community members about the issues of adolescent health and the importance of providing health services to young people is poor. Communities are likely to oppose the provision of health services to adolescents and other young people if they do not understand – or trust – their value. Without the support of the community, young people may not be able to access and utilise services.

On the other hand, lack of community support and enabling environment can also deter or discourage service providers from delivering the needed health services to young people. Engaging community members and leadership in a respectful discussion and working to create a shared understanding on this issue will help to ensure that the required health services can be provided, and obtained, without opposition. Engagement of the community system, including the leadership and organisations, can also generate additional resources and goodwill to support the provision of health services.

Input Criteria	Process Criteria	Output Criteria
I. A plan exists for advocacy activities targeting influential community leaders and members (including traditional and religious leaders, educational authorities, ward/village health committee members, and school principals/heads) as well as relevant community institutions and organisations to secure their support for AYFHS.	Implementation of the advocacy activities as per the plan	Community leadership and influentials support the provision of services to young people

<p>2. A plan of activities (including community dialogues, meetings with parents, and school visits) to be carried out in the community to inform and educate community members about the availability and benefits of AYFHS to young people and their community exists.</p>	<p>Implementation of the activities in the plan</p>	<p>Community members are aware of the availability and convinced about the benefits of AYFHS, and support the provision of relevant health information and quality services to young people.</p>
<p>3. Procedures are in place to communicate with all adults visiting the health facility as regards the availability and benefits of AYFHS to young people.</p>	<p>Service providers communicate effectively about the value of providing health services to adolescents and the type of services available in their interactions with adult patients and clients.</p>	

### Standard 2:

Young people in the catchment area of the health facility are aware of the services it provides, find the health facility easy to reach and obtain services from it.

What does this mean? Adolescents are aware of what health services are being provided, where they are provided, and how to obtain them. Adolescents are also able to access and obtain the health services that are available and are relevant for their needs.

Rationale: The awareness of young people regarding the availability of health services that are relevant to their needs is generally low in Nigeria. Consequently, the level of utilisation of health services by young people is poor. Factors contributing to the low level of awareness of young people regarding health services include inadequate information and educational activities targeted at young people and their significant others by health facilities. Furthermore, the issues of accessibility of health facilities in terms of distance, cost and time contribute to the poor health-seeking behaviour of young people. As such, there is the need for effective actions to ensure that young people are well-informed about the availability of health services. In addition, barriers that limit the accessibility and utilisation of available services by young people are

removed or reduced to the barest minimum. These include geographical, financial and administrative barriers. As such, facilities need to be conveniently located and have working hours suitable for young people. Also, policies and procedures should be in place to ensure that the services are either free or affordable for young people.

**2: Criteria for Standard 2**

Input Criteria	Process Criteria	Output Criteria
<p>1. There is a well-defined plan to inform young people in the community as to the availability of quality services from the facility</p>	<p>Activities to inform adolescents about the availability of services from the facility are carried out as per the plan developed.</p>	<p>Young people are aware of the type of services rendered in the health facilities, their working days and hours and they know that they are welcome.</p>
<p>2. Health facility has well-written signboard(s) which indicate the following with regards to services aimed at young people:                      (a) the types of health services that are provided                      (b) the time that the services provided                      (c) that adolescents are welcome</p>	<p>Well-written Signboard(s) with required information is/are placed conspicuously in the front of the health facility</p>	
<p>3. Print and other relevant Informational materials are developed and distributed/ disseminated to young people and their significant others in the community (including at the facility, schools, religious settings, community meetings and through electronic media) about the types of services available in the health facility, their working days and hours and that young people are welcome</p>	<p>Print and other relevant Informational materials are developed and distributed widely through venues and channels that are attractive to young people</p>	

4. Flexible time schedule for adolescent and youth clients, if possible, is in place at health facilities	Health services are provided as per agreed flexible time schedule	Young people have improved access to quality health services
5. Policies and procedures to provide health services to young people free of charge or at affordable prices are in place.	Service providers provide young people with services free of charge or at affordable prices in line with defined policies and procedures.	
6. Plan is in place to provide outreach health services to young people, particularly those belonging to special groups (such as most-at-risk adolescents) in the catchment area of the health facility	Outreach services are regularly provided to facilitate the access of special groups of young people as per the plan developed.	
7. Plan is in place to facilitate/ ensure the access of young people with special challenges (such as physically challenged young people) to quality health services	Provisions are made in line with the plan to enable young people with special needs to access services at the facility and/or through referral and outreach services	

### Standard 3:

Young people find the environment, setting, organisation and procedures of health facilities appealing and acceptable.

What does this mean? A point of health service delivery that is welcoming, attractive and clean. The procedures carried out in the facilities must also be friendly and acceptable to young people.

Rationale: The physical state of health facilities, the health care processes as well the types of procedures that are carried out influence, to a large extent, whether young people will find the health care facilities attractive for them to use. Poor physical environment, for example, may impact negatively on utilisation as young people may not want to go to dirty and poorly maintained facilities. The condition, features, processes and procedures of the facilities will also contribute to client satisfaction and quality of care. It is important to get feedback, suggestions and recommendations from adolescents to be able to design facilities, procedures and protocols that will appeal to adolescents as well as suit their needs and taste.

Table 3: Criteria for Standard 3

Input Criteria	Process Criteria	Output Criteria
1. Standard operating protocols (SOP) to maintain a good ambience for young people – including a clean spacious waiting area, potable drinking water, clean toilets and educational materials – are in place	Facilities are provided/maintained as per the SOP	Young people feel comfortable when they visit health facilities and find the surroundings and procedures appealing and acceptable.
2. Separate, clean waiting rooms with ample space, adequate seats, adolescent/youth-appropriate educational materials and where possible, some indoor games, or young people's corner are provided for adolescent and youth clients in facilities serving the general population	Separate waiting room or youth corner that meet the specified criteria are provided and properly maintained	
3. Protocols for the staff to provide services in a friendly and appropriate manner are in place	Service providers follow the protocols to provide services to adolescents in a friendly and appropriate manner.	
4. Mechanisms to involve young people in the designing, provision and monitoring of health services are in place	Young people are involved in designing, provision and monitoring of health services	
5. Flow design of the utilisation of services to keep the waiting time short and informative is in place.	The designed flow to keep the waiting time she is filled in by holding appoport is followed. The waiting timriate health education sessions	Services to young people are ideally provided within 1 hour of their arrival in the facility.

### Standard 4:

All young people who visit health service delivery facilities are treated with respect, dignity and in an equitable manner irrespective of their health, socio-demographic or political status

What does this mean? Health care providers administer the same level of quality care and consideration to all adolescents regardless of age, sex, social status, cultural background, ethnic origin, sexual preferences, disability or any other reason.

Rationale: Being treated disrespectfully is a strong disincentive for adolescents and



other young people to use health services. Also, young people are not likely to attend a point of service delivery if they feel excluded or discriminated against in any way. On the other hand, being treated equally will have a positive effect on adolescents, encouraging them to meet further appointments and recommend the service to their peers. Furthermore, the manner young people are treated contributes significantly to their sense of satisfaction with care as clients.

Table 4: Criteria for Standard 4

Input Criteria	Process Criteria	Output Criteria
1. The rights of young people to dignity, respect, privacy and confidentiality are clearly written out and prominently displayed within the health facility.	Health facility conspicuously displays the rights of young people in the context of health care in the health facility.	Young people are aware of their rights
2. Protocols/ guidelines to provide services competently in non-judgmental, caring, considerate, gender-responsive and culturally-sensitive attitude and equitable manner are in place.	Service providers follow the protocols/guidelines to provide services competently and with a non-judgmental, caring, considerate, gender-responsive and culturally sensitive attitude and equitable manner	All young people that visit the health facility feel satisfied with the way they are treated
3. Orientation programme is designed for all staff – both clinical and non-clinical categories – to ensure respectful attitude and maintenance of the dignity of clients in their service provision to all categories of young people	All staff undergo training in appropriate procedures to ensure respectful attitude and maintenance of the dignity of clients in their service provision to all categories of young people	
4. Supportive supervision is provided to ensure the effective delivery of health services in a way that they uphold the rights and dignity of young people	Monitoring and supervision of service delivery processes to ensure that they uphold the rights and dignity of young people	

### Standard 5:

The services provided by health facilities to young people are evidence-informed and effective and in line with the nationally defined package

What does this mean? Health services provided by facilities should be technically sound and of proven usefulness and effectiveness. Health services to be provided to young

people should also be in line with the provisions of the national clinical protocol as well as the nationally defined package of services. The health needs and problems of all young people using the facilities are addressed by the health services provided at the point of health service delivery, or through referral linkages. The services provided meet the needs of all young people, including the special needs of marginalised, vulnerable and most-at-risk groups of adolescents and youths. This standard also implies that health care providers have the required knowledge and skills to work with diverse groups of adolescents and youths and to provide them with the required health services.

Rationale: Based on their stage of development, evolving maturity and pattern of health problems and health-related behaviour, the health challenges and needs of young people are largely different from that of other age groups. Meeting the health needs of young people, therefore, demands that services are tailored specifically to their needs and rendered in an effective way to promote their optimal health and development. In this respect, protocols, manuals, guidelines, job aide and equipment to facilitate the provision of appropriate health care to young people need to be available in the health facilities. The staff of the health facilities must possess the necessary knowledge, attitude, skills and behaviour to provide appropriately friendly services to young people. The health care providers need to be competent in working with young people and in delivering health promotion, preventive, curative and rehabilitative services to them, as well as skilled in interpersonal relations and communication.

Table 5: Criteria for Standard 5

Input Criteria	Process Criteria	Output Criteria
1. A nationally defined package of health services to be provided to young people is in place.	Services provided/delivered on-site or through referrals are based on the nationally-defined health package for young people	The services provided by the health facilities are effective and in line with the accepted package of services, and are provided on-site or through referral linkages by well-trained staff.
2. A standard list of equipment for health service provision for young people is in place	Essential healthcare equipment in line with the standard list are available for service delivery to young people	

<p>3. A standard list of essential commodities and supplies is in place</p>	<p>The essential commodities and supplies in line with the standard list are available for service delivery to young people</p>
<p>4. The nationally-approved clinical protocol, job aids and other supportive materials are available in the facility in support of the management of the health problems of young people</p>	<p>Service providers follow the clinical protocol for the provision of services for young people and also effectively use job aids and other service guidelines</p>
<p>5. The nationally-approved training manual is available in the health facility for the training/orientation and re-training of service providers</p>	<p>All health staff are trained/ oriented in AYFHS based on the national training manual</p>
<p>6. A focal person has been designated for the oversight/coordination provision of AYFHS in the facility.</p>	<p>The focal person coordinates and oversees service provision to young people</p>
<p>7. Health workers trained in AYFHS are available in number adequate for the level of health care to provide quality health services to young people</p>	<p>Health facility staff utilise their skills to provide health services effectively and competently to young people</p>
<p>8. A resource directory of organizations and referral networks providing health services to young people that are not provided at the facility is available.</p>	<p>The resource directory is utilized to refer the needy young person for the particular services that are not available at the facility.</p>
<p>9. Appropriate forms for referral and feedback are available</p>	<p>The appropriate referral forms are utilized for referral and feedback</p>



## Standard 6:

Service providers are sensitive to the needs of young people and maintain their privacy and confidentiality in service provision

What does this mean? Health workers do not criticise their adolescent and youth clients even if they do not approve of their words and actions; but rather, show due consideration to them as well as an understanding of their stage of development and evolving maturity, and reach out to them in a friendly manner. The health provider also ensures the privacy of the young person in terms of service delivery setting as well as in all aspects of service delivery operations. The service delivery point, among others, has a layout that ensures the privacy of the young person at the point of entry, the reception area, the waiting area, the examination area and the patient-record storage area. Also, policies and procedures that maintain adolescent confidentiality at all times are in place (except where staff are obliged by legal requirements to report incidents such as sexual assaults or gunshot wounds to the relevant authorities).

### Policies And Procedures Address:

- registration – information on the identity of the adolescent and the presenting issue are
- collected in a confidential manner;
- consultation – confidentiality is maintained throughout the visit of the adolescent to the final point of service delivery (i.e. before, during and after a consultation);
- record-keeping – case records are kept in a secure place, accessible only to authorized personnel;
- disclosure of information – staff do not disclose any information given to or received from a young person to a third party (including parents, family members, school teachers or employers) without their consent.
- 
- **Rationale:** One of the greatest needs of young people in seeking health services is the need for privacy and confidentiality. As a result, young people are unlikely to use services when they feel that their privacy or confidentiality can be compromised in any way. Thus, service providers must be sensitive to the need of young people for privacy and confidentiality and ensure that they do all that is required of them to maintain such. Judgemental, inconsiderate and unfriendly behaviour on the part of health workers will hinder effective communication with young people, and will also likely turn young people away from health services. Thus, health workers' friendliness and professional conduct are key to the success of adolescent and youth-

friendly services. Health care providers should ensure that they do not allow their own personal beliefs and values to negatively influence the way in which they deal with their adolescent and youth clients. Rather, they must respond to them with empathy and sensitivity; such will contribute to the development of good communication and mutual respect between health workers and young people, and will positively impact users' satisfaction and perception of quality of care.

Table 6: Criteria for Standard 6

Input Criteria	Process Criteria	Output Criteria
1. The confidentiality and privacy policy of the facility is clearly displayed in the service setting and is clearly expressed to all adolescent and youth clients	Health facility displays the confidentiality and privacy policy for adolescent and youth clients	All young people that visit the health facility feel satisfied that their privacy and confidentiality were assured
2. Health facility has procedures in place that ensure the privacy and confidentiality of the adolescent and youth clients.	Health facility staff apply relevant procedures to ensure the privacy and confidentiality of their adolescent and youth clients	
3. Health facility procedures and structural design that ensure auditory and visual privacy for the adolescent and youth clients are in place.	Health facility staff apply the procedures and optimise the structural layout of service facility to ensure auditory and visual privacy for their adolescent and youth clients	
4. Orientation programme is designed for all staff – both clinical and non-clinical categories – to ensure privacy and confidentiality in services provided to young people	All staff undergo training in appropriate procedures to ensure privacy and confidentiality in the provision of services to young people	

Table 7: Criteria for Standard 7

### Standard 7:

Service providers are skilled and motivated to provide health services to young people in adolescent/youth-friendly manner

What does this mean? Health care providers are trained and skilled in AYFHS delivery and are enthusiastic about working with young people, passionate about delivering quality services to them, and feel a sense of value and fulfilment in undertaking the services.

Rationale: Without adequate motivation, health workers are not likely to be at their best in terms of service delivery or continue to work with young people consistently with quality attention over time. Thus, every effort must be made to ensure that health workers working with young people are not perceived negatively by stakeholders, and given every encouragement to continue to be at their best and do their best. Without adequate skills and competencies, adolescent- and youth-focused health workers are also likely to lose motivation and be easily frustrated. Thus, it is important to ensure that members of the health team that will work with young people have relevant training and are adequately skilled to add to their motivation of working with young people.

Input Criteria	Process Criteria	Output Criteria
1. Plan for training and re-training of staff at least once in three years are in place to ensure their up-to-date knowledge and skills, high level of motivation and effectiveness in service delivery to adolescents and young people	Service providers have adequately trained, skilled and have required competencies to provide high-quality care to young people	Service providers are motivated to provide services to young people and feel valued for the work they do
2. Mechanism to recognise and reward adolescent/youth health workers are put in place	Good performance of health workers is recognised and rewarded	

### Standard 8:

Managerial systems are in place to improve/sustain the quality of health services provided to young people by the health service delivery facilities.

What does this mean? Mechanisms are in place to effectively monitor the performance of the health facility, identify the needs for corrective/ameliorative actions, and engender continuous quality improvement processes.

Rationale: The quality of services is key to promoting and sustaining the use of health facilities by young people. Monitoring and supportive supervision are the bedrock of improving service performance over time. In this context, monitoring is a

continuous systematic process of collecting, analyzing and using the information to track the performance of the health facilities vis-à-vis its service provisions to young people and in terms of achieving program goals and objectives. Monitoring facilitates the provision of regular feedback that measures change over time in a programme. Effective supervision is necessary to ensure that activities and sub-activities are carried out in the desired manner. It involves the process of observing activities, detecting problems, exploring solutions and implementing the appropriate solution to ensure that the performance of health workers is optimal in service provision to young people.

Table 8: Criteria for Standard 8

Input Criteria	Process Criteria	Output Criteria
1. Health management information system (HMIS) is in place for the collection of service data to monitor service performance and utilisation	Health workers use HMIS to monitor service performance and trends in utilisation and to identify needs for corrective/ ameliorative actions.	Data are collected, analyzed and used to improve the quality of health services being provided to young people
2. Nationally approved data collection tools are available in adequate amount in health facilities	Health workers are trained in the use of tools, and apply them for monitoring and improving service performance	
3. The mechanism for regular supportive supervision in place for AYFHS	Supervisors are trained to develop competencies in supportive supervision and apply the skills to support service providers	

### Standard 9:

Young people are actively involved in the design, the provision and monitoring of adolescent- and youth-friendly health services.

What does this mean? Adolescents are given the opportunity to share their experiences in obtaining health services, and to express their needs and preferences. They are appropriately involved in specific aspects of health service provision.

Rationale: Adolescent and youth participation is an important part of the development process of young people. Involving young people in assessing service provision, and in

actually participating in service provision, can help make health services more sensitive and responsive to the needs of adolescents and youth.

Table 9: Criteria for Standard 9

Input Criteria	Process Criteria	Output Criteria
1. Mechanisms to involve young people in the designing of health services are in place	Young people are involved in designing health services to make them more accessible, acceptable, equitable, appropriate, and effective with regards to the health needs of adolescents and youths	Young people are actively involved in every stage of AYFHS programming, including the design, provision and monitoring of health services.
2. Mechanisms to involve young people in the provision of health services, including serving as peer educators and community-resource persons, are in place	Young people are involved in the provision of health services in various capacities that match their comparative strength, experiences and competencies including facility-based, outreach and referral services	
3. Mechanisms to involve young people in the monitoring of health services, including functioning as members of relevant management committees, are in place	Young people are involved in the monitoring of health services to provide feedback that would improve service/program management	

**2.2. Implementation Plan for the National Standards**  
**Table 10: Implementation Matrix for the National AYFHS Standards**

**Standard 1:**

An enabling environment exists in the community to support the provision and appropriate utilisation of adolescent and youth health services

	HSDPs	LGA	State	Federal	Means of Verification
<b>INPUT</b>					
1. A plan exists for advocacy activities targeting influential community members (including traditional and religious leaders, educational authorities, ward/village health committee members, and school principals/heads) to secure their support for AYFHS.	Facility manager and other health staff (including service providers and support staff) develop plan and materials for community-level advocacy on AYFHS	LGA adolescent health coordinator and other adolescent/youth focused individuals and groups develop plan and materials for advocacy on AYFHS	The Adolescent Health Desk Officer the State Working Group on Adolescent Health develop plan and materials for advocacy on AYFHS	The Adolescent Health Unit of the Federal Ministry of Health and the National Adolescent Health develop plan and materials for advocacy on AYFHS	Advocacy plan Advocacy materials
2. A plan of activities (including community meetings, meetings with parents, and school visits) to be carried out in the community to inform and educate community members about the availability and benefits of AYFHS to young people and their community exists.	Facility manager and other health staff develop a plan for information, education and communication (IEC) programme on young people's health and AYFHS targeting relevant stakeholders	LGA adolescent health coordinator and other adolescent/youth focused individuals and groups develop a plan for IEC programme on young people's health and AYFHS targeting relevant stakeholders	The Adolescent Health Desk Officer the State Working Group on Adolescent Health develop a plan for IEC programme on young people's health and AYFHS targeting relevant stakeholders	The Adolescent Health Unit of the Federal Ministry of Health and the National Adolescent Health develop a plan for IEC programme on young people's health and AYFHS targeting relevant stakeholders	IEC plan



	<b>HSDPs</b>	<b>LGA</b>	<b>State</b>	<b>Federal</b>	<b>Means of Verification</b>
3. Procedures are in place to communicate with all adults visiting the health facility as regards the availability and benefits of AYFHS to young people.	Procedures on communicating with visiting adults on AYFHS available within health facility and to all health workers	Procedures on communicating with visiting adults on AYFHS developed and/or distributed to health facilities under the LGA jurisdiction	Procedures on communicating with visiting adults on AYFHS developed and made available to other stakeholders	Procedures on communicating with visiting adults on AYFHS developed and made available to other stakeholders	Availability of written procedure
<b>PROCESS</b>					
1. Implementation of the advocacy activities as per the plan	Facility manager and other health staff (including service providers and support staff) identify key institutions in the catchment area of the HSDP, and advocate to them on AYFHS using locally acceptable communication channels	LGA Adolescent Health Coordinator and other adolescent/youth focused teams identify key individuals and institutions and appropriately target them with advocacy activities	State Adolescent Health Officer and the State Working Group on Adolescent Health identify key individuals and institutions and appropriately target them with advocacy activities	Adolescent Health Unit of the FMOH and the National Working Group on Adolescent Health identify key individuals and institutions and appropriately target them with advocacy activities	Programme report
2. Implementation of the activities in the plan	Facility manager and other health staff (including service providers and support staff) carry out IEC activities	LGA Adolescent Health Coordinator and other adolescent/youth focused teams carry out IEC activities	State Adolescent Health Officer and the State Working Group on Adolescent Health carry out IEC activities	Adolescent Health Unit of the FMOH and the National Working Group on Adolescent Health carry out IEC activities	Programme report
3. Service providers communicate effectively about the value of providing health services to adolescents and the type of services available in their interactions with adult patients and clients.	Health staff communicates to their adult clients on the value of AYFHS  Education material on AYFHS for adult clients available at HSDPs	Education material on AYFHS for adult clients available at HSDPs	Periodic meeting  Reprint & Disseminate Policy, guidelines and Job Aids on YFHS	-Produce, -disseminate, YFHS policy & guidelines, Strategic Plan and Training manuals	-Policy & guideline on YFHS.  -Job Aids in use

	HSDPs	LGA	State	Federal	Means of Verification
<b>OUTPUT</b>					
1. Community influential support the provision of services to young people	Community provides some materials or services in support of AYFHS  Community members allow their young people to use AYFHS	Budget line created for adolescent and youth health, and funds provided for AYFHS	Budget line created for adolescent and youth health, and funds provided for AYFHS	Budget line created for adolescent and youth health, and funds provided for AYFHS	-Budget line on AYFHS  Funds and materials provided to adolescent and youth programme/AYFHS by the government.  Funds and materials provided to adolescent and youth programme/AYFHS by the community and other stakeholders
2. Community members are aware of the availability and convinced about the benefits of AYFHS, and support the provision of relevant health information and quality services to young people.	Community members are increasingly knowledgeable about AYFHS  Fewer myths and stigma exist at community level regarding AYFHS  Community members allow their young people to use AYFHS	Community members within the LGA are increasingly knowledgeable about AYFHS  Fewer myths and stigma exist at community level regarding AYFHS	-	-	Programme report  Service attendance  Increased number of functional YFHC across the nation



**Standard 2:**

Young people in the catchment area of the health facility are aware of the services it provides, find the health facility easy to reach and obtain services from it.

	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
<b>INPUT</b>					
1. There is a well-defined plan to inform young people in the community as to the availability of quality services from the facility	Develop AYFHS IEC plan targeted at young people	Develop AYFHS IEC plan targeted at young people	Develop AYFHS IEC plan targeted at young people	Develop AYFHS IEC plan targeted at young people	Copies of AYFHS IEC plan
2. Health facility has well-written signboard(s) which indicate the following with regards to services aimed at young people: (a) the type of health services that are provided (b) when they are provided (c) that young people are welcome.	Make inputs into the design of signboards for the health facility  Where necessary, produce the signboards	Fund the production of signboards that meet the required standard	Specify state-level standard for health signboards	—	Availability of signboards in strategic places.  Programme reports
3. Print and other relevant Informational materials are developed and distributed/ disseminated to young people and their significant others in the community about the type of services available in the health facility, their working days and hours and that young people are welcome	Obtain informational materials suitable for young people and their significant others from LGA and other sources  Develop other local informational materials as necessary.	Produce and coordinate the distribution of relevant informational materials to service delivery points.	Produce, disseminate, and distribute relevant Informational materials to LGA and other stakeholders within the state.	Produce, disseminate, and distribute relevant Informational materials to state and other stakeholders.	Availability of informational materials  Programme reports



	<b>HSDPs</b>	<b>LGA</b>	<b>STATE</b>	<b>NATIONAL</b>	<b>MEANS OF VERIFICATION</b>
4. Flexible time schedule for adolescent and young clients is in place	Comply with policy/guidelines on a flexible time schedule for AYFHS	Develop/adapt policy/guidelines to promote a flexible time schedule for AYFHS	Develop/adapt policy/guidelines to promote a flexible time schedule for AYFHS	Develop policy/guidelines to promote a flexible time schedule for AYFHS	Availability of policies and guidelines Programme report
5. Policies and procedures to provide health services to young people at an affordable rate are in place.	Provide affordable health services to the young people in line with guidelines and policies	Develop/adapt/adapt guidelines and policies for affordable health services for young people.	Develop/adapt/adapt guidelines and policies for affordable health services for young people.	Develop guidelines and policies for affordable health services for young people.	Availability of policies and guidelines Programme report
6. Plan is in place to provide outreach health services to young people, particularly those belonging to special groups in the catchment area of the health facility	Conduct outreach Services,	Create an enabling environment (ensure adequate security) Provide logistics support.	Create an enabling environment (ensure adequate security). Provide logistics support.	Create an enabling environment (ensure adequate security)	Outreach report and documentation.
7. Plan is in place to facilitate/ ensure the access of young people with special challenges (such as physically challenged young people) to quality health services	Develop a plan to ensure easier access of young people with special challenges to the health facility	Develop a plan to facilitate the access of young people with special challenges to health services within the LGA	Develop a plan to facilitate the access of young people with special challenges to health services within the state	Develop guidelines to enable states and other stakeholders develop plans for facilitating the access of young people with special challenges to health services	Copies of the plan Programme reports
<b>PROCESS</b>					
1. Activities to inform adolescents about the availability of services from the facility are carried out as per the plan developed.	Implements activities and keep documentations/ records. Report relevant activities/ submit relevant records to LGA	Conduct monitoring visit to HSDPs and provide supportive supervision. Report relevant activities/ submit relevant records to state	Conduct monitoring visit to LGAs and provide supportive supervision. Report relevant activities/ submit relevant records to federal level	Conduct monitoring and evaluation	Programme reports



	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
2. Well-written signboard(s) with required information is/are placed conspicuously in the front of the health facility	Identify strategic places for signboards, and install them accordingly	Provide funds for installation expenses, and monitor HSDPs to ensure that signboards are appropriately located	Monitoring of activities	Monitoring of activities	Monitoring report Programme report
3. Print and other relevant Informational materials are developed and distributed widely through venues and channels that are attractive to young people	Utilise and distribute the relevant informational materials to schools, religious settings, and community-based organisations	Facilitate the distribution of relevant informational materials to service delivery points. Conduct site monitoring	Disseminate, and distribute relevant Informational materials to LGA and other stakeholders within the state. Conduct monitoring	Produce, disseminate, and distribute relevant Informational materials to state and other stakeholders. Conduct monitoring	Availability of informational materials at the facilities. Record of distribution. Programme reports
4. Health services are provided as per the flexible time schedule	Develop and operationalize rosters that reflect flexible time schedule	Recruit/allocate an adequate number of appropriate cadre of staff for AYFHS Monitor and supervise service delivery activities	Monitor and supervise service delivery activities	Monitor and supervise service delivery activities	Monitoring and supervision reports
5. Service providers provide young people with services free of charge or at affordable prices rates in line with defined policies and procedures.	Provide services to the young people free of charge or at affordable health in line with defined policies and guidelines	Monitor the cost of provision of services to young people	Monitor the cost of provision of services to young people	Monitor the cost of provision of services to young people	Programme reports Report on clients' survey
6. Outreach services are being delivered to special groups of young people as per the plan developed.	Conduct outreach services	Monitoring and supervision	Monitoring and supervision	Collation and dissemination of reports on outreach services	Outreach report and documentation.
7. Provisions are made in line with the plan to enable specially-challenged young people to access services at the facility and/or through	Provide health services appropriate to specially-challenged young persons	Monitoring and supervision	Monitoring and supervision	Collation and dissemination of reports	Availability of guidelines and policies, structures, equipment, special appliances and specially trained personnel.



	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
referral/outreach services					
<b>OUTPUT</b>					
1. Young people are aware of the type of services from the health facility, their working days and hours and know that they are welcome.	Young people in the facility catchment area are aware of the availability of AYFHS and know that they are welcome	Young people in the LGA are aware of the availability of AYFHS in health facilities and know that they are welcome	Young people in the state are aware of the availability of AYFHS in health facilities and know that they are welcome	Collate report on young people's awareness of AYFHS and use findings to drive the programme	Programme reports Report of survey of young people in the community
2. Young people have improved access to quality health services	Young people in the catchment area access the health facility for AYFHS	Young people in the LGA utilise available AYFHS	Young people in the state utilize available AYFHS	Collate report on young people's utilization of AYFHS and use findings to drive the programme	Service utilization reports



**Standard 3:**

Young people find the environment, setting, organisation and procedures of health facilities appealing and acceptable.

	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
<b>INPUT</b>					
1. Standard operating protocols (SOP) to maintain a good ambience for young people - including a clean spacious waiting area, potable drinking water, clean toilets and educational material are in place.	HSDP have physical copies of the SOP	LGA distributes copies of SOP to all its adolescent/youth serving health facilities	The states distribute SOP to all LGAs	The Federal Ministry of Health produces the SOP and distributes to states and other stakeholders in both electronic and hardcopy forms as well as make it accessible at designated websites	Copies of the SOPs, and the distribution list
2. A separate waiting room that is clean, adequate in space, and has adequate seats, indoor games, adolescent/youth-appropriate educational materials, or young people's corner are provided for adolescent and youth clients in facilities serving the general population.	Health facility manager and staff ensure that separate waiting room or young people's corner with required materials exist in HSDPs.  Requirements that waiting room or corner for young people should meet is made available to all staff and publicly displayed	LGA provides recreational facilities for HSDP under their jurisdiction and also develop/adapt educational materials following guidelines from the state and federal levels	The state develops/adapts educational materials suitable for young people, and makes such available to LGAs.	FMOH provides guidelines for developing educational materials for young people, and also produce specimen materials and share with states and other stakeholders	Programme report  Reports of field or monitoring visits
3. Protocols for the staff to provide services in a friendly and appropriate manner are in place.	The HSDP have physical copies of the protocol and utilises them in providing services to young people	LGA distributes copies of the protocol to all its adolescent/youth serving health facilities	The states distribute protocol to all LGAs	The Federal Ministry of Health produces the protocol and distributes to states and other stakeholders in both electronic and hardcopy forms as well as make it accessible at designated websites	Copies of the Protocol produced and the distribution list



	<b>HSDPs</b>	<b>LGA</b>	<b>STATE</b>	<b>NATIONAL</b>	<b>MEANS OF VERIFICATION</b>
4. Mechanisms to involve young people in the designing, provision and monitoring of health services are in place.	Young people are appointed as members of the management team of the HSDP at the community level or have an active membership of AYFHS implementation committee	LGAs include young people at all levels including the design and monitoring and evaluation teams	State AHD Working Group includes young people in the design and monitoring and evaluation teams	Integrate youth involvement to the protocol	Monitoring report List of members of management-related committees Minute of the management committee of HSDPs
5. Flow design of utilization of services to keep the waiting time short and informative is in place.	Produce and implement the flow design	Supervision plan that will be implemented to ensure the compliance of HSDP with the requirement for efficient patient flow within facilities.	Supervision plan that will be implemented to ensure the compliance of LGAs with the requirement for efficient patient flow within facilities	Provide guideline/template on flow-design	Flow design produced per HSDP Supervision plan
<b>PROCESS</b>					
1. Facilities are maintained/provided as per the SOP.	Health facility manager ensures proper care and maintenance of facilities	Provide facilities for PHC-AYFHS as per national guidelines	Provide facilities for AYFHS implementation at secondary HSDPs as per national guidelines	Develop guidelines for a minimum standard and distribute in hard and soft copies	Report of monitoring visits
2. Separate waiting room or youth corner meeting the specified criteria are provided and well maintained.	Ensure separate waiting room or young people's corner is provided and maintained	Monitoring of HSDPs under their jurisdiction to ensure compliance	Ensure compliance with the guideline as produced by the federal level	Include this requirement in the Standard Operating protocol produced	Report of monitoring visits Programme progress reports



	<b>HSDPs</b>	<b>LGA</b>	<b>STATE</b>	<b>NATIONAL</b>	<b>MEANS OF VERIFICATION</b>
3. Service providers follow the protocols to provide services to adolescents in a friendly and appropriate manner.	Ensure protocol is adhered to or followed. Periodically assess the adolescent/youth-friendliness of their services using exit interviews	Monitoring visits and supportive supervision	Monitoring visits and supportive supervision	Monitoring and evaluation	Report of activities Report of monitoring and supervision visits
4. Young people are involved in designing, provision and monitoring of health services.	Young people that are appointed as part of the management team participate actively in the team's efforts.	Young people that are appointed as part of the management team at LGA level participate actively in the team's efforts.	Young people that are appointed as part of the management team at state level participate actively in the team's efforts.	FMOH produces guidelines for young's people participation in the designing, provision and monitoring of health services	Minutes of management meetings
5. The designed flow to keep the waiting time short is followed. The waiting time is filled in by holding appropriate health education sessions.	Implement flow design plan Carry out health education sessions	Monitoring visits and supportive supervision	Monitoring visits and supportive supervision	Monitoring and evaluation	Programme report Monitoring and evaluation reports
<b>OUTPUT</b>					
1. Young people feel comfortable when they visit health facility and find the surroundings and procedures appealing and acceptable.	Continuously monitor the level of satisfaction of young people with services (including the use of suggestion boxes for feedback and client exit interview) to identify areas for further improvement	Monitoring visits and supportive supervision Including using exit interviews and mystery client approaches	Monitoring visits and supportive supervision	Monitoring and evaluation	Programme report, including the result of exit interviews and client record attendance Report of monitoring and evaluation activities

	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
2. Services to young people are ideally provided within 1 hour of their arrival in the facility.	Monitor average time use, identify “bottlenecks” and delay points and take corrective action	Monitoring visits and supportive supervision including using exit interviews and mystery client approaches	Monitoring visits and supportive supervision	Monitoring and evaluation	Programme report, including the result of exit interviews Report of monitoring and evaluation activities



**Standard 4:**

All young people who visit health service delivery facilities are treated with respect, dignity and in an equitable manner irrespective of their health, socio-demographic or political status

	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
<b>INPUT</b>					
1. The rights of young people to dignity, respect, privacy and confidentiality are clearly written out and prominently displayed within the health facility.	Display the rights of young people	Develop and/or adapt generic materials on the rights of young people and distribute within LGA and to HSDPs	Develop and/or adapt generic materials on the rights of young people and provide to states and stakeholders	Develop generic materials on the rights of young people and provide to states and stakeholders	Copies of the material produced
2. Protocols/ guidelines to provide services competently in non-judgmental, caring, considerate, gender-responsible and culturally-sensitive attitude and equitable manner are in place.	Guidelines/protocols available in the health facility and accessible to all workers	Adaptation and dissemination of guidelines/protocols	Adaptation and dissemination of guidelines/protocols	Development, approval and distribution of guidelines/protocols booklets	Copies of protocols/guidelines
3. Orientation programmes are designed for all staff – both clinical and non-clinical categories – to ensure privacy and confidentiality in services provided to young people.	Schedule for in-facility orientation and update for staff developed and maintained	Develop and distribute materials for step down training for both clinical and non-clinical health workers	Develop and distribute materials for step down training for local government health workers	Develop and distribute materials for orientation/training of national and state trainers	Copies of the material produced Distribution lists
<b>PROCESS</b>					
1. Health facility conspicuously displays the rights of young people in the context of health care in the health facility.	Display of posters and other relevant materials with appropriate language translation	Development/adaptation and distribution of posters and other relevant materials	Development/adaptation and distribution of posters and other relevant materials	Development and distribution of posters and other relevant materials	Copy of posters and other materials developed



	<b>HSDPs</b>	<b>LGA</b>	<b>STATE</b>	<b>NATIONAL</b>	<b>MEANS OF VERIFICATION</b>
2. Service providers follow the protocols /guidelines to provide services competently and with a non-judgmental, caring, considerate, gender-responsive and culturally sensitive attitude and equitable manner	Periodic review and feedback to health workers on their performance using formal and informal approaches	Develop/adapt and distribute materials for monitoring compliance with protocols guidelines and standards of practice Undertake periodic monitoring of activities at HSDPs	Develop/adapt and distribute materials for monitoring compliance with protocols guidelines and standards of practice Undertake periodic monitoring of activities at the LGA level	Develop and distribute materials for monitoring compliance with protocols guidelines and standards of practice	Development of monitoring materials Report of monitoring activities
3. All staff undergo training in appropriate procedures to ensure that privacy and confidentiality are ensured in the provision of services to young people.	In-facility orientation and update for both clinical and non-clinical staff	Conduct local government training for non-clinical and clinical staff	Conduct state level training for LGA trainers and health workers	Conduct training for master (national) and state trainers	Training report
<b>OUTPUT</b>					
1. Young people are aware of their rights	Young people using the health facility are aware of their rights regarding AYFHS	Young people using health facilities within the LGA are aware of their rights regarding AYFHS	Young people using health facilities within the states are aware of their rights regarding AYFHS	Young people using health facilities are aware of their rights regarding AYFHS	Report of clients' surveys and feedback
2. Young people received quality and professional services from providers	Young people using the health facility receive quality and professional services	Young people using health facilities within the LGA receive quality and professional services	Young people using health facilities within the states receive quality and professional services	Young people using health facilities receive quality and professional services	Report on clients' surveys and feedback



	<b>HSDPs</b>	<b>LGA</b>	<b>STATE</b>	<b>NATIONAL</b>	<b>MEANS OF VERIFICATION</b>
3. Staff trained to provide private and confidential youth-friendly health services	The staff of health facility are knowledgeable and competent in providing confidential and friendly health services to adolescents and youth	The staff of health facilities in the LGA are knowledgeable and competent in providing confidential and friendly health services to adolescents and youth	The staff of health facilities in the state are knowledgeable and competent in providing confidential and friendly health services to adolescents and youth	Health staff are knowledgeable and competent in providing confidential and friendly health services to adolescents and youth	Report of clients' surveys and feedback Training reports

**Standard 5:**

The services provided by health facilities to young people are evidence-informed and effective and in line with the nationally defined package

	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
<b>INPUT</b>					
1. A nationally defined package of health services to be provided to young people is in place.	Copies of the National MPSS for young people available in the health facility and accessible to all staff	Obtain copies from the State and distribute to the HSDPs	Obtain copies of the National MPSS from FMOH and distribute to LGAs	Develop and disseminate/distribute copies of the national minimum package of services (MPSS) to states and other stakeholders	Distribution list
2. A standard list of equipment for health service provision for young people is in place	The expected equipment are available within the HSDPs	Obtain list and procure equipment for use at the HSDPs	Obtain list, procure and disseminate equipment to state-owned HSDPs Share list of equipment with the LGAs	Update standard list of equipment for provision of AYFHS and distribute to the states and other stakeholders	Availability of list of required equipment Equipment Inventory
3. A standard list of essential commodities and supplies is in place	Essential commodities are available within the HSDPs	Obtain list and procure essential commodities for use at the HSDPs Distribute essential commodities to the HSDPs	Obtain list, procure and disseminate essential commodities to state-owned HSDPs Share list of essential commodities with the LGAs	Update standard list of essential commodities for the provision of AYFHS and distribute to the states and other stakeholders	Availability of list of essential commodities and supplies Stock inventory record
4. The nationally-approved clinical protocol and other job aids are available in the facility for the management of the health problems of young people	Copies of job aids and national approved clinical protocols are available at the health facility and accessible to all staff	Obtain copies from state and distribute to health facilities	Obtain copies of job aids and clinical protocol and distribute to LGAs	Develop and disseminate job aids. Print and disseminate more copies of approved clinical protocols	Availability of the national protocol and job aids Distribution list



	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
5. The nationally-approved training manual is available in the health facility for the training/orientation and re-training of service providers.	Copies of nationally approved training manuals are available at the health facility and accessible to all staff	Obtain copies from state and distribute to health facilities	Obtain copies of the training manual and distribute to LGAs	Distribute/Disseminate copies of the national training manual to the states	Availability of national training manual Distribution List
6. A focal person has been designated for the oversight/coordination provision of AYFHS in the facility.	Designated focal person for coordination of AYFHS in place at the health facility	Appoint the LGA focal person for coordination of AYFHS program	Appoint the State focal person for coordination of AYFHS program	Maintain the position of Adolescent Health Coordinator at FMOH  Motivate and encourage the appointment of state AYFHS focal persons	List of the focal person in place at all levels.
7. Health workers trained in AYFHS are available in number adequate for the level of health care for the provision of quality health services to young people	Trained service providers available at the health facilities for the provision of quality health services to young people	Identify capacity building needs at the LGA and HSDPs and forward the list to the state  Training of health workers at LGA level  Supervisory visit for trained health workers	Training of state Core trainers on AYFHS  Provide post training supportive supervision to trained participants	Training of Master and state trainers on AYFHS  Provide post training supportive supervision to the master and state trainers	Training Reports  Records of Pool of available trainers by category at all levels
8. A resource directory of organizations and referral networks providing health services to young people that are not provided at the facility is available.	Develop a directory of health facilities and referral networks in the community and within the catchment area of the HSDP and share with LGA	Work with communities and HSDPs to develop and produce copies of a directory of health facilities and referral networks in the LGA and share with the state	Work with LGAs to develop and produce copies of a directory of health facilities and referral networks in the state and share with FMOH	Work with the states to compile a directory of health facilities and referral networks in each state	Inventory of available directories

	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
9. Appropriate forms for referral and feedback are available	Copies of referral and feedback forms available at the health facility and in use.	Obtain copies of forms for referrals and feedback from the State and distribute to the health facilities	Obtain copies of forms for referrals and feedback from the Federal and share with the LGAs	Develop forms for referrals and feedback and share with the states	Copies of referrals and feedback forms and utilization records.
<b>PROCESS</b>					
1. Services provided/delivered on-site or through referrals are based on the agreed upon health package for young people	Services are being delivered at all the health facility and referral points based on the agreed upon health package for young people	Copies of the approved package of service delivery for young people obtained from the state level and distributed to state facilities and HSDPs	Copies of the approved package of service delivery for young people obtained from the federal level and distributed to state facilities and LGAs	Documents on the approved package of service delivery for young people developed/and or updated, produced and distributed to state	Copies of the agreed health care package are available at the health facilities
2. The essential health equipment are available for service delivery to young people	Essential health equipment are available and in use at the health facilities based on the SOP requirements	Obtain copies of the SOP for AYFHS and distribute to the health facilities	Obtain copies of the SOP to guide equipment procurement for distribution to the LGA level	Finalize and distribute copies of the AYRHS SOPs to guide essential equipment procurement at the state level	Copies of SOPs available at the state, LGAs and HF levels. Procurement lists
3. The essential commodities and supplies in line with the standard list are available for service delivery to young people	Essential health commodities are available and in use at the health facilities	Obtain the list of the essential commodities from the State and circulate within the LGA. Procure and distribute essential commodities and supplies to LGA-owned facilities	Obtain the list of the essential commodities from the National level and distribute to state facilities and LGAs Procure and distribute essential commodities and supplies to state-owned facilities	Share the list of essential commodities to guide additional procurement of commodities at the state level Advocate for and ensure the availability of essential commodities and supplies within the country	Commodities inventory list, distribution list and service delivery records

	<b>HSDPs</b>	<b>LGA</b>	<b>STATE</b>	<b>NATIONAL</b>	<b>MEANS OF VERIFICATION</b>
4. Service providers follow the clinical protocol for the provision of services for young people.	Copies of the clinical protocol are available and in use at the health facilities.	Obtain copies of the clinical protocol from the State and distribute to the Health facilities	Obtain copies of the clinical protocol from the National and distribute to the LGAs	Produce more copies, disseminate /distribute copies of the clinical protocol to the states	Availability of clinical protocols at different levels Distribution list
5. All health staff are trained/ oriented in AYFHS based on the national training manual	Copies of the National AYFHS manuals are available and used at the health facilities for orientating/updating all health staff.	Train/orient health workers using the national training manual on AYHFS	Train/orient core state trainers and health staff using the national training manual on AYHFS	Train/orient master and state level trainers using the national training manual on AYHFS	Training reports
6. The focal person coordinates and oversees service provision to young people	The HSDP focal person coordinates and oversees service provision to young people at the facility level and forward report to the LGA Coordinator	LGA Focal Officer coordinates LGA-level implementation Focal Officer coordinates LGA reports and forwards to the state level	State focal officer coordinates state-level implementation and provides support to the LGA level Focal officer coordinates state report and forwards to the national level	National Focal Officer coordinates activities at the federal level and provides strategic support to state-level implementation National unit and Focal officer collate service reports from the states	Copies of reports on AYFHS activities
7. Health facility staff utilise their competencies to provide health services effectively and competently to young people	Health facility staff provide competent and effective health services to young people	Monitor and supervise activities within the LGA and at HSDPs to ensure competent and effective services	Monitor and supervise activities within the state and at the LGA level to ensure competent and effective services	Monitoring and supervisory activities carried out to ensure competent and effective services.	Monitoring and supervision reports

	<b>HSDPs</b>	<b>LGA</b>	<b>STATE</b>	<b>NATIONAL</b>	<b>MEANS OF VERIFICATION</b>
8. The resource directory is utilized to refer the needy young person for the particular services that are not available at the facility.	The resource directory is available and utilized to refer the needy young person for the particular services that are not available at the facility.	Monitor the use of the resource directory by the HSDPs	Monitor the use of the resource directory by the LGAs	Monitor the use of the resource directory by the states	Monitoring and supervision reports Utilization records at the HSDPs
9. The appropriate forms are utilized for referral and feedback	Appropriate forms for referral and feedback are available and utilized	Monitor and supervise the use of appropriate forms for referral and feedback by the HFAs	Monitor and supervise the use of appropriate forms for referral and feedback by the LGAs	Monitor and supervise the use of appropriate forms for referral and feedback by the states	Monitoring and supervision reports Utilized referral and feedback forms from the HFAs.
<b>OUTPUT</b>					
The services provided by the health facilities are effective and in line with the accepted package of services, and are provided on-site or through referral linkages by well-trained staff.	Effective services are provided by the health facilities in line with the accepted package of services and are provided on-site or through referral linkages by well-trained staff.	Monitor provision of AYFHS within the LGA and at the HSDPs to ensure adherence to an approved package of services	Monitor provision of AYFHS within the state and at the LGA level to ensure adherence to an approved package of services	Monitor provision of AYFHS to ensure adherence to an approved package of services	Monitoring reports. HSDPs service utilization statistics Referral statistics



**Standard 6:**

Service providers are sensitive to the needs of young people and maintain their privacy and confidentiality in service provision

	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
<b>INPUT</b>					
1. The confidentiality and privacy policy of the facility is clearly displayed in the clinic and is clearly expressed to all adolescent and youth clients.	Display the confidentiality and privacy policy regarding the provision of services to young people	Develop and/or adapt generic materials on confidentiality and privacy policy regarding the provision of services to young people and distribute within LGA and to HSDPs	Develop and/or adapt generic materials on confidentiality and privacy policy regarding the provision of services to young people and distribute within the state and to LGAs	Develop generic materials on confidentiality and privacy policy regarding the provision of services to young people and provide to states and stakeholders	Availability of copies of the confidentiality and privacy policy regarding the provision of services to young people
2. Health facility procedures to ensure confidentiality of the adolescent and youth clients are in place	Procedures of the health facilities adhere to the standard operating protocols to ensure the confidentiality of adolescent and youth clients	Distribute standard operating protocols within the LGA and to HSDPs	Develop/adapt and/or distribute standard operating protocols within the state and to LGAs	Develop and distribute standard operating protocols to ensure the confidentiality of adolescent and youth clients specified	Copies of standard operating protocols
3. Health facility procedures ensure auditory and visual privacy for the adolescent and youth clients are in place.	Procedures of the health facility ensure auditory and visual privacy in AYFHS	Distribute standard operating protocols within the LGA and to HSDPs	Develop/adapt and/or distribute standard operating protocols within the state and to LGAs	Develop and distribute standard operating protocols with standards for auditory and visual privacy in AYFHS specified	Copies of standard operating protocols
4. Orientation programme is designed for all staff – both clinical and non-clinical categories – to ensure privacy and confidentiality in services provided to young people.	Design the schedule for the orientating all clinical and non-clinical staff on privacy and confidentiality issues in AYFHS	Design implementation plan for the orientation of staff within the LGA on privacy and confidentiality issues in AYFHS	Design implementation plan for the orientation of staff within the state on privacy and confidentiality issues in AYFHS	Design implementation plan for the orientation of all staff on privacy and confidentiality issues in AYFHS	Report of orientation programmes
<b>PROCESS</b>					



	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
1. Health facility displays the confidentiality and privacy policy for adolescent and youth clients.	Confidentiality and privacy policies are well displayed and adhered to at the facilities.	Monitoring and supervisory activities within the LGA regarding health facility display of confidentiality and privacy policy for AYFHS	Monitoring and supervisory activities within the state regarding health facility display of confidentiality and privacy policy for AYFHS	Monitoring and supervisory activities regarding health facility display of confidentiality and privacy policy for AYFHS	Monitoring and supervisory reports
2. Health facility staff apply the procedures to ensure the confidentiality of their adolescent and youth clients	Procedures are applied and adhered to, to ensure the confidentiality of their adolescent and youth clients	Monitoring and supervisory activities within the LGA regarding confidentiality procedures in AYFHS	Monitoring and supervisory activities within the state regarding confidentiality procedures in AYFHS	Monitoring and supervisory activities regarding confidentiality procedures in AYFHS	Monitoring and supervisory reports
3. Health facility staff apply the procedures to ensure auditory and visual privacy for their adolescent and youth clients	Procedures are applied to ensure auditory and visual privacy in providing services to every adolescent and youth client	Monitoring and supervisory activities within the LGA regarding auditory and visual privacy in AYFHS	Monitoring and supervisory activities within the state regarding auditory and visual privacy in AYFHS	Monitoring and supervisory activities regarding auditory and visual privacy in AYFHS	Copies of auditory and visual privacy clinical protocols designed.
4. All staff undergo training in appropriate procedures to ensure privacy and confidentiality in the provision of services to young	All health workers are trained and updated periodically on procedures to ensure privacy and confidentiality in AYFHS	Training of health workers within the LGA regarding the required standard in confidentiality procedures, including auditory and visual privacy	Training of trainers and health workers within the state regarding the required standard in confidentiality procedures, including auditory and visual privacy	Training of master and state trainers regarding the required standard in confidentiality procedures, including auditory and visual privacy	Copies of training and manual developed. Lists of manual of training and reports of training.
<b>OUTPUT</b> All young people that visit the health facility feel satisfied that their privacy and confidentiality is assured	All young people that visit the health facility feel satisfied that their confidentiality assured	All young people that visit health facilities within the LGA feel satisfied that their confidentiality assured	All young people that visit health facilities within the state feel satisfied that their confidentiality assured	All young people that visit health facilities feel satisfied that their confidentiality assured	Report of client's survey and feedback regarding privacy and confidentiality of services



**Standard 7:**

Service providers are skilled and motivated to provide health services to young people in adolescent/youth-friendly manner

	HSDPs	LGAs	STATE	NATIONAL	MEANS OF VERIFICATION
<b>INPUT</b>					
1. Plan for training and re-training of staff at least once in three years are in place to ensure their effectiveness in service delivery	Plan for training and re-training developed for the health facility	Plan for training and re-training developed for the health facility	Plan for training and re-training developed for the health facility	Plan for training and re-training developed for the health facility	Training plan
2. Mechanisms to recognise and reward adolescent/youth health workers are put in place.	Information regarding an award scheme is available at the facility level and plans to operationalize it developed	Award scheme, including criteria for nomination circulated to health facilities and health workers within the LGA	Award scheme, including criteria for nomination appropriately adapted at the state level	Award scheme, including criteria for nomination, developed and shared with stakeholders	List of outstanding workers rewarded. Photographs of award ceremonies.
<b>PROCESS</b>					
1. Service providers apply their skills and competencies in providing good quality care to young people	Health workers provide good quality health care to young people	Distribute guidelines, protocols and job aides within LGAs and to HSDPs. Monitor service providers' performance and address areas of weakness to improve competencies and skills	Distribute guidelines, protocols and job aides within the state and to LGAs. Monitor service providers' performance and address areas of weakness to improve overall performance	Develop guidelines, protocols and job aids to support the provision of skilled adolescent and youth health care Monitor service providers' performance and address areas of weakness to improve competencies and skills	Monitoring reports Report of clients' survey and feedback
2. Good performance of health workers is recognised and rewarded	Identify and recommend outstanding staff in the area of AYFHS for reward on an annual basis.	Set criteria for the reward of high-performance health workers in the area of AYFHS.	Adopt and implement guidelines for the reward of high-performance health workers in the area of	Develop guidelines for the reward of high-performance health workers in the area of	Guidelines/documentation on an award scheme List of awardees



	HSDPs	LGAs	STATE	NATIONAL	MEANS OF VERIFICATION
<b>OUTPUT</b>					
Service providers are motivated to provide services to young people and feel valued for the work they do	Health workers in the facility provide services to young people enthusiastically and feel proud of, and valued for their services	Health workers within the LGA provide services to young people enthusiastically and feel proud of, and valued for their services	Health workers in the state provide services to young people enthusiastically and feel proud of, and valued for their services	Health workers provide services to young people enthusiastically and feel proud of, and valued for their services	Report of a survey of health workers and feedback from the service providers



**Standard 8:**

Managerial systems are in place to improve/sustain the quality of health services provided to young people by the health service delivery facilities.

	<b>HSDPs</b>	<b>LGA</b>	<b>STATE</b>	<b>NATIONAL</b>	<b>MEANS OF VERIFICATION</b>
<b>INPUT</b>					
1. Health management information system is in place for the collection of service data to monitor service performance and utilisation	Health facility HMIS is oriented for AYFHS for data collection, processing, reporting, and use.	Distribute the HMIS forms to HSDPs	Adopt/adapt, produce and distribute the HMIS forms within the state and to LGAs	Develop/provide the template for the HMIS for AYFHS and share with states and other stakeholders	Used copies of the HMIS forms
2. Nationally approved data collection tools are available in adequate amount in health facilities.	Data collection forms available in the health facility in sufficient number to last for at least 3 months	Distribute tools and monitor its usage	Adopt/adapt tools and circulate to LGAs	Develop templates of data collection tools and distribute to the states and other stakeholders	Copies of data tools available
3. The mechanism for regular supportive supervision in place for AYFHS	Obtain tools and prepare towards supportive supervision visits	Obtain tools and develop schedule and plan for supportive supervision	Adopt/adapt supervision tools and develop schedule and plan for supportive supervision	Develop guidelines and tools for supportive supervision of AYFHS.	Supervisory guidelines and tools Supervision plans/schedules
<b>PROCESS</b>					
1. Health workers use HMIS to monitor service performance and trend in utilisation and to identify needs for corrective/ameliorative actions.	Undertake analysis of service data, and use the result together with the feedback from a higher level to improve service organization and delivery	Undertake data analysis and provide feedback to HSDPs and stakeholders within the LGA. Use the result of the analysis in decision-making	Undertake data analysis and provide feedback to LGAs and stakeholders within the state. Use the result of the analysis in decision-making	Undertake HMIS data analysis at the national level and provide feedback to states and other stakeholders. Use the result of the analysis in decision-making	Reports of data analysis



	<b>HSDPs</b>	<b>LGA</b>	<b>STATE</b>	<b>NATIONAL</b>	<b>MEANS OF VERIFICATION</b>
2. Health workers are trained in the use of tools, and apply them for monitoring and improving service performance	Collate the names of qualified health workers and submit to LGA for training. Update health staff on the tools. Monitor health workers' use of the tools in service management	Conduct training for health workers and monitor the use of tools in service management	Conduct step down training to health workers	Conduct training of trainers and develop training manuals and guidelines	Training report Programme reports
3. Supervisors are trained to develop competencies in supportive supervision and apply the skills to support service providers	Co-operate with supervisors and provide feedback on challenges to the supervisor Obtain the report of every supervisory visit and use such for service improvement	Conduct training for LGA supervisors. Monitor supervisors to ensure support is delivered to service providers	Conduct step down training to supervisors at LG	Conduct training of trainers of supervisors at the national levels. Develop supervisor training guidelines	Supervisory report. Training report List of trainers/trainees
<b>OUTPUT</b>					
Data are collected, analyzed and used to improve the quality of health services being provided to young people	Analyse data, communicate findings to relevant stakeholders, and use findings for decision-making to improve the quality of health services at HSDP	Analyse data, communicate findings to relevant stakeholders, and use findings for decision-making to improve the quality of health services at the LGA level	Analyse data, communicate findings to relevant stakeholders, and use findings for decision-making to improve the quality of health services at the state level	Analyse data, communicate findings to relevant stakeholders, and use findings for decision-making to improve the quality of health services	Report of data analysis Programme reports



**Standard 9:**

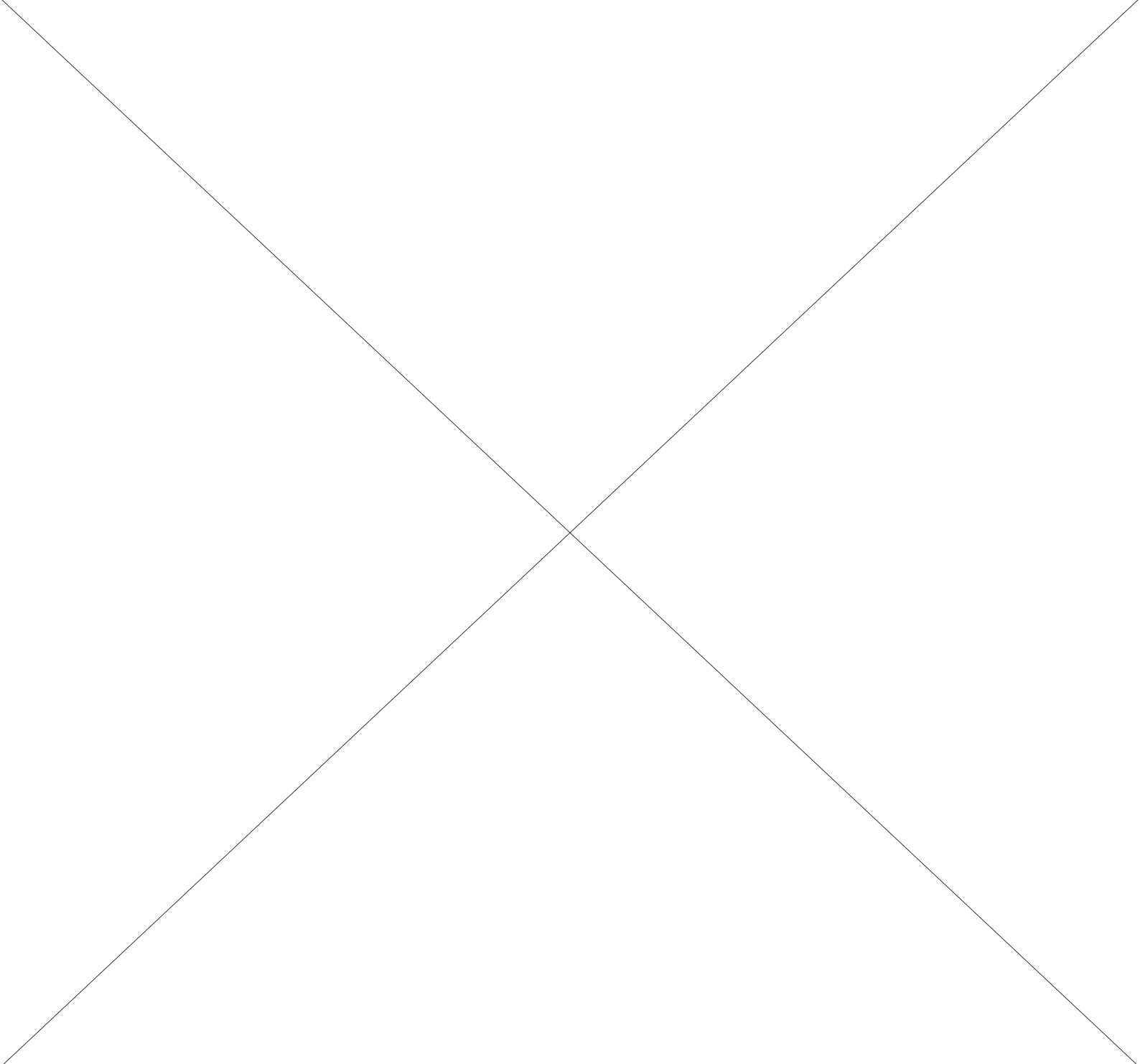
Young people are actively involved in the design, the provision and monitoring of adolescent- and youth-friendly health services.

	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
<b>INPUT</b>					
1. Mechanisms to involve young people in the designing of health services are in place	Young people are represented in Facility Management Committee	Young people are represented in the LGA decision-making body on Adolescent Health and AYFHS and participate in decisions on health services design	Young people are represented in the State Working Group on Adolescent Health and Development and participate in forums on health services design	Young people are represented in the National Technical Working Group on Adolescent Health and Development and participate in forums on health services design	Minutes of the meeting of relevant bodies and forums
2. Mechanisms to involve young people in the provision of health services, including serving as peer educators and community-resource persons, are in place	Young people (male and female) from different young groups selected to be members of the facility's management advisory committee.	Young people (male and female) from different groups selected to be members of the LGA decision-making body on AYFHS.	Young people (male and female) from different groups selected to be members of the State Technical Working Group	Young people (male and female) from different groups selected to be members of the National Technical Working Group	Minutes of the meeting of relevant bodies
3. Mechanisms to involve young people in the monitoring of health services, including functioning as members of relevant management committees, are in place	Young people are represented in Facility Management Committee and participate in the monitoring of health service delivery	Young people are represented in the LGA decision-making body on AYFHS and participate in health services monitoring activities	Young people are represented in the State Technical Working Group and functions in subcommittees/forums on monitoring of health services	Young people are represented in the National Technical Working Group and functions in subcommittees/forums on monitoring of health services	Supervisory checklist for supportive supervision & monitoring
<b>PROCESS</b>					
1. Young people are involved in designing health services to make them more accessible, acceptable, equitable, appropriate, and effective with regards to the health	Young people participate in health services design activities	Young people participate in health services design activities	Young people participate in health services design activities	Young people participate in decision-making bodies regarding health service design and related guidelines and protocols	Programme reports



	HSDPs	LGA	STATE	NATIONAL	MEANS OF VERIFICATION
needs of adolescents and youths					
2. Young people are involved in the provision of health services in various capacities that match their comparative strengths, experiences and competencies including facility-based, outreach and referral services	Trained young people serve as peer educators, community-resource persons and in other appropriate capacities	Trained young people serve as peer educators, community-resource persons and in other appropriate capacities	Trained young people serve as peer educators, community-resource persons and in other appropriate capacities	Guidelines for adolescent and youth participation in health services developed. Young people participate in decision-making on building capacities of adolescents and youths for AYFHS service delivery	Programme reports Guidelines on adolescent and youth participation in health services
3. Young people are involved in the monitoring of health services to provide feedback that would improve service/program management	Young people participate in health services monitoring	Young people participate in health services monitoring	Young people participate in health services monitoring	Capacity building materials for adolescent and youth participation in health services monitoring developed.	Programme reports Capacity building materials on monitoring of health services for young people
<b>OUTPUT</b> Young people are actively involved in every stage of AYFHS programming, including the design, provision and monitoring of health services.	Active involvement of young people in the planning, implementation and monitoring of AYFHS	Active involvement of young people in the planning, implementation and monitoring of AYFHS	Active involvement of young people in the planning, implementation and monitoring of AYFHS	Active involvement of young people in decision-making bodies on the planning, implementation and monitoring of AYFHS	Programme reports conducted with the involvement of young people





Health delivery services that are available for young people in Nigeria can broadly be classified into two groups: (a) Facility-based health services, and (b) Service points

# 03

### 3. MINIMUM SERVICE DELIVERY PACKAGE FOR ADOLESCENT- AND YOUTH-FRIENDLY HEALTH SERVICES

#### 3.1. Categories of health services organisations for young people's health in Nigeria

*Health delivery services that are available for young people in Nigeria can broadly be classified into two groups: (a) Facility-based health services, and (b) Service points. Each of these two categories also has various sub-categories of facilities/services. The facility-based services are those that offer a full range of preventive, promotive, and curative services within formal static health facility set-up, while the other category (service points) are the other service outlets for young people that may not be based on a static set-up or provide only partial services. The specified national standards indicated in this document apply only strictly to the facility-based health services.*

##### A. Facility-based Health Services

B.

##### 1. Primary Care Facilities for Young People

2. These facilities cater for young people within the context of health service provision to all segments of the population (e.g. a general practice, or a family-planning clinic).
3. This model consists of two sub-types:
  - Units that are an integral part of the public sector health system (PHC facilities run by the government).
  - stand-alone units (which are generally run by NGOs or by private individuals or institutions)

##### 2. Primary Care- Plus Facilities for Young People

These are centres that are not only health facilities, but also provide other non-health services relating to adolescent and youth development. These centres provide health services for young people, but in addition have other youth-focused development facilities, such as recreation facilities and structured physical development programs, vocational centres and other skills-building activities, and/or educational development facilities such as a library.

##### 3. Hospital-based Adolescent and Youth Health Services

These are secondary or tertiary health facilities, with specific adolescent and youth designated services that provide drop-in and out-of-patient services to young people as well as general inpatient care. Additionally, such facilities serve as referral centres

for nearby health facilities and may offer professional training and research activities.

#### B. *Service Points*

C.

##### . School-based/school-linked Services<sup>4</sup>

These are models that deliver services within an educational institution (primary, secondary or tertiary facilities), and may be primarily based in the educational institution or be an outreach service to the schools. Such provide primary preventive and curative health service to the school population with special focus on the students.

##### 5. Pharmacies and Patient Medicine Vendors (PMV)

These are service points with primary focus on the marketing of health products such as condoms and other contraceptive products and over-the-counter drugs relevant to adolescent and youth health. They may also provide some level of health education/counselling. This group also includes social marketing programmes. Additionally, in the case of registered pharmacies with qualified pharmacists, these services can also handle other forms of drugs and medical products in line with relevant national regulations.

##### 6. Outreach-based Information and Services

These are programmes that primarily outreach efforts that take health information, health products, and health services to young people in community-based locations, particularly those who might be marginalized, vulnerable and are most-at-risk populations. This will include workplace-based services for out-of-school young people in vocational skill development settings. Such services should have referral linkages to static health facilities.

##### 7. Communication interventions only

These are programmes that primarily offer only communication-related interventions such as health information, health counselling, and behaviour change communication. This group include those that are primarily phone-in and online education/informational programmes.

### 3.2. Minimum package of services for AYFHS in Nigeria

### 3.2.1. Service delivery components

Based on the priority health challenges of young people identified in the National Policy on the Health and Development of Adolescents and Young People, the AYFHS will address the following health challenges as part of the core services for young people:



- Physical, psycho-social and mental development
- Positive development activities and interventions
- Education and management of pubertal concerns
- Menstrual hygiene and health



- Sexual and Reproductive Health (SRH)
- Pregnancy prevention (sexual abstinence and contraceptive use)
- Other pre-conceptual services
- Maternal care for pregnant adolescents and youths including specialised care for survivors of FGM and CM)
- HIV and other sexually transmitted infection
- Sexual violence



- Violence and Injuries
- Physical
- Psychological and emotional
- Fistula prevention and management
- Sexual



- Mental health
- Sleep hygiene
- Common mental health conditions of adolescents and youth
- Other mental health issues
- Substance use and gaming/internet addictions
- Preventive education and counselling
- Management of disorders



- Nutrition
- Nutrition information, education and counselling
- Management of nutritional problems
- Nutritional management of health conditions

### 3.2.2. Service delivery types and approaches

The AYFHS package of services will consist of promotive and preventive, curative and referral services; these services shall be provided in a complementary manner as much as possible.

#### A. PROMOTIVE AND PREVENTIVE SERVICES

B. \_\_\_ Promotive and preventive health services consist of measures taken to prevent diseases and maintain health. These services include population-based health promotion efforts and clinical preventive services aimed at ensuring the health and well-being of adolescents and other young people. These services will be offered in line with the national guidance relating to the individual health services (such as the Standard of Practice for Family Planning and Reproductive Health) and the National Clinical Protocol for Adolescent Health Services.

C.

D. Specifically, the promotive and preventive health services to be offered will include:

- Health monitoring (such as risk assessment and counselling)
- Health information, education and communication (IEC) and behaviour change communication (BCC) activities
- Motivational interview and counselling
- Immunisation services relevant for young people
- Skilled counselling on key adolescent and youth health concerns, including pubertal concerns, SRH, nutrition, substance use, mental health, violence prevention
- HIV testing services and pre- and post-exposure prophylaxis for HIV prevention
- Contraceptive counselling and services, including emergency contraceptive services
- Nutritional education and services for the prevention of nutritional problems including anaemia
- Community mental health services, including mental health education and counselling on substance abuse prevention
- Advice and counselling on oral care
- Antenatal care services to pregnant adolescents and youths
- Skilled attendant at childbirth
- Post-natal care
- Counselling on Gender Based Violence (GBV) and Harmful Practices

(including female genital cutting [FGM] and child marriage

Also, the promotive and preventive health services will be offered both as facility-based services as well as community-based outreaches as may be relevant to each type of service. The need for community outreaches must not be underrated in this scheme as it serves as an avenue to expand the access of young people to health promotion activities. Outreaching process for the curative services includes history-taking, physical assessment, treatment, counselling for treatment adherence and prevention of future health problems. The provision of curative services shall be largely guided by the National Clinical Protocol for Adolescent Health Services as well as other relevant national guidelines relating to specific health problems and supported by evidence-based interventions presented in the AA-HA! Framework and other normative management guidelines and protocols as may be released by WHO from time to time. The curative services will cover both out-patient and in-patient care depending on the type of facilities.

The following issues are covered in the curative services:

- History-taking and risk assessment using standard adolescent care protocols such as HEADSS for history-taking
- Physical examination, backed by laboratory examination and radio-diagnostic services where necessary
- Management of menstrual health problems and related pubertal concerns
- Treatment of sexually transmitted infections
- Treatment of common health problems
- Management of injuries and trauma
- Management of sexual abuse
- Emergency obstetric care
- Management of post-abortion complications

### C. REFERRAL TO OTHER SERVICE PROVIDERS AS NECESSARY

The PHC level of care provides basic health services and would need to refer more challenging health cases to a higher level of care such as for further counselling and management regarding GBV and marital morbidities such as obstetric fistula. Since the needs of adolescents and young people are also not limited to health challenges, there will be the need to refer adolescent and

## REFERRAL TO OTHER SERVICE PROVIDERS AS NECESSARY



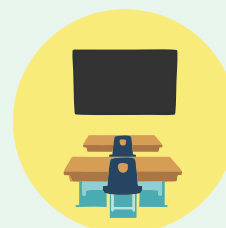
Mosque



Community Centres



Secondary Health Facilities,



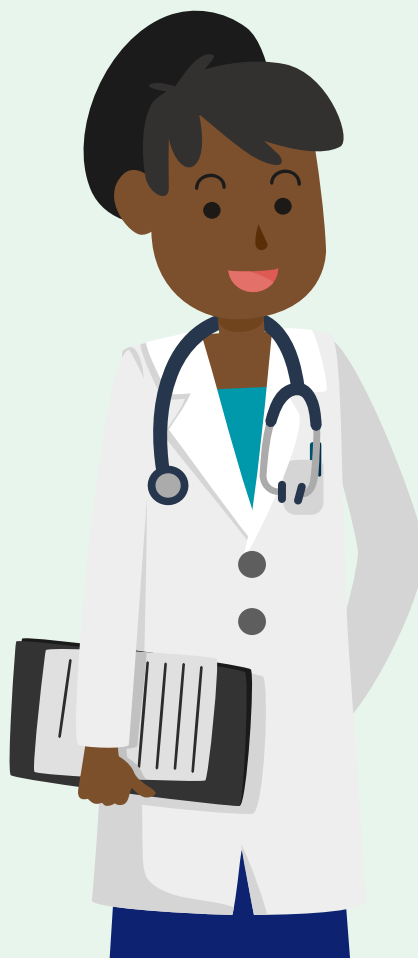
Schools



Youth-Serving Civil  
Society Organisation



Church



youth clients to other appropriate services and adolescent/youth-serving organisations, including educational and spiritual counselling. In this regard, it is important to build linkages and partnerships with schools, community centres, faith communities, private service providers, secondary health facilities, youth-serving civil society organisations (CSOs) and services/programmes targeting young people and their parents/guardians. It is important to develop a directory of relevant adolescent and youth services to which referral can be made, including a list of such organisations and identify their areas of comparative competence, niche and strength so as to benefit maximally from relationships with them. Among others, strengthening/establishing two-way referral linkages with secondary healthcare facilities is crucial as part of the continuity of care. Appropriate counselling should be given to adolescents and youth being referred to ensure that they are properly motivated to comply with the referrals.

Overall, the following are crucial with respect to referral services:

- A two-way referral is practised involving not only referral of cases to a higher level of care but also a follow-up by the lower level of care, and communication of management provided by the higher level of care to the lower level
- Counselling and motivation of clients to comply with referrals

Table 11: Core Package of AYFHS Services by Health Service Delivery Points

Outreaches to schools and vocational development centres are important to reach young people in settings where they spend a significant part of their lives. School outreaches will particularly enable the health service to build crucial linkage with the school health services and the school-based Family Life and HIV Education (FLHE) programmes. Community outreaches are also needed to reach parents/guardians and community stakeholders.

## B. CURATIVE SERVICES

Curative services are aimed at ensuring the provision of treatment for the restoration of health and well-being, and prevention of adverse outcomes and complications. The clinical process for the curative services includes history-taking, physical assessment, treatment, counselling for treatment adherence and prevention of future health problems. The provision of curative services shall be largely guided by the National Clinical Protocol for Adolescent Health Services as well as other relevant national guidelines relating to specific health problems and supported by evidence-based interventions presented in the AA-HA! Framework and other normative management guidelines and protocols as may be released by WHO from time to time. The curative services will cover both out-patient and in-patient care depending on the type of facilities.

The following issues are covered in the curative services:

- History-taking and risk assessment using standard adolescent care protocols such as HEADSS for history-taking
- Physical examination, backed by laboratory examination and radio-diagnostic services where necessary
- Management of menstrual health problems and related pubertal concerns
- Treatment of sexually transmitted infections



- Treatment of common health problems
- Management of injuries and trauma
- Management of sexual abuse
- Emergency obstetric care
- Management of post-abortion complications

### C. REFERRAL TO OTHER SERVICE PROVIDERS AS NECESSARY

The PHC level of care provides basic health services and would need to refer more challenging health cases to a higher level of care such as for the prevention and management of GBV and maternal morbidities such as obstetric fistula. Since the needs of adolescents and young people are also not limited to health challenges, there will be the need to refer adolescent and youth clients to other appropriate services and adolescent/youth-serving organisations, including educational and spiritual counselling. In this regard, it is important to build linkages and partnerships with schools, community centres, faith communities, private service providers, secondary health facilities, youth-serving civil society organisations (CSOs) and services/programmes targeting young people and their parents/guardians. It is important to develop a directory of relevant adolescent and youth services to which referral can be made, including a list of such organisations and identify their areas of comparative competence, niche and strength so as to benefit maximally from relationships with them. Among others, strengthening/establishing two-way referral linkages with secondary healthcare facilities is crucial as part of the continuity of care. Appropriate counselling should be given to adolescents and youth being referred to ensure that they are properly motivated to comply with the referrals.

Overall, the following are crucial with respect to referral services: 55



Table 11: Core Package of AYFHS Services by Health Service Delivery Points

Key services	Objective of the service	Primary care & Primary care-Plus	Hospital-based services	Outreach/service points
Healthy psycho-social and mental development	<ul style="list-style-type: none"> <li>Promote healthy development by providing education and counselling on pubertal and other health development issues</li> <li>Reduce the health and social consequences when developmental problems occur.</li> </ul>	<ul style="list-style-type: none"> <li>IEC on growth and development, including pubertal-related issues such as menstruation and menstrual hygiene and pre-conceptual care for females</li> <li>Counselling for puberty related concerns</li> <li>Management of acne and body image concerns</li> <li>Management of simple cases of menstrual discomfort</li> <li>Monitoring (Height, Weight, body mass index)</li> <li>Refer clinical cases of pubertal problem, growth and developmental problems, and cases with suspected hormonal problems</li> </ul>	<ul style="list-style-type: none"> <li>IEC on growth and development, including pubertal-related issues and pre-conceptual care for females</li> <li>Counselling for puberty related concerns</li> <li>Information and services for managing acne and body image concerns</li> <li>Monitoring (height, weight, body mass index)</li> <li>Investigation and clinical management of severe body image related problems, moderate-to-severe menstrual disorders, clinical cases of pubertal problems, growth and developmental problems with appropriate referral to specialist unit/facilities where necessary</li> </ul>	<ul style="list-style-type: none"> <li>IEC on growth and development, including pubertal-related issues and pre-conceptual care for females</li> <li>Counselling for puberty related concerns</li> <li>Information and services for managing acne and body image concerns</li> <li>Monitoring (Height, Weight, BMI)</li> <li>Refer cases needing clinical attention</li> <li>Information about the availability of AYFHS</li> </ul>
Sexual and Reproductive Health (including Pregnancy prevention, Pregnancy care, HIV and other STIs, Sexual violence)	<p><b>Prevention of Early &amp; Unwanted Pregnancy</b></p> <p>Reduce early and unwanted pregnancy</p>	<ul style="list-style-type: none"> <li>IEC on sexual abstinence, contraceptives, consequences of early marriage, early pregnancy, GBV, FGM and safer sex,</li> <li>Counselling and provision of appropriate contraceptives methods (barrier methods, oral contraceptives and emergency contraceptives) to sexually active young people</li> </ul>	<ul style="list-style-type: none"> <li>IEC on sexual abstinence, contraceptives, consequences of early marriage, early pregnancy, GBV, FGM and safer sex,</li> <li>Counselling and provision of barrier methods, oral contraceptives, and long-acting reversible contraceptives as appropriate to sexually active young people</li> </ul>	<ul style="list-style-type: none"> <li>IEC on sexual abstinence, contraceptives, consequences of early marriage, early pregnancy, GBV, FGM and safer sex</li> <li>Information about the availability of AYFHS</li> <li>Referral for clinical-related services</li> <li>Schools: Family Life &amp; HIV Education</li> <li>PMV &amp; Pharmacies</li> <li>only: Counselling and</li> </ul>



	<p><b>Care of pregnant adolescents &amp; youths</b></p> <ul style="list-style-type: none"> <li>Reduce pregnancy-associated morbidity and eliminate preventable maternal mortality</li> </ul>	<ul style="list-style-type: none"> <li>IEC on needs of pregnant adolescents and youths, pregnancy care, childbirth and birth preparedness, post-natal care, care of the newborn, and benefits of institutional delivery</li> <li>Nutritional counselling</li> <li>Counselling on post-partum family planning</li> <li>Early registration of adolescent pregnancies for antenatal care</li> <li>Management of uncomplicated pregnancies/deliveries and provision of emergency obstetric and newborn care</li> <li>Referral of obstetrics complications that need a higher level of care</li> <li>Counselling on educational and/or vocational development</li> </ul>	<ul style="list-style-type: none"> <li>Information and services regarding antenatal care, delivery and birth preparedness, and postnatal care</li> <li>Management of obstetric complications &amp; provision of comprehensive essential obstetric and newborn care</li> <li>Counselling on educational and/or vocational development</li> </ul>	<p>provision of barrier methods and emergency contraception to sexually active young people</p> <ul style="list-style-type: none"> <li>IEC on needs of pregnant adolescents and youths, benefits of institutional delivery, childbirth and birth preparedness, post-natal care, newborn care</li> <li>Counselling on educational and/or vocational development</li> <li>School: Sensitising staff and educational authorities on encouraging and supporting pregnant adolescents to continue education.</li> </ul>
<p><b>Prevention and Management of Sexually Transmitted Infections</b></p> <ul style="list-style-type: none"> <li>Reduce Incidence of Sexually Transmitted Infections/Human Immunodeficiency Virus (STIs/HIV)</li> <li>Reduce health and social consequences of STIs/ HIV infection when they occur</li> </ul>	<ul style="list-style-type: none"> <li>IEC on sexual abstinence, safer sex, HIV transmission and prevention, AIDS-related stigma, HIV testing, and consequences of STIs</li> <li>Counselling and provision of condoms</li> <li>HIV testing services</li> <li>Screening for risk factors</li> <li>Appropriate use of post-exposure prophylaxis</li> <li>Syndromic treatment of STIs</li> <li>Referral for relevant cases,</li> </ul>	<ul style="list-style-type: none"> <li>IEC on sexual abstinence, safer sex, HIV transmission and prevention, AIDS-related stigma, HIV testing, consequences of STIs</li> <li>Counselling and provision of condoms</li> <li>Screening for risk factors</li> <li>Appropriate use of pre-exposure and post-exposure prophylaxis</li> <li>Treatment of STIs</li> <li>Treatment of HIV and</li> </ul>	<ul style="list-style-type: none"> <li>IEC on sexual abstinence, safer sex, HIV transmission and prevention, AIDS-related stigma, HIV testing, and consequences of STIs</li> <li>Information about the availability of AYFHS</li> <li>Referral for clinical-related services</li> <li>PMV &amp; Pharmacies only: Syndromic</li> </ul>	

	including management of HIV and associated conditions	associated conditions	treatment of STI
<p><b>Prevention and management of sexual violence</b></p> <ul style="list-style-type: none"> <li>• Reduce the incidence of sexual violence</li> <li>• Reduce health consequences (mortality and morbidity) and psychosocial consequences when sexual violence occurs.</li> </ul>	<ul style="list-style-type: none"> <li>• IEC and counselling on the prevention of sexual violence, and management options for sexual abuse/violence issues</li> <li>• Screening for sexual violence</li> <li>• Counselling of young people exposed to sexual violence</li> <li>• Provision of HIV testing services, emergency contraceptives, and post-exposure anti-retroviral prophylaxis for immediate cases of sexual violence</li> <li>• Prompt and appropriate referrals</li> <li>• Notification of relevant legal and linkage to supportive services</li> </ul>	<ul style="list-style-type: none"> <li>• IEC and counselling on the prevention of sexual violence, and management options for sexual abuse/violence issues</li> <li>• Screening for sexual violence</li> <li>• Counselling of young people exposed to sexual violence</li> <li>• Appropriate treatment for sexually abused young people including HIV testing services, emergency contraceptives, and post-exposure anti-retroviral prophylaxis and collection and processing of samples for medico-legal purposes</li> <li>• Notification of relevant legal and linkage to supportive services</li> </ul>	<ul style="list-style-type: none"> <li>• IEC and counselling on the prevention of sexual violence, and management options for sexual abuse/violence issues</li> <li>• Screening for sexual violence</li> <li>• Counselling and support young people exposed to sexual violence</li> <li>• Information about the availability of AYFHS, the importance of prompt health-seeking, legal provision, and supportive services</li> <li>• Referral</li> </ul>
<p>Violence and Injuries</p> <ul style="list-style-type: none"> <li>• Reduce injuries and all forms of violence</li> <li>• Reduce health consequences (mortality and morbidity) and psychosocial consequences when injuries and/or violence occur.</li> </ul>	<ul style="list-style-type: none"> <li>• IEC and counselling on injury and violence prevention</li> <li>• Community education and dialogue on violence and injury prevention</li> <li>• Screening for behavioural risk factors</li> <li>• Treatment of common injuries and trauma including counselling support</li> <li>• Referral for severe cases</li> </ul>	<ul style="list-style-type: none"> <li>• IEC and counselling on injury and violence prevention</li> <li>• Community education and dialogue on violence and injury prevention</li> <li>• Treatment of moderate-to-severe injuries and trauma</li> </ul>	<ul style="list-style-type: none"> <li>• IEC and counselling on injury and violence prevention</li> <li>• Community education and dialogue on violence and injury prevention</li> <li>• Information about the availability of AYFHS</li> <li>• Treatment of minor injuries and trauma</li> <li>• Referral for cases needing more clinical attention</li> </ul>
<p>Mental health</p> <ul style="list-style-type: none"> <li>• Improve the mental health and well-being of adolescents and youth</li> </ul>	<ul style="list-style-type: none"> <li>• IEC on mental health promotion and well-being, and prevention of stigma relating to mental health</li> </ul>	<ul style="list-style-type: none"> <li>• IEC on mental health promotion and well-being</li> <li>• Counselling on common</li> </ul>	<ul style="list-style-type: none"> <li>• IEC on mental health promotion and well-being and prevention</li> </ul>

	<ul style="list-style-type: none"> <li>• Reduce mental health problems</li> <li>• Reduce the health and social consequences of ill mental health</li> <li>• Improve sleep hygiene</li> </ul>	<p>conditions, health workers and treatment</p> <ul style="list-style-type: none"> <li>• Counselling on common adolescent and youth mental health problems and associated factors</li> <li>• IEC and counselling on sleep hygiene</li> <li>• Screening for family history and behavioural risk factors</li> <li>• Management of common mental health problem that is possible at the PHC level using relevant national protocols and guidelines and the WHO's mhGAP intervention guide</li> <li>• Referral for treatment for clinically-related mental health conditions</li> </ul>	<p>adolescent health-related challenges and issues</p> <ul style="list-style-type: none"> <li>• IEC and counselling on sleep hygiene and management of sleep disorders</li> <li>• Management of mental health disorders</li> </ul>	<p>of stigma relating to mental health conditions, health workers and treatment</p> <ul style="list-style-type: none"> <li>• Counselling on common adolescent and youth mental health issues</li> <li>• School-based adolescent mental health and emotional wellbeing programmes and identification of adolescents with potential mental health challenges</li> <li>• IEC and counselling on sleep hygiene</li> <li>• Screening for family history and behavioural risk factors</li> <li>• Parent-targeted interventions</li> <li>• Life skill promotion</li> <li>• Information about the availability of AYFHS</li> <li>• Referral for cases needing more clinical attention</li> </ul>
<p>Substance use</p>	<ul style="list-style-type: none"> <li>• Reduce the incidence of substance use</li> <li>• Reduce the health and social consequences of substance use</li> </ul>	<ul style="list-style-type: none"> <li>• IEC and counselling on substance use prevention</li> <li>• Screening for family history and behavioural risk factors</li> <li>• Referral for treatment for clinically-related substance use problems</li> </ul>	<ul style="list-style-type: none"> <li>• IEC and counselling on substance use prevention</li> <li>• Screening for family history and behavioural risk factors</li> <li>• Management of substance use and abuse-related problems</li> </ul>	<ul style="list-style-type: none"> <li>• IEC and counselling on substance use prevention</li> <li>• Screening for family history and behavioural risk factors</li> <li>• Referral for treatment for clinically-related substance use problems</li> <li>• Life skill promotion</li> <li>• Information about the availability of AYFHS</li> <li>• Referral for cases needing more clinical attention</li> </ul>

<p>Internet and gaming addiction</p>	<ul style="list-style-type: none"> <li>Reduce the incidence of internet and gaming use addiction and related behavioural problems associated with the use of digital technologies</li> <li>Reduce the health and social consequences of the use of the internet as well as electronic games and other digital technologies</li> </ul>	<ul style="list-style-type: none"> <li>IEC and counselling on the use of the internet, electronic games and other digital technologies and their potential negative effects</li> <li>Screening for behavioural risk factors</li> <li>Referral for treatment for addiction problems</li> </ul>	<ul style="list-style-type: none"> <li>IEC and counselling on the use of the internet, electronic games and other digital technologies and their potential negative effects</li> <li>Screening for behavioural risk factors</li> <li>Management of addiction problems</li> </ul>	<p>availability of AYFHS</p> <ul style="list-style-type: none"> <li>Referral for cases needing more clinical attention</li> <li>IEC and counselling on the use of the internet, electronic games and other digital technologies and their potential negative effects</li> <li>Screening for behavioural risk factors</li> <li>Information about the availability of AYFHS</li> <li>Referral for treatment for addiction problems</li> </ul>
<p>Nutrition and physical activities</p>	<ul style="list-style-type: none"> <li>Improve healthy nutrition</li> <li>Reduce under/over nutrition</li> <li>Reduce the health and social consequences of over/undernutrition</li> <li>Reduce the prevalence of sedentary behaviours</li> </ul>	<ul style="list-style-type: none"> <li>IEC on nutrition, growth and development</li> <li>IEC on the promotion of physical activities</li> <li>Monitoring with anthropometric assessment (Height, Weight, BMI)</li> <li>Linking up with schools for school nutrition and deworming programmes</li> <li>Haemoglobin estimation</li> <li>Counselling and treatment of under-nutrition</li> <li>Treatment of mild-to-moderate anaemia with daily iron preparations</li> <li>Referral for cases that are moderate-to-severe or non-responsive cases</li> </ul>	<ul style="list-style-type: none"> <li>IEC on nutrition, growth and development</li> <li>IEC on the promotion of physical activities</li> <li>Assessment of growth and development, and nutritional status</li> <li>Counselling and treatment of moderate-to-severe nutritional problems</li> <li>Treatment of severe anaemia</li> </ul>	<ul style="list-style-type: none"> <li>IEC on nutrition, growth and development</li> <li>IEC and promotion of physical activities especially at schools and community level</li> <li>Monitoring with anthropometric assessment (Height, Weight, BMI)</li> <li>Nutritional counselling</li> <li>Schools: School nutrition programme; regular deworming exercise</li> <li>Information about the availability of AYFHS</li> <li>Referral for cases needing more clinical attention</li> </ul>

## APPENDIX 1: PROPOSED STEPS IN THE IMPLEMENTATION OF THE NATIONAL STANDARDS

- Groundwork to be done at the national/state level before the approved national standards can be applied
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- 1. Wide Dissemination of the national standards – in both hardcopy and electronic formats
- 2. Get the buy-in of stakeholders, particularly the Technical Working Group on Adolescent Health or their equivalent at various levels
- 3. Identify and engage organizations (including training institutions, expert groups, professional associations and non-governmental organisations) with expertise in monitoring and evaluation, quality improvement and health systems research to support the initiative on an on-going basis.
- 4. Develop and carry out national and state-level advocacy and BCC campaign on adolescent and young people's health to improve awareness and generate wide support for AYFHS.
- 5. Incorporate relevant indicators on AYFHS and young people's health and development in the routine health management information system
- 6. Develop a standards checklist for assessing compliance with standards

### Steps In Applying The National Standards At Lga Level

1. The LGAs to serve as the pioneer sites for the national AYFHS initiative need to be carefully selected. In making the choice, it is important to have clearly defined criteria. The following criteria are suggested:
  - The commitment of the state and LGA administrative leadership.
  - The commitment of the LGA health management team to provide supportive supervision.
  - The existence of an organization (NGO/CBO) or health-related training institution involved in providing health education and counselling services to adolescents.

2. After the selection of the LGA, relevant key stakeholders within the geographical area need to be well informed and mobilised to support the initiative. Among others, the following should be involved:

- Political leaders

- Administrative leaders

- Health leaders

- Religious leaders

- Heads of NGOs that work in fields of adolescent health and development

- Head of health training institutions

3. Formation and orientation of the LGA AYFHS Technical teams and the development of work plans for the LGA. For this, a 3-day working meeting of teams from the participating LGA should be organized. The proposed list of team members include:

- The Supervisory Councillor for Health

- The Medical Officer of Health or the Head of Primary Health Care Department

- The LGA Reproductive Health Focal person

- The LGA Adolescent Health Focal person

- The Medical Officer in charge of the referral General Hospital

- Two adolescent health service providers in PHC facilities.

- A representative from the mentoring institution/agency (mentoring institutions will include academic or health training institution with experts in adolescent health, tertiary health facilities with experts in adolescent health, and non-governmental organisations with expertise in adolescent health service delivery).

- Two representatives of non-governmental organizations (NGO/CBO) that can provide adolescent health information and counselling

- Two adolescents (from educational institutions or workplaces in the LGA).

The LGA team will select the designated number of health facilities that would be involved in the first stage of implementation in each selected LGA. Health facilities with current support from a development partner or those that have received such support in recent times, resulting in improved human capacity and physical infrastructures, will be preferable – as this will take less work and funding to get to the specified standards. The LGA team will have the responsibility of developing a one-year implementation



plan for the take-off of the AYFHS.

4. The orientation of the managers of the health facilities selected by the LGA team comes next in the process. It is proposed that the orientation should be a 1-day meeting with the following objectives:

To orient the participants to the rationale for the national standards, the process by which they were developed and their objectives.

To orient participants to quality improvement.

To orient participants to the role that they will need to play in the AYFHS initiative.

To develop plans for them to orient their staff and to prepare for a participatory baseline quality assessment.

5. Next, training of healthcare providers needs to be carried out to cover the health facilities selected for implementation of AYFHS. The training will be done using the National Training Manual developed by the Federal Ministry of Health.
6. Work with LGA management to plan and implement awareness generation activities and advocacy (inter-sectoral meetings, community meetings and multi-channel BCC campaign in the district) on AYFHS
7. Work with LGA management to incorporate ADH indicators in the routine national HMIS as well as local monitoring
8. The stage is now set for service delivery in the selected health facilities to begin. The mentoring institution/agency should work with the LGA health management team to facilitate preparedness at identified facilities for AYFHS in the identified facilities and start service delivery.
9. Mentoring institution/agency would be required to work with LGA management to carry out a quality assessment using standardised quality assessment tool. In each health service-delivery point, it should work with the manager and staff to explain the findings of the assessment and to develop plans for quality improvement actions by staff. Following this, the mentoring institution should carry out periodic visits for problem identification and problem-solving (keeping the district health management team closely involved in this process). During the initial phase, the overall support and supervision may be provided by the identified experts agency at the national level.

10. The FMOH and the NPHCDA should conduct an annual assessment to give an award to outstanding facilities/LGA/State in the area of AYFHS, as well as certify facilities that meet the standards. Such facilities must be given plaques to publicly display.

- Actions at the Health Facility level

1. Each facility involved in the AYFHS must be given a copy of the National Standard guidelines, training manual and clinical protocols.
2. Each facility must have a designated coordinator for AYFHS, who coordinates the adolescent and youth health care
3. Each facility must have a Community Programme Advisory Board, whose membership would include members of the Ward Health Committees and representatives of young people; a youth advisory group should be a sub-committee of the Board.
4. Each facility involved in the AYFHS must publicly display the list of the national standards
5. Each facility must have trained health workers
6. Each facility must complete a self-assessment form twice yearly and submit required data to the LGA
7. Participatory annual assessment of each facility must be carried out annually

## **APPENDIX 2: Required National Minimum Resources and Infrastructure for Primary Health Clinics in Nigeria**

### **A. Building and Premises:**

- A detached building with at least 5 rooms
- Walls and roof must be in good condition with functional doors and netted windows
- Functional separate Male and Female toilet facilities with water supply within the premises
- Availability of a clean water source: at least a well
- Be connected to the national grid and other regular alternative power source
- Have a sanitary waste collection point
- Have a waste disposal site
- Be clearly signposted – visible from both entry and exit points
- Be fenced
- Staff accommodation provided within the premises or the community
- 
- The building must have sufficient rooms and space to accommodate:
  - Client observation area
  - Consulting area
  - Delivery room

- First stage room
- Injection and dressing area
- Lying-in ward (4 bed)
- Pharmacy section
- Record section
- Staff station
- Store
- Toilet facilities (or Ventilated Improved Pit Toilet)
- Waiting/reception area

### B. Furnishing

• Benches	-	8
• Chairs	-	10
• Cupboards	-	2
• Curtains for windows and doors	-	all
• Delivery bed	-	1
• Examination couch	-	2
• Observation beds	-	4
• Screen	-	2
• Wash hand basin	-	2
• Wheel Chair	-	1
• Writing table	-	3

### C. Medical Equipment

• Adult weighing scale	-	2
• Ambubag	-	1
• Artery forceps	-	2
• Baby weighing scale	-	1
• Bed pan	-	4
• Bed sheets,	-	2 per bed
• Clinical thermometers	-	2
• Cold boxes	-	1
• Cord clamps	-	1 pack
• Curtains	-	1 per window
• Cusco's speculum	-	2
• Disposables (facemask, gloves, etc)	-	1 pack each
• Dissecting forceps	-	2
• Dressing forceps	-	2
• Dressing trolley	-	1
• Enema kits	-	2
• Episiotomy scissors	-	2
• Foetal stethoscope	-	2
• Instrument tray	-	2
• Kidney dishes	-	4
• *Kidney dish	-	2
• Lanterns, Buckets	-	2 each
• Multistix test kits	-	1 pack of 100
• Needle holding forceps	-	2
• ORT Demonstration Equipment	-	* 1 set

\*Cup, jug, wash basin, towel, bucket, standard beer or/and soft drink bottles

• Refrigerator	-	1
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· Scissors	-	2	
· Sims speculum	-	2	
· Solar Refrigerator	-	1	
· Sphygmomanometer	-	-	2
· Stadiometer	-	1	
· Stethoscope	-	2	
· Sterilisation equipment	-	1	
· Stove	-	1	
· Suction machine or (mucus extractors)	-	1	
· Tape rule	-	1	
· Urinary catheter	-	-	2 of each size
· Geo Style Vaccine Carriers (GSVC)	-	2	
· Ice Packs	-	-	4 per GSVC

**D. Personnel**

· Midwife or Nurse Midwife	-	2	
· CHEW (must work with standing order)	-	2	
· Junior Community Health Extension Worker (JCHEW)	-	4	
· Support staff			
· Health attendant/Assistant	-	2	
· Security personnel	-	2	

**E. Hours Of Operation**

- The facility should run 24 hours services
  - CHEWs/ JCHEWs will distribute their working time as follows;
  - JCHEWs: 60% in the health facility and 40% in the communities
  - CHEWs: 80% in the facility and 20% in the communities

**F. Standing Order**

- CHEWs and JCHEWs must work with the Standing Order

**G. Other Requirements**

- Means of communication; e.g. mobile phone or communication radio (1)
- Motorcycle (1)
- Bicycle (1)
- Small motor boat for riverine areas (1)

**H. Essential drugs**

The following complete Essential Drug List is to be utilised at this level;

**Group Formulation**

**I. ANAESTHETICS, LOCAL**

Lidocaine	-	Topical, injection
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**II. ANALGESICS**

Acetylsalicylic Acid*	-	Tablet
<i>*Not for children</i>		
Paracetamol	-	Oral liquid, tablet

### III. ANTI-ALLERGICS

Chlorphenamine	-	Oral liquid, tablet
Epinephrine (Adrenaline)	-	Injection
Promethazine	-	Tablet, oral liquid

### IV. ANTICONVULSANTS

Diazepam	-	Injection
Paraldehyde**	-	Injection
Phenobarbital	-	Tablet

### V. ANTIDOTES

Atropine	-	Injection
Charcoal (activated)	-	Powder

### VI. ANTI-INFECTIVE DRUGS

#### Antibacterial drugs

Amoxicillin	-	Capsule
Benzathine Penicillin	-	Injection
Benzylpenicillin	-	Injection
Co-trimoxazole	-	Tablet, oral liquid
Erythromycin	-	Tablet
Gentamicin	-	Injection
Nitrofurantoin	-	Tablet
Phenoxymethylpenicillin	-	Tablet
Streptomycin	-	Injection
Tetracycline*	-	Capsule

\*Not recommended for children and pregnant women

#### Antileprosy drugs

Clofazimine	-	Capsule
Dapsone	-	Tablet
Rifampicin	-	Capsule or tablet

#### Amoebicide

Metronidazole	-	Tablet
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#### Anthelmintics

Mebendazole	-	Tablet
Praziquantel	-	Tablet
Pyrantel	-	Oral liquid, tablet

\*\* Marked for deletion

#### Antifilarial

Diethylcarbamazine	-	Tablet
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#### Antimalarials

Artemether + lumefantrine	-	Oral liquid, tablet
Artesunate	-	Suppositories
Artesunate + amodiaquine	-	Tablet
Quinine	-	Injection*

\*Intramuscular, for pre-referral treatment only

Pyrimethamine + sulfadoxine	-	Tablet, oral liquid
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#### Anti-tuberculosis drugs

Ethambutol	-	Tablet
Isoniazid	-	Tablet

Pyrazinamide	-	Tablet
Rifampicin	-	Capsule, tablet

#### VII. ANTISEPTICS AND DISINFECTANTS

Benzoin	-	Compound tincture
Chlorhexidine	-	Solution
Iodine	-	Solution
Methylated spirit	-	Solution
Sodium hypochlorite	-	Solution

#### VIII. DERMATOLOGICAL DRUGS

Benzoic acid+salicylic acid (Whitfield's)	-	Ointment
Benzoyl peroxide	-	Cream or gel
Benzyl benzoate	-	Emulsion
Calamine	-	Lotion
Gentamicin	-	Ointment
Methyl salicylate	-	Ointment
Neomycin+Bacitracin	-	Ointment, powder
Nystatin	-	Ointment, cream
Zinc oxide	-	Ointment

#### IX. DRUGS AFFECTING THE BLOOD

Ferrous salts	-	Oral liquid, tablet
Folic acid	-	Tablet

#### X. DIAGNOSTIC AGENT

Tuberculin	-	Injection, PPD
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#### XI. DRESSINGS AND MEDICAL DEVICES

Absorbent gauze bandages		
Cotton wool (absorbent)		
Disposable gloves,		
Disposable syringes	-	5 mL with needles (19, 21 Gauge)
Disposable syringes	-	2 mL with needles (19, 21 Gauge)

#### XII. EAR, NOSE AND THROAT DRUGS

Chloramphenicol	-	Eardrops
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#### XIII. GASTRO-INTESTINAL DRUGS

Hydrocortisone + lidocaine	-	Suppository
Hyoscine N-butylbromide	-	Tablet
Magnesium Sulphate	-	Injection
Magnesium trisilicate	-	Compound tablet, oral liquid
Misoprostol	-	Tablets
Oral Rehydration Salts		
Senna	-	Tablet
Zinc	-	Oral liquid, tablet

#### XIV. HORMONES AND SYNTHETIC SUBSTITUTES

Barrier methods	-	Condoms with or without spermicide
Oral contraceptives	-	Tablet

*Essential Medicines List (Fifth Revision 2010)*

### APPENDIX 3: Required National Minimum Resources and Infrastructure for Primary Health Centres in Nigeria

#### A. Building and Premises

- A detached building of at least 10 rooms
- Walls and roof must be in good condition with functional doors and netted windows
- Functional separate Male and Female toilet facilities with water supply within the premises
- Have a clean water source from a borehole
- Be connected to the national grid and other regular alternative power source
- Have a sanitary waste collection point
- Have a waste disposal site
- Be clearly signposted – visible from both entry and exit points
- Be fenced
- Staff accommodation provided within the premises or the community
- 
- The building should have sufficient rooms and space to accommodate;
  - Waiting/Reception areas for Child Welfare, ANC, Health Education and ORT corner
  - Staff station
  - 2 consulting rooms
  - Adolescent health service room
  - Pharmacy & Dispensing unit
  - 2 delivery room
  - Maternity/lying-in section
  - In-patient ward section
  - Laboratory
  - Medical records area
  - Injection/Dressing area
  - Minor procedures room
  - Food demonstration area
  - Kitchen
  - Store
  - Toilet facilities (Male and Female)
- 
- The premises should;
  - Have a waste disposal site
  - Be fenced and provided with staff quarters or accommodation within the community.

## B. Furnishing and Medical equipment

S/N	Item description	Qty	S/N	Item Description	Qty
	<b>FEMALE WARD</b>			<b>INFANT AND CHILD WELFARE</b>	
1.	Angle poised lamp	1	1.	Basket with lid for ORS	2
2.	Artery forceps (Medium)	4	2.	Ceiling fan	1
3.	Bedpan (stainless steel)	2	3.	Plastic Chairs	2
4.	Bowls stainless steel with stand	2	4.	Stainless covered bowl for cotton wool	1
5.	Ceiling fan	2	5.	Dressing Trolley	1
6.	Plastic chair (President)	2	6.	Cup, medicine, graduated	4
7.	Stainless covered bowl for cotton wool	2	7.	Dustbin (pedal)	2
8.	Graduated medicine, cup	2	8.	Stainless Galipot (medium size)	1
9.	Dissecting forceps	2	9.	Table infant weighing scale (Seward)	3
10.	Dressing scissors	2	10.	Stainless instrument tray	1
11.	Dressing trolley	1	11.	Stainless kidney dish (medium size)	1
12.	Drinking mug	2	12.	Wooden long benches	1
13.	Dustbin (Pedal)	2	13.	Plastic bowls	1
14.	Galipot (medium)	1	14.	Refrigerator, gas/kerosene	1
15.	Gloves, disposable pack of 100	2	15.	Spoon measure	3
16.	Hospital bed, mattress and Macintosh	6	16.	Wooden tables	2
17.	Stainless Instrument tray	1	17.	Thermometer, rectal	4
18.	Forceps Jar	1	18.	Tongue depressor	2
19.	Kerosene pressure lamp	1	19.	Vaccine cold box	5
20.	Kidney dishes (large)	4	20.	Length measure for babies	3
21.	Length measure for babies	1	21.	Bowls stainless steel with stand	1
22.	Long benches	1	22.	Wall clock	1
23.	Mercurial Sphygmomanometer (Acossons)	6	23.	Door nameplate	1



				<b>FIRST STAGE ROOM</b>	
24.	Hand Breast Pump, rubber bulb	4	1.	Stainless bedpan	3
25.	Refrigerator (kerosene)	1	2.	Bowls stainless steel with stand	1
26.	Screen	1	3.	Ceiling fan	1
27.	Mackintosh sheet	1	4.	Plastic chairs	3
28.	Stethoscope (Littman)	1	5.	Stainless covered bowls for cotton wool	2
29.	Stitch removal/suture scissors	1	6.	Dressing trolley	1
30.	Writing Table	1	7.	Stainless steel drinking mug	2
31.	Tape measure	1	8.	Pedal dustbin	1
32.	Thermometer, oral	2	9.	Foetal stethoscope	1
33.	Thermometer rectal	2	10.	Stainless galipot (medium)	1
34.	Tongue depressor	2	11.	Latex gloves, disposable pack of 100	2
35.	Vaginal speculum, Sims, set of 3	2	12.	Hospital bed, mattress and Mackintosh	2
	<b>LABOUR</b>		13.	Mercurial Sphygmomanometer (Acossons)	1
1.	Artery forceps (Medium)	4			
2.	Bedpan, adult stainless steel	2	14.	Jar, forceps	2
3.	Stainless Bowls with stand	1	15.	Kerosene pressure lamp	1
4.	Ceiling fan	1	16.	Stainless kidney dish (median)	2
5.	Plastic Chairs (president)	1	17.	Mackintosh sheet	4
6.	Covered bowl for cotton wool	1	18.	Nail scrubbing brush, a box of 12	1
7.	Delivery couch	2	19.	Stainless instrument tray with stand	1
8.	Dissecting forceps	1	20.	Sponge holding forceps	2
9.	Dressing trolley	1	21.	Stethoscope (Littman)	1
10.	Dustbin (Pedal)	1	22.	Office table	1
11.	Enema can	2	23.	Thermometer, oral	2
12.	Episiotomy scissors	2	24.	Tongue depressor	2
13.	Foetal stethoscope (Aluminium)	2	25.	Weighing scale (Seward)	1
14.	Stainless Galipot	1	26.	Chart holder	4

15.	Gloves, disposable pack, a pack of 100	4	27.	Bedside cabinet	2
16.	Instrument tray	1	28.	Over-bed cabinet	2
17.	Forceps jar	1	29.	Thermometer jar	4
18.	Kerosene pressure lamp	1	30.	Soap/disinfectant dispenser	1
19.	Kidney dish	2	31.	Urinal, female	2
20.	Length measure for babies	1	32.	Drip stand	1
21.	Mackintosh sheet	2	33.	Oro-pharyngeal airway (set of 7)	2
22.	Nail scrubbing brush, a box of 12	1	34.	Wall clock	1
23.	Needle holder	2	35.	Door name plate	1
24.	Scalpel blade, a pack of 100, 4 sizes	3		<b>ANTENATAL/INTERVIEW ROOM</b>	
			1.	Ceiling fan	2
25.	Scalpel handle, set of 2	2	2.	Plastic chairs	3
26.	Catheter tray with cover	1	3.	Stainless covered bowl for cotton wool	2
27.	Mercurial Sphygmomanometer	1	4.	Dustbin	2
28.	Sponge holding forceps	4	5.	Examination Couch	1
29.	Stethoscope (Littman)	1	6.	Foetal stethoscope	2
30.	Suture needle	1	7.	Stainless galipot (medium)	1
31.	Syringes & Needles (100) 2cc,	5	8.	Latex gloves, a disposable pack of 100	20
32.	Syringes & Needles (100) 5cc,	5	9.	Hammer, reflex	1
33.	Syringes & Needles (100) 10cc,	1	10.	Height measuring stick	1
34.	Thermometer, oral	1	11.	Wooden long benches	3
35.	Vaginal speculum, Sims set of 3	2	12.	Mackintosh sheet	2
36.	Wall clock	1	13.	Nail scrubbing brush, a pack of 12	1
37.	Water container with tap	1	14.	Pen torch	1
38.	Screen	2	15.	Mercurial Sphygmomanometer (Acossons)	1
39.	Soap/disinfectant dispenser	1	16.	Stethoscope	1
40.	Scrub brush dispenser	1	17.	Tables	2

41	Nursery costs	1	18.	Thermometer, oral	2
42	Angle poised lamp	1	19.	Tongue depressor	6
43	Vacuum extractor, manual	1	20.	Soap/disinfectant dispenser	1
44	Suction pump	1	21.	Thermometer jar	1
45	Weighting scale, baby	1	22.	Angle poised lamp	1
46	Instrument cabinet	1	23.	Bowls stainless steel with stand	1
47	Tape measure	1	24.	Dressing trolley	1
48	Thermometer jar	1	25.	Urine dipstick for sugar and albumin, a pack of 100	20
49	Urinary catheter	3	26.	ANC gowns for patients	50
50	Umbilical cord clamp, a pack of 100	1	27.	Wall clock	1
51	Drip stand	2	28.	Door nameplate	1
52	Suture kit	1		<b>NUTRITION</b>	
			1.	Spoon	10
53	Oro-pharyngeal airway, set of 7	1	2.	Stainless drinking mugs	10
54	Plastic apron	10	3.	Gas cylinders	2
55	Auvar'd's speculum	1	4.	Knives	4
	<b>LABORATORY</b>		5.	Gas cookers	1
1.	Kidney dish (medium)	1			
2.	Box, microscope slide (x100)	1	6.	Weighing scale (Seward)	1
3.	Centrifuge, manual	1	7.	Blender and mill	2
4.	Clam, test tube	1	8.	Stainless tray	1
5.	Container, sputum screw capped	50	9.	Plates	10
6.	Container, sputum, snapped on lid	50	10.	Water container	4
7.	Microscope, binocular	1	11.	Bucket with lid	4
8.	Refrigerator, kerosene	1	12.	Chopping board	2
9.	Scalpel handle	1	13.	Cooking spoons	6
10.	Slides rack	3	14.	Kerosene stove	2

11.	Spirit lamp	1	15.	Utility table	2
12.	Stopwatch	1	16.	Cooking pot (A set of 6)	1
13.	Test tube rack	1	<b>STERILIZATION</b>		
			1.	Bucket autoclave	1
14.	Tray test tube	2	2.	Tape dispenser	1
15.	Tray test tube	2	3.	Scrub brush dispenser	1
16.	Waste receptacle	1	4.	Autoclave tape	1
17.	Microscope cover slides pack of 1000	1	5.	Storage cabinet	2
18.	Bunsen burner	1	6.	Sterilizing drums, set of 3	6
19.	Tripod stand	1	7.	Soap/disinfectant dispenser	1
20.	Wire gauze	1	8.	Nail scrubbing brush, a pack of 12	1
21.	Laboratory glassware	1	9.	Wall clock	1
22.	Blood lancets, a pack of 200	1	10.	Door nameplate	1
23.	Tourniquet	1	<b>CLEANING AND UTILIZATION</b>		
			1.	Brooms	10
24.	Urine dipstick (multistix)	10	2.	Mops	10
26.	Stool specimen bottles, pack of 100	1	3.	Mop buckets	3
27.	Urine specimen bottles, pack of 100	1	4.	Dusters	20
28.	Wall Clock	1	5.	Buckets	10
29.	Door nameplate	1	6.	Aprons	10
30.	Haemoglobinometer (sliding type)	1	7.	Wellington boots	3
<b>DRESSING/ INJECTION ROOMS</b>			8.	Latex gloves	10
1.	Artery forceps (medium size)	2			
2.	Stainless Bowl with stand	1	9.	Kerosene pressure lamp	2
3.	Ceiling fan	2	10.	Hurricane lamp	4
4.	Plastic chairs	2	11.	Apron, utility	8
5.	Stainless covered bowl for cotton wool	1	12.	Flash light – 24 box batteries	4
6.	Dissecting forceps (medium)	2	13.	Nail scrubbing brush, a pack of 12	1

7.	Dressing scissors	2	14.	Fire extinguishers	2
8.	Dust bin (pedal bin)	1	15.	Soapbox	5
9.	Stainless Instrument tray	2		<b>LINEN STORE</b>	
			1.	Linen cupboard	2
10.	Latex gloves (size 7 1/2) pack of 100	1	2.	Pedal dustbin	1
11.	Stainless instrument tray	1	3.	Table	1
12.	Jar, forceps	1	4.	Plastic chair (President)	2
13.	Kidney dish (medium)	2	5.	Bed sheet	32
14.	Long benches	1	6.	Draw sheet	16
15.	Needle holder	2	7.	Pillow case	32
16.	Plastic bowls	1	8.	Bath towel	24
17.	Scalpel blade, a pack of 100, 4 sizes	3	9.	Hand towel	24
18.	Scalpel handle	2	10.	Theatre gown	10
19.	Stainless catheter tray with cover	1	11.	Lithotomy leggings	10
20.	Spencer wells artery forceps	2	12.	Perineal sheet	1
21.	Small sterilizer	1	13.	Standing fan	1
22.	Sponge holding forceps	4	14.	Wall clock	1
23.	Mercurial Sphygmomanometer (Acossons)	1		<b>CONSULTING CUBICLE</b>	
			1.	Ceiling fan	2
24.	Stethoscope	1	2.	Plastic Chairs	3
25.	Stitch removal/suture	2	3.	Stainless covered bowl for cotton wool	2
26.	Stretcher trolley	2	4.	Dustbin	2
27.	Suture needles	1	5.	Examination Couch	1
28.	Syringes & needles (100) 2cc,	5	6.	Hammer, reflex	1
29.	Syringes & needles (100) 5cc	5	7.	Height measuring stick	1
30.	Syringes & needles (100) 10cc	1	8.	Macintosh	2
31.	Table	1	9.	Pen Torch	1
32.	Tape measure	1	10.	Mercurial Sphygmomanometer	1

				(Acossons)	
33	Thermometer, oral	2	11.	Stethoscope	1
34	Thermometer, rectal	2	12.	Snellen's chart	1
35	Tongue depressor	4	13.	Tables	2
36	Scrub brush dispenser	2	14.	Thermometer, oral	2
37	Weighting scale, adult	1	15.	Tongue depressor	6
38	Height measuring stick	1	16.	Weighing scale (child)	2
39	Stainless dressing trolley	2	17.	Bowls stainless steel with stand	1
40	Tourniquet	1	18.	Wall clock	1
41	Pen torch	1	19.	Diagnostic set	1
42	Instrument cabinet	2		<b>STAFF ROOM</b>	
			1.	Examination couch	1
43	Medicine cupboard	1	2.	Chair	5
44.	Wheelchair	1	3.	Table	5
45.	Angle poised lamp	2	4.	Dustbin	2
46.	Filling cabinet	1	5.	Filling cabinet	2
47.	Suction pump	1	6.	Standing fan	1
48	Filling cabinet	1	7.	Refrigerator, kerosene	1
49	Refrigerator, kerosene	1	8.	Wall clock	1
50	Tissue forceps	4		<b>RECORDS</b>	
			1.	Table	2
51	Dressing forceps	4	2.	Plastic chairs	2
52	Sterilizing forceps	4	3.	Safe (daily cash sales)	1
53	Bandage scissors	2	4.	Standing fan	2
54	Soap/disinfectant dispenser	2	5.	Dust bin	1
55	Examination couch	1	6.	Filling cabinet	2
56	Footstep	1	7.	Wall clock	1
57	Swivel stool	1		<b>MALE WARD</b>	

			1.	Angle poised lamp	1
58	Incision and Drainage kit	10	2.	Artery forceps (medium)	2
59	Suture kit	4	3.	Stainless bedpan	2
60	Stainless ear syringe	2	4.	Bowls stainless steel with stand	2
61	Wall clock	5	5.	Ceiling fan	2
	<b>FAMILY PLANNING</b>		6.	Mercurial Sphygmomanometer (Acossons)	6
1.	Ceiling fan	1			
2.	Plastic chairs (president)	2	7.	Covered bowl for cotton wool	2
3.	Stainless covered bowl for cotton wool	1	8.	Cup, medicine, graduated	2
4.	Dissecting forceps	1	9.	Dissecting forceps (medium)	2
5.	Stainless galipot (medium)	1	10.	Dressing scissors	2
6.	Gloves, disposable pack, a box of 100	1	11.	Stainless drinking mug	2
7.	Instrument tray	1	12.	Pedal dustbin	2
8.	Stainless kidney dish (medium)	1	13.	Stainless galipot (medium)	2
9.	Mercurial Sphygmomanometer (Acossons)	1	14.	Latex glove, disposal pack of 100	2
10.	Small size sterilizer	1	15.	Hospital, mattress and Mackintosh	6
11.	Syringes & needles	100	16.	Stainless instrument tray	1
12.	Table	1	17.	Jar forceps	1
13.	Thermometer, oral	1	18.	Kerosene pressure lamp	1
16.	Swivel stool	1	19.	Kidney dishes (medium)	4
17.	Footstep	1	20.	Length measure for babies	1
18.	Screen	1	21.	Mackintosh sheet	6
19.	Stethoscope (Littman)	1	22.	Nursery cots	4
20.	Angle poised lamp	1	23.	Pump, breast, hand rubber bulb	2
21.	IUD Kit	1	24.	Refrigerator	1
22.	Pedal bin	1	25.	Screen	1
23.	Thermometer jar	1	26.	Plastic chairs	1

Methylated spirit - Solution  
Sodium hypochlorite - Solution

#### DERMATOLOGICAL DRUGS

Benzoic acid+salicylic acid  
(Whitfield's) - Ointment  
Benzoyl peroxide - Cream or gel  
Benzyl benzoate - Emulsion  
Calamine - Lotion  
Gentamicin - Ointment  
Methyl salicylate - Ointment  
Neomycin+Bacitracin - Ointment, powder  
Nystatin - Ointment, cream  
Zinc oxide - Ointment

#### DRUGS AFFECTING THE BLOOD

Ferrous salts - Oral liquid, tablet  
Folic acid - Tablet

#### DIAGNOSTIC AGENT

Tuberculin - Injection, PPD

#### DRESSINGS AND MEDICAL DEVICES

Absorbent gauze bandages  
Cotton wool (absorbent)  
Disposable gloves,  
Disposable syringes - 5 mL with needles (19, 21 Gauge)  
Disposable syringes - 2 mL with needles (19, 21 Gauge)

#### EAR, NOSE AND THROAT DRUGS

Chloramphenicol - Ear drops

#### GASTRO-INTESTINAL DRUGS

Hydrocortisone + lidocaine - Suppository  
Hyoscine N-butylbromide - Tablet  
Magnesium Sulphate - Injection  
Magnesium trisilicate - Compound tablet, oral liquid  
Misoprostol - Tablets  
Oral Rehydration Salts  
Senna - Tablet  
Zinc - Oral liquid, tablet

#### HORMONES AND SYNTHETIC SUBSTITUTES

Barrier methods - Condoms with or without spermicide  
Oral contraceptives - Tablet

#### VACCINES

Poliomyelitis vaccine - Oral liquid



Rabies immunoglobulin - Injection  
 Tetanus vaccine - Injection

OPHTHALMOLOGICAL DRUGS

Chloramphenicol - Eye drops, ointment  
 Chlortetracycline - Eye ointment

OXYTOCIC

Oxytocin -  
 Ergometrine - Tablet, injection

PSYCHOTHERAPEUTIC DRUG

Chlorpromazine - Injection

RESPIRATORY DRUGS

Beclomethasone - Inhaler  
 Salbutamol - Tablet, inhaler

VITAMINS AND MINERALS

Ascorbic Acid (vitamin C) - Tablet  
 Calcium gluconate - Injection  
 Calcium salts - Tablet  
 Folic acid - Tablet  
 Vitamin A - Capsule

MISCELLANEOUS

Water for injection - Injection  
 Spatulas

### C. Personnel

·	Medical officer if available	-	1
·	CHO (must work with standing order)-		1
·	Nurse/midwife	-	4
·	CHEW (must work with standing order)-		3
·	Pharmacy technician	-	1
·	JCHEW (must work with standing order)	-	6
·	Environmental Officer	-	1
·	Medical records officer	-	1
·	Laboratory technician	-	1
·	Support staff		
·	Health Attendant/Assistant	-	2
·	Security personnel	-	2
·	General maintenance staff	-	1
·			

### D. Hours of operation:

- 24 hours (Twenty-four hours)
- 

### E. Other Requirements

- Ambulance Vehicle (1)
- Bicycle (1)
- Communication facility; Mobile phone or Communication Radio (1)
- Computer (2)
- Internet services
- Motorcycle (1)
- Small motor boat for the riverine areas (1)
- 

### F. Essential drugs:

The complete Essential Drug List below is to be utilised at this level.

#### Group Formulation

#### ANAESTHETICS, LOCAL

Lidocaine - Topical, injection

#### ANALGESICS

Acetylsalicylic Acid - Tablet

Paracetamol - Oral liquid, tablet

#### ANTI-ALLERGICS

Chlorphenamine - Oral liquid, tablet

Epinephrine (Adrenaline) - Injection

Promethazine - Tablet, oral liquid

#### ANTICONVULSANTS

Diazepam - Injection

Paraldehyde\*\* - Injection

Phenobarbital - Tablet

#### ANTIDOTES

Atropine - Injection  
 Charcoal (activated) - Powder

#### ANTI-INFECTIVE DRUGS

##### Antibacterial drugs

Amoxicillin - Capsule  
 Benzathine Penicillin - Injection

Benzylpenicillin - Injection  
 Co-trimoxazole - Tablet, oral liquid  
 Erythromycin - Tablet  
 Gentamicin - Injection  
 Nitrofurantoin - Tablet  
 Phenoxymethylpenicillin- Tablet  
 Streptomycin - Injection  
 Tetracycline\* - Capsule

##### Antileprosy drugs\*\*

Clofazimine - Capsule  
 Dapsone - Tablet  
 Rifampicin - Capsule or tablet

##### Amoebicide

Metronidazole - Tablet

##### Anthelmintics

Mebendazole - Tablet  
 Praziquantel - Table  
 Pyrantel - Oral liquid, tablet

##### Antifilarial

Diethylcarbamazine - Tablet

##### Antimalarials

Artemether + lumefantrine - Oral liquid, tablet  
 Artesunate - Suppositories  
 Artesunate + amodiaquine - Tablet  
 Quinine\*\*\* - Injection

Pyrimethamine + sulfadoxine\*\*\*\* - Tablet, oral liquid

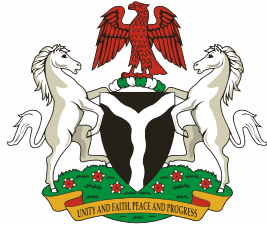
##### Anti-tuberculosis drugs

Ethambutol - Tablet  
 Isoniazid - Tablet  
 Pyrazinamide - Tablet  
 Rifampicin - Capsule, tablet

#### ANTISEPTICS AND DISINFECTANTS

Benzoin - Compound tincture  
 Chlorhexidine - Solution  
 Iodine - Solution





MINISTRY OF HEALTH

