FEDERAL MINISTRY OF HEALTH

NATIONAL GUIDELINES FOR THE INTEGRATION OF ADOLESCENT AND YOUTH FRIENDLY SERVICES INTO PRIMARY HEALTH CARE FACILITIES IN NIGERIA

FEDERAL MINISTRY OF HEALTH

in collaboration with

PLANNED PARENTHOOD GLOBAL
(THE INTERNATIONAL DIVISION OF PLANNED PARENTHOOD FEDERATION OF AMERICA)

NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY (NPHCDA)

NATIONAL GUIDELINES FOR THE INTEGRATION OF ADOLESCENT AND YOUTH FRIENDLY SERVICES INTO PRIMARY HEALTH CARE FACILITIES IN NIGERIA

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Foreword

In recognition of the absence of a framework for adolescent and youth friendly health services (AYFHS) in Nigeria, the Federal Ministry of Health in collaboration with partners developed the *National Action Plan for Advancing the Health and Development of Young People in Nigeria: 2010 -2014*. The action plan stipulates the integration of adolescent and youth friendly health service into the Primary Health Care System as one of the key actions for improving the access of young people to appropriate friendly services.

This document builds on the provision of the Action Plan and provides guidance on how the integration of AYFHS into the existing PHC facilities in Nigeria should be carried out. In this essence, this document provides programme planners, implementers, and health managers at various levels with strategic considerations and broad guidance for initiating and implementing AYFHS within the context of PHCs as an integrated service with the aim of achieving the goals of the National Policy on the Health & Development of Adolescents and Young People in Nigeria. This document has been developed based on a combination of documented evidences about the health situation of Nigerian adolescents, the state of AYFHS in the country and global best practices in ensuring the access of young people to friendly health services in public sector facilities.

This document is highly recommended for use in the various PHC facilities to improve the quality of services and the overall health and development of the teeming adolescents and other young people in Nigeria.

Prof. C.O. Onyebuchi Chukwu

Honourable Minister of Health

Preface

Adolescents and young people represent the hope and future of Nigeria. Yet, this group faces enormous challenges in accessing the services they need to lead healthy and productive lives. Nearly one-third of the Nigerian population is between the ages of 10 and 24; the Nigerian government has recognized the public health implications of marginalizing this group and has passed federal legislation to ensure that their health care needs are met. And yet, at the state and local level, key stakeholders continue to stand in the way of young people's access to sexual and reproductive health (SRH) information and services for fear of promoting promiscuity among the age group. Most services for young persons are provided by non-governmental organisations (NGOs), rather than through the public health care system. The reality remains that grassroots public health facilities possess great potential to sustain youth-friendly SRH services, particularly because these facilities already exist within communities, receive government-support, and are by definition more stable than NGO facilities. Primary Health Centres (PHCs) were instituted to provide the first line of care, including prevention of ill-health among the populace. They constitute the nearest health care facility to the community. PHCs are funded by Local Government Area Councils with a specific annual budget allocation.

A number of policies to address adolescents health and development issues exist: *The National Adolescent Health Policy (1995)*; *The Nigeria National Policy on the Health & Development of Adolescents & Young People in Nigeria* (2007); *The National Strategic Framework on the Health and Development of Adolescents & Young People in Nigeria* (2007) and *The Action Plan for Advancing Young People's Health and Development in Nigeria (2010).* Regrettably, these policy frameworks, plans and efforts do not specifically address the needs of adolescents at the primary level of care in Nigeria. The consequence is the general assumption that the PHCs exist to meet the needs of pregnant women and children under five years of age for antenatal care and immunization services. Strategic interventions that combine community outreach, education, and the provision of high quality, youth-friendly services at the PHC level can prevent unnecessary deaths and life-threatening infections among adolescents and youth.

This national guideline draws upon evidence obtained from surveys, desk reviews and consultations with academics, NGOs, private sector representatives, experts in the field of adolescents and youth, community leaders, youth leaders and other relevant stakeholders.

The integration of AYFHS into PHCs, as presented in this document, builds on four strategic elements: 1) integrated health service delivery, 2)governance and management, 3)youth involvement, and 4)supportive resources and interventions. This document provides a step-by-step approach in implementing integrated AYHFS. It also outlines the minimum package of services for AYFHS in Nigeria, including but not limited to the following service delivery components: clinical preventive services, community-based outreach, treatment/curative services and referral services. The document lays out a three-year action plan to further guide programme implementers and policy makers in the process of integrating AYFS into PHCs in Nigeria.

It is our expectation that the national guideline will provide the NPHCDA operatives nationwide, ample opportunity to learn from a phased implementation that will allow adjustments to suite regional and cultural peculiarities whilst expanding access to adolescent and youth-friendly sexual and reproductive health care services in public primary health care facilities in Nigeria. This allows for a cost effective scale–up nationwide afterwards. I therefore urge all stakeholders to do all that is required to ensure implementation of this guideline at the lowest level of care for the improvement of health and development of adolescents and youth in Nigeria.

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Planned Parenthood Federation of America

Acknowledgements

This document reflects the dedicated efforts of a wide array of stakeholders involved in adolescents and young people's health in Nigeria, including staff of government agencies at the federal and state levels, academics, civil society organisations, individual experts and young people themselves. The Federal Ministry of Health (FMOH) hereby acknowledges, with deep appreciation, the contributions of all organisations and individuals that made the development and production of this important national document a reality.

In particular, FMOH appreciates the technical partnership of Planned Parenthood Global, a division of Planned Parenthood Federation of America, led in Nigeria by Country Director Dr. Francis Eremutha, and the National Primary Healthcare Development Agency (NPHCDA) as well as the funding support from Ford Foundation. FMOH also appreciates the excellent efforts of the consultant, Prof. Adesegun Fatusi, ably supported by Mrs. Bamidele Bello and Dr. Adesola Sangowawa. The secretarial support of the Women Friendly Initiative (WFI) is also appreciated.

The commitment of the officers of the FMOH who were at the driving seat of the initiative was critical to the overall success achieved. In this regard, the tireless efforts of Adolescent and School Health team led by Mr. David Ajagun, Deputy Director, and Dr. Christopher Ugboko, the head of Division of Gender, Adolescent/School Health and Elderly Care (GASHE) are specially recognised. Finally, the input of our young people, whose experiences, perspectives and voices helped to practically shape this document, is deeply appreciated.

Acronyms and Abbreviations

AFHS	Adolescent Friendly Health Services
AHD	Adolescent Health and Development
AIDS	Acquired Immune Deficiency Syndrome
AYFHS	Adolescent and Youth Friendly Health Services
AYHFO	Adolescent and Youth Health Focal Officer
BCC	Behaviour Change Communication
CHEW	Community Health Extension Worker
COPAD	Community Program Advisory Board
CSOs	Civil Society Organisations
FMOH	Federal Ministry of Health
HMIS	Health Management Information System
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
IDPs	International Development Partners
IEC	Information, Education, and Communication
LGA	Local Government Authority
NGO	Non-Governmental Organisations
M & E	Monitoring and Evaluation
MSPHCN	Minimum Standard for Primary Health Care in Nigeria
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	Research and Training Institutions
SADDO	State Adolescent and Development Desk Officer
SMOH	State Ministry of Health
SMOI	State Ministry of Information
SPHCDA	State Primary Health Care Development Agency
TWG	Technical Working Group
VDC	Village Development Committee
WDC	Ward Development Committee
WHO	World Health Organisation
WMHCPN	Ward Minimum Health Care Package in Nigeria
YAG	Youth Advisory Group
YFHS	Youth Friendly Health Services
YP	Young People

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1. INTRODUCTION

1.1. Background

The primary aim of this document is to provide a framework for the integration of AYFHS into the existing PHCs in Nigeria. The development of this document was informed by evidence from national studies that have documented the poor availability and inadequate state of adolescent and youth friendly health services (AYFHS).[1,2] The document was developed in the context of the *National Action Plan for Advancing the Health and Development of Young People in Nigeria*.[3] The Action Plan stipulates the integration of AYFHS into the primary health centre (PHC) system as one of key actions for improving the access of young people to appropriately friendly services.

AYFHS are facility-based services that effectively attract adolescents and youth, provide a comfortable and appropriate setting for serving them and responsively meet their needs, as well as succeed in retaining these young clients for continuing care.[4] From a quality perspective, the World Health Organisation (WHO) indicates that such services must be equitable, accessible, acceptable, appropriate and effective.[5]

A WHO Technical Working Group has defined integration as "the organisation, coordination, and management of multiple activities and resources to ensure the delivery of more efficient and coherent services in relation to cost, output, impact, and use (acceptability)"[6]. In the context of this document, and with a focus on the integration of AYFHS into PHC, integration is regarded as a process whereby services are offered to young people in PHC settings as an integral component of care and part of routine activities of public health facilities in such a way that it is of high technical quality and meets the expectation of young

[1] Federal Ministry of Health, Nigeria. 2009. Assessment Report of the National Response to Young People Sexual and Reproductive Health in Nigeria, Federal Ministry of Health, Abuja, Nigeria.
[2] Planned Parenthhood Global, Federal Ministry of Health & National Primary Health Care Development Agency. Assessment of the Status of Youth Friendly Services in Primary Health Care Centres in Six Geopolitical Zones and Abuja, Nigeria
[3] Federal Ministry of Health, Nigeria. 2009. National Action Plan for Advancing the Health and Development of Young People in Nigeria
[4] Focus on young adults. (1999) Making reproductive health services youth-friendly
[5] WHO, 2002. Global Consultation on adolescent-friendly health services
[6] World Health Organisation HIV, FP/RH, MNCH Technical Working Group, March 2011

people resulting in increased efficiency and effectiveness of services. In this context, young people get the care they need in PHC settings in Nigeria, when they need it, in ways that are user-friendly and that achieve the desired results and provide value for money and other resources. The goals are to: holistically address the different but often related health and development needs of young people; significantly improve the health outcomes of young people in the most efficient way; and achieve sustainable health impact through efficient and interoperable health policies, programs and organisations, support systems, services, and health promoting behaviours.

The National Primary Health Care Development Agency (NPHCDA) currently classifies PHC facilities in Nigeria into three categories[7]: (i) Primary Health Centres; (ii) Primary Health Clinics; and, (iii) Health Posts. The Minimum Ward Health Care Package (MWHCP) specifies[8] the provision of adolescent health services at only the Primary Health Centres and Primary Health Clinics: thus, the integration of AYFHS into PHC system is to be carried out in these two categories of facilities – Primary Health Centres and Primary Health Clinics. The Primary Health Centre has the political ward as the basis/focus of its operations and covers 10,000 – 20,000 population, while the service delivery area for Primary Health Clinic is group of settlements/neighbourhood, villages or communities and its estimated coverage population is 2,000 – 5,000.

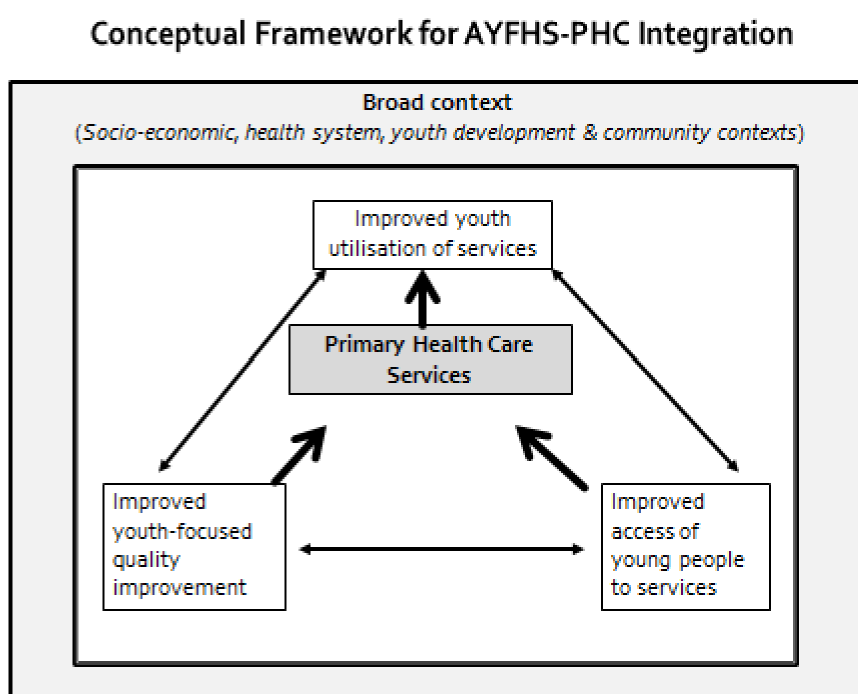
Specifically, the MWHCP includes adolescent counselling in the health interventions to be delivered at the Primary Health Care Clinics, and both counselling and treatment of common ailments among adolescents for the Primary Health Centres. Both type of facilities, however, are mandated to offer several other services that can be utilised by young people with different needs as their statutory health interventions cover the following: (a) control of communicable diseases (malaria, tuberculosis, sexually transmitted infections (STIs), including HIV/AIDS, (b) child survival, (c) maternal and newborn care, (d) nutrition, (e) non-communicable disease prevention, and, (f) health education and community mobilisation. The integration of services is designed to enable young people to utilise and benefit appropriately from as many of the PHC service interventions as they need.

[7] National Primary Health Care Development Agency (2007). Ward Minimum Health Care Package 2007-2012.
[8] National Primary Health Care Development Agency. Minimum Standards For Primary Health Care In Nigeria

This document identifies three pillars for providing AYFHS in an integrated form within the Nigerian PHC system:

- Improvement of the quality of services for young people
- Expansion of young people's access to health services
- Increasing and appropriate utilisation of services by young people

Figure 1: Conceptual Framework for AYFHS Integration into PHCs in Nigeria



This document has been developed based on a combination of documented evidences about the health situation of Nigerian adolescents and state of AYFHS in the country, critical analysis of the scientific literature on young people's health and service provisions, review of the Ward Minimum Health Care Package and the Minimum Standards For Primary Health Care In Nigeria, expert opinions, and lessons learned from field experiences. Among others, it benefitted from the technical insight and comments of the National Working Group on Adolescent Health and Development, representing diverse group of experts on adolescent health in Nigeria.

2. STRATEGIC COMPONENTS OF THE FRAMEWORK

The framework consists of guidance on the following elements (Integrated health services delivery

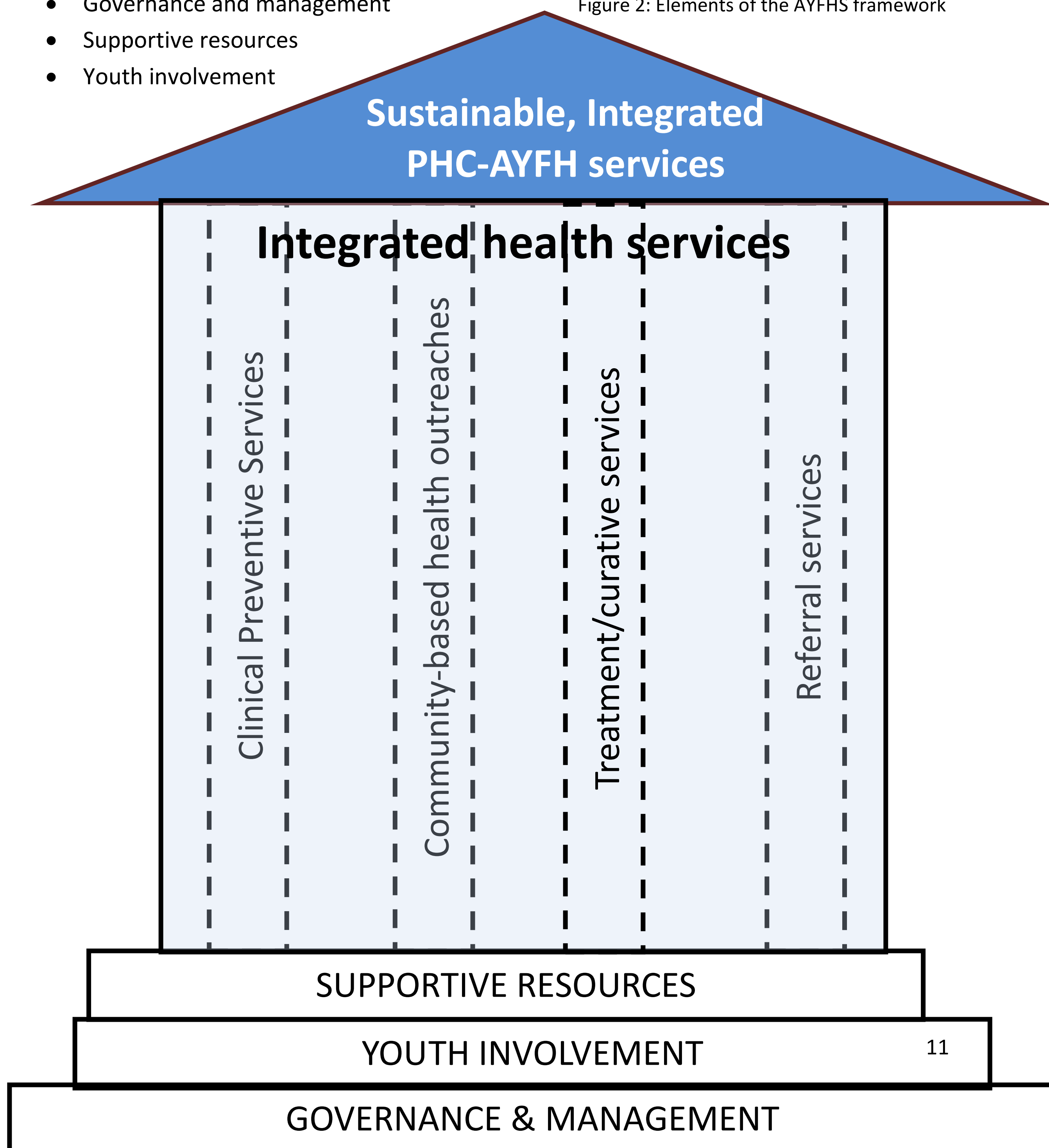
- Governance and management
- Supportive resources
- Youth involvement

Figure 2: Elements of the AYFHS framework

):

- Integrated health services delivery
- Governance and management
- Supportive resources
- Youth involvement

Figure 2: Elements of the AYFHS framework



2.1. Integrated health service delivery

Four groups of services will be offered as the core of the integrated package of services for adolescents and youth in Nigeria. These are: clinical preventive services, community-based outreaches, treatment/curative services, and referral services. These services have their basis in the NPHCDA Minimum Package of Services, and conform to global best practices. The services that are expected to be offered under each category are listed under the section on Minimum Package of Services (Section 3.3).

A. Clinical preventive services

The clinical preventive services aim to ensure the health and well-being of adolescents and youth by offering relevant preventive services, including health monitoring, health information and behaviour change communication, immunisation services, counselling services and mental health assessment.

B. Community-based health outreach services

Community outreach is important in expanding access of young people to health promotion activities and, in the spirit of PHCs, meets the demand for taking services directly to young people where they live and engage in daily vocations such as schools. School health services are particularly crucial in this regard, and the AYFHS team will conduct regular outreaches to schools in their catchment areas at least once a month as well as explore opportunities to build linkage with the school-based Family Life and HIV Education (FLHE) programmes. Outreach programmes must also target out-of-school adolescents and youth as well as reach out to communities where there are no PHC facilities. Community outreach to reach parents/guardians and community stakeholders will also be carried out regularly at defined periods, using appropriate community-based media and forums.

C. Curative and clinical management services

These services are primarily aimed at ensuring restoration of health and well-being, and prevention of adverse outcomes and complications. They include history-taking, physical

assessment, management of common complaints/problems among young people (such as menstrual health problems: treatment of sexually transmitted infections; and, treatment of minor injuries and accidents), pregnancy-related care (antenatal services, delivery of uncomplicated pregnancies, basic emergency obstetric care, post-natal services and post-abortion care); and common mental health related problems such as anxiety and adjustment challenges.

D. Referral to other services and service providers as necessary

The PHC level of care provides basic health services, and would need to refer more challenging clinically-related cases to higher level of care. Since the needs of adolescents and young people are also not limited to health challenges, there will be the need to refer clients to other appropriate adolescent/youth-servicing facilities, 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 will be important to compile a list of such facilities/organisations and identify their areas of comparative competence, niche and strength so as to benefit maximally from relationships with them. It is also important to have formal relationships and terms of engagement with such facilities and organisations. Among others, strengthening/establishing two-way referral linkages with secondary healthcare facilities is crucial as part of continuity of services. Appropriate counselling should be given to adolescents and youth being referred to ensure that they are properly motivated to comply with the referrals.

2.2. Governance and management

A. Governance /programme management framework and accountability structure

Establishing appropriate governance/management structure, which fits into the PHC structure and is embedded with the local context of programming is essential as a foundation for success and sustainability. The aim of governance will be to ensure that the Local Government Authority (LGA) focuses sufficient effort towards the YFHS, including provision of needed resources, and make certain that programme implementation is on

track to produce desired results. The LGA PHC Coordinator will have the oversight for the programme in line with his/her statutory responsibilities. Ideally, the LGA should designate a LGA Adolescent and Youth Health Focal Officer (AYHFO) who will be the programme manager and provide supervision to the health facilities. He/she will be at the driver seat for the LGA's AYFHS initiative.

In line with the *National Policy on the Health and Development of Young People in Nigeria*, the LGA will have a Technical Working Group on Adolescent Health and Development, which will be headed by the Head of Administration of the LGA and assisted by the LGA PHC Coordinator. The LGA AYHFO will be the secretary of the Working Group. Other important sectors such as youth and development, education, women affairs and social development will be represented appropriately in the Working Group. The representative(s) of the Association of School Heads (primary and secondary), religious groups and young people themselves will be part of the group. The group will provide technical oversight and advice to advance the AYFHS initiative and review progress report from the programme manager on quarterly basis. The Working Group will also serve as an advocacy group for young people's health and development issues. At least one third of the members of the TWG shall be young people; approximately half of the young people will belong to each sex to ensure that considerations and decisions are gender-responsive.

At the ward and facility level, a Community Programme Advisory Board (COPAB) will be established. The core of the COPAB will be the members of the Development Committee — Ward Development Committee (WDC) at the level of the Primary Health Centre and Village Development Committee (VDC) in the case of Primary Health Clinic—with young people who constitute the Youth Advisory Group (YAG). Thus, the YAG will be a sub-unit of COPAB, and will serve as a platform for the programme manager to consult with young people and harvest their ideas and inputs into truly building effective and responsive AYFHS. All members of the YAG must be within the ages of 10 and 24 years. The Board will serve as a medium for community and youth inputs into AYFHS implementation and will be a voice for demanding quality services from health and related facilities. The strengthening of the WHDC, as a critical accountability structure, is important in the process.

B. Monitoring and evaluation

Monitoring and evaluation are important elements in programme management, and need to receive appropriate focus and emphasis to ensure that the provision of services is on track to achieve desired results. Available health systems management tools shall be modified to ensure they can capture the socio-demographic information and issues of young people appropriately. The programme will centrally develop additional complimentary tools where there is need for such to ensure that appropriate indicators can be generated for the AYFHS. The tools will adopt simple formats to promote their use and will be integrated into the regular Health Information Management System (HMIS). Each facility will be required to submit information about its youth-related services to the LGA HMIS officer, with a copy to the AYHFO. As part of the monitoring system, the State Adolescent and Development Desk Officer (SAHDDO) will be required to conduct quarterly visits to the LGAs to provide supportive supervision. For sustainability, the supervisory visit will be integrated in nature, covering beyond AYFHS to accommodate other related health fields. A standard tool will be used in service monitoring.[9]

Research, in a way, is integral to the monitoring and evaluation systems. Relevant research shall be carried out as part of the AYFHS activities, drawing on both primary and secondary data, to document activities, outcome and impact of the integrated services. Priority will be given to building capacity for research as well as to the design and implementation of action-oriented, operations and implementation research that would further strengthen the implementation of AYFHS and its impact.

2.3. Youth Involvement

The involvement of young people in health programming is an essential element in AYFHS: such involvement makes the design of services more acceptable and responsive to the needs of young people as well as improves the potential of the services to attract more peers. The programme will explore a number of mechanisms to involve young people, including the following:

[9] WHO's quality assessment guidebook can be suitably adapted as AYFHS monitoring instruments

- Establishment of Youth Advisory Group that will make inputs into service design and other service/programme-related issues
- Training and engagement of young people as community-based AYFHS promoters and peer educators
- Engagement of young people as volunteers in the health facilities

2.4. Supportive Resources and Interventions

Appropriate human, material and financial resources as well as robust managerial system and related interventions in the areas of advocacy and demand creation are important to successful AYFHS programming.

A. Human resources development

Building capacity for AYFHS delivery is a key ingredient for delivering quality and appropriately friendly services to young people. The following training shall be priorities:

i. Training-of-Trainers

The strategy for sustainability in the area of capacity building is to facilitate the development of effective state training teams, which will consist of about five people for each state. States will identify potential trainers based on defined criteria. The state trainers will participate in a central two-week training-of-trainers training to build their capacity to undertake all the training needed in the state. The training will cover theoretical issues about adolescent health, hands-on counselling training, and practical clinical exposure and community outreaches, and training methodologies. The state trainers will conduct their first state-level training with support from national-level experts.

ii. Training for State and LGA Programme and Facility Managers

A five-day orientation programme on AHD and AYFHS, focusing on programme management, will be conducted for State and LGA focal officers and PHC Coordinators. The training will build on the programme already initiated by the Adolescent and School Health Unit of the Department of Family Health, Federal Ministry of Health to build the capacity of SAHDDOs. The training will focus on improving their knowledge of AHD and AYFHS

programme management issues. It will also equip them with skills to be able to sensitise various groups of health workers within their focal facility and LGA.

iii. Training for Clinic Service Providers

Health workers will be trained in AYFHS using the national training manual and the national service delivery protocol. The training will be for six days and will cover theoretical issues about adolescent health, counselling and clinical care.

iv. Training for Community-based AYFHS promoters

A three-day training programme will be organised for Community Health Extension Workers and Community Resource Persons, including Youth Peer Promoters, who will be involved in outreach programmes in the community.

v. Orientation for health facility leaders, and selected LGA and state stakeholders

A one-day sensitisation on AYFHS will be designed and implemented for the head of facilities, executives of health workers' union, members of the Local Government Service Commission and other selected and key stakeholders.

B. Facility structure, infrastructure, materials, and processes

Improving the quality of services is fundamental in ensuring that PHC facilities meet the desired standard of offering high-quality services in an environment that is appealing, acceptable and welcoming to young people. In structural terms, the service facilities must be physically attractive, provide young people with required privacy (both auditory and visual), and assure them of desired confidentiality, among others. In this wise, appropriate and simple modifications shall be made as deemed necessary to make the services acceptable to young people in terms of physical appearance, explicit policies, and operation mode. The emphasis is not on putting up new facility structures; rather, new structures will be an exception and expensive structural modifications shall be discouraged except where it is deemed to be absolutely necessary. Premium will be placed on having separate waiting room for young people where possible, which can be created by simple partitioning. Administrative procedures will also be altered as deemed relevant, and in consultation with Youth Advisory Groups; such could include separate time for consultation for young people,

speed-up process in waiting time, use of purposely designed consultation cards and effective use of information, communication technology (e.g. booking appointment online or through text messages).

Each facility will subscribe to specific standards in terms of package and quality of service[10]. A national consultative process, involving wide categories of stakeholders, will be useful to build consensus on the proposed minimum services. As part of promoting quality, and drawing from the experiences of successful health programmes in Nigeria and elsewhere, specific logo representing the AYFHS shall be adopted and awarded for public display to facilities meeting nationally-set quality standards.

Health facilities will also be strengthened in terms of information, education and communication materials, information, communication technology (ICT) and essential commodities, including basic drugs and contraceptive commodities. Also, facilities will be strongly encouraged to have games for young people, for example, various indoor games.

C. Advocacy and social mobilisation

The aim of the advocacy agenda is to create enabling environment for AYFHS by securing the support of relevant stakeholders and ensuring improved political will, development and implementation of supportive policies, as well as mobilisation of required resources. The advocacy efforts will involve sensitisation of stakeholders, one-on-one or group-targeted activities, and lobbying. In that regard, advocacy is critical for the smooth and sustainable integration of AYFHS into the PHC and for delivering quality services to young people. Creating such an enabling environment is critical to AYFHS delivery because of the several factors and forces that influence both the vulnerability of young people to health risks and their ability to access needed services. These complex factors include: social, economic and political forces, on the one hand, and the health system and its service delivery on the other hand. In this context, three levels of stakeholders will be targeted.

[10] Discussions are ongoing as at the time that this document is being finalized to develop national standards and a minimum package of service for young people in Nigeria. If that process is yet to produce a definitive outcome at the take-off of the implementation of the PHC-AYFHS, it will be important to take practical steps to develop a set of programme standards that will guide implementation in the immediate period.

- *Primary stakeholders*: Parents/guardians and community stakeholders (including religious and traditional leaders, leaders of women, men and youth groups) shall be reached through a combination of communication-related interventions to educate them on the importance of AYFHS and elicit their support and contributions.
- *Secondary stakeholders:* Health workers and other service providers (including teachers of FLHE), health facility leaderships, and relevant professional groups where necessary, shall be targeted to win their support. The support of the head of primary health care facilities will be essential to driving the process of integration at the service delivery points, and ensuring continued monitoring of the quality of services. Youth-serving CSOs functioning at the LGA or community level shall also be targeted with advocacy efforts to secure their support as required and build relevant partnership. Media practitioners shall also be broadly targeted and efforts shall be made to build partnership with media organisations to positively influence the environment.
- *Key stakeholders:* The support of policy makers at LGA and state government levels will be crucial to ensure success. Since PHC is under the jurisdiction of the LGA, specific advocacy efforts shall be targeted at the LGA Chair, the Supervisory Councillor for Health, the LGA Head of Administration, and the PHC Coordinator/Medical Officer of Health. At the state level, the leadership of the Local Government Service Commission and the State Primary Health Care Development Agency (SPHCDA) as well as the Commissioners for Health, Women Affairs, Youth and other line ministries shall be specially targeted. In addition, critical federal level agency will also be a special focus of advocacy activities, particularly the leadership of the National Primary Health Care Development Agency, the MDG office under the Presidency, and leadership of the Family Health Department of the Federal Ministry of Health (which houses the School and Adolescent Health Unit), and the National Technical Working Group on Adolescent Health and Development. International Development Partners with primary interest in Adolescent and Youth Health issues will also receive due attention in the advocacy efforts.

Based on the above, the implementation of the advocacy component of this strategic plan will, therefore, take place at two levels:

- *Programme level*: The programme level activities will be aimed at the immediate social and health service delivery environment, including stakeholders and groups at the local level. Some state level activities that will directly impinge on programme delivery will also take place at this level. The activities at this level shall be shaped by the local factors, players and resources.
- *Strategic level*: The activities at this level shall be cross-cutting in terms of geographical coverage, and will focus mostly on key policy makers at state and federal levels. The strategic level activities will preferably be driven by NPHCDA and FMOH.

Conceptually, the activities under the advocacy component would include stakeholders' analysis, development of functional advocacy plan, development of advocacy materials, deployment of advocacy materials through relevant forums, advocacy visits, stakeholders meeting, and community dialogues. Creation of the "AYFHS brand" will be given special attention as part of advocacy and sensitisation activities; for this purpose, AYFHS logo will be developed, nationally launched, vigorously promoted. The logo will publicly displayed as a mark of availability of quality services for young people by facilities that have met desired national AYFHS standards.

D. Demand creation[11]

Demand creation will aim at improving young people's knowledge of, and motivation to use AYFHS, with the goal of engendering appropriate health seeking behaviour to improve their overall health and well-being. Communication intervention using multi-media approach will be employed in this respect to get information to young people in a friendly way and influence positive attitude and behavioural change in respect of health-seeking behaviour. The specific activities will be determined locally to ensure youth appeal, local relevance as well as cultural sensitivity to the programme environment. Conceptually, the activities may include development of functional behaviour change communication (BCC) plan,

[11] A demand creation framework for youth-friendly services is being developed and will complement this document.

development and distribution of IEC materials, community and school outreaches, health talk, publications, and school debates.

3. IMPLEMENTATION STEPS

3.1. Key Implementation steps

The following sequence is recommended for the implementation of activities for establishing the AYFHS in an integrated manner within the PHC system (Table 1). It is important, however, to note that while the steps presented shows a logical link between the activities and their sequencing, it is by no mean suggestive that one step must be completed before the other begins as many activities can be started simultaneously. The steps highlight more of the output, rather than processes, as the process may need to be initiated far ahead of the time when the output is realised. For example, advocacy efforts at all levels would be preceded by the development of relevant advocacy tools. The distribution of Information, Education and Communication (IEC) materials would be similarly preceded by design and development of relevant materials. Secondly, while the activities are designed within the primary health care level, there will be need for supportive actions at national and sub-national levels for some of the activities. Step 1, which focuses on establishing standards and minimum package of services, is an activity that needs to be done centrally. In addition to advocacy efforts at the community and LGA levels, advocacy should also be carried out at higher levels (federal and state) to further strengthen advocacy and related activities at the local levels.

Table 1: Sequential steps in integrating AYFHS within the PHC system in Nigeria

Steps	Key Action
Step 1	Build consensus on minimum AYFHS package ***centrally*** and disseminate to primary health facilities where they should be prominently displayed.
Step 2	Advocate to stakeholders for their support and buy-in for the integration of AYFHS into existing PHC services.
Step 3	Establish governance/management framework and strengthen accountability structure at LGA and community levels to provide input for the creation and management of AYFHS at the PHC level.
Step 4	Select the "model" PHC facilities (rural- and urban-based) to be used in rolling out

the programme in phases with active participation of young people and consultation with other stakeholders.

Step 5 Conduct rapid facility assessment to determine the capacity and readiness of the facilities for AYFHS, and determine relevant amendments to be made to the facility structures and processes to enable them meet relevant standards and provide effective AYFHS.

Step 6 Undertake site preparations, including relevant modifications of the physical structures of the health facilities and service delivery schedules.

Step 7 Develop and implement human capacity development plan, including training of PHC staff, youth volunteers, community mobilizers and other community resource persons.

Step 8 Develop/adapt and supply user-friendly job aids, policies and guidelines, including clinical service protocol, to health facility and service providers to assist them in providing quality AYFHS.

Step 9 Compile information on other available and relevant adolescent and youth-related services within the LGA/community and initiate partnership for the purpose of referrals and network.

Step 10 Establish/strengthen the mechanism for Management and Evaluation (M&E) and research promotion, including the health management information system (HMIS), to strengthen the tracking, reporting and provision of feedback to service providers on coverage, accessibility and quality of AYFHS.

Step 11 Develop and implement programme communication plan to publicise the AYFHS service and create demand among young people and their significant others using relevant IEC and BCC approaches.

Step 12 Undertake the public launch of the PHC-integrated AYFHS with the support of stakeholders at all levels.

3.2. Details of the Implementation Steps

Lead agency	Key Partners	Outputs	Implementation Duration	Remarks
Step 1: Build consensus on minimum AYFHS package *centrally* and disseminate to primary health facilities where they should be prominently displayed				
NPHCDA	FMOH	National minimum service	3 months	Efforts to build

Lead agency	Key Partners	Outputs	Implementation Duration	Remarks
	Young People CSOs IDPs	package for AYFHS at PHC level approved and disseminated		consensus on national standards on-going as at the time of developing this document
Step 2: Advocate to stakeholders for their support and buy-in into integrating AYFHS into PHC services				
LGA health department SPHCDA/SMOH	Youth groups CSOs	Community structures mobilised, educated and lobbied to accept and support the provision of AYFHS at the PHC level	Continuous	
Step 3: Establish governance/management framework and strengthen accountability structure at LGA and community level to provide input for the creation and management of AYFHS at PHC level				
LGA health department	SPHCDA/ SMOH CSOs, WDC/VDC, Community institutions	Governance/management framework established and community accountability structure at PHC level strengthened to support creation and management of AYFHS	1 month for the establishment of the management framework and strengthening of accountability structure Functioning and strengthening of structure continuous	WDC/VHC is a critical accountability structure ; The governance /management framework include designation of the LGA program manager, and setting up of the LGA TWG & YAG; Active involvement of young people is critical
Step 4: Select the "model" PHC facilities (rural- and urban-based) to be used in rolling out the programme in phases with active participation of young people and consultation with other stakeholders				
LGA health department	Young people/YAG WDC/VDC CSO SPHCDA/ SMOH	"Model" PHC facilities selected with active participation of young people to serve as AYFHS delivery site	1 month	Young people should play frontline role in the process, while other stakeholders provide relevant support.
Step 5: Conduct rapid facility assessment to determine the capacity and readiness of the facilities for AYFHS, and propose relevant amendments to be made to the facilities structures and processes to enable them meet relevant standards and provide effective AYFHS				
LGA health department	CSOs SPHCDA/ SMOH	Capacity gaps and needs of PHC facilities documented, with relevant recommendations made for improvement	2 months	Participatory method should be used in which the YAG will be represented and actively participate
Step 6: Undertake site preparation, including modification of the physical structures of the health facilities and service delivery schedules				
LGA authorities	SPHCDA/	PHC physical facility and	2-3 months	The National

Lead agency	Key Partners	Outputs	Implementation Duration	Remarks
(Chair, Supervisory Councillor for Health, Head of Administration, PHC Coordinator)	SMOH NPHCDA	operations re-structured to attract young people and provide comfort, privacy and quality services to them		Standard and Minimum Service Package should serve as a guide for the process; Involvement of people, through the YAG, is fundamental
Step 7: Develop and implement human capacity development plan, including training of PHC staff, youth volunteers, community mobilizers and other community resource persons				
LGA health department	TWG YAG CSOs SPHCDA/ SMOH	PHC staff and other relevant youth-focussed workers trained in AYFHS delivery.	6 weeks for the development of the plan; 1st set of training should be carried out before the launch of the programme: Refresher training to take place at least once in 3 years	Training should be carried out using national training manual (or its adaptation) to ensure uniform standard; Training should be conducted by trained/qualified/ certified resource persons
Step 8: Develop/adapt and supply user-friendly job aids, policies and guidelines, including clinical service protocol, to health facility and service providers to assist them in providing quality AYFHS				
LGA health department	FMOH SPHCDA/ SMOH CSOs IDPs	AYFHS-focused user-friendly job aids, policies and guidelines produced and distributed to health workers and facilities.	2 months initially and continuously afterwards	The job aids should be produced both in electronic and hard copies (including loading on authorised websites) to ensure easy, cost-effective and wide dissemination; Every trained provider must be provided the National Service Protocol during the training; Every facility must have the job aids publicly displayed and available to all health workers
Step 9: Compile information on other available and relevant adolescent and youth-related services within the LGA/community and initiate partnership for the purpose of referrals and network				
LGA health department	SPHCDA/ SMOH CSOs	Compendium/ compilation of adolescent and youth focused services and youth-serving organisations	1 month initially, and continuously updated afterwards	The compendium should include services provided by CSOs, and both

Lead agency	Key Partners	Outputs	Implementation Duration	Remarks
		available by type, location and contact information of key service providers		health and non-health related adolescent and youth-focused services; Primary linkage and strong partnership should be established with the school-based FLHE and school health services
Step 10: Establish/strengthen the mechanism for M&E and research promotion, including the health management information system (HMIS), to strengthen the tracking, reporting and provision of feedback to service providers on coverage, accessibility and quality of AYFHS				
LGA health department (HMIS unit)	SPHCDA/ SMOH CSOs IDPs	Monthly service statistics submitted as well as quarterly and annual programme reports available, feedback provided to service providers and used for service improvement Operation and implementation research conducted to improve service delivery and utilisation	3 months initially and continuously afterwards	Relevant modifications to existing HMIS instrument to address AYFHS concerns to be carried out at federal or state level; The AYFHS M& E process should be appropriately integrated into the routine HMIS process Data quality, demand and use analysis should be carried out periodically on AYFHS-related data
Step 11: Develop and implement programme communication plan to publicise the AYFHS service and create demand among young people and their significant others using relevant IEC and BCC approaches				
LGA health department	Young people/YAG SPHCDA/ SMOH Media outfits CSOs	IEC materials developed and disseminated BCC campaign carried out	2 months intensive phase at the beginning, and continually afterwards	Diverse media relevant to young people, their parents/guardians and other relevant stakeholders should be use, including print IEC materials, electronic media, community-based outreaches, mobile phone and social

Lead agency	Key Partners	Outputs	Implementation Duration	Remarks
				media
Step 12: Undertake the public launch of the PHC-integrated AYFHS at the LGA with active support of stakeholders at all levels				
LGA	SPHCDA/ SMOH NPHCDA FMOH IDPs CSOs	Official public launch of PHC-integrated AYFHS	1-day (at each level)	Official launch to take place at LGA/ community level (and also at federal and state level at appropriate time)

3.3. Minimum package of services for AYFHS in Nigeria

The minimum package of AYFHS in the context of PHC for Nigeria includes the elements described below, both in terms of the core services and the supportive resources and facilities. It is important to note that for a facility to be declared to have a standard AYFHS, it must first meet the standard/requirement stipulated in the MWHCP for its level of service.

3.3.1. Core Preventive and Treatment Services

A. CLINICAL PREVENTIVE SERVICES

- Health monitoring (such as risk assessment and counselling)
- Provision of health information and behaviour change communication activities
- Immunisation services relevant for young people
- Provision of skilled counselling on key adolescent and youth health concerns, including pubertal concerns, sexual and reproductive health, nutrition, substance use, mental health, violence prevention
- Provider-initiated HIV counselling and testing
- Provision of contraceptive counselling and services, including emergency contraceptive services
- Promotion of nutrition education to young people
- Community mental health services, including mental health education and counselling on substance abuse prevention
- Advice and counselling on oral care

B. COMMUNITY-BASED HEALTH OUTREACH SERVICES

- At least one outreach to schools monthly
- Periodic and regular community mobilisation for adolescent health

C. TREATMENT/CURATIVE SERVICES

- History-taking, risk assessment, and physical assessment
- Management of menstrual health problems and related pubertal concerns
- Treatment of sexually transmitted infections
- Treatment of common health problems
    - Fever
    - Diarrhoea
    - Respiratory infections
    - Skin diseases
    - Worm infestation
- Treatment of minor accidents
- Pregnancy-related care
    - Antenatal services
    - Delivery of uncomplicated pregnancies
    - Basic emergency obstetric care
    - Post-abortion care
    - Post-natal services
- Basic laboratory services

D. REFERRAL TO OTHER SERVICE PROVIDERS AS NECESSARY

- Effecting referrals for all cases above the level and following up (two-way referral)
- Counselling and motivation for referral

3.3.2. Supportive Resources and Facilities

The following facilities should be in place to support the integrated AYFHS:

A. HUMAN RESOURCES

- Minimum of two nurses/midwives/nurse-midwives trained in AYFHS
- Minimum of one Community Health Extension Worker (CHEW) orientated in AYFHS

B. INFRASTRUCTURE AND MATERIALS

- Specifically-designated room or service delivery point for adolescent services
- Publicly displayed materials indicating that AYFHS are available and young people are welcomed
- Clinical protocols for AYFHS
- Job-aids including flowchart for the treatment of common health problems
- Television and video/CV/DVD player
- IEC materials on young people's health concerns such as posters and take-home educational materials such as handbills

C. INVOLVEMENT OF YOUNG PEOPLE AND OTHER STAKEHOLDERS

- Volunteer young people working with health facility
- Young advisory group that meets at least once monthly
- Existence of functional WDC or VDC

D. HEALTH MANAGEMENT INFORMATION SYSTEM

- Availability of adolescent and youth-oriented HMIS materials
- Monthly generation of AYFHS data to LGA HMIS officer

4. ACTION PLAN

STRATEGIC GOAL: Integration of adolescent- and youth-friendly health services into existing primary health care

4.1. Integrated Service Delivery

Strategic intervention	Component activities	Level of implemen-tation	Responsible Agency/unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
4.1.1 Build consensus on service standards	Undertake stakeholders' consultation	Federal	NPHCDA	FMOH NAHWG	X												Consensus document on AYFHS standards available	Copy of the consensus document on AYFHS standards
4.1.2 Clinical preventive services	(i) Development of preventive services guidelines	Federal	NPHCDA	FMOH NAHWG		X	X										AYFHS preventive services guidelines available	Copy of the AYFHS preventive services guidelines
	(ii) Development of job aids	Federal	NPHCDA	FMOH NAHWG		X	X										AYFHS job aids available	Copy of AYFHS job aids
	(iii) Provide adolescent & youth clinical preventive services	LGA & Community	Health facilities	LGA NPHCDA FMOH			X	X	X	X	X	X	X	X	X	X	Number of young people who accessed AYFHS clinical preventive services	Record of services/ HMIS
4.1.3 Community-based health outreaches	(i) Develop work plan for school health services	LGA & Community	Health facilities	LGA Local school authority SMOE SMOH			X	X	X	X	X	X	X	X	X	X	Number of work plans developed	Copy of the work plan
	(ii) Undertake	LGA	Health	LGA			X	X	X	X	X	X	X	X	X	X	Number and %	M & E report

Strategic intervention	Component activities	Level of implemen-tation	Responsible Agency/unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
	school health visits regularly		facilities	Local school authority													of schools where school health services was provided at least once monthly	Progress report
	(iii) Liaise with school-based family life and HIV/AIDS education (FLHE) to offer co-curricular and/or extra-curricular activities	LGA	Health facilities	LGA Local school authority SMOE SMOH			X	X	X	X	X	X	X	X	X	X	Number and % of schools offering FLHE with participation of health sector Number of activities in which the health service collaborated in FLHE	Progress report Monitoring report
	(iv) Develop relevant materials for community health outreaches	LGA	Health facilities	Commu-nity groups			X	X	X	X	X	X	X	X	X	X	Number of AYHS IEC materials developed per year	Progress report
	(v) Undertake periodic & regular community outreaches for young people and their significant others	LGA	Health facilities	Commu-nity groups CSOs			X	X	X	X	X	X	X	X	X	X	Number of community outreaches for young people and their significant others	HMIS Progress report
4.1.4 Curative & Clinical management services	(i) Distribute National Clinical Protocol to PHC facilities	Federal State LGA Community	NPHCDA SMOH SMOE LIE	Training & Research institu-			X	X	X	X	X	X	X	X	X	X	Number of National Clinical Protocol distributed to	Progress report Store stock card

Strategic intervention	Component activities	Level of implemen-tation	Responsible Agency/unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
				tions (TRIs) NYSC CSOs IDPs													health facilities Number (& %) of PHC facilities with National Clinical Protocol	Supervisory reports Research reports
	(ii)Provide commodities and materials for services in line with minimum standard	LGA	LGA				X	X	X	X	X	X	X	X	X	X	Number and types of equipment distributed Number and %of facilities with specific equipment	Stock card Supervision report Research reports

4.2. Governance and Management

Strategic intervention	Component activities	Level of implement-ation	Responsible Agency/unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
4.2.1 Production and distribution of Guidelines	(i) Produce the Guidelines	Federal State LGA	FMOH, NPHCDA, SMOH, LGA PHC Dept	Ford Foundation PP Global	X												Final copy of Guidelines	Copy of Guidelines
	(ii) Launch the Guidelines	Federal State LGA	FMOH, NPHCDA, SMOH, LGA PHC Dept	Ford Foundation PP Global Media	X												Number and level of launch	Record of events
	(ii) Distribute the Guidelines in electronic & hard copy (printed) forms	Federal State LGA	FMOH, NPHCDA,	Inter-national Development Partners (IDPs) CSOs	X	X	X	X	X	X	X	X	X	X	X	X	Number of Guidelines distributed by states % of PHC that has the Guidelines	Progress report Survey/ monitoring reports
4.2.2. Strengthen Management & Coordination of integrated AYFHS-PHC	(i) Establish LGA AHD Technical Working Group (TWG)	LGA State	LGA PHC Dept Local Govt Service Commission (LGSC)	Other LGA youth-related depts. Other youth-serving organisat	X	X											% of LGAs with LGA TWG established	Progress report

Strategic intervention	Component activities	Level of implement-ation	Responsible Agency/unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
				ions														
	(ii) Designate LGA desk officer for AHD	LGA	LGA PHC Department		X	X											% of LGAs with AHD desk officers designated	Progress report Supervisory report
	(iii) Establish Community Programme Advisory Board (COPAB) & Youth Advisory Group (YAG)	LGA	LGA PHC department	Commun ity leaders & youth		X	X										Proportion of facilities with COPAB per LGA Proportion of facilities with YAG established	Progress report
	(iv) Monitor the activities of TWG, COPAB, YAG	LGA	SPHCDA	CSOs	X	X	X	X	X	X	X	X	X	X	X	X	% of TWG & COPAB meeting at least twice yearly % of YAG consulted by programme at least twice a year	Minute of meetings of TWG, COPAB, YAG, Progress reports
4.2.3. Strengthen Monitoring & Evaluation (M&E)	(i) Develop M&E plan	LGA	LGA health department	LGSC		X	X										M&E plan available	Copy of M&E plan
	(ii) Review & revise HMIS, and checklist for supervisory visits	Federal	NPHCDA	SPHCDA LGA PHC Dept CSOs	X	X	X										Number of HMIS, supervisory & monitoring	Copy of the revised HMIS, supervisory & monitoring checklists and tools

Strategic intervention	Component activities	Level of implement-ation	Responsible Agency/unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
	& other monitoring tools			IDPs													checklists and other tools revised for AYFHS	
	(iii) Orientate HMIS Officers in revised tools	LGA	NPHCDA LGA health department	SPHCDA CSOs IDPs				X	X	X		X				X	Number of HMIS officers orientated	Progress report Training report
	(iv) Collect routine data collection and collate results from stakeholders on AYFHS	LGA	LGA health department	LGA AHD Focal Officer PHC Coord.			X	X	X	X	X	X	X	X	X	X	Number (and %) of PHC facilities that submitted AYFHS data to LGA	Progress report Report of data collated
	(v) Conduct supportive supervision quarterly	LGA	LGA health department	SPHCDA			X	X	X	X	X	X	X	X	X	X	Number of monitoring visits conducted per year	Supervision reports
	(vi) Conduct quarterly data analysis & reporting	LGA	LGA HMIS Unit LG PHC Coordinator	LGA AHD Focal Officer SPHCDA			X	X	X	X	X	X	X	X	X	X	Number of quarters per year for which data analysis was carried out	Reports of quarterly data analysis
	(vii) Conduct annual programme review/evaluation	LGA	SPHCDA	NPHCDA LGA PHC Dept IDPs				X				X				X	Number of programme review/ evaluation carried out	Reports of programme review/evaluation
	(viii) Produce annual report based on HMIS and other data	LGA	LGA Health Department (PHC Coordinator & AHD Focal	SPHCDA				X				X				X	Number of reports produced annually	Copy of annual programme reports

Strategic intervention	Component activities	Level of implement-ation	Responsible Agency/unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
			Officer)															
	(ix) Disseminate report to TWG and other stakeholders	LGA State	LG PHC Coordinator	NPHCDA SMOH IDPs CSOs	X	X	X	X	X	X	X	X	X	X	X	X	Number of reports distributed Number and categories of report recipients	Distribution list Progress report
4.2.4. Strengthen research relevant to service delivery	(i) Define research agenda for advancing AYFHS	LGA State Federal	NPHCDA SPHCDA	IDPs CSOs TRIs LGA Health Dept			X	X	X	X	X	X	X	X	X	X	Number and types of research agenda developed	Copy of AYFHS priority research agenda
	(ii) Fund AYFHS implementation, operation and action research	LGA State Federal	NPHCDA SPHCDA	IDPs TRIs Private Org. LGA Health Dept			X	X	X	X	X	X	X	X	X	X	Number and type of AYFHS research conducted annually	Research reports
	(iii) Disseminate result of relevant research for use by stakeholders	LGA State Federal	NPHCDA SPHCDA	IDPs TRIs Private Org. LGA Health Dept			X	X	X	X	X	X	X	X	X	X	Number and categories of research report recipients	Distribution list

4.3. Youth Involvement

Strategic intervention	Component activities	Level of implement-tation	Responsible Agency/Unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
4.3.1 Involvement of young people in AYFHS programme management structures	Recruit young people into the membership of the programme management bodies	LGA & health facility	LGA PHC Department	Young people Comm-unity Stake-holders	X	X	X	X	X	X	X	X	X	X	X	X	% of TWG with at least 1/3 of membership made up of young people % of health facilities with Youth Advisory Group (YAG) % of YAG consulted at least twice annually by Focal Officers	Minute of TWG meeting Progress report Progress report & reports of YAG
4.3.2. Build capacity of young people for AYFHS delivery	Train young people (YP) in AHD issues	LGA & health facility	LGA PHC Department	Young people Comm-unity Stake-holders State trainers	X	X	X	X	X	X	X	X	X	X	X	X	% of LGAs that have trained young people for service delivery	Progress report Training report
4.3.3 Involvement of young people in	(i) Engage youth in facility-based	LGA & health	LGA PHC Department	Young people	X	X	X	X	X	X	X	X	X	X	X	X	% of health facilities	Report of facility survey

Strategic intervention	Component activities	Level of implement-tation	Responsible Agency/Unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
service delivery activities	service activities	facility		Comm-unity Stake-holders													involving young people as volunteers in facility service provision Type of services offered by youth volunteers in facilities	Supervisory reports
	(ii) Engage young people in community-based AYFHS activities	LGA	LGA & health facility	Youth and other communi ty stake-holders	X	X	X	X	X	X	X	X	X	X	X	X	% of health facilities involving youth volunteers in facility service Type of services offered by youth volunteers in facilities	Facility survey report Progress report

4.4. Supportive Resources and Interventions

Strategic intervention	Component activities	Level of implemen-tation	Responsible Agency/Unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
Human resources development																		
4.4.1 Training of health workers	(i) Conduct 2-week training of trainers training for state AHD trainers	Federal	FMOH NPHCDA	National trainers SMOH IDPs		X	X	X									Number of health workers trained by sex	Training Reports
	(ii) Conduct 5-day training in AHD programme management for LGA-level programme managers	State	SPHCDA/ SMOH	State trainers LGSC NPHCDA FMOH			X	X	X	X	X	X	X	X	X	X	Number of health workers trained by sex	Training Reports
	(iii) Conduct 1-week training for Clinical Service Providers	State/LGA	SPHCDA/ SMOH	State trainers LGSC NPHCDA FMOH			X	X			X			X			Number of health workers trained by sex	Training Reports
	(iv) Conduct 3-day training for community-based AHD promoters, including YP	LGA	LGA PHC Department	State trainers CSOs TRI			X	X			X						Number of health workers trained by sex	Training Reports

Strategic intervention	Component activities	Level of implemen-tation	Responsible Agency/Unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
4.4.2 Sensitise strategic state & LGA stakeholders (including religious and traditional leaders, and civil society groups) on AYFHS	Organise sensitisation seminar for strategic state & LGA stake-holders	LGA/State	NPHCDA SMOH LGA PHC coordinator	Ford foundati on Other IDPs					x	x	x	x	x	x	x	X	Number and categories of stakeholders who participated in sensitisation seminar by	Progress Reports Report of sensitisation seminar
4.4.3 Supply training-related materials to trainees & facilities	Supply training manual, clinical protocol and related job aids for AYFHS to trainees and facilities	Federal, State, LGA	FMOH NPHCDA SPHCDA/ SMOH LGA PHC Department						X	X	X	X	X	X	X	X	Number (and %) of PHC facilities with training manual Number (and %) of PHC facilities with clinical protocol Number (and %) of PHC facilities with other types of job aids	Distribution report
Facility structure, infrastructure, materials, and processes																		
4.4.4 Structural modification for AYFHS purpose	Designate/ renovate part of existing PHC facilities to address the minimum standards for AYFHS	LGA	LGA Health Department	LGA leader-ship SPHCDS IDPs CSOs, Private Organ-	X	X											Number and % of PHCs that met the minimum infrastructure standards for AYFHS	Programme reports Facility survey reports

Strategic intervention	Component activities	Level of implemen-tation	Responsible Agency/Unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
				isations														
4.4.5 Strengthen clinical processes and commodity management	(i) Procure and supply consumables, materials and equipment facilities for PHC	State and LGA	NPHCDA SMOH LG				X	X	X	X	X	X	X	X	X	X	Number of PHC facilities meeting national standard in term of facilities	Progress report Field monitoring reports Facility surveys/ research reports
	(ii) Develop/ Adapt modified HMIS tool to capture relevant AYFHS information	Federal State	NPHCDA	SPHCDA LGA PHC Dept CSOs IDPs	X	X	X										Number and % of PHC facilities with revised HMIS tools for AYFHS	Progress report Supervisory reports Research reports
	(iii) Modify service time and other administrative procedures to make facilities more youth-friendly	LGA Health facilities	LGA health department	Head of health facilities SPHCDA	X	X	X										Number and % of PHC facilities with modified procedures meeting national standard	Progress report Field monitoring reports Research reports
Advocacy & Social Mobilisation																		
4.4.6. Create and popularise the AYFHS brand	(i) Design logo and supportive advocacy tools for national AYFHS initiative	Federal	NPHCDA	SPHCDA LGA health dept.			X	X	X	X	X	X	X	X	X	X	Logo and number and types of advocacy tools developed	Availability of logo, advocacy tools developed

Strategic intervention	Component activities	Level of implemen-tation	Responsible Agency/Unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
	(ii) Launch and publicise the national AYFHS logo	LGA State Federal	NPHCDA	SPHCDA LGA health dept.			X	X	X	X	X	X	X	X	X	X	Availability of the AYFHS logo % increase in the number of stakeholders who are aware of the logo	Availability of the logo Survey report
4.4.7. Advocate to, and sensitise stakeholders to support AYFHS	(i) Undertake advocacy & sensitisation activities for primary stake-holders	LGA Community	LGA health department	SPHCDA SMOH SMOI NOA NPHCDA Media	X	X	X	X	X	X	X	X	X	X	X	X	Number and types of advocacy & sensitisation activities Number and type of stakeholders reached with advocacy efforts (by type of activities)	Progress Reports
	(ii) Undertake advocacy & sensitisation activities for secondary stake-holders	State LGA Community	SPHCDA LGA health department	SMOI NOA NPHCDA Media	X	X	X	X	X	X	X	X	X	X	X	X	Number and types of advocacy & sensitisation activities Number and type of stakeholders reached with advocacy efforts (by type of	Progress Reports

Strategic intervention	Component activities	Level of implemen-tation	Responsible Agency/Unit	Key partners	Year 1				Year 2				Year 3				Indicators	MOV
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
																	activities)	
	(iii) Undertake advocacy & sensitisation activities for key stakeholders	Federal State LGA Community	SPHCDA LGA health department	SMOI NOA NPHCDA Media	X	X	X	X	X	X	X	X	X	X	X	X	Number and types of advocacy & sensitisation activities Number and type of stakeholders reached with advocacy efforts (by type of activities)	Progress Reports
	(iv) Disseminate reports/minutes of meetings of management bodies	LGA	LGA health department	SPHCDA			X	X	X	X	X	X	X	X	X	X	Number of members receiving minutes	Minutes of meetings
Demand creation[12]																		

[12] Details of key activities for demand creation is available in the complimentary “Demand creation framework for youth-friendly services”

APPENDIX 1: Required National Minimum Resources and Infrastructure for Primary Health Clinics in Nigeria[13]

A. Building and Premises:

- A detached building with at least five 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 sanitary 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 enclosed by a fence
- 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 appropriate for young people
- Counselling room or corner for young people
- Basic laboratory facilities

B. Furnishing

- Benches - 8
- Chairs - 10
- Cupboards - 2
- Curtains for windows and doors - all
- Delivery bed - 1

[13] National Primary Health Care Development Agency. Minimum Standards For Primary Health Care In Nigeria. The Minimum Standards For Primary Health Care integration to YFHS already exist and do not require additional cost implication

- 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*
- Refrigerator - 1
- 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

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

- Geo Style Vaccine Carriers (GSVC) - 2
- Ice Packs - 4 per GSVC

D. Personnel trained in AYFHS

- Midwife or Nurse Midwife - 2
- Community Health Extension Worker (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)
- Recreational facility (at least indoor games)
- Adapted HMIS tools

H. Essential drugs

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

Group		Formulation
I. ANAESTHETICS, LOCAL		
Lidocaine	-	Topical, injection
II. ANALGESICS		
[*]Acetylsalicylic Acid	-	Tablet

[*] Not for children

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

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* Marked for deletion

[**]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

[**] Not recommended for children and pregnant women

[*] Intramuscular, for pre-referral treatment only

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

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 - Ear drops

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/Emergency contraceptives - Tablet

APPENDIX 2: Required National Minimum Resources and Infrastructure for Primary Health Centres in Nigeria[14]

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
- Recreational facility

The building should have sufficient rooms and space to accommodate;

- Waiting/Reception areas for Child Welfare, ANC, Health Education and ORT corner
- Waiting room/reception area that is appropriate for young people
- Staff station
- 2 consulting rooms
- Adolescent counselling/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.
- Be connected to the national grid and provided with alternate power sources.

[14] National Primary Health Care Development Agency. Minimum Standards For Primary Health Care In Nigeria The Minimum Standards For Primary Health Clinics for integration to YFHS already exist and do not require additional cost implication

Furnishing and Medical equipment

S/N	Item description	Qty	S/N	Item Description	Qty
	FEMALE WARD			**INFANT AND CHILD WELFARE**	
1.	Angle poised lamp	1	1.	Basket with lid for ORS	2
2.	Artery forceps (Medium)	4	2.	Ceiling fan	1
3.	Bed pan (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.	Dust bin (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.	Dust bin (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 name plate	1
				FIRST STAGE ROOM	

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 dust bin	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
	LABOUR		13.	Mercurial Sphygmomanometer (Acossons)	1
1.	Artery forceps (Medium)	4			
2.	Bed pan, 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, 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.	Dust bin (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, 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, box of 12	1	34	Wall clock	1
23.	Needle holder	2	35	Door name plate	1
24.	Scalpel blade, pack of 100, 4 sizes	3		**ANTENATAL/INTERVIEW ROOM**	
			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.	Dust bin	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, 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, 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, pack of 100	20
49	Urinary catheter	3	26.	ANC gowns for patients	50
50	Umbilical cord clamp, pack of 100	1	27.	Wall clock	1
51	Drip stand	2	28.	Door name plate	1
52	Suture kit	1		**NUTRITION**	
			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	Auvard's speculum	1	4.	Knives	4
	LABORATORY		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 wit 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.	Stop watch	1	16.	Cooking pot (A set of 6)	1
13.	Test tube rack	1		**STERILIZATION**	
			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, pack of 12	1
21.	Laboratory glass ware	1	9.	Wall clock	1
22.	Blood lancets, pack of 200	1	10.	Door name plate	1
23.	Tourniquet	1		**CLEANING AND UTILIZATION**	
			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 name plate	1	6.	Aprons	10
30	Haemoglobinometer (sliding type)	1	7.	Wellington boots	3
	DRESSING/ INJECTION ROOMS		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, pack of 12	1
7.	Dressing scissors	2	14.	Fire extinguishers	2

8.	Dust bin (pedal bin)	1	15.	Soap box	5
9.	Stainless Instrument tray	2		**LINEN STORE**	
			1.	Linen cupboard	2
10.	Latex gloves (size 71/2) pack of 100	1	2.	Pedal dust bin	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, 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		**CONSULTING CUBICLE/HEALTH SERVICE ROOM FOR YOUNG PEOPLE**	
			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.	Dust bin	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 (Acossons)	1

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		**STAFF ROOM**	
			1.	Examination couch	1
43	Medicine cupboard	1	2.	Chair	5
44.	Wheel chair	1	3.	Table	5
45.	Angle poised lamp	2	4.	Dust bin	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		**RECORDS**	
			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	Foot step	1	7.	Wall clock	1
57	Swivel stool	1		**MALE WARD**	
			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
	FAMILY PLANNING		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, box of 100	1	11.	Stainless drinking mug	2
7.	Instrument tray	1	12.	Pedal dust bin	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.	Foot step	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
24.	Bowls stainless steel with stand	1	27.	Spoon, measure	2

25.	Stainless instrument trolley	1	28.	Standing fan	1
26.	Gynae couch	1	29.	Littman stethoscope	1
27.	Auvards speculum	1	30.	Stitch removal/suture scissors	1
28.	Tenaculum forceps	1	31	Syringes & needles (100) 2cc,	5
29.	Kick about	1	32	5cc	5
30.	Wall clock	1	33	10cc	1
31	Door name plate	1	34	Tables	1
	OTHERS		35	Tape measure	1
1.	Communication facility; e.g. mobile phone or radio	1	36	Thermometer, oral	2
2.	Motorcycle	1	37	Thermometer, rectal	2
3.	Bicycle	6	38	Tongue depressor	2
4.	Solar Refrigerator	1	39	Tourniquet	1
			40	Vaginal speculum, Sims, set of 3	2
			41	Weighing scale	1

B. Personnel trained in AYFHS

- 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

C. Hours of operation:

- 24 hours (Twenty-four hours)

D. 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 riverine area (1)

E. 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

* Not recommended for children and pregnant women

** Marked for deletion

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

Methylated spirit - Solution

Sodium hypochlorite - Solution

DERMATOLOGICAL DRUGS

Benzoic acid+salicylic acid

(Whitfield's) - Ointment

*** Intramuscular, for pre-referral treatment only
**** for Intermittent presumptive treatment of malaria

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

Emergency contraceptives

HIV post-exposure prophylaxis

VACCINES

Poliomyelitis vaccine - Oral liquid

Rabies immunoglobulin - Injection

Tetanus vaccine - Injection

OPHTHALMOLOGICAL DRUGS

Chloramphenicol - Eye drops, ointment

Chlortetracycline - Eye ointment

OXYTOCIC

Oxytocin -

Ergometrine - Tablet
Ergometrine - 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

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