



DEFINITION OF AYFHS

Adolescent and youth-friendly health services (AYFHS) are health care services designed to be responsive to the unique needs and preferences of adolescents and youths. According to WHO, AYFHS are characterized as accessible, acceptable, equitable, appropriate, and effective, playing a crucial role in promoting positive health outcomes for young people during a key stage of their development.

Nigeria defines quality AYFHS as those that promote "a healthy life and optimal development for all adolescents and young people in Nigeria and [a] successful transition toward a healthy, active, productive, successful, and fulfilled adulthood."

Sources: Making health services adolescent friendly 2012; National Policy on the Development of Adolescents and Young People in Nigeria 2021-202

OVERALL POLICY FOCUS



ADOLESCENT HEALTH STATISTICS

Adolescent Population:

53,224,049 total

Source: UNICEF Adolescent Data Portal, Nigeria

Population Share:



24% of the total population

Year of Data: 2023

Birth Rate:



per 1,000 adolescent girls

Leading Causes of Death:



1. Road injury 2. Diarrhoeal diseases

3. Tuberculosis

4. Meningitis 5. HIV/AIDS

Male

Leading Causes of Death:



1. Diarrhoeal diseases

2. Maternal cond. 3. Tuberculosis

4. Meningitis

5. Road injury

Female

POLICY ALIGNMENT WITH GLOBAL AYFHS QUALITY STANDARDS

Based on a desk review of publicly available national adolescent health policies, compared against WHO quality standards for adolescent health services.









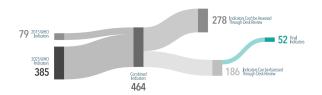






0-19 20-39 40-59 60-79 80-100 % of indicators met under each quality standard

METHODOLOGY



Developed through a desk review of publicly available adolescent health policies, this fact sheet focuses on how countries operationalize AYFHS through national policies and guidelines. For quality standards, we referred to the 2015 and 2025 WHO Global Standards for Quality AYFHS and initially extracted 464 indicators. We then excluded 278 indicators. We then excluded 278 indicators that could not be assessed through a desk review. The remaining

indicators were grouped by similarity, with repetitive content streamlined for clarity. This process resulted in a final set of 52 indicators, organized into 7 quality standards. All analyzed policies were sourced from the WHO SRMNCAH National Policy Document Repository. Please see the next page for the specific policies referenced in developing these indicators. indicators.

NIGERIA

INDICATORS ACROSS AYFHS QUALITY STANDARDS











ADOLESCENT PARTICIPATION & EMPOWERMENT

Ascertains policies and structures that encourage adolescent involvement in service design and feedback. It further includes healthcare education on adolescent specific care, the development of age-appropriate materials, and ensuring confidentiality and consent.

- 1.1 Providers are trained on adolescent development, providing developmentally appropriate healthcare, and navigating adolescents through adult healthcare systems.
- 1.2 Policies exist to engage adolescents in service planning, monitoring, and
- $1.3\ Community\ health\ services,\ outreach\ workers,\ and\ schools\ provide\ health\ education\ to\ increase\ health\ literacy\ for\ adolescents.$
- 1.4 Policies exist to protect adolescent confidentiality and provide feedback.
- $1.5\ Age-appropriate\ education\ materials\ are\ provided\ that\ describe\ the\ transition\ process\ and\ allow\ for\ feedback.$
- 1.6 Consent policies are consistent with national laws and the UNCRC.

INCLUSIVE, SAFE, & RESPECTFUL CARE

Measures policies that ensure providers are trained and employ non-discriminatory practices and trauma-informed approaches when managing adolescent health. It focuses on involving vulnerable groups in planning and evaluation, implementing training and orientation for providers, and utilizing digital and non digital tools for culturally adapted services.

- 2.1 Policies exist to ensure providers provide equitable health services that respect adolescent's rights with no discrimination.
- 2.2 Policies exist that ensure providers are trained to provide confidential care.
- $2.3\,\mbox{Policies}$ exist that make certain services free and allow adolescents to book appointments with no barriers.
- 2.4 Vulnerable groups are involved in the designing and evaluating of health services and certain aspects of provision.
- $2.5~\mathrm{A}$ system exists for healthcare providers to enhance skills in adolescent health and engage in further education.
- $2.6\,\text{Staff}$ receive orientation on job functions, roles, and policies concerning adolescent health and common health problems.
- 2.7 Policies mandate trauma-informed supportive approaches by all staff.
- 2.8 Health services leverage digital and non-digital tools to provide culturally adapted health literacy materials.

ADOLESCENT-CENTERED SERVICE & CARE COORDINATION

Outlines the implementation of comprehensive and culturally-sensitive services tailored to meet the individual needs of adolescent patients. These indicators measure procedures that address comprehensive services, robust referral systems, and healthcare training protocols in order to address local concerns of privacy and confidentiality in adolescent healthcare.

- 3.1 Policies define required health services and provide health info, counselling, diagnostic, treatment and enable its provision in health and community settings.
- 3.2 Policies establish a referral tracking system within and outside the health sector and a registry of referral partners with communication protocols
- 3.3 Policies for services that are free at the point of use, allowing appointments without financial oversight.
- 3.4 Services are designed to customize a multidisciplinary, preventative assessment for each adolescent's unique health needs.
- 3.5 Providers are trained regularly on adolescent-centred care practices, as well as key adolescent health issues.
- 3.6 The health service deliver culturally adapted package of services that includes mental, sexual, nutritional health, and substance use interventions.
- $3.7\,$ The health service educates on SRH, including gender-based violence, substance use, and mental health that acknowledges cultural norms/taboos.
- 3.8 Policies dictate the age of transition, address common concerns and ensure confidentiality, and incorporate education.
- 3.9 The health service integrates all health, legal, and social needs into adolescent care through coordination across disciplines.
- 3.10 The health service adopts evidence-based standards for adolescent health, codesigned with their community.

FAMILY & COMMUNITY ENGAGEMENT

Measures the extent to which healthcare providers provide the necessary tools and education to caregivers on adolescent health care services, ensuring patient confidentiality while also facilitating resources and opportunities for outreach that encourage community engagement in culturally appropriate ways.

- 4.1 Providers are trained to provide caregiver-focused materials to parents/guardians about adolescent development and the value of health services.
- 4.2 Policies encourage outreach activities and involvement of trained outreach workers in cultural communication and community engagement.
- 4.3 Formalized joint referral pathways and data-sharing agreements with organizations for effective and confidential referrals.
- 4.4 Policies ensure confidentiality and consent, defining situations when family involvement is necessary and when adolescents can make decisions independently.

FACILITY CHARACTERISTICS

Defines policies for maintaining adequate supplies, up-to-date technology, and accessible healthcare environments for adolescents. It covers resource management, provider training in various settings, and adherence to clinical guidelines to support comprehensive and

- 5.1 Policies define min. stock requirements for common medications and resources, ensuring supplies are in adequate quantities.
- 5.2 Budgets consider purchasing up-to-date technology, such as tele-health devices
- 5.3 Providers are trained to work in non-traditional health settings (e.g., schools, workplaces, and tele-health platforms).
- $5.4\,\text{\AA}$ system of procurement, inventory, maintenance and safe use of the equipment necessary to deliver the required package of services is in place.
- 5.5 Supply management policies exist to transport equipment, check expiration dates and condition of resources, and collect feedback on supply adequacy.
- 5.6 Policies require providers' obligations and adolescents' rights are clearly displayed in the health facility.
- 5.7 Clinical guidelines, operating procedures, and algorithms on adolescent care exist, covering key areas such as chronic illness, SRH, mental health, and substance use.
- 5.8 Policies exist to ensure physical accessibility for all to healthcare service facilities.

PROVIDERS' COMPETENCIES

Measures whether providers have the necessary skills and training to deliver high-quality, adolescent-friendly care. It ascertains policies for ongoing education, privacy protection, transition support, and adherence to best practices to create a safe, supportive, and effective healthcare environment for young people.

- 6.1 Staff are trained on the importance of privacy and consent, how to securely collect data, and maintain a non-judgemental and non-discriminatory environment.
- 6.2 Primary healthcare providers are trained to identify when adolescents are at risk of disengagement, and how to address this.
- 6.3 Providers are trained in transition, treatment adherence, and self-management. It is tailored to developmental stages and is available to adolescents and families.
- 6.4 Policies exist to provide adolescents training on navigating adult healthcare systems, maintaining privacy, and reporting safeguarding issues.
- $6.5~\mathrm{A}$ system of continuous professional education that includes an adolescent health-care component is in place to ensure lifelong learning.
- 6.6 Policies exist to ensure providers and staff have the competencies required to practice as an adolescent health provider.
- 6.7 Structured transition programs are in place that support adolescents in transition and train staff on supporting them through the process.
- 6.8 Policies exist to evaluate healthcare providers' adherence to clinical guidelines and identify areas for improvement, including customer feedback

DATA & QUALITY IMPROVEMENT

Covers policies that focus on the use of data to improve the quality of AYFHS services. It aims to illustrate whether providers are trained in proper data collection, self-assessment tools exist, and whether data is regularly reviewed and integrated into AYFHS services.

- 7.1 Health services collect data on service utilization, disaggregated by age, sex, and other relevant socio-demographic factors.
- 7.2 Providers are trained in data collection, analysis, and interpretation to inform quality improvement.
- 7.3 Self-assessment tools for monitoring the quality of adolescent health services are in place and are regularly used
- 7.4 Mechanisms are in place to track patient feedback while linking supervision to quality improvement priorities identified through data analysis.
- 7.5 Mechanisms are in place to recognize, and reward high-performing providers.
- 7.6 Reports on adolescent satisfaction and quality of care are generated.
- 7.7 Health service have access to updated, evidence-based resources on adolescent

SOURCES: NATIONAL POLICY ON THE HEALTH AND DEVELOPMENT OF ADOLESCENTS AND YOUNG PEOPLE IN NICERIA. 2020-2024; National Strategic Framework on the Health & Development of Adolescents & Young People in Nigeria 2007-2011; Nigeria National Standards & Minimum Service Package for Adolescent & Youth-Friendly Health Services 2018; National Child Health Policy 2018; National Guidelines on Promoting Access of Young People to Adolescent & Youth-Friendly Services in Primary Health Care Facilities in Nigeria 2013; KANCARCO MOTHER CARE (KMC) OPERATIONAL GUIDELINES 2021; National Guidelines and Tools on Maternal, Perinatal and Child Deaths Surveillance and Response (MPCDSR) in Nigeria 2022; National guidelines of Healthcare for those who have experienced Gender based violence; National Guidelines for Comprehensive Newborn Care 2021; National Training Manual for the Health & Development of Adolescent Ryoung People in Nigeria 2011; National Guidelines for the Integration of Adolescent and Youth Friendly Services into Primary Health Care Facilities in Nigeria 2013; Essential Medicines List 2020; National Health Insurance Authority Guidelines 5023.

CONTACT: adlab@worldbank.org











