



NATIONAL POLICY ON THE HEALTH & DEVELOPMENT OF ADOLESCENTS & YOUNG PEOPLE IN NIGERIA



Federal Ministry of Health, Nigeria 2007

**NATIONAL POLICY
ON THE HEALTH & DEVELOPMENT OF
ADOLESCENTS & YOUNG PEOPLE
IN NIGERIA**

First Revision

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Foreword

The need to specifically address the health and related issues of young people has been globally recognised. There is now clear consensus that addressing the health and development needs of the adolescents and other young persons will not only benefit the young people but the entire society. Among others, promoting and protecting the reproductive health of young people enhances their potentials and eventual development into healthy, responsible and productive adulthood and parenthood.

Young people, internationally defined in the health development circle as 10-24 years, comprises about a third of the Nigerian population. They represent a vital segment and are subjected to a wide range of factors, including biological, physiological, and psycho-social factors as well as influenced by various contextual factors within the wider environment. While generally healthy, young people are prone to risky behaviours that may compromise their health and development. Evidently, as available statistics globally and nationally show, many adolescents and other young people stand at high risk of death from AIDS and unsafe abortion as a result of risky sexual behaviour. Other risk behaviours also predispose them to severe trauma and mental problems. The need to prevent these problems and to effectively address them when they occur is paramount to national development, hence the importance of developing a national policy that will provide a national platform for effective development of programmes and interventions.

Nigeria has shown an increasing trend of commitment to the health and development of her young people. The development of the first

National Adolescent Health Policy in 1995 underscores the recognition of the needs of young people by the government and peoples of Nigeria and their commitment to ensuring optimal development of this crucial population group. Various developments have taken place in the adolescent health and related fields in the more than one decade of the development of the first policy. These changes need to be recognised and addressed in the context of a policy framework, to enable the country to continue to address the health and development of young people in an appropriate manner and to ensure that interventions are evidence-based, up-to-date, relevant and effective. This reviewed policy, now titled 'National Policy on the Health and Development of Adolescents and Young People in Nigeria' also takes due cognisance of the commitments of the nations in the larger development dimensions as reflected by the National Economic Empowerment Strategy (NEEDS), the commitment to the achievement of continental agreements and the Millennium Development Goals (MDGs).

The policy development process was highly consultative - involving a large group of stakeholders at various levels therefore represents the collective yearnings and aspirations of the Nigerian governments and peoples with regards to the health and development of her young people. While thanking all involved in this policy review and development process, it is my hope that the implementation of the policy will attract the same level of commitment on the part of everyone as the continuous input of all stakeholders is crucial to the successful implementation of the policy.

The Federal Ministry of Health, on her part, is fully committed to her role as outlined in this policy and I appeal to all our partners to also play their parts accordingly. I also seize this opportunity to note the immense support of the Enabling HIV & AIDS, TB and Social Sector Environment Project (ENHANSE/USAID Nigeria) to the policy review process.

I urge all who are in position to make use of this policy or benefit from the programmes generated from it to give their best to ensure that necessary changes and improvements are effected in the health and development status of our adolescents and other young persons, thereby securing a better future for them and a brighter tomorrow for our nation.

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

Prof Eytayo Lambo
Honourable Minister of Health

Acronyms

ARH	Adolescent Reproductive Health
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSOs	Civil Society Organisations
DCDPA	Department of Community Development and Population Activities
FBOs	Faith-Based Organisations
FLHE	Family Life and HIV&AIDS Education
FMOH	Federal Ministry of Health
FRSC	Federal Road Safety Corps
GAR	Gross Attendance Ratio
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
LGA	Local Government Area
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
NACA	National Agency for the Control of AIDS
NAHDWG	National Adolescent Health and Development Working Group
NAPTIP	National Agency for the Prohibition of Traffic in Persons and Other Related Offences
NAR	Net Attendance Ratio
NARHS	National HIV&AIDS and Reproductive Health Survey
NARHWG	National Adolescent Reproductive Health Working Group

NDHS	Nigeria Demographic Health Survey
NDLEA	National Drug Law Enforcement Agency
NEEDS	National Economic Empowerment and Development Strategy
NEPAD	New Partnership for Africa's Development
NGO	Non-governmental Organisation
NPHCDA	National Primary Health Care Development Agency
OVC	Orphans and Vulnerable Children
PoA	Programme of Action
SMOH	State Ministry of Health
SRH	Sexual and Reproductive Health
VVF	Vesico-Vaginal Fistula
WHO	World Health Organisation
YPHD	Young People's Health and Development

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1. Introduction

Adolescence is a period of transition from childhood to adulthood. Adolescents constitute a distinct population group with specific needs and concerns, and thus merit special focus and attention within the national development framework, hence, the need for specific policy that will provide a platform for effective programme actions.

The recognition of this need for specific policy and programme focus in Nigeria led to the development of the first National Policy on Adolescent Health in 1995. The policy defined adolescents as individuals between the ages of 10 and 24 years, thereby covering the category defined by the World Health Organisation as young people. The policy identified major areas of adolescent health care needs and described broad strategies for intervention in the following areas: sexual behaviour; reproductive health; nutrition; accidents; drug abuse; career and employment; parental responsibilities and social adjustment; and education. Between 1995 and 2006, several important changes have occurred in the area of adolescent health and development nationally and internationally, which has necessitated a revision of the policy to reflect the new realities.

In 1999, Nigeria held a National Adolescent Reproductive Health Conference, reflecting the increased focus on adolescent reproductive health (ARH) based on Programme of Action (PoA) of the International Conference on Population and Development (ICPD). One of the outcomes of the national conference was the development of a National Adolescent Reproductive Health Strategic Framework. The desire to have similar framework for other areas of focus identified in the 1995 Adolescent

Health Policy led to efforts to develop

National Strategic Framework for Adolescent Health and Development in 2005/2006, with the aim of providing effective and coherent programme implementation platform for adolescent health. The development process for the strategic framework was highly participatory in nature, with inputs from a wide range of stakeholders including members of the National Adolescent Reproductive Health Working Group (NARHWG).

The development process for the strategic framework was highly participatory in nature, with inputs from a wide range of stakeholders including members of the National Adolescent Reproductive Health Working Group (NARHWG). The NARHWG, in its role as a national advisory body to the Federal Ministry of Health, further identified the need to revise the 1995 National Adolescent Health Policy and initiated the revision process. The broad aim was to ensure that the policy is up-to-date vis-à-vis current health trends and policy frameworks including the revised National Health Policy and the Millennium Development Goals and to also achieve a good fit between the policy and the strategic framework. With the input of a wide range of stakeholders in the policy development process, it is expected that this revised policy will provide the required framework, appropriate interventions and contribute substantially to the improvement of health and development of adolescents and young people in Nigeria.

2. Situation Analysis and Rationale

2.1 Current Situation

As defined by the World Health Organisation, 'adolescents' refer to persons between the ages of 10 and 19 years, 'youth' refers to persons aged 15 to 24 years, while the broader term 'young people' is used for individuals of ages 10 to 24 years. This revised policy follows this norm and its provisions cover all persons in Nigeria between the ages of 10 and 24 years.

According to the 1991 census, adolescents (ages 10-19) comprised 23 per cent of the population, while young people (ages 10-24) constitutes about a third of the Nigerian population. Their health status is therefore of significant importance in the overall health and development of the country. In the context of health as a holistic concept, there is the need to address the various dimensions of young people's health – physical, social, mental as well as spiritual. The major health challenges confronting young people in Nigeria include sexual and reproductive health and rights, nutrition, substance abuse, accidents and violence.

2.1.1 Sexual and Reproductive Health and Rights

Early sexual exposure is an important reproductive risk factor among young people in Nigeria as many of them lack information and life planning skills to delay the onset of sexual activities. As the 2003 Nigeria Demographic Health Survey (NDHS) reported, approximately a quarter of males (10-19 years) and half of females (10-19 years) had commenced sexual

intercourse

A fifth of the females and 8% of the males had actually had sex by the age of 15 years. In 2005, the median age for first sexual intercourse for females was 17.4 years and 20.1 years for males. Most sexually active young people do not practise contraception, with the resultant effect of high level of unwanted pregnancy and illegal abortion, most of which are unsafe in nature as services are mostly procured from medical quacks and untrained practitioners. As a nation-wide study carried out in 2003 reported, young people contribute 55% of the 760,000 unsafe abortions taking place annually in Nigeria. A quarter of females aged 15-19 years in Nigeria had already begun childbearing in 2003, and an age-specific fertility rate of 126 per 1,000 was recorded for the group. Reproductive morbidities, including vesico-vaginal fistula (VVF) and mortality resulting from biological, social and health-seeking behavioural factors are important challenges among pregnant adolescent females.

Unsafe sexual practices among young people in Nigeria also result in high incidence of HIV&AIDS and other sexually transmitted infections. The 2005 national HIV sero-prevalence survey conducted at sentinel ante-natal care clinics reported a rate of 3.6% and 4.7% for young people aged 15-19 years and 20-24 years respectively. The HIV infection and AIDS among young people were Most likely acquired within the last few years preceding the survey and thus gives a frightening indication of the rapidity of transmission currently occurring in these age-groups. Major factors associated with the poor reproductive health situation of young people in Nigeria include low level of sexual and reproductive health (SRH) knowledge, which is reflected in the fact that only 57% of young people in 2005 knew all the transmission routes for HIV.

Limited access to effective reproductive health education programmes and friendly services are major contributory factors to the poor SRH knowledge and behaviour among young people in Nigeria.

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

2.1.2. Nutrition

To be healthy, adolescents and other young people must have the right kinds and amounts of food. Health and nutrition are closely linked: disease contributes to malnutrition, and malnutrition makes an individual more susceptible to disease. Adolescence, as a period of relatively rapid growth and high level of physical activity, is one that requires intake of adequate nutrients for optimal health. Many young people in Nigeria, however, may not be taking the right amount and kind of food,

resulting in under-nutrition or overweight and obesity. Poor feeding habits and the presence of diseases may also contribute to poor nutritional status. Results of a national study of students in primary and secondary school in 2003 gave an insight into the nutritional situation of young people: 30% of the young people assessed had a body mass index below the normal while 4% had values above the normal.

2.1.3. Mental Health

Mental health is a state of emotional and social well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. Adolescents and other young people need good mental health to experience normal emotional and mental development, to develop their potential, to have fulfilling relationship with other people, and to deal with the challenges of everyday life. Common mental disorders that occur among young people include depression, anxiety, drug dependence and psychosis.

Young people at high risk of experiencing mental health problems or mental disorders include those living in extreme poverty, and substance abusers. Other high risk groups for mental problems include young people who lack care and guidance and those exposed to violence, abuse and excessive pressure to excel.

2.1.4. Substance Use and Abuse

Substance abuse, which refers to any non-medical or excessive use of a drug or any substance that changes the normal operation of

the mind and body, is a health hazard for young people and has significant implications for their physical, psycho-social and mental development. Globally, a rise in substance abuse has been documented among young people, while the average age of drug users has been declining. Alcohol and cigarette are the most common substances abused by young people, and constitute “gateways” to the use of other substances and illicit drugs. Young people may take to these substances as a social habit, and a way of proving that they have come of age. Cannabis is the most common illicit drug taken by young people; it is illegally cultivated in different parts of the country and relatively cheap, making it readily available. A study of adolescents aged 10-19 years in Nigeria reported that 8% of them had used cannabis at one time or the other. The use of volatile organic solvents, such as petrol, and sniffing of glue had also been reported. Studies have also documented high incidence of non-medical or self-medicated use of psychotropic substances such as benzodiazepines. Substance abuse can be as a result of peer pressure, youthful curiosity and the urge to experiment. The adverse consequences of drug abuse by young people include dependence, overdose accidents, physical and psychological damage and, sometimes, premature death. The use of intravenous drugs may lead to increased risk of HIV infection through the sharing of contaminated needles and syringes. Adolescents and other young people who abuse drugs are likely to fail in schools and in interpersonal and family relationships. They are also prone to anti-social behaviours, including criminal activities.

2.1.5. Accidents and Violence

Due to the diversity of physical activities that young people get involved in and their

characteristics, which include high energy level, risk-taking attitudes/behaviours and lack of experience, they have a higher risk of accidents compared to most other population sub-groups. Young people may be involved in accidents at various settings, including the home, school, and work. An increasing trend of involvement in road-traffic accidents, community conflicts, ethnic clashes and other civil disturbances has been observed among young people in Nigeria. The increasing crime rate also results in a rise of young people's involvement in violence and crimes, either as perpetrators or victims, with attendant increase in injury rates. A disturbing trend of the use of young people for political disturbances and politically-motivated crimes has been recorded. An upsurge of violence and cult activities has also been recorded in institutions of higher learning and is often linked to drug use and substance abuse among young people.

Sexual assault, physical harassment and psycho-social abuse of young females occur commonly in cult-linked campus-based violence. Adolescent girls and other young females may also be victims of intimate partner abuse in dating relationships and domestic as well as sexual violence in family settings. Exposure to violence through the mass media, peer pressure and lack of conflict resolution skills are some of the other factors known to be associated with violence among young people. The various types of accidents and violent activities contribute to high injury-related morbidity and mortality among young people.

2.1.6. Education, Career and Employment

Formal education is of great importance for the development of all young people. Among others, schools are a major source of education and guidance about specific health issues and

sometimes provide health screening and services. Education also positions young people for future career and employment opportunities. According to the DHS Education Data survey conducted in 2003, the national primary school net attendance ratio (NAR) was 60% and gross attendance ratio (GAR) was 91%. For secondary schools, the NAR and GAR ratios were 35% and 61% respectively. At the secondary school level, the NAR was 38% for males and 33% for females while the GAR was 69.0% for males and 53.3% for females. Substantial regional disparity exists with regards to educational enrolment and completion rate.

One of the hallmarks of adolescence is the individual's preparation to become economically self-sufficient in adulthood. While it is clear that the young people have potentials to make significant contribution to the economy, they are all too frequently subject to a disproportionate burden of unemployment, which sometimes leads to psychological stress. The number of under-employed and unemployed young people in Nigeria has been increasing in recent times. Poor level of education and lack of adequate skills contribute significantly to unemployment situation among young people. Many young people seek employment in or are conscripted into services which are associated with high risks of compromising their health and well-being including street trading, working in drinking parlours, drug trafficking and prostitution. A lower proportion of females are employed in the upper echelon, and gaining promotion may also be slower for females as a result, among others, of gender-related factors including discrimination, sexual harassment and family pressure and duties.

On the other hand, many young people start their work life early and, thus, either are unable to go to school or try to combine school with work; this may mean that they suffer more fatigue and have a

greater number of work related accidents than older workers. Working adolescents and young people are often at high risk of substance abuse and dangerous sexual behaviour as well as injury associated with unsafe working conditions and lack of experience.

2.1.7. Social Environment and Parental Responsibilities

Many of the factors that underlie unhealthy developments in adolescents and young people stem from the social environment. These factors include poverty and unemployment, gender inequality, ethnic discrimination and the impact of social change on families and communities. A good understanding of how such forces shape the lives of young people is fundamental to programming for their health and development. The home as the primary socialisation agent of people provides a platform for the healthy development of young people, and parents play very important roles in the configuration of social factors shaping the health and development of their young ones. Studies have shown that young people who feel close to their parents consistently show more positive psychological development, behavioural competence and psychological well-being. Young people from homes where domestic violence is rampant are more likely to indulge in violent acts, while children of parents that engage in substance abuse are known to have higher incidence of substance abuse and mental challenges. The quality of the relationship between parents and their children during pre-adolescence years also contributes significantly to the self-esteem of young people and their social competence. Children who lack the effective presence of one or both parents constitute a vulnerable group, and have been shown to have a higher risk of deviant behaviour and involvement in health-risk behaviours. It is, thus, crucial that

both the mother and father are intimately involved in the lives of their children. The influence of peers increases significantly at the adolescence stage of life while the larger community, including the media, also contributes to the shaping of young people's values and choices. Caring relationships with families and friends play a vital role in fostering healthy development, and constitute part of the safe and supportive environment that motivates young people to make healthy choices. Studies in Nigeria have shown that there is a general tendency of parents and other adults to be secretive about important adolescent developmental issues such as sexual and reproductive health. As the 2005 National HIV/AIDS and

Reproductive Health Survey showed, only 39% of adults have discussed sexual issues with their male children/wards over 12 years of age and 51% had discussed such with their female children/wards in the one year preceding the survey. Poor level of parent-child communication due to the traditional negative attitude towards sexual discussions, and parents' ignorance and sense of inadequacy in providing sexually-related information have led to greater dependence of young people on relatively more inaccurate sources such as peers for information. Consequently, the pieces of information to which many young people have access are such that encourage them to act in conformity to the peer group subculture, irrespective of the consequences. For young people to have optimal health and development, the family and social environment must foster personal development, encourage young people to adopt healthy behaviour, and enable them to gradually take on adult responsibilities through participation in decisions that affect their lives and making contributions to their families and communities.

2.1.8. Spirituality

Spirituality is one of the important issues in young people's developmental processes, and spiritual development exerts influences on health behaviours. Moral development, which is often linked with spiritual development, has been identified as an important element in young people's lives alongside intellectual and emotional development and other desirable traits. Studies have shown that young people who attach deep value to religious beliefs and practices are less likely to involve in health compromising behaviours compared to their peers. Religious beliefs and spiritual connectedness are also significantly associated with the potential of young people to cope effectively with stressful situations. Overall, religious organisations and other spirituality-oriented groups play important role in the secondary socialisation role of young people in the Nigerian environment.

2.2 Rationale for Policy

Young people constitute about a third of the national population, and have considerable health and development challenges, which include high rates of unwanted pregnancy, unsafe abortion, HIV&AIDS and other sexually transmitted infections, substance abuse, nutritional problems, and violence. These challenges have, among others, enormous social and economic costs and implications for the overall development of Nigeria. Efforts till date have not achieved desired impacts in terms of Young People's Health and Development (YPHD).

Adolescents and other young people in Nigeria are survivors from their cohorts in an environment where high levels of childhood morbidity and mortality exist and constitute the strategic link between the nation's past and the future.

Without an adequate attention to young people, the past national investments in childhood health and related social development programmes would have been a waste. As the future workforce and leaders, the health and development of young people are critical to the future economic and overall development of the nation. Investing in young people's health and development, thus, has the potential to yield significant benefits for them and the society as a whole. Investing in YPHD also promotes equity, equality, social justice as well as human rights.

As adolescents and other young people constitute a distinct population group in terms of needs and concerns, policy and programmes developed for other population sub-groups are not likely to meet their needs adequately. Young people, particularly adolescents, thus, need specifically targeted services and programmes to enable them optimise their health and development potentials as a matter of social

justice and in the interest of national development. Young people should have access to appropriate, friendly and quality information, education and services.

Nigeria, as a member State of the United Nations and as a signatory to several international policy declarations and conventions regarding the health and development of adolescents and other young people, has a moral and legal responsibility to fulfil towards her young people. The international policy declarations include the 1990 Convention on the Rights of the Child, which recognises the child as an individual in its own right entitled to life, health, protection and education. The 1994 International Conference on Population and Development advocates the promotion of healthy sexual maturation from pre-adolescence, quality sexual and reproductive health throughout lifetime and gender equality.

The 1990 Organisation of African Unity Charter on the Rights and Welfare of the Child draws attention to the rights of every child to enjoy the best attainable state of physical, mental and spiritual health.

The Nigerian constitution assures the rights of every citizen to health and development while the Child Rights Act advocates adequate protection and development for every young person in Nigeria, among others.

The need to address health and development issues of young people, including the OVC and other young people in special circumstances, has also been pronounced in several national policy documents such as the National Reproductive Health Policy, the National Policy on Population for Sustainable Development, the National HIV&AIDS Policy, the National Family Life and HIV&AIDS Education curriculum and the Child Rights Act.

3. Policy Declarations and Guiding Principles

3.1. The Development Context

This revised policy, in line with the WHO's definitions and in the spirit of the 1995 National Adolescent Health Policy, covers adolescents and other young people, between the ages of 10 and 24 years. The policy has been formulated within the context of relevant national and international development policies and frameworks:

National Development Framework:

- National Reproductive Health Policy, which has an overall goal of creating an enabling environment for appropriate action, and provide the necessary impetus and guidance to national and local initiatives in all areas of reproductive health.
- The Revised National Health Policy aims to strengthen the national health system such that it would be able to provide effective, efficient, quality, accessible and affordable health services that will improve the health status of Nigerians through the accelerated achievement of the health-related Millennium Development Goals (MDGs).
- The National Policy on Population for Sustainable Development affirms that: “Young people are the future leaders of the nation. Government shall recognize their special needs and make appropriate provision for their growth and development and meaningful participation in national development, including the provision of an enabling environment for gainful

employment.”

- Health Sector Reform Programme, which indicates government's commitment to fundamental changes in policy, regulation, financing, provision of health services, re-organization, management and institutional arrangements, is designed to improve the performance of the health system for better health status of the population.
- The National Health Bill spells out the health actions of each level of government within the national health system.
- The National Economic Empowerment and Development Strategy (NEEDS) aims at improving the overall national development and includes a social charter which recognises the need for health and related social development of all Nigerians.
- The National Youth Policy identifies the need to create a societal condition in which the rights of the youth are advanced and protected, their welfare enhanced, and their effective functioning and self-actualisation ensured.
- The Child Rights' Act stipulates that “every child is entitled to enjoy the best attainable state of physical, mental and spiritual health” and that “every Government, parent, guardian, institution, service, agency, organisation or body responsible for the care of a child shall endeavour to provide for the child the best attainable state of health”.

Regional Strategies and Implementation Framework:

- The Adolescent Health Strategy for the

African Region and its Implementation Framework aims at identifying and responding to the health needs of adolescents in the Member States as well as to promote their healthy development.

- The Health Strategy of the New Partnership for Africa's Development (NEPAD) presents a common vision for eradicating poverty and improving health situation in African countries and placing them on a path of sustainable growth and development.
- African Youth Charter recognises the right of every young person to enjoy the best attainable state of physical, mental and spiritual health as well as the right to quality education and gainful employment. It also recognises that every young person shall have the right to participate in all spheres of the society.
- Continental Policy Framework for the Promotion of Sexual and Reproductive Health and Rights in Africa of the African Union Commission which identifies young people's sexual and reproductive health and rights as one of the major issues in the context of achieving universal access to comprehensive sexual and reproductive health services in Africa.

The Maputo Plan of Action on the framework further stipulated the following output: “youth-friendly sexual and reproductive health and rights services positioned as key strategy for youth empowerment”.

Global Development Frameworks:

- Convention on Elimination of All Forms of Discrimination against Women (CEDAW)

calls for ratifying nations to overcome barriers of discrimination against women (of all ages) in the areas of health care

- The Programme of Action (PoA) of the International Conference on Population and Development recognises adolescent reproductive health as one of the elements of reproductive health and advocates for their sexual and reproductive rights. Nigeria has developed a national strategic framework for the achievement of the PoA.
- The Beijing Platform of Action of the 4th World Conference on Women consolidates the experiences of ICPD and builds upon previously agreed language to link reproductive health, reproductive rights, adolescents and other major developmental issues.
- The Millennium Development Goals (MDGs) provide a global framework for improving human development, and deals with poverty eradication, health improvement, HIV and AIDS, gender equality and education all of which are related to the health and development of young people. Nigeria, in the interest of her citizens and national development, has committed herself to the achievement of the MDGs.

3.2. Underlying Principles and Values

The principles and values underlying this policy are:

Young people as a human resource: Adolescents and other young people are vital human resources for development rather than a mere target for development

programmes. They have capacity as well as obligations to contribute to their own health and development as well as the development of the entire society;

Rights-based approach: Young people have inalienable rights to protection, information, health education and development opportunities. They also have right to participate in the development, implementation, monitoring and evaluation of this policy and relevant programmes that concern their health, development and well-being;

Diversity of young people's needs and situation: Young people are not a homogeneous group, but a diverse group in terms of health situation and needs. Young people in special circumstances include those with physical and mental challenges, OVC, street children and *almajiris*, and married adolescents;

Gender equity and equality: all young people males and females have equal rights to health and development in the spirit of justice and fair play, and to participate in their own and the society's development;

Cultural sensitivity: Interventions under this policy will be culture-sensitive and based on local values that help make the environment safe, supportive, and protective to stimulate the development of young people;

Participatory and consultative: The interest of various stakeholders' groups is important in the context of the policy;

stakeholders' participation is critical in every aspect of the policy implementation;

Evidence-based: Research findings are critical as basis for policy implementation and programme development, problem solving, service design and promotion of best practices.

3.3. Policy Declarations

The revised policy is guided by the following declarations and commitments:

1. The Federal, State and Local Governments and the private sector of Nigeria hereby commit themselves and all the people to the attainment of the objectives of this policy.
2. The Governments and people of Nigeria are convinced that investing in the health and development of adolescents and other young people will yield benefits for both young people and the entire Nigerian society, and is critical for the sustained economic and social development of the country.
3. All Nigerians, including young people themselves, have the rights and duty to participate individually and collectively in the planning, implementation and evaluation of health and development programmes for young people.
4. All stakeholders and development partners, including the Governments of the Federation, civil society organisations and organised private sector agree to

work together in partnership to protect the rights of adolescents and other young people and ensure their optimal health and development.

5. The Governments and people of Nigeria affirm that the revised policy shall be complementary to other national policies relevant to the health and development of young people in Nigeria, including the National Health Policy, National Reproductive Health Policy, National Policy on Population for Sustainable Development, National HIV/AIDS Policy, National Policy on Education, National Youth Policy, and the National Economic Empowerment and Development Strategy.
6. In order to achieve the objectives of this policy, the Government and people of Nigeria are determined to formulate strategies, develop action plans and strategic frameworks, establish appropriate mechanisms, and adopt a comprehensive and integrated approach to address the wide-ranging issues relating to young people's health and development and promote holistic development of all young people in the country.

4. Policy Objectives and Strategic Thrusts

4.1. Policy Goal and Objectives

This policy provides, broadly, a framework for generating required political will, mobilising resources, creating safe and supportive environment, fostering collaborations, and developing programmes to ensure the optimal health and development of adolescents and other young people in Nigeria.

4.1.1. Goal

The policy shall promote the optimal health and development of adolescents and other young people in Nigeria.

4.1.2. Specific Objectives

The specific objectives of the implementation of the policy are to:

- stimulate advocacy efforts for increased political will and resource allocation for young people's health and development programmes and interventions;
- enhance technical capacity, interventions, collaboration and coordination for the promotion of the health and development of young people;
- increase the access of young people to quality information, education and youth-friendly services;
- promote the meaningful participation of young people, families, communities, organisations and institutions in YPHD issues and programmes

4.2. Targets

The targets of this policy are to achieve the following by year 2015:

- Increase the proportion of young people who have access to accurate and comprehensive reproductive health information and services by 50%;
- Increase access of all categories of young people to comprehensive youth-friendly health services by 50%;
- Reduce incidence of unwanted pregnancies among young females by 50%;
- Reduce rate of marriage among young people less than 18 years by 50%;
- Reduce maternal mortality ratio among young people by 75%;
- Integrate family life and HIV&AIDS education into the curricula of all primary and secondary schools;
- Achieve universal access of young people to basic education (primary up to junior secondary school);
- Eliminate gender disparity among young people at all levels of education;
- Eliminate incidence of female genital cutting/mutilation among young people;
- Reduce the proportion of young people with nutritional problems by 75%;
- Reduce the incidence of substance abuse among young people by 75%;
- Halt the spread, and begin to reverse the spread of HIV&AIDS among young people.

4.3. Strategic Thrusts and Key Interventions

4.3.1. Strategies

The key strategies for the implementation of the

policy are:

Advocacy and resource mobilisation for policy and programme implementation;
Provision of access to a comprehensive range of adolescent/youth-friendly information, counselling and health care services, including school health services;
Provision of healthy, safe and supportive environment for young people
Health promotion and behaviour change communication (BCC) to foster the adoption of healthy behaviour and enable young people to take greater control over, and improve, their health;
Capacity building for young people, including life and livelihood skills, to maximise their development;
Capacity building for healthcare workers, teachers and other stakeholders dealing with young people;
Partnership development and coordination within the health sector, and between health and other sectors;
Research activities to provide evidence-based platform for programmes and policies;
Monitoring and evaluation of programmes and policy implementation.

Education

Career and employment

Spirituality

Social adjustment and parental responsibilities

4.3.2. Key Intervention Areas

The major areas of focus of this policy are:

Sexual and reproductive health and rights

Nutrition

Accidents and violence

Mental health

Substance use and abuse

5. Policy Implementation

5.1. Roles and Responsibilities

The health and development issues of young people cut across various sectors, such as health, education, information, women, youth development, and sports. It also involves specialised agencies/parastatals such as the National Drug Law Enforcement Agencies (NDLEA), the Federal Road Safety Corps (FRSC), and the National Agency for the Prohibition of Traffic in Persons and Other Related Offences (NAPTIP). Similarly, it cuts across government, civil society including the academia, and the private sectors. Thus, to achieve the objectives of this policy, implementation will be multi-sectoral with the health sector leading and coordinating the process to ensure effectiveness, efficiency and coherence of interventions. The implementation of interventions will also be at the three levels of government in accordance with the constitutional provision of health as a concurrent item and in line with the delegated responsibilities to each level of government in the National Health Act. Due emphasis shall be paid to interventions at the grassroots, targeting individuals, families and communities with faith-based organisations and other civil society organisations as well as the private sector as active partners. While the implementation of the policy will be primarily that of the Nigerian government and peoples, the support and partnership of the donor communities and other international development partners is also important and relevant to actualise the goal and objectives of the policy. Young people shall actively and meaningfully participate in all aspects of the policy implementation, including planning, resource mobilisation, implementation, monitoring and evaluation of relevant programmes.

5.1.1. Role of the Health Sector

The health sector has an important lead role to play in making concerted efforts to remove obstacles and barriers in order to create a facilitating environment for strengthening the implementation of this policy. These include the development of programmes and services for adolescents and other young people, coordination of inter-sectoral health activities, and monitoring and evaluating the process. The health sector must provide accurate information to young people and adults working with them about healthy behaviour, the development process and common characteristics associated with adolescence, as well as activities available to young people.

5.1.1.1. Federal Ministry of Health

The FMOH shall provide overall strategic support for the implementation of this policy. In particular, the Ministry shall:

1. Foster partnership for the advancement of YPHD agenda by creating and strengthening linkages with other sectors (such as education, women affairs, youth development, information and justice), its various parastatals (particularly the National Primary Health Care Development Agency), the National Agency for the Control of AIDS (NACA) and other health-related national agencies/programmes, international development organisations, and other levels of government.
2. Support the effective functioning and optimal goal-oriented performance of the Adolescent Reproductive Health Branch of the Department of Community Development and Population Activities (DCDPA) with

provision of adequate number of staff, office space, working equipment, adequate funding and opportunities for continuous capacity development (human and material resources)

3. Establish and effectively support the operations of a multi-disciplinary, multi-sectoral Technical Advisory Group – the National Adolescent Health and Development Working Group (NAHDWG) – with membership drawn from relevant arms of the Federal Ministry of Health and its agencies, other ministries, parastatals, youth-led and adolescent-serving non governmental organisations, the academia, research bodies, private institutions, religious bodies, social welfare institutions and organisations working with mentally/physically challenged adolescents, among others. The current National Adolescent Reproductive Health Working Group will constitute the core of the NAHDWG, and cease to exist following the establishment of the latter. The Adolescent Reproductive Health Branch of the Federal Ministry of Health shall constitute the secretariat for the NAHDWG.
4. Assume a leading role with regard to advocacy for increased government and stakeholders' commitments in support of YPHD programmes in terms of budget and resource provision, enactment of supportive legislation, and creation of environment conducive for programme implementation.
5. Create budget line for YPHD activities and provide adequate funds annually to support effective implementation of the policy.
6. Develop and communicate national strategic plan and implementation frameworks for health workforce development for young people-targeted health services and expansion of adolescent/youth-friendly health services.
7. Set standard, develop guidelines and make available tools for training and other human resources development activities nationwide.
8. Develop, widely disseminate and periodically review national standards, minimum health packages, tools, instruments and materials in support of adolescent/youth-friendly health services in Nigeria, including clinical, counselling and health communication services.
9. Encourage, promote and facilitate the establishment of adolescent/youth-friendly health services in federal health institutions and the orientation of all services to be adolescent/youth-friendly.
10. Provide technical assistance to States, Local Government Areas, and other agencies and sectors in the implementation of relevant areas of the policy including building their capacity to: plan and implement training activities; undertake information, education and communication as well as behaviour change communication activities; establish adolescent/youth-friendly services; develop and implement school health services; and, integrate young people's health issues into sectoral policies and programmes.
11. Mobilise the private sector and other development partners to support programmes for young people's development, particularly educational, vocational, life skills and livelihood skills activities.

12. Develop national research priorities on young people's health and development and promote/support research activities on such issues.
13. Collect, collate and disseminate relevant national data about adolescent and youth health services and issues in a gender-disaggregated form.
14. Review, monitor and evaluate policies and programmes on YPHD nationwide to ensure that set objectives are achieved

5.1.1.2. State Ministries of Health

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

1. Foster partnership with other agencies and actors in the State to advance the implementation of YPHD programmes, including the use of school health approach.
2. Designate Adolescent Health Focal Officer with specific terms of reference to promote the effective implementation and institutionalisation of YPHD programmes in the State and supported to perform maximally through the provision of appropriate staff complements, infrastructure, office equipment and financial resources.
3. Establish and effectively support the operations of a multi-disciplinary, multi-sectoral Technical Advisory Group – the State Working Group on Adolescent and Young People's Health and Development– with the SMOH providing the secretariat.

4. Assume a leading role with regard to advocacy for increased government and stakeholders' commitments to support YPHD programmes in the State.
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5. Create budget line for YPHD activities and provide funds annually in adequate amount to support effective implementation of the policy at state level.
6. Develop and implement state strategic plan to expand access to adolescent/youth-friendly health services through human resource development and establishment of service facilities.
7. Provide technical assistance to Local Government Areas and agencies and institutions in the state in the implementation of relevant areas of the policy.
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8. Ensure the appropriate integration of adolescent/youth-friendly services into secondary health care facility activities.
9. Collect, collate and disseminate relevant data about adolescent and youth health services and issues within the State in a gender-disaggregated form.
10. Monitor the implementation of the policy within the State.

5.1.1.3. Local Government Health & Related Social Development Departments

1. Integrate adolescent/youth-friendly services into primary health care, primary schools, social welfare and all other relevant activities within the purview of Local Government Area authority.

2. Establish youth centres in line with relevant national standards
3. Build the capacity of health workers, primary school teachers, social welfare officers, counsellors and other relevant staff to provide quality and friendly services to young people and effective school health services.
4. Create a budget line and provide adequate and regular funding for YPHD services and judiciously manage all funds provided (either by the LGA or other partners to the LGA) for such services and related programmes.
5. Provide technical assistance and support to local non-governmental organisations and community-based organisations and institutions in the LGA in the implementation of relevant areas of the policy.
6. Collect, collate and disseminate relevant data about adolescent and youth health services and issues within the LGA in a gender-disaggregated form.
7. Support operation and other types of research on YPHD issues within their LGAs.
8. Monitor activities, services and programmes being conducted within the LGA that relates to the health and development of young people.

5.1.2. Role of Other Sectors

Considering the multi-sectoral nature of YPHD issues, programme and plans to advance the health and development of young people should reflect not only the commitment and participation of the health sector, but that of the other relevant

sectors too. As such, the sectoral plans in the various government agencies should reflect relevant aspects of the policy as it relates to their mandates. Non-government sectors are also required to reflect relevant aspects of the policy in their programmes and plans.

5.1.2.1. The Legislature

1. Support the implementation of the policy and act as advocates for the health and development of young people.
2. Make appropriate legislation in support of the health and development of young people.
3. Ensure timely and adequate financial approval for activities relating to the health and development of young people.
4. Mobilise and educate their constituencies to institute and support YPHD programmes.

5.1.2.2. Ministry of Education

1. Intensify efforts to achieve Universal Basic Education and eliminate illiteracy.
2. Expand the integration and teaching of family life and HIV&AIDS education into relevant subject curricula at all levels and various institutions.
3. Scale-up the training of teachers in family life and HIV&AIDS education (FLHE).
4. Integrate FLHE into mass literacy, adult and non-formal educational programmes to cater for the out-of-school adolescents and other young people.

5. Support FLHE research programmes.
6. Ensure the provision of curricula and co-curricular FLHE activities in schools.
7. Ensure the effective functioning of school health services and programmes in all parts of the country.
8. Ensure the availability of functional teaching aids and optimal learning environment to enhance students' learning.
9. Monitor the standard of teaching activities and the performance of students in relation to FLHE at all levels.
10. Collect, analyse, interpret and disseminate gender-disaggregated education service statistics as well as document and disseminate FLHE best practices and programme experiences.

5.1.2.3. Ministry of Women Affairs

1. Promote awareness of young people's health and development issues among families, especially women, at various levels.
2. Undertake IEC activities to sensitise the public on gender issues regarding young people's health and development
3. Promote and ensure the implementation of measures and activities that will improve and enhance the status of young people, particularly females
4. Advocate the mainstreaming of gender concerns into all health development activities relating to young people

5. Advocate the elimination of harmful practices that hinder the development of adolescent girls and other young females
6. Promote economic development and self-reliance among adolescents and other young females and other vulnerable groups through training and skill acquisition opportunities.
7. Organise capacity building activities to improve parents' ability to communicate effectively with their children in pre-adolescence and adolescence stage on sexuality, drug abuse and other key issues relating to young people's health and development.

5.1.2.4. Ministry of Youth Development

1. Establish and manage youth centres with relevant adolescent/youth-friendly services such as counselling to meet the needs of in- and out-of-school adolescents and other young people.
2. Undertake IEC activities to sensitise the public on health and development issues of young people
3. Undertake BCC programmes targeting young people of various categories to improve their decision-making capacity and health behaviour
4. Organise capacity building activities to increase the potentials of young people for gainful career/employment life and for engendering meaningful participation in national development activities
5. Collect, collate, analyse and disseminate data

on adolescent and youth development programmes and activities in a gender-disaggregated manner.

5.1.2.5. Ministry of Sports and Social Development

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

7. Ensure the establishment, maintenance and effective functioning of rehabilitation centres to cater adequately for young people needing such services.
8. Collect, collate, analyse and disseminate sectoral data on adolescent and youth development programmes and activities

5.1.2.6. Ministry of Finance

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

5.1.2.7. Ministry of Justice

1. Review and reform, where necessary, laws pertaining to YPHD.
2. Provide legal guidance and facilitate enactment of necessary laws on matters concerning the health and development of adolescents and other young people.
3. Promote the integration of relevant international and regional charters and conventions on YPHD issues into domestic laws.
4. Undertake information, education and communication activities to increase public awareness on laws pertaining to YPHD issues.
5. Actively facilitate the prosecution of cases

involving violation of young people's rights and promote the enforcement of laws relevant to the health and development of adolescents and other young people.

6. Ensure the establishment of juvenile courts nationwide.

5.1.2.8. National Planning Commission

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

5.1.2.9. National Population Commission

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

health and development programmes for young people in collaboration with other appropriate bodies and agencies.

5. Advocate and promote the implementation of SRH programmes for young people as part of population and development activities.
6. Provide relevant data on YPHD on timely basis to the National Planning Commission for inclusion in the national data bank.

5.1.2.10. National Bureau of Statistics

1. Collect, analyse, interpret and disseminate gender-disaggregated socio-economic data to facilitate monitoring and evaluation of YPHD programmes.
2. Disseminate adolescent- and youth-specific regional and gender disaggregated socio-economic data.
3. Provide data on a regular basis to the national data bank and other relevant agencies and institutions regarding the health and development of young people.

5.1.2.11. Ministry of Information and National Orientation

1. Support the dissemination of YPHD information through the national orientation strategies at all levels.
2. Mobilise available organisational structures and institutions to support the implementation of YPHD policy and programmes.
3. Ensure integration of YPHD issues into the

curriculum of journalist training institutions and programmes.

4. Build the capacity of journalists and mass media practitioners in reporting and broadcasting on health and development issues of young people.
5. Enforce existing laws on information dissemination and mass media activities that have relevance to young people's health and development

5.1.2.12. Ministry of Agriculture and Rural Development

1. Integrate family life and HIV&AIDS education activities into the training programmes of extension workers.
2. Build the capacity of agricultural extension workers to promote the health and development issues of young people among their target populations.
1. Collect, collate, analyse and disseminate data regarding YPHD issues within the sector.

5.1.2.13. Ministry of Labour and Productivity

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

reduce under-employment and unemployment among young people (both male and females).

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

5.1.2.14. Ministry of Works

1. Provide and regularly maintain public infrastructure in support of the creation of healthy, safe and supportive environment for young people.
2. Collect, collate, analyse and disseminate data regarding young people's health and development issues within the sector.

5.1.2.15. Ministry of Internal Affairs

1. Ensure the establishment, maintenance and effective functioning of corrective and rehabilitation centres across the country to provide optimal services for young people needing such facilities.

2. Collect, analyse and disseminate data regarding young people's health and development issues within the sector.

5.1.2.16. The armed forces, security and law enforcement agencies and other uniformed services

1. Enforce the protection of young people's rights as relevant to their mandate
2. Establish adolescent and youth-friendly desk in their organisations
3. Build the capacity of officers and staff to understand and effectively intervene in issues relating to young people, and their health and development.
4. Ensure the enforcement of existing code of conduct that protects young people.

5.1.2.17. Tertiary Education Institutions and Research Institutes

1. Provide training on YPHD concerns.
2. Develop and implement policies that will ensure safe and supportive environment for young people and enhance their health and development, including policies to protect them from sexual harassment and other forms of sexual rights abuses
3. Develop and implement programmes that will effectively support the health and development of the population of young people, including health promotion activities, BCC programmes, and counselling services.

4. Establish youth-friendly health services in their institutions.

5. Develop and activate mechanisms to regularly monitor the health and development of young people within their institutions.

6. Provide advisory services on YPHD issues to other development partners.

7. Assist in the evaluation of programmes related to this national policy.

8. Undertake basic, operational and applied research activities to generate new ideas, monitor policy implementation, and improve programme development and management activities in the areas of YPHD.

9. Disseminate research findings on YPHD issues widely to the public and policy makers.

5.1.2.18 Civil Society Organisations

1. Complement government efforts in the formulation, financing, implementation, and monitoring and evaluation of YPHD programmes.

2. Promote and support networks for YPHD issues.

3. Mobilise, organise and build the capacity of the informal sector to support young people's health and development

4. Advocate for relevant policy changes and programme implementation relating to young people's health and development activities.

5. Expand the delivery of adolescent/youth-friendly health and related development

services to the community, especially to hard-to-reach areas.

6. Undertake operational research activities and adopt innovative methods to improve the delivery of friendly health and development services to young people, including vulnerable ones and those in difficult/special circumstances.
7. Collaborate with relevant line ministries and government agencies in the implementation of YPHD programmes.
8. Collect and submit service statistics to relevant government agencies on regular basis.
9. Monitor the implementation of this national policy.

5.1.2.19 Faith-based Organisations

1. Provide moral instructions and spiritual guidance that will promote positive development and health of adolescents and other young people.
2. Sensitise their members and communities on health and development issues of young people.
3. Advocate the appropriate policy changes and programmes regarding YPHD.
4. Promote reproductive health services and other development activities for young people consistent with their religious beliefs.
5. Organise and promote programmes that will enhance the health and development of

young people.

5.1.2.20 Political Parties

1. Integrate YPHD concerns into party manifestos, agendas, plans and programmes.
2. Support the implementation of YPHD programmes
3. Provide information and education on the importance of YPHD issues to national development to their members.
4. Promote and advocate the appropriate policy changes in the area of young people's health and development.

5.1.2.21. Media

1. Produce programmes and disseminate accurate, culturally-appropriate and gender-sensitive information on young people's health and development
2. Collaborate with other development partners and sectors in undertaking educational campaigns on young people's health and development
3. Advocate relevant policy changes and programme implementation relating to health and development issues of young people.
4. Assist relevant agencies in dissemination of young people's health and development data and other relevant information.

5.1.2.22 Organized Private Sector

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

5.1.2.23 Young People

As part of their rights to actively and meaningfully participate in all aspects of the implementation of this policy, programmes and activities primarily focussing on the health and development of young people must have adequate and appropriate representation of various categories of young people, and particular attention must be paid to gender and geographical balance, among others. Young people have rights to participate in development processes and also a duty to demand for their rights in relation to health and development provisions of this policy. Furthermore, they have rights to participate in relevant YPHD programmes and activities. At least 30% young people representation is advocated.

Young people shall have the following roles and responsibilities:

Advocacy and resource mobilisation in support of YPHD programmes;

Undertake health advocacy and sensitisation programmes to promote youth participation in national development agenda and for the elimination of customs and practices that

discriminate and/ or impact negatively on their rights as well as health and development;

Educate and empower their peers for healthy living and health-supporting practices;

Create linkages with government agencies, CSOs including youth-serving NGOs, and other development partners to enhance YPHD programmes;

Monitor the implementation of the policy.

5.2. Monitoring and Evaluation

Monitoring and evaluation shall constitute a major element of the implementation of the policy. Government agencies shall monitor activities in the sector within their mandate, and according to the appropriate tier of government as indicated in the National Health Act and other policy guidelines.

Government agencies and other partners shall submit quarterly report to the Adolescent Reproductive Health Branch of the Department of Community Development and Population Activities, Federal Ministry of Health, which shall serve as the secretariat of the National Adolescent Health and Development Working Group (NAHDWG). The secretariat will develop a uniform format which would be used for reporting of various organisations and institutions involved in YPHD programme in the country. The NAHDWG will consider reports on the implementation of YPHD programmes at its meetings. An annual national progress report on YPHD will be published by the secretariat of the NAHDWG. The secretariat shall serve as repository for various publications and reports on YPHD programmes and activities within the country. Results of periodic research will constitute part of the inputs of monitoring and evaluation activities, and an annual compilation of research findings on YPHD will be undertaken by the NAHDWG secretariat. Progress reports of YPHD will be produced and disseminated to all relevant stakeholders and at various fora.

A comprehensive evaluation of the implementation of the policy will be undertaken nationally every five years. The results of monitoring and evaluation activities will be used to improve programme planning and implementation as well as the development of future policies.

Adolescents.....sparkling, bright..... like diamonds



Federal Ministry of Health, Nigeria 2007