REPORT ON ASSESSMENT OF FACILITIES PROVIDING YOUTH FRIENDLY HEALTH SERVICES IN NIGERIA

Designed and conducted for OneWorld UK by

Yemi Osanyin
NOTYL Consulting Services
Ibadan, Oyo State
+2348033234187
notylservices@gmail.com
tayoosanyin@yahoo.co.uk
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### Abbreviations/Acronyms

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<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ARV/ART</td>
<td>Antiretroviral/ Antiretroviral Therapy</td>
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<tr>
<td>BCC</td>
<td>Behaviour Change Communication</td>
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<td>CHEWs</td>
<td>Community Health and Education Workers</td>
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<tr>
<td>e-FLHE</td>
<td>electronic version of the Family Life HIV/ AIDS Education Curriculum</td>
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<tr>
<td>FCT</td>
<td>Federal Capital Territory</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>FLHE</td>
<td>Family Life HIV/ AIDS Education</td>
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<tr>
<td>FMoE</td>
<td>Federal Ministry of Education</td>
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<tr>
<td>FMoH</td>
<td>Federal Ministry of Health</td>
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<tr>
<td>HCT</td>
<td>HIV Counselling and Testing</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IPCC</td>
<td>Interpersonal Communication and Counselling</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technologies</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine Device</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MyQ</td>
<td>MyQuestion Service</td>
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<tr>
<td>NGOs</td>
<td>Non Governmental Organisations</td>
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<tr>
<td>PAC</td>
<td>Post Abortion Care</td>
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<tr>
<td>PHC</td>
<td>Primary Health Care</td>
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<tr>
<td>Acronym</td>
<td>Definition</td>
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<td>---------</td>
<td>------------------------------------------------</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
</tr>
<tr>
<td>SRHR</td>
<td>Sexual Reproductive Health and Rights</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>YFHS</td>
<td>Youth Friendly Health Services</td>
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</table>
Acknowledgement

OneWorld UK would like to thank all the stakeholders: non-governmental organisations, faith-based organisations, primary, secondary and tertiary health care facilities, universities and other tertiary institutions and private health facilities who made this assessment possible. We particularly thank the managers and providers of Youth Friendly Health Services (YFHS) in the assessed facilities for volunteering information without any hindrance. We also acknowledge the contributions of officials of the relevant departments/units in Ministries of Health in all the 36 states and Health Secretariat in the Federal Capital Territory.

Special thanks goes to NOTYL Consulting Services and its team members across the country for designing, conducting and producing the findings of this assessment.

OneWorld UK is glad to contribute to the body of knowledge on the operations of youth friendly health service facilities and provision of youth friendly health services and is very optimistic that all stakeholders will find the report relevant and useful in programming and decision making to improve health programs and services for young people in Nigeria. This report reveals the level of development of youth friendly health services and the requirements for repositioning the provision of youth friendly health services at all levels of health care delivery.

The basis of this assessment was to enable the counsellors to better provide informed referral services for users of the mobile platform. The attached directory of facilities providing youth friendly health services in Nigeria provides information on outlets for services for young people to strengthen networking, linkages and referral.

This assessment was made possible with funding provided by Oxfam Novib. We are grateful for their constant support.

We hope to receive feedback from recipients and users of this report on how the document serves its intended purpose.

Uju Ofomata Aderemi
SUMMARY OF FINDINGS AND CONCLUSION

The assessment revealed that there has been some significant progress in the country regarding the provision of youth friendly health services (YFHS). From the assessment, it is evident that while a few of the facilities may be qualified to be referred to as youth friendly health service facilities, YFHS are part of the bouquet available in the clinics assessed. It may therefore be appropriate for the Federal Ministry of Health (FMoH) and the various stakeholders to evolve a practicable approach that enables access of young people to quality health services. It is also acknowledged that most of the facilities are using an integrated approach by serving adults and young people alike; however, efforts should be made to ensure that this approach does not bring about the marginalization of young people who may feel uncomfortable using same facilities as the adults.

Additionally, gaps exist that must be addressed. These can be generally categorised as: number of clinics and mix of services; staffing; equipment and supplies; and non-clinical facilities. Given the challenges experienced, government at all levels should support and strengthen identified viable YFHS facilities and centres throughout the country.

The following identified gaps should be addressed to improve the provision of health services to young people in Nigeria:

1. Availability of Facilities
   Only a few of the facilities assessed qualify to be referred to as youth friendly health service centres, most frequently those run by NGOs and universities. While others are general facilities serving adults and including adolescents and young people as clients, most of these facilities do not meet universally defined and acceptable standards. In most facilities, the services provided are not comprehensive enough to meet the young people's needs. For example, Post abortion care (PAC) services and other RH services are not provided, while non-clinical services (that could serve as motivation) including vocational skills training, internet access, library facility, and recreation are also absent in most centres.

2. Facilities' Management, Policies and Protocols
   Though staffing had improved in most facilities assessed, when compared with recommended levels most facilities had an inadequate number and mix of staff to facilitate YFHS provision. Most facilities are lacking clear policies, strategic frameworks, standard guidelines and service protocols on the provision of YFHS. This is an indication that the dissemination and distribution of national protocols and guidelines developed by the Federal Ministry of Health is incomplete, and necessary programme guidance has yet to reach key stakeholders.

3. Information and Education/ Behaviour Change Communication strategy
   Information Education and Communication/ Behaviour change communication materials were found to be inadequate or obsolete in all facilities. Clients are not provided with or able to access educational materials to reinforce learning on reproductive health issues. Publicity and communications campaigns and strategies to increase awareness of and demand for services are generally weak, leading to a lack of awareness of the existence of the facilities and available services and to low patronage of facilities by young people.
4. Equipment/ Supplies
Most facilities lack basic infection control measures and mechanisms, which may compromise quality of service and care. Equipment, consumables and drugs are inadequate or lacking in most facilities. This is likely to discourage young people from using such facilities. Some facilities lack the necessary funding support to be fully functional; a gap that needs be addressed especially by government at all levels. At the federal level, there is no specific allocation for YFHS.

5. Record Keeping/ Documentation Systems
Poor record keeping and lack of documentation systems plagued almost all facilities. The lack of proper and adequate records, disaggregated by age and sex, on services provided to young people poses a challenge to verifying and establishing level of use. Clear record keeping and documentation enables informed decision making for consolidation of quality services and better planning for future actions. Providers have inadequate skills in data analysis, presentation and use to improve services.

6. Provider capacity
Many service providers have never been trained in YFHS provision, despite the fact that these providers attend to adolescents and young people.

Preliminary conclusion
The assessment revealed that few facilities are specifically set up for young people and those that do exist are mostly in the South West, with small pockets in other geo-political zones such as the South-South and South-East. It is widely believed that the reality of model stand-alone facilities is still very far away, which is why some stakeholders are advocating for an integrated approach. An integrated approach would increase the capacity of primary healthcare or secondary health care centres to provide YFHS, instead of creating specific facilities which target young people. While this could enable young people to access services, integrated service facilities are not likely to be able to make provisions or create easily accessible guidelines or protocols for units or sections specifically for young people with special staff trained in YFHS.

The assessment showed that most of the facilities can attend to young people within the limit of what is available. One revelation of the assessment is that some international development partners and donors have adopted and provided financial, technical and material resources to some of the facilities to enable them provide youth friendly health services, despite the short comings of most of these centres.

On the whole, the present arrangement opens a window of opportunity for expanding young people’s access to YFHS. However, it is important for the coordinating government agency and various stakeholders to come together to establish the most workable option that suits the Nigerian environment without compromising young people's needs or rights.
1. Background and Introduction

Adolescents (10-19 years) and young people (10-35 years) represent a significant proportion (42.4%) of Nigeria’s population (NDHS, 2008); however, most policies and programs have not addressed their socio-economic needs in any strategic manner. The few youth-conscious policies and plans that have been articulated have suffered from lack of or inadequate implementation. In addition, the required resources have either not been allocated, or, where allocated, the resources have not been well applied. Among many challenges confronting adolescents and young people are inadequate access to quality education and health services, along with high rates of unemployment.

The situation is complicated as there are few existing facilities on ground to respond to their immediate and future developmental needs. While some gains may have been made in recent times to respond to the myriad of social problems faced by young people, these efforts have not recorded the desired impact. For instance, efforts have been made by government, NGOs and private sector organisations to establish health facilities and youth centres in order to increase young people’s access to social services. However, these facilities have been widely criticized by many, including young people. Criticisms of health facilities targeting young people include inadequacy (in terms of number of facilities, supplies and equipment, and mix of services); lack of access; poor quality of services; judgmental or unwelcoming attitudes of health centre workers; and inadequate involvement of young people in the planning and management of such facilities. These problems have led to the health sector’s poor reputation among young people and the corresponding low uptake and use of services.

OneWorld UK (OWUK) is a UK-based non-governmental organisation and with Butterfly Works Netherlands, a Dutch Foundation, conceived the Learning about Living Project with key stakeholders from the civil society and government in Nigeria. The Learning about Living project includes the electronic version of the Family Life and HIV/AIDS Education Curriculum (e-FLHE), which is being implemented in select schools in Nigeria in partnership with local youth focused civil society organisations. In order to complement the sexuality education component and expand young people’s access to information and services, in November 2007 OWUK and Education as a Vaccine Against AIDS (EVA) launched a mobile phone service, MyQuestion (MyQ), which provides an opportunity for adolescents and young people (in and out-of-school) to ask their questions and seek help on issues related to sexual and reproductive health and rights (SRHR). MyQ is a free three-in-one service which enables young people to text, call, email, or use a web-form available on Facebook and project website to send their SRH questions to trained counsellor in the EVA. Questions sent to the short code 38120 are free through any of the major telecom networks, and calls to the counselling line are free on Airtel. While trained counsellors can provide immediate information, questions requiring services are usually referred. A major challenge is that in some of the states or locations, there is no specific YFHS facility and where available, knowledge of
required services is inadequate. Consequently, young people often do not have access to the services they require.

In order to direct and guide young people and adolescents more appropriately, OneWorld UK commissioned an assessment of available facilities in Nigeria, to determine their availability, location, the type of services available, and suitability for young people, to better serve the young people who use the LaL and MyQ platforms, and to contribute to the evidence base on the need for new and better YFHS facilities across the country.

2. Goal and objectives of assessment.

The goal of the assessment is to enable the MyQ counsellors to provide the information necessary to increase adolescents’ and young people’s access to sexual and reproductive health information and services in order to enable them make informed decisions and choices. The goal is to assess the availability, adequacy and suitability of existing Youth Centres to meet the needs and requirements of young people in Nigeria in a sustainable manner. This will improve the MyQ counselling service by better informing counsellors on where to refer young people in need of services to access youth-friendly, non-judgmental health information and care.

3. Methodology and limitations

The assessment adopted a mix of methodologies and tools to gather information including: facility assessment checklists, observation, review of records/documents, in-depth interviews with facility managers and focus group discussions (FGD) involving adolescents and young people. The facility assessment checklist focused on location, type and mix of services, quality of services, available infrastructure, personnel and materials. The in-depth interviews with managers and providers in such facilities provided an opportunity to obtain information on functionality, patronage, young people’s response, challenges, lessons and suggestions for repositioning of YFHS in Nigeria. On the other hand, FGDs with young people focused on their views and perceptions as beneficiaries about the centre facilities, attitude of managers or providers, and benefits of the centre, reasons for use or non use and requirements for repositioning the centres to meet their needs. The main output of the exercise is a comprehensive assessment report including key recommendations.

The assessment was faced with a number of challenges. Firstly, strike actions by health workers, particularly in Northern Nigeria, and the general elections that delayed data collection. Secondly, bureaucratic processes in some facilities owned by Government or Universities slowed down the process of information collection. In some instances, Field Assistants had to make several return visits before the assessment could be conducted. Thirdly, lack of data and or poor record keeping in some of the facilities limited the opportunity to objectively assess the level of utilization of some of the facilities. Fourthly, there were no young people to be
interviewed in some of the facilities. Finally, the assessment could not be conducted in 3 states (Anambra, Yobe and Zamfara) due to lack of available facilities.

4. Respondents

The survey was designed to cover the entire 36 states and Federal Capital Territory (FCT), however, the assessment was not able to cover three states: Anambra, Yobe and Zamfara; due to lack of such facilities. In all, the assessment covered a total of 88 facilities from 33 states and FCT. Respondents were heads of facilities or their representatives and included 20 males and 68 females.

5. Findings

5.1 Type of facilities and characteristics

A total of 88 facilities were assessed. Of this number 28 (32%) were youth centres, and additional 28 (32%) were YFHS clinics, and the final 32 (36%) were general health clinics. 56 (64%) of the facilities were integrated within other health or community centres while 32 (36%) were stand alone. Of the facilities, 57 (65%) were primary health care (PHC) centres, 15 (17%) were secondary facilities, and 16 (18%) were tertiary facilities.

5.2 Facility ownership

Of the facilities assessed, 38 are owned or managed by the government, 33 by NGOs, 12 are tertiary institutions (university, polytechnic or colleges of education), 3 are owned or operated privately, and 2 by religious organisations.

5.3 Types of cases/issues reported to the facilities by adolescents and young people

Figure 4 below shows types of reported cases/issues by adolescents and young people in the 88 facilities assessed. An overwhelming majority (80, or 91%) reported attending to clients
needing STI testing or treatment, an indication that STIs remain a prevalent reproductive health concern among young people. This also suggests that young people seek health services only when they show symptoms or are concerned about STI infections, and are not using preventative health services. The implication is that more innovative and effective strategies need be designed and implemented to promote positive health-seeking behaviours and practices among young people.

Another very high percentage of facilities (88%) reported young people coming in with questions about menstruation, 81% because of unprotected sex, 76% seeking contraception, 75% with questions related to unwanted pregnancy, 72% each for young people coming in to clinics to discuss their desire to have sex, to avoid unwanted pregnancy, or because of mental health concerns. The fact that more than half of the facilities (52%) reported that they have attended to cases of rape prior to the survey is of concern and suggests the continuing perpetration of sexual and gender-based violence against girls/female adolescents. The number of cases reported is likely to be far lower than actual cases of sexual violence or assault in local areas, considering that most victims may not be willing to disclose their experience. This situation calls for clear and decisive action from government, NGOs and communities to stem this form of violence.

Although only 19% of facilities reported cases of incest, actual cases may be much more common due to the social stigma against victims who come forward to report their experiences. The implication is that this may just be the tip of the iceberg as most victims of this violence, just as in rape and other cases of sexual violence, are generally not willing to report for fears of lack of confidentiality and stigmatisation. It is also important to note that in terms of gender-based violence, although women and girls are more affected in the Nigeria setting, sexual and gender-based violence does not affect

Cases of rape was reported by 52% of the facilities assessed while 19% reported cases of incest
women alone. It can be argued that cases against men or based on sexual orientation and gender identity are far more likely to be under reported given the pervasive social stigmas and taboos in Nigeria.

Among the non-sexual and reproductive health concerns reported by youth-serving facilities, the most common were substance abuse (70%) and mental health issues (45%). The heavy prevalence of both issues suggests the need for further research into the mental states of young people in Nigeria and the underlying causes of substance abuse amongst this age group. In the meantime, youth friendly health service facilities must be prepared to address the mental health and substance abuse of young people as well as their sexual and reproductive health needs in order to appropriately address their target population. Overall, the reported cases and issues depict young people’s health needs and problems and underscore the importance of providing services that address these specific issues.

5.4 Hours of operation of facilities

One of the barriers to services for many youth is facilities’ hours of operation, as they frequently coincide with school and working hours. While a significant proportion of facilities (38%) operate 24-hour services, these are mostly located within larger secondary or tertiary health service facilities such as hospitals or universities. The majority (47%) of the facilities are open between 8 am and 4 pm, and another 15% indicated varying degrees of operational hours including 8 am to 5 pm or 6 pm. 1% of the facilities reviewed were only open between the hours of 8 am and 2 pm, and only one facility indicated operational hours of 9-1pm on Saturday in addition to the other week days. Facilities that are operational for 24 hours are more likely to be convenient for young people as they have the choice of when to go for services. The shortened operational periods at other facilities are likely to deny some young people access to services as the opening hours coincide with the school period and work day. Interestingly, the overall assessment of the convenience of hours of operations was rated highly satisfactory (38%) and satisfactory (59%) by respondents, an indication that adolescents/young people still access services.
despite seemingly inconvenient operating hours. The remaining 3% rated this aspect not satisfactory. Although this percentage is low, it should not be ignored.

5.5.**Users of facilities**

5.5.1 **Beneficiaries**

Analysis of data collected revealed that the users of facilities that provided YFHS and youth centres cut across categories of young people and others. Nearly all (98%) of the facilities reported that beneficiaries of services were young people, 78% served married adolescents, and roughly half of the facilities reported serving only male (26%) or only female (25%) clients. 5% of facilities reported also serving infants or adults as well as young people, raising questions about the confidentiality of services that mix generations within a single clinic. In addition, pregnant adolescents are often required to attend antenatal clinics with adults, which may not be convenient. It would therefore appear that facilities that integrate YFHS with other services may not be meeting the desires and expectations of young people for this arrangement may not guarantee absolute confidentiality. The diverse categories of young people served by facilities calls for innovative, responsive approaches to providing services which meet their varied health needs.

5.5.2 **Level of utilization of facilities/services**

Most facilities did not provide service data disaggregated by age and sex, thus posing a challenge to analysis using these variables. It also was not possible to ascertain whether the figures presented were all for young people or inclusive of adults and children. Furthermore, some facilities did not have service data either because of lack of records. The assessment considered level of utilization of facilities/services in the month preceding the exercise. Generally, level of utilization of facilities and services by young people was low. Only 36% of facilities reported above 50 clients and an additional 6% of facilities reported 30-49 clients, 16% reported 15-20 clients in the preceding month, 6% fewer than 15 clients, and 4% of facilities reported zero clients. The low utilization of facilities and services by young people is of concern and suggests that either services are not youth friendly enough, the availability of services is unknown among the general public, or there are accessibility challenges which need to be addressed.

5.6.**Available Services and Activities**

Facilities were assessed by type and mix of services available to young people. The services are categorized into clinical and non-clinical in the following sections.

5.6.1 **Clinical Services**

5.6.1.1 **Clinical Services including Treatment**
Meeting all of the health needs of young people in one facility or programme provides a greater chance that they will receive the services and care they need. Facilities were assessed to determine the available range and mix of clinical services. Figure 9 indicates the mix of clinical services provided by facilities. Generally, sexual and reproductive health services are being provided and they include family planning, STI testing and treatment (Syndromic and aetiological), post abortion care, antenatal care, delivery and HIV&AIDS testing and treatment. The majority (66%) of the facilities were providing family planning services, and a similar percentage (65%) provided condoms to young people, though the recipients paid for all goods and services provided at the facilities. This means that the young people who use services only have access to condoms, a critical tool for the prevention of unwanted pregnancy and STIs including HIV, if they can afford the costs.

Only 11% of facilities provided pap smears, an important service for young women, as this screening is vital to the early detection and prevention of cervical cancer. The lack of this service in 89% of the facilities that serve young people must be addressed. Similarly ARV/ART service was only provided by 23% of the facilities assessed. It should be noted that young people indicated a desire for these services within a system that is both convenient and confidential. Therefore to ensure young people’s access to comprehensive SRH services, including HIV/AIDS testing and treatment, facilities that are designated as youth friendly must be sensitive to their needs. This is imperative considering that young people are among the most affected by the epidemic.

On the average just about half (49%) of the 88 facilities assessed...
provided most of the clinical services listed in the above chart (Figure 9); an indication that young people did not have access to comprehensive clinical services in about half of the facilities. The implication is that when young people know they would not find the desired services they are not likely to go to those facilities, resulting in low use of available services.

5.6.2 Non Clinical Services

Many of the facilities assessed did not provide non-clinical services. 50% and 47% of the facilities provided indoor games or viewing centres, respectively, suggesting both the popularity of these services and the relative ease for facilities to provide them. 39% of the facilities had a resource centre or library, 30% provided vocational skills training, 26% had ICT facilities and 23% provided rehabilitation services. These services are highly desired by adolescents and young people as they empower them to seek out information, improve their education, and seek a livelihood. The lack of availability of these services in many facilities may also be responsible for the lack of use of these facilities by young people. Despite the associated costs and equipment needs, a lot more needs to be done by various facilities to provide additional non-clinical services.

5.6.3 Sources of Information

Respondents were asked what sources of information they turned to in order to locate and choose health centres or facilities.

Responses indicated that friends or other young people were the primary sources of information (81%) followed by service providers (health workers) (77%), posted signs or advertisements (61%), parents/guardians (55%), and Radio/TV (49%). Others including
pastors, faith based organisations and flyers account for 6%. The findings show that young people are the major source of information about the location and provision of services and therefore greatly influence their peers. The involvement and participation of young people in the management of the facilities can therefore greatly increase utilization of services as they are more likely to attract their peers.

5.6.4 Demand Creation

Uptake and popularity of YFHS facilities and youth centres requires more than simple provision of services: the marketing of available SRH services and recreational activities in surrounding communities is imperative. The assessment reviewed demand creation activities by the facilities including types and places of outreach activities. As indicated in Figure 12, school outreach ranked the highest (78%), while special events and community outreach ranked similarly (72% and 70% respectively). Currently, the use of text messages was least used as a means to create demand by facilities, a reflection of the relatively high cost and logistical difficulty of using personal messages as a publicity strategy. More research into new technologies for mobiles will be required to assess the costs and benefits of using cell phones to provide information and publicity about facilities and services.

5.7 Structure, equipment, facilities, drugs and medical equipment, materials and consumables

5.7.1 Structure (building), Space (accommodation) and Equipment

The majority (63%) had adequate counselling rooms, 61% used the same space for different sections; they used the same space for reception, consulting and counselling rooms, 60% had separate reception and consulting rooms and 58% had adequate waiting space. On the non-clinical side, only 38% had available and adequate space for games while very few (17%) had adequate internet and computer facilities. It is important to note that these facilities might seem unimportant, but they are most likely to attract young people to YFHS facilities and centres as well as provide a confidentiality screen for young people attending services. The overall assessment of adequacy of space in facilities indicate that 23% were judged to be highly satisfactory and 45% satisfactory, suggesting that a significant number of youth friendly facilities still have need for additional space for both clinical and non-clinical services. However, the majority (77%) of facilities were judged to have a secure and comfortable environment for clients. However, it needs be pointed out that despite of the seemingly adequacy of space and comfortability of the environment as reported by the respondents, most of the facilities still fall short of the requirements for a comfortable environment for adolescent services in view of the fact that the spaces available for such services are grossly inadequate.
### TABLE 1: INFRASTRUCTURE & SPACE BY PERCENTAGE OF FACILITIES
N = 88

<table>
<thead>
<tr>
<th>Infrastructure and Space</th>
<th>Facilities</th>
<th>Adequate</th>
<th>Not Adequate</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space</td>
<td>61%</td>
<td>39%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Reception</td>
<td>60%</td>
<td>33%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Waiting room</td>
<td>58%</td>
<td>26%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Consulting/Treatment room</td>
<td>60%</td>
<td>25%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Counselling room</td>
<td>63%</td>
<td>28%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Sterilization room</td>
<td>40%</td>
<td>26%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Observation room</td>
<td>43%</td>
<td>22%</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Games section</td>
<td>38%</td>
<td>32%</td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td>17%</td>
<td>25%</td>
<td>58%</td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td>22%</td>
<td>32%</td>
<td>47%</td>
<td></td>
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<tr>
<td>Records section</td>
<td>45%</td>
<td>30%</td>
<td>25%</td>
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</tr>
<tr>
<td>Mean</td>
<td>46%</td>
<td>29%</td>
<td>26%</td>
<td></td>
</tr>
</tbody>
</table>

#### 5.7.2 Medical Equipment and Instruments

A significant percentage of facilities lack basic clinical equipment and instruments such as blood pressure apparatuses (18%), stethoscopes (18%), oral thermometers (49%), weighing scales (24%) and even dustbins (10%). Generally the indication is that facilities providing YFHS do not have the necessary equipment and instruments required to provide satisfactory services to young people. The percentages for couches or suitable chairs (24%) and ward screens (22%) are also significant. The implication is that these facilities lack the ability to provide appropriate comfort and privacy for clients.

#### 5.7.3 Drugs availability

On the average, 41% of the facilities assessed did not have antibiotics, antifungals, analgesics and antibacterials, all of which are basic drugs required for the treatment of infections and in the case of analgesics to relieve pain (see Figure 13). 38% of the 88 facilities had adequate quantities of these drugs while 21% had the drugs available but not in adequate quantities. These findings highlight the challenges faced by young people in
accessing drugs at facility level. The implication is that when attended to, young people are likely to be given written
TABLE 2: MEDICAL EQUIPMENT AND INSTRUMENTS

prescriptions to purchase drugs from over the counter at chemists or pharmacy shops. This means that they face the danger of not being able to afford the cost of such drugs, or risk buying expired or unsafe drugs from unlicensed sellers. Only 6% of the facilities indicated the availability of other drugs including ARVs, antimalarials, de-wormers, and antispasmodics, thus presenting increased mix of drugs for clients.

5.7.4 Family Planning Commodities

Sexually active adolescents and young people need, want and have a right to the information and services which will help them prevent STIs, including HIV/AIDS, and unwanted pregnancies. The availability of a wide range of family planning methods (commodities) ensures clients’ access to services, and indicated in Figure 14. The majority (69%) of facilities had condoms in adequate quantities. Female condoms, though available in 54% of facilities, were only available in adequate quantities in 41% of those facilities. Other commodities in
adequate supply include oral contraceptive pills (41%), injectable hormonal contraceptives (38%), and IUDs (31%). The rest of the facilities either had inadequate quantities of the listed commodities or lacked them entirely. The implication is that many facilities are not meeting family planning needs of young people.

5.7.5 Recreational Equipment/Facilities

Recreational facilities attract more young people to youth centres and therefore present a high potential window of opportunity to provide information and services on sexual and reproductive health. Games, reading materials and recreational facilities were found to be lacking and therefore rated not satisfactory in 57% of facilities. This is a cause for concern and needs to be addressed. Figure 15 shows the availability of recreational equipment and facilities.

5.7.6 Educational Materials

Findings suggest that the availability of educational materials presents a challenge to YFHS facilities and youth centres. Five facilities (6%) lacked any form of educational materials, while 26 (30%) had inadequate materials. Posters on walls were the most commonly available materials (in 49% of the facilities) followed by leaflets on RH issues (in 32% of the facilities). The findings suggest that young people did not have access to adequate informational materials on SRH and other non-clinical services for reading and take away. The lack of educational materials may also mean that the centres/facilities do not think that they are important or useful or perhaps there is no support for the production of those materials.

5.8. Management

5.8.1 Staffing

Generally, respondents reported inadequate numbers of trained staff in the facilities, which may result in poor quality services for young people. The respondents’ reports were at odds with official reports which show sufficient levels of staff training. 80% of facilities had counsellors, 77% had nurses/midwives, 65% had laboratory technicians, 63% had CHEWs, 61% had outreach staff, and 57% had...
medical doctors. However, in many cases clinics had only insufficient numbers of trained staff in all of the above-listed areas. The implication is that the few available staff are likely to be fatigued resulting in poor quality of services. Young people with multiple needs frequently could not get them all met at the same facility, resulting in a barrier to access. It should also be noted that it is possible that for many clinics the same staff member was counted under multiple categories, as some counsellors referred to may also be the Nurse/Midwives or CHEWs since the facilities may not have full time counsellors in their employment as staff.

It is encouraging that majority of respondents (75%) indicated having been trained in one area or more for YFHS provision. Training areas were in the following categories: family planning/sexual and reproductive health issues, PAC, IPCC, gender, record keeping, IT, infection control, HIV/AIDS, PMTCT, youth friendly services, entrepreneurship, vocational skills acquisition, general health issues, management, M&E, and advocacy. However, it still remains a point for concern that 25% of respondents had no training in the provision of youth friendly services. The implication is that such staff provided services based on either on-the-job training or on trial and error. This is likely to endanger the health of young people or reduce the capacity of the clinics to meet the young people’s needs.

5.8.2 Processes and Procedures

Young people are likely to be discouraged from returning to facilities whose processes and procedures are unnecessarily prolonged and delay clients. They are likely to share this experience with their friends and peers and thereby dissuade them from going to the same facility. Overall, time spent at facilities by clients was mostly rated highly satisfactory (43%) or satisfactory (39%), and only occasionally not satisfactory (18%). This suggests that there is still some room for improvement among the facilities that operate procedures/processes that do not ensure prompt attention and may not be friendly enough to young people. Although only 18% rated this aspect not satisfactory, it should not be
dismissed as the implication may be potentially grave for retaining young people who attend the facilities. Clients are likely to look for alternatives outside the system.

5.8.3 Youth involvement and participation

The assessment shows different levels/types of youth involvement. Youth were mostly engaged to provide health talks (58%), peer outreach (48%), and peer counselling (41%). Further analysis shows that only 30% of facilities involve young people in general management, meaning that only a small proportion actually participate at policy and management level. The implication is that critical decisions affecting health and development of young people may not reflect their needs or desires and therefore services provided may be inappropriate. Young people are not likely to use such facilities for lack of appropriate services.

5.9 Level of utilization of facilities and services

5.9.1 Clinical

The utilization of services in the preceding month was obtained from each clinic. Table 4 presents the data for both clinical and non-clinical services by age category and sex. It should be noted that some of the facilities assessed did not report data disaggregated by age while others could not even provide any form of data, possibly due to the absence of good reporting systems. With regards to clinical services, contraception was the most utilized (20,860 clients). Of this number nearly equal parts were clients above the age of 35 years (5288, 25%), clients aged 30-35 years 5108 (24%), clients aged 25-29 years (4309, 21%) and clients aged 15-24 years (6060, 29.1%) Overall, the result indicates that young people from age 15 to 35 demand and use contraceptive services and therefore strongly justifies the continued and strengthened provision of this service in YFHS facilities. The finding also shows that more males (52%) utilised contraceptive services than females (48%) probably because the most popular contraceptive for males is the male condom, the uptake of which could be very high because of regular and repeated use.
TABLE 3: UTILISATION OF SERVICES BY AGE CATEGORY AND SEX

<table>
<thead>
<tr>
<th>Type of Service Provided</th>
<th>No. of Young clients served</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10-14</td>
<td>15-19</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>RH</td>
<td>175</td>
<td>725</td>
</tr>
<tr>
<td>HCT</td>
<td>181</td>
<td>122</td>
</tr>
<tr>
<td>STI treatment</td>
<td>41</td>
<td>46</td>
</tr>
<tr>
<td>PAC</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Contraception</td>
<td>25</td>
<td>70</td>
</tr>
<tr>
<td>Counselling</td>
<td>152</td>
<td>991</td>
</tr>
<tr>
<td>Games</td>
<td>132</td>
<td>41</td>
</tr>
<tr>
<td>Computer</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Internet</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Library</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Referral</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>Others: ANC, Delivery</td>
<td>53</td>
<td>48</td>
</tr>
</tbody>
</table>

Voluntary Counselling and Testing (VCT) for HIV also received very high uptake (7894, 38% of total clients). Most of this data was disaggregated by age and sex. Young people aged 15-19 years utilised VCT services most (27%) followed by those aged 20-24 and 25-29 with 23% each respectively (see figure 19). These findings indicate that there was increased awareness about VCT among these age groups. However, the very low percentage (4%) of young people aged 10-14yrs utilizing VCT services suggest that either this group of young people were not aware of such services, did not go to those facilities, or may not see themselves as being vulnerable. It is important to intensify awareness/demand creation activities among them in order to increase VCT uptake.

Generally, more women than men accessed VCT services. Counselling services accounted for 17% of total services provided by all facilities in the month preceding...
the assessment and ranked third in service utilised by young people across the country. More women (63%) than men (37%) utilised this service, suggesting that women either presented with more issues that required counselling and guidance, or that clinics were more likely to refer young women for counselling than young men. The need to further strengthen the counselling skills of staff in the facilities is imperative.

Reproductive health (RH) services accounted for 16% of total clinical services accessed by young people. In this report young people are those in ages 10-35 years. Most frequently, RH services were used by young people aged 30-35 (20.4%) and followed by those aged 20-24 (19.8%), 25-29 (19.5%) and 15-19 (18.6%) respectively. The majority (78%) of users were females. Although STI testing and treatment clients were only 5% of total clients served, this may not be a true reflection of the number of young people affected. This may be a result of the lack of availability of such services in many facilities. 27% of young people treated for STIs were in the age group of 20-24. The majority of clients for STI testing and treatment were young women, perhaps reflecting their increased vulnerability to STIs, but also potentially the result of more frequent appearance of symptoms among women than men for many STIs. Surprisingly, PAC services were the least (1%) utilised. Less than half (42%) of clinics provided PAC services with only 291 young women accessing them. It should be noted that non-availability of abortion services is due to social and legal barriers considering that its provision is restricted (to when the life of the woman or the baby is threatened), providers’ bias and issues around moral and religious beliefs. This suggests that many young people who desired/demanded these services did not have access to them due to clinics unwillingness or inability to provide them. It should also be noted that this was corroborated by respondents when they mentioned PAC services as one of the services demanded by young people but not available in many of the facilities. This need should be addressed.

5.9.2 Non clinical

The provision of non-clinical services including games, computer and internet access, and library services attract young people to facilities designated as youth
friendly. Facilities were assessed to determine the availability and utilisation of these services by young people. The general trend indicates that more males utilised the services. The need to design and include other non-clinical services that seem more relevant to females as suggested by respondents in order to attract them is imperative. There may also be other issues regarding lower utilisation of clinical services by young women and girls. Games were the most used service suggesting that this was the commonly available service in the facilities. The low utilisation of computer and internet services may not be a true reflection of lack of desire but rather of lack of availability of these services. Young people desire to have these provided as mentioned during interviews and focus group discussions. They are more likely to be attracted to facilities that provide these services and therefore present opportunities for accessing clinical services.

Many (25%) young people aged 15-19 and 10-14 (17%) years used library services, suggesting that these age groups are likely to be in-school and therefore using non-clinical resources at YFHS facilities to meet and supplement their educational needs. This finding also suggests that they are more likely to go to youth friendly centres that have library facilities to meet their needs. Further analysis indicates that among younger adolescents, males and females used these services almost equally. However, the difference is significant among older adolescents, aged 15-19, where more males (64%) than females (36%) utilised library services.

5.9.10. Documentation

The vast majority of facilities (77%) maintained service data using daily and monthly forms. 60 (68%) of the facilities maintained client cards containing basic bio-data, 75% had case notes/client files, 94% maintained a clients register that had records of characteristics of clients and services received. 65 (74%) facilities reported analysing data collected at service delivery points. However, of this number, a majority of 39 facilities (60%) had no evidence of data analysis such as graphs and charts. The lack of data analysis can be a sign of lack of capacity to use ongoing, formative evaluations to improve services. The remaining 40% had evidence of internal analysis of clients by service uptake. Respondents reported use of data for various purposes including management decisions for youth programme planning and development, reporting to funders, improving quality of service, capacity building for staff, requisition, references, information sharing with partners, research and publications, monitoring & evaluation, mentoring, forecasting, job evaluation and determining health needs of the community.

The total lack of data analysis skill in the remaining 28% of the total facilities may be due to capacity challenges or lack of understanding of the benefits of such an exercise in improving quality of services. Staff from such facilities would benefit from training in data management to improve operations.

6. Providers' and clients' perspectives

6.1. Rationale for the establishment of youth friendly facilities/services
Providers’ and beneficiaries’ opinions were sought on the rationale for establishing the youth friendly facilities/services. The need to respond to the health concerns of young people including reproductive health needs, establishing a place where youths can relax and interact with one another, providing guidance and counselling were mentioned by respondents. Others included curbing teenage pregnancies, reducing pregnancy complications, reducing the high prevalence rate of HIV among young people and general health generally. Considering that young people are a great resource to any community, these reasons are in agreement with the general concerns and desires of community for young people. To the beneficiaries, they believe that the youth friendly facilities and services were established for the purpose of enlightening youth on HIV/AIDS, family planning, abortion complications, and reproductive health issues generally, suggesting that young people perceived these as priority health needs. The implication is that, if the youth friendly facilities and services fall short of providing these services, the expectations of young people will not have been met.

6.2 Youth friendly services as priority intervention for young people

An overwhelming majority (68) representing 99% agreed that youth friendly services is a priority intervention for young people. Only one respondent, representing 1% did not agree. Reasons provided by providers and beneficiaries are presented in Box 1. Generally, respondents consider young people’s great potential for development of society, and recognize their unique health, social and developmental needs and concerns. They explained that young people have limited knowledge and understanding of their bodies and sexuality and make mistakes as they grow up and deal with them for the rest of their lives. As young people go through adolescence, they face numerous sexual and reproductive health challenges. Unfortunately, the existing facilities are not designed to meet these challenges. Therefore providing them with
the appropriate information and services within the right environment will help them make informed decisions and ensure they remain healthy and useful to the society.

The recognition of the high prevalence of HIV, unwanted pregnancies, abortion and STIs among young people is an indication that they are priority health and developmental needs that should be addressed by any youth friendly facilities. This is also in line with what is documented in literature that young people, especially adolescents, need comprehensive sexual and reproductive health education and counseling services, especially on topics including development and maturation, relationships, decision making about sex, gender issues, sexual abuse and exploitation, sexuality, contraceptive negotiation, and adoption of contraceptive methods. In addition, respondents noted that many service providers are not trained to work with young people and therefore the need to make their training in youth friendly services as a priority will enhance the provision of quality services for young people.

Client respondents also corroborated the views and perspectives of providers concerning youth friendly services as priority for young people. To them the information and services they receive help them to make informed decisions and choices in life, shape their lives and even lifestyles and this can only be realized when such intervention is made as a priority for them. A beneficiary at a facility said that “you don’t have to be sick to come here” meaning that the desire and need to provide preventative health and educational services is an expectation and priority for them. Overall the identification of available health information and services as well as vocational skills acquisition by young people is of high priority to them and therefore should be provided in any youth friendly services.

6.3. Benefits of youth friendly health services to young people

The survey sought the opinion of managers of youth friendly facilities and services about the benefits of such services to young people. A long list of benefits was generated by respondents. Analysis and summary of responses indicated that benefits of youth friendly services include empowerment of youth to prepare them for the future, prevention of diseases, life skills development, vocational skills acquisition, social forum for interaction, recreation and relaxation,
morale boosting and increased self confidence, educational (library, career guidance), provision of customized services to young people such as information and services on reproductive health, HIV/AIDS, STIs, prevention of unwanted pregnancies and criminal abortion, and increasing access of young people to all these services. Interesting male involvement in family planning was mentioned as one of the benefits, suggesting that youth friendly services is a fundamental strategy to achieving male participation in issues of reproductive health from the early years of life.

The young people considered the benefits of youth friendly services to include the provision of avenue for socialization, a forum for interaction and exchange of ideas that borders on their welfare, development of life skills, learning about reproductive health, HIV/AIDS and other health issues, “a place where we always find help when there is need for it”, “helps us to get the correct answers to our problems”, “builds our self esteem”, “get informed about trends in the society” and “reduces dumping of babies”. Educational materials are important; written and audiovisual materials that provide useful information on sensitive SRH issues that young people can have access to and read in their personal privacy. The materials can also be taken home and used as reference in the future. Only if these identified benefits are realized that it can be said that youth friendly facilities and services in the country have met the desires and expectations of young people.

6.4. Specific achievements of facilities

Respondents reported varying degrees of achievements of their facilities/services. The summary of achievements is presented in Box 2. Generally achievements reported are in the areas of increased access and utilisation of young people to reproductive health information and services, capacity building of young persons (peer educators, counselors), economic empowerment, increased utilization of services, community participation and improved life skills of young people. Others include capacity building of personnel and referrals for appropriate management. The fact that more young people go for HCT services and an increasing number know their HIV status is also considered an achievement.

6.5. Sources of information about the centre to young people

Figure 36 depicts sources of information about the youth friendly centre to young people. Majority of respondents (15) representing 21% mentioned friends as the source of information about the youth centres in their locality. Parents are the second major source of information as reported by 12 (16%) of
respondents. The school was reported as a source of information about the centres by 9 (12%) of respondents, while 8 (11%) mentioned sign post & notice boards. It is clear that parents, friends, schools and signposts are the main sources where young people receive information about where to access youth friendly services. The implication is that demand/awareness creation activities for youth friendly services should factor in parents, friends and school teachers as strategic partners in awareness creation about such services. In addition, the strategic nature of signposts cannot be undermined. Sign posts indicating the availability of youth friendly health services and centres should be designed and strategically located for easy identification by young people. Such sign posts should clearly indicate the type of services available and hours of operation.

6.6. Level of utilization

In assessing performance, youth friendly facilities’ managers or providers were asked to rate the level of utilization of their facilities on a scale of Very High to Very Low. Respondents’ ratings are indicated in figure 37. Majority (20) representing 43% opined that the level of utilization of facilities was high, followed by 17 representing 37% of respondents who thought that the level of utilization was very high. However, 7 representing 15% and 2 representing 4% of respondents each rated the utilization as low and very low respectively.

Respondents attributed the very high level of utilization of facilities by young people to many reasons including easy accessibility and availability of services as some of the facilities are situated within the communities or within schools/universities, quality of care, availability of other services such as skills training, computer training, cybercafe, library services, indoor and outdoor games, and refreshment/restaurant facilities. Furthermore, community involvement and participation was reported to also have contributed to increased utilization of facilities and increased awareness by young people about their health needs. According to respondents, some community members visit the centres to find out about information and services provided, for example on girl-child education and other gender issues. These reasons are instructive to any facility providing youth friendly services. The implication is that providing appropriate services for young people will attract them and increase utilization.

Privacy and Confidentiality are considered important among young people
With regards to the low rating of utilization of facilities, lack of basic working equipment, and inadequate attitude of personnel have been attributed to it. The age gap of providers and presence of elderly clients in some of the facilities was also reported as a factor that contributed to the low patronage of some facilities by young people. Thus corroborating documentation in the literature that young people would rather have young personnel attending to them and do not feel comfortable attending the same facilities with adults for reasons of confidentiality. Privacy and confidentiality are considered important among young people. In addition, lack of comfort with real or perceived clinic conditions and attitudes of providers has been identified as a reason for young people’s avoidance of clinics and service providers. A respondent noted the location of one of the facilities along the road thus negating confidentiality issues and so deterring young people’s patronage. These situations therefore highlight and suggest the inappropriateness of some of the facilities designated as providing youth friendly services. The lack of awareness of the existence of some of the youth friendly facilities as reason for low utilization brings to the fore the need for publicity and awareness creation about availability and location of facilities as well as type of services in the country.

6.7. Motivation for using the centre (young people)

Beneficiaries were asked about their motivations for seeking YFHS. Responses indicated that the period of use ranged between one month preceding the survey and upwards of ten years, dependent on the long-term availability of facilities and the age variations among respondents. Some reasons mentioned by respondents include the availability of interesting programmes organized for youths by the management, young people’s capacity building activities, opportunities for meeting other likeminded young people where exchange of ideas can take place, friendliness of personnel, confidentiality, cost of services, and quality of care. Young people also specifically mentioned a desire to learn about HIV and other STIs and to develop life skills as a motivation for using the facility, suggesting that young people are more likely to seek out facilities when they perceive that they will increase their knowledge and skills related to their SRH. However, some respondents reported being discouraged from seeking out health services either because there were not enough facilities or because the existing facilities lacked necessary drugs and equipment. One respondent shared the experience of being rejected at a centre the first time he sought for treatment for typhoid fever because of lack of drugs. The provision of adequate drugs in the facilities is therefore fundamental to securing the confidence and continued patronage of young people.

6.8. Factors in favour and against use of centres by young people

Respondents identified several factors both in favour of and against the use of centres by young people. Generally, comprehensiveness of services, confidentiality, adequate funding support, adequate equipment, absence of discrimination and
stigmatization, adequate knowledge and commitment of young people to their future were mentioned as favourable factors to use of centres by young people. On the other hand, lack of services, confidentiality, equipment, or funding, as well as the presence of stigma and discriminatory attitudes amongst service providers at the facilities discouraged young people from attending, suggesting that YFHS facilities must maintain adequate supplies and positive, supportive environments if young people are to be attracted to them.

6.9. Involvement and participation of young people

The majority (76%) of the respondents interviewed reported that young people were involved and participated in the management of the youth friendly facility while the rest (24%) said young people were not involved in any way. For the majority of the respondents that reported active participation of young people in the management of the facilities, they could have interpreted it differently. For instance, some young people act as volunteers, some are involved in outreach activities, some (PEs) refer their colleagues/friends to the facilities, and some out of interest visit the centres to help in any way the providers deem fit. By international standard, this sparing participation cannot be an acceptable standard for measuring participation in these facilities. It should also be pointed out that some of the respondents also confirmed low participation of young people as lack funds to recruit them as volunteers and that the public service system also does not have provision for such.

6.10. Existing gaps between requirements and what is available

Studies have shown that young people describe as ideal a centre which provides comprehensive health and social services using integrated approach. In this survey respondents reported that some services were demanded by young people but not available in facilities, encompassing both clinical and non-clinical support. Many young people specifically mentioned a need for safe abortion services, which was not available due to legal prohibitions. Although post abortion care (PAC) is legal, some facilities were unable or unwilling to provide this service, either because of a lack of equipment or because of biased or inadequately trained providers. Not surprisingly, other services requested by young people but not provided in all facilities included: family planning (including contraceptives) and STI testing and treatment, including VCT services for HIV. These are services that address the SRH needs of young people as they look to prevent unwanted pregnancies and STIs including HIV. In addition, radiology services (X-ray, ultrasound), laboratory services and genetic counselling were not available but demanded by clients. Young people clearly continue to demand specialized and comprehensive services within a friendly, confidential and non-judgmental setting. The provision of appropriate equipment and trained personnel in a wide range of services is therefore vital to fulfilling the SRH and human rights needs of young people.

Most alarmingly, the SRH services young people mentioned needing but not being able to access included services for cases of rape, sexual abuse, double nipples and
incest. Young people reported that they had brought these cases, as well as concerns about drug abuse to some facilities but had been told that they could not be handled due to lack of expertise/training in dealing with such issues. This is a pointer to the need to train staff to handle them or establish strong referral system that will be less stressful to young people to obtain help.

The non-clinical services demanded by young people but largely not provided include vocational skills development, educational assistance (pre-JAMB tutorials), recreational facilities, career guidance and counselling, refreshment cafés, internet facilities, and care and support for people living with HIV/AIDS.

Beneficiaries desire additional facilities/services such as internet café, games centre, DSTV, library, Dental care, Eye care, HCT, IEC materials, Condoms (male and female), and skills acquisition that were not available in some of the centres assessed.

6.11. Challenges

Facilities respondents and young people interviewed shared quite a few challenges in managing and sustaining youth friendly facilities and services. Among the most common are: funding difficulties, inadequate equipment/materials or space, inadequate numbers of trained staff, low community involvement and the attitude of management towards adolescents’ problems. For the beneficiaries, challenges experienced included inadequate facilities, distance to the nearest facility, lack of 24 hour access to doctors, and inadequate drugs. In addition, beneficiaries expressed concern about misconception among some youths and elders that YFHS facilities exist solely to provide abortion. The need to increase awareness about the range of services at YFHS facilities is therefore imperative. Both facility respondents and beneficiaries expressed concerns about the instability of the electricity supply to facilities, as this limits both the ability to provide clinical services and the availability of complementary non-clinical services that attract young people.

While staff and beneficiaries noted the above challenges, they however are making efforts to address them. One key action taken by some of the facilities is collaboration and partnership with organisations providing those services they lack. For example, some facilities improve their ability to provide necessary drugs and medications through collaboration and referral. In order to address funding challenges, facilities are engaging in income generation activities, soliciting for donations and grants. To increase demand for services some facilities engage in home visits to sensitise and increase awareness about the facilities and services available.

6.12. Increasing and sustaining interest and patronage
Concern about increasing and sustaining young people’s interest and patronage of YFHS must always be highlighted. One of the core principles of YFHS provision is engaging young people as staff and involving them in decision-making on the management of the facility. It is therefore not surprising that when asked to suggest ways to increase and sustain interest and patronage of YFHS facilities by young people, respondents highlighted the need for increased training and engagement of young people and to actively involve them in the management of the centres. According to them this will attract their friends and peers to the facilities.

Some respondents noted the low utilization of YFHS facilities by young women and therefore suggested that research on gender inequalities and discrimination in the centres in order to improve young women’s access to services. Additionally, respondents recommended that facilities should improve privacy and confidentiality, work to enhance individualised care, and work with facility staff to improve attitude towards young people’s and adolescents SRH and human rights in order to promote good interpersonal relationships with clients. This reinforces previously documented evidence showing the importance of these factors to successful YFHS provision. Young people do not trust adults when seeking SRH services for fear of judgment, lack of privacy and breaches of confidentiality. However, when services are provided free of judgment, in a private and confidential manner, and using good interpersonal counselling and communication skills, young people increase their trust in providers and open up to discuss their problems freely. Other suggestions include provision of facilities like resource libraries, computer games, play stations, more indoor and outdoor games including table tennis or snooker tables and interesting reading materials like comic books, as well as skills acquisition and IT facilities. The implication is that youth friendly centres that are short of these facilities will not attract young people.

When young people demand health and other services and find them both in the same facilities, they are more likely to sustain their interest and patronage. Therefore, as rightly identified by respondents, the availability of services that meet the needs of young people will increase and sustain their interest and utilisation. In addition making activities at the facility more creative and entertaining attracts more young people. In recognition of this, respondents opined that introducing a variety of creative educational programmes such as talk shows and mass youth enlightenment seminars, school outreaches, and demand creation programmes, all focusing on SRH issues, will increase interest and patronage by young people.

Trained and committed staff are vital to the successful provision of youth friendly services. In view of this, respondents highlighted the need to train staff on young people’s SRH and human rights and to secure their commitment to responding to young people’s needs in a fair and non-judgmental manner. This will attract and sustain the interest of young people. Rightly, the provision of adequate equipment and commodities, including drugs for treatment of STIs, was mentioned as a way of attracting young people to facilities. Young people are faced with a barrage of health
problems and when facilities lack appropriate and adequate equipment and drugs to meet demand, they are less likely to continue to patronize the facility. Therefore, facilities should ensure the availability of these items to attract and sustain the interest of young people.

In order to increase, sustain the interest and patronage of young people, respondents suggested the adoption of strong advocacy and community mobilization strategies. Although the target audience for these strategies was not mentioned, targeting parents, teachers, religious or community leaders, and youth groups in order to solicit their support, involvement and participation can empower young people to attend YFHS facilities. In addition, partnerships with these groups could be established to support the facilities by providing funding or equipment/commodities supplies support in order to strengthen and sustain existing facilities for better services.

7. **Recommendations**

Following analysis of the assessment and in view of the need to improve the delivery of youth friendly health services, the following recommendations could be considered for implementation.

7.1 **Integrated services**

In order to ensure the provision of a wide range and mix of youth friendly services, the need for Federal Ministry of Health to develop minimum package of services for youth friendly services/facilities is paramount. The minimum package should include both clinical and non clinical services. This will ensure that the diverse needs of young people are taken care of in any youth friendly health facilities or centres. This should be supported by making available to facilities and centres standard guidelines and protocols in the provision of youth friendly services in the country.

During interviews, concerns were expressed about the low access of young females to services at the centres. It was suggested that availability of non-clinical services in the form of recreation, resource centre for reading, internet facilities etc will no doubt attract and motivate young people especially females to use the centres and ultimately access reproductive health services. This should be considered and addressed as it will also provide the opportunity to reach them with clinical services.

7.2 **Equipment and Supplies**

Equipment and supplies have been found inadequate and in some cases not available. Effort should be made by facilities to provide these. While funding was identified as a major challenge, innovative initiatives should be adopted in leveraging resources from other organisations, philanthropists and donors.
7.3 IEC and BCC materials

IEC/BCC materials were found to be grossly inadequate or obsolete in most facilities. Therefore, facilities should be supported to develop and provide appropriate IEC/BCC materials to support services provided to young people. In addition, materials that young people can be given to take away should be provided for reference and reinforcement of information.

7.4 Documentation

Findings from the assessment indicated that facilities had challenges with record keeping and documentation. The need to put in place a system of data collection, analysis that disaggregates service statistics by age and sex, use and documentation in all facilities is necessary. Orientation and training in this regard is suggested.

7.5 Capacity Building

Although many staff of facilities had attended some training in youth friendly services, still an equally high number lacked training in this area. Training in youth friendly services with a focus on interpersonal and counselling skills to increase and strengthen friendliness of providers to young people is recommended. The Federal Ministry of Health is best positioned to facilitate this process.

Some providers lacked the skills to provide some family planning methods such as IUD. Providing update training in contraceptive technology will help to expand and improve their skills to satisfy client needs. In addition, training in YFHS management is generally required by most providers and practitioners in the field. In addition, it is crucial that training address providers' attitudes.

7.6 Partnership and Collaboration

All youth friendly facilities should be strengthened and supported to develop partnership and collaboration mechanisms for leveraging resources and to ensure that young people access services satisfactorily. The collaboration and partnership will include the establishment of effective referral system that links different levels of health care that enable young people access services.

7.7 The Nigeria model

The assessment revealed that, to the extent possible, adolescents and young people have been able to access services in available centres (whether stand alone or integrated). However, the present arrangement is still fraught with some challenges. As such, most young people are still not comfortable with the current arrangement. This might explain why the FMOH is exploring the development of a model for Nigeria to respond to the imbalance in the current set up. But any model that will not take into consideration the views and opinions of young people will not produce
the desired result. It is therefore imperative to call a stakeholders’ forum with large representation of young people to deliberate and build consensus on the ideal model for Nigeria.

7.8. Policy implementation

In Nigeria two policy documents, a National Policy for Adolescent Health and Development and a National Framework for Adolescent Health and Development, exist to guide YFHS provision, however, the level of awareness especially at the State and Local Government levels is low and this largely explains the low level of implementation. A review of the implementation in 2010 by stakeholders validated this conclusion and the consensus at the meeting was that copies should be produced and disseminated (including distribution) at all levels while FMOH should provide support to other levels to facilitate implementation. In addition, the FMOH should strengthen its monitoring mechanism for effective follow up and monitoring at the state level. The recommendations from this conference needs be given accelerated implementation.

7.9. Coordination

Although a coordinating unit exists at the centre (FMOH) for youth friendly health programs, such structures do not exist at state and LGA levels. This may explain the weak coordination of YFHS at these levels. YFHS are coordinated and managed as an integral part of Primary Health Care at State and LGA levels, an arrangement that has denied this component of health care the expected vibrancy and effectiveness. It is therefore important for the establishment of this structure at these levels to strengthen coordination of YFHS at State and LGA levels.

7.9. Funding

A major challenge confronting organisation and provision of YFHS at all levels but especially at state and LGA levels is poor funding. This has made it difficult to sufficiently organize and manage YFHS as a priority health program/service. Consequently, funding of youth health programs has almost become the responsibility of international donors/development partners. It is therefore important for adequate funding of YFH programs at all levels through regular budget provision.

8. Conclusions

The efforts and current initiatives by the government and NGOs in providing youth friendly health services using different approaches, though faced with challenges, are commendable. However, a lot of gaps exist that must be addressed in order for young people and adolescents to have access to sexual and reproductive health. It is acknowledged that most of the facilities are using an integrated approach, serving
adults and young people alike; however, efforts should be made to ensure that this approach does not bring about marginalization of young people who may feel uncomfortable using same facilities as adults.

From the assessment, it is evident that only a few of the facilities can be accurately referred to as youth friendly health facilities. It may therefore be appropriate for the Federal Ministry of Health and the various stakeholders to develop a country model including provision of guidelines and minimum package that must exist for adolescents to access quality SRH and HIV&AIDS services.
APPENDIX 1

LIST OF ORGANISATIONS INVOLVED IN THE PROVISION OF YOUTH FRIENDLY SERVICES

- AHI
- ANISE HIV INITIATIVE
- AOON
- APIN (AIDS Prevention Initiative) Federal Medical Centre, Makurdi
- BOSACAM, THI, PEPFAR APIN
- Catholic Relief Services
- CEDPA
- Centre for Women and Adolescent Empowerment (CWAE )
- CHALIBEN SURPPORT FOUNDATION
- CHAN
- CIISHAN
- Dalhatu Araf Specialist Hospital (DASH) Lafia
- DAPEF ACOMIN
- Dept of Public Health LASUTH
- ECOBANK
- ENR Project
- EVA
- Faith based organisations
- FHI
- FMC Umuahia
- FMOH
- Freedom Foundation
- GCDA
- Gede Foundation
- General Hospital Makurdi
- General Hospital North-bank
- GHAIN Project
- Global Fund
- GOM SACA
- GoN/ USG
- Government
- Health of the Sick hospital
- Hope World Wide
- ICAP,
- IHVN
- JUTH
- Lagos University Teaching Hospital
• Leprosy Mission
• LOCAL GOVERNMENT COMMISSION
• MDGs Office
• Mecure Diagnostic Centre
• Media
• Ministries of Education, Health and Sports
• Ministry of Women Affairs and youth
• MTN Foundation
• NACA
• NASACA
• NGOs
• NIIMA
• NYNETHA
• PACA (PARISH ACTION COMMITTEE ON AIDS)
• Packard
• Partners for Development (PFD)
• Pathfinder
• PPFA
• PPFN
• PPFN
• Private clinics
• Prospect Alert
• PSI
• Reproductive Health Initiative & Support Association [RHISA]
• SACA
• School of Public Health
• Schools
• SFH
• SFH
• SFH,
• Teaching hospital
• UNFPA
• UNICEF
• UNICEF
• University of Uyo
• USAID
• UTH Ado
• W.H.O.
• WINROCK
• YMCA northern Zone
• Youth- profile