



ADOLESCENT & YOUTH-FRIENDLY HEALTH SERVICES (AYFHS) BASELINE REPORT FOR NIGERIA

Background

Adolescent and youth-friendly health services (AYFHS) are designed to address the barriers faced by young people in accessing high-quality sexual and reproductive health (SRH) services. A core component of TCI's strategy to rapidly and sustainably scale high-impact adolescent and youth sexual and reproductive health (AYSRH) solutions is to support governments in providing quality SRH services to adolescents and youth, which often face numerous barriers and biases in accessing services. In line with the global quality standards for AYFHS, the hub reviewed and adapted the national AYFHS checklist to capture the minimum package of services required for standard AYFHS provision. The checklist seeks to measure quality standards in TCI-supported facilities in the four AYSRH implementing states in Nigeria: Ogun, Plateau, Niger and Edo. This report synthesizes the baseline findings, using selected questions from the Performance Improvement Assessment (PIA) which were used as proxy for the AYFHS indicators in Plateau and Niger and the updated AYFHS facility assessment in Ogun and Edo. The baseline assessment scored facilities prior to the commencement of AYSRH implementation using established scoring criteria, described in more detail later in the document, and identified critical areas that required immediate intervention to ensure successful implementation of AYFHS.

Assessment Process

About 96% of TCI-supported facilities (n=125 out of 130) across the four AYSRH implementing states were assessed. TCI family planning implementation started before introducing AYSRH programming in Plateau and Niger, so the baseline PIA results were used to measure the quality AYFHS standards of TCI-supported health facilities. Related questions from the PIA were used as proxies. For Ogun and Edo, the AYFHS indicators were incorporated into the facility assessment from design. Therefore, the baseline scoring for both Plateau and Niger differ slightly from Ogun and Edo. Both the PIA and the facility assessment checklists have now been harmonized and progress tracking will henceforth be consistent across all four states.

Assessment Implementation Timeline

State	Phase 1 facilities	Phase 2 facilities
Ogun	Nov 2018	Not applicable
Plateau	Nov-Dec 2018	June 2020
Niger	April 2018	Not applicable
Edo	Jan 2020	Not applicable

Scoring

Scoring categories included provision of services, facility check, capacity of service providers and demand creation for services. Performance rating of the facilities were based on color codes with red indicating that major improvements are required, yellow signifies minor improvement while green indicates no significant problems identified. The below table provides a summary of the scores and how they map to the color coding scheme and, ultimately, performance rating. Recall that two different instruments were used for the baseline. This is why the scoring scheme is slightly different. However, the grading remains the same across the four states. Going forward, the scoring scheme for Ogun and Edo has been adopted for progress monitoring across the four states.

Grading	Plateau	Niger	Ogun	Edo
No significant problem Green	20-26	20-26	14-16	14-16
Minor improvement needed (yellow)	15-19	15-19	9-13	9-13
Major improvements needed (red)	14 & below	14 & below	8 & below	8 & below

Summary of Baseline Results

The below table provides a snapshot of the baseline results of the 125 facilities across the four AYSRH states assessed for AYFHS.

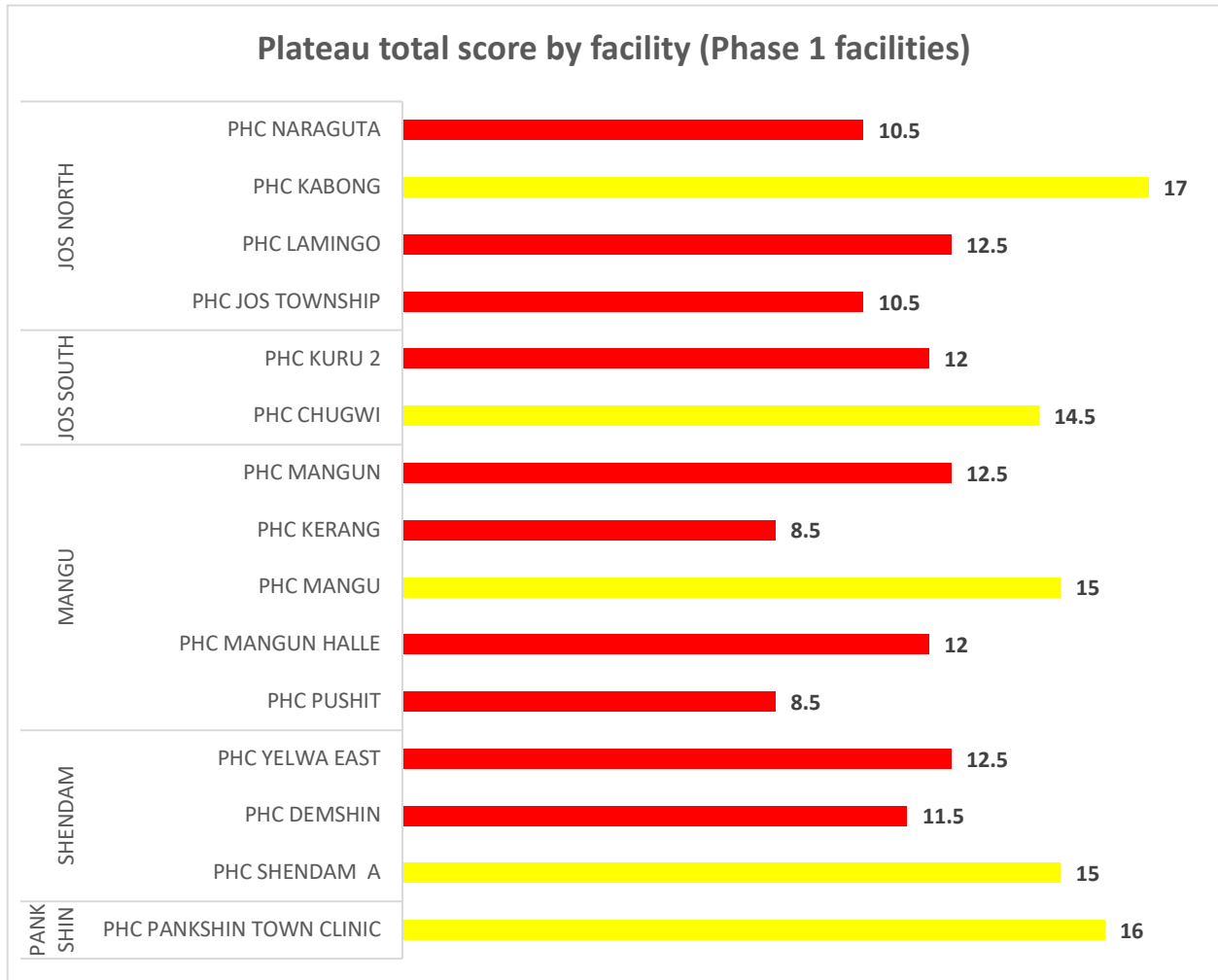
State	Total No. of Facilities	No. (%) of Green Facilities	No. (%) of Yellow Facilities	No. (%) of Red Facilities
Plateau	25	0 (0%)	14 (56%)	11 (44%)
Niger	23	11 (48%)	11 (48%)	1 (4%)
Ogun	47	5 (10.5%)	37 (79%)	5 (10.5%)
Edo	30	0 (0%)	8 (27%)	22 (73%)

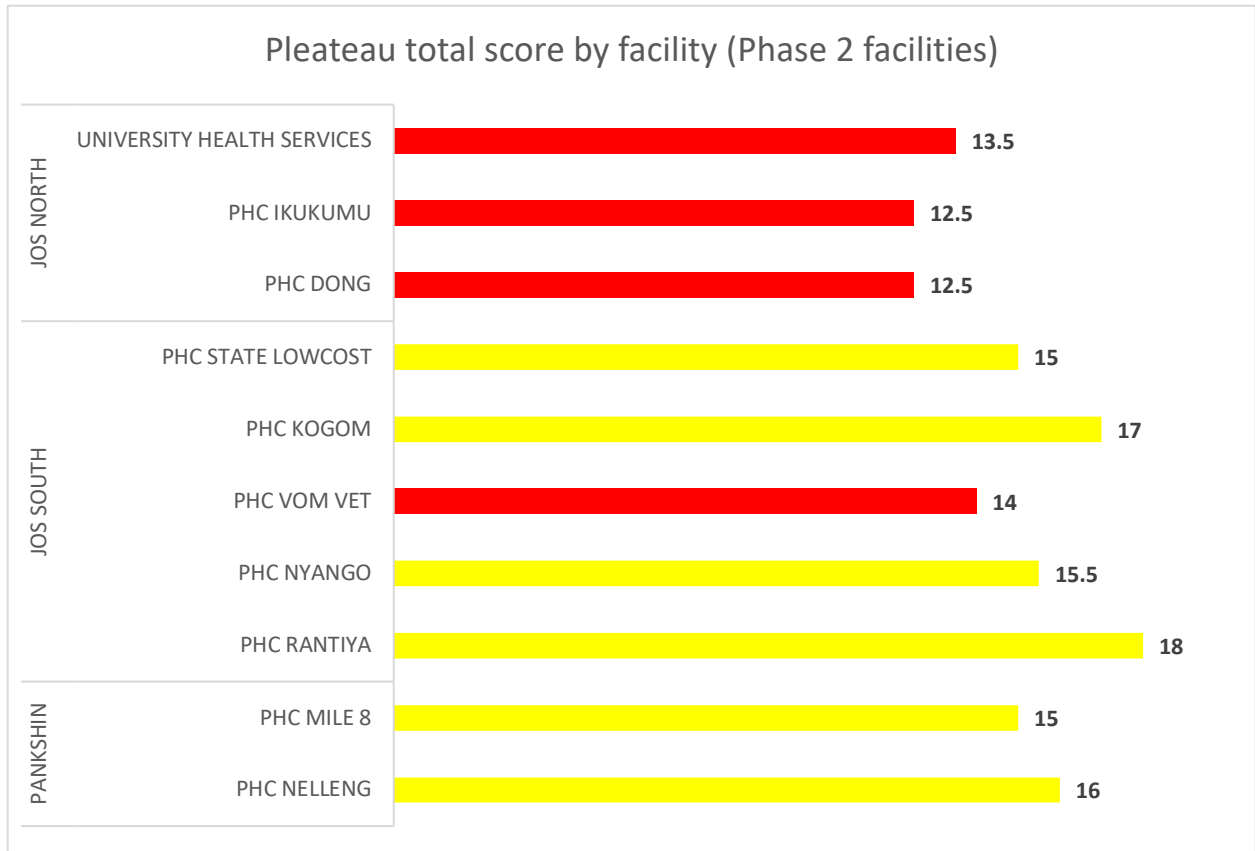
Detailed Results by State

Plateau

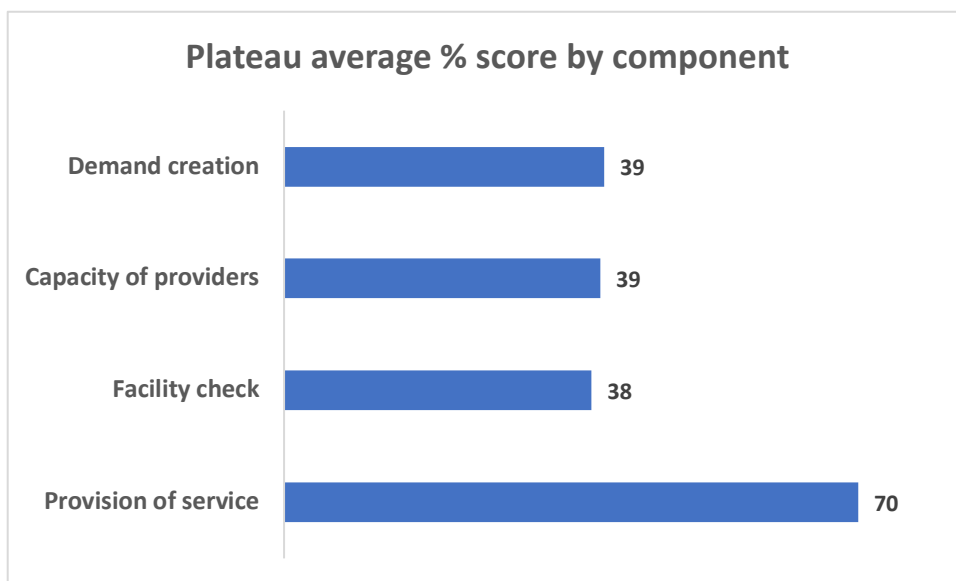
The 25 facilities assessed in Plateau received an average score of 13.5. This reveals that most facilities in Plateau require major improvement in AYFHS provision. Similarly, more than half (56%) of facilities assessed scored between 14 and below, which implies that they fall in the red category, while 44% fall within the yellow grade.

Total score per facility





The chart above show both the facility scores for phase one and phase two facilities in Plateau. PHC Rantiya in Jos South LGA scored the highest (18), while PHC Kerang and PHC Pushit from Mangu LGA scored the lowest points with 8.5 each. All facilities in Plateau fall within the “yellow” and “red” categories with none of the facilities scoring above 20 to make it into the top category.

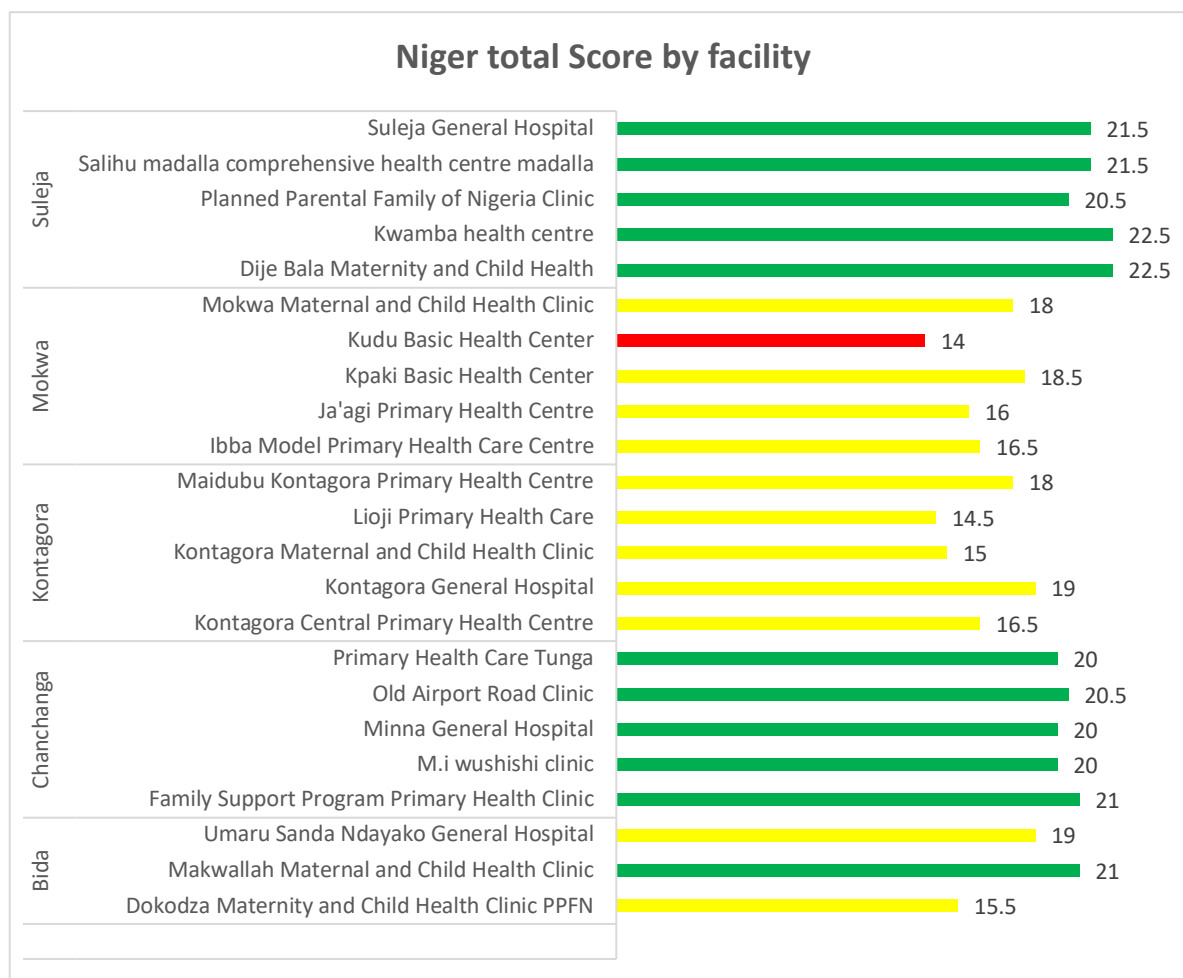


A large proportion of facilities in Plateau scored below average in 3 out of the 4 components scored. Provision of service had the highest score of 70%. This implies that more than two-thirds of facilities assessed provide a wide range of FP services.

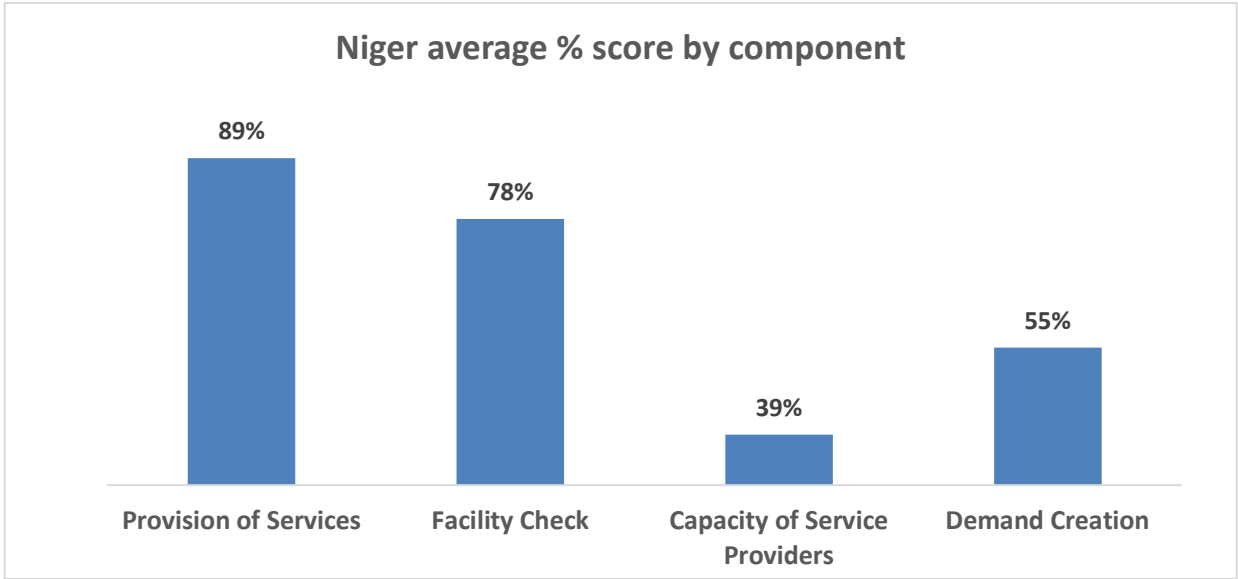
Niger

In Niger, the overall score in the 23 facilities assessed is 18.7 which means that implementing facilities require “minor improvement” in the provision of AYFHS. About 48% of facilities are within the green score (20-26), another 48% in yellow (19-25) and 4% in red (14 and below).

Total score per facility



All health facilities in Suleja and Chanchaga were in the green and accounted for about 48% of facilities. Mokwa, Bida and Kontagora health facilities were those that needed minor improvements while only one facility scored within the red category.

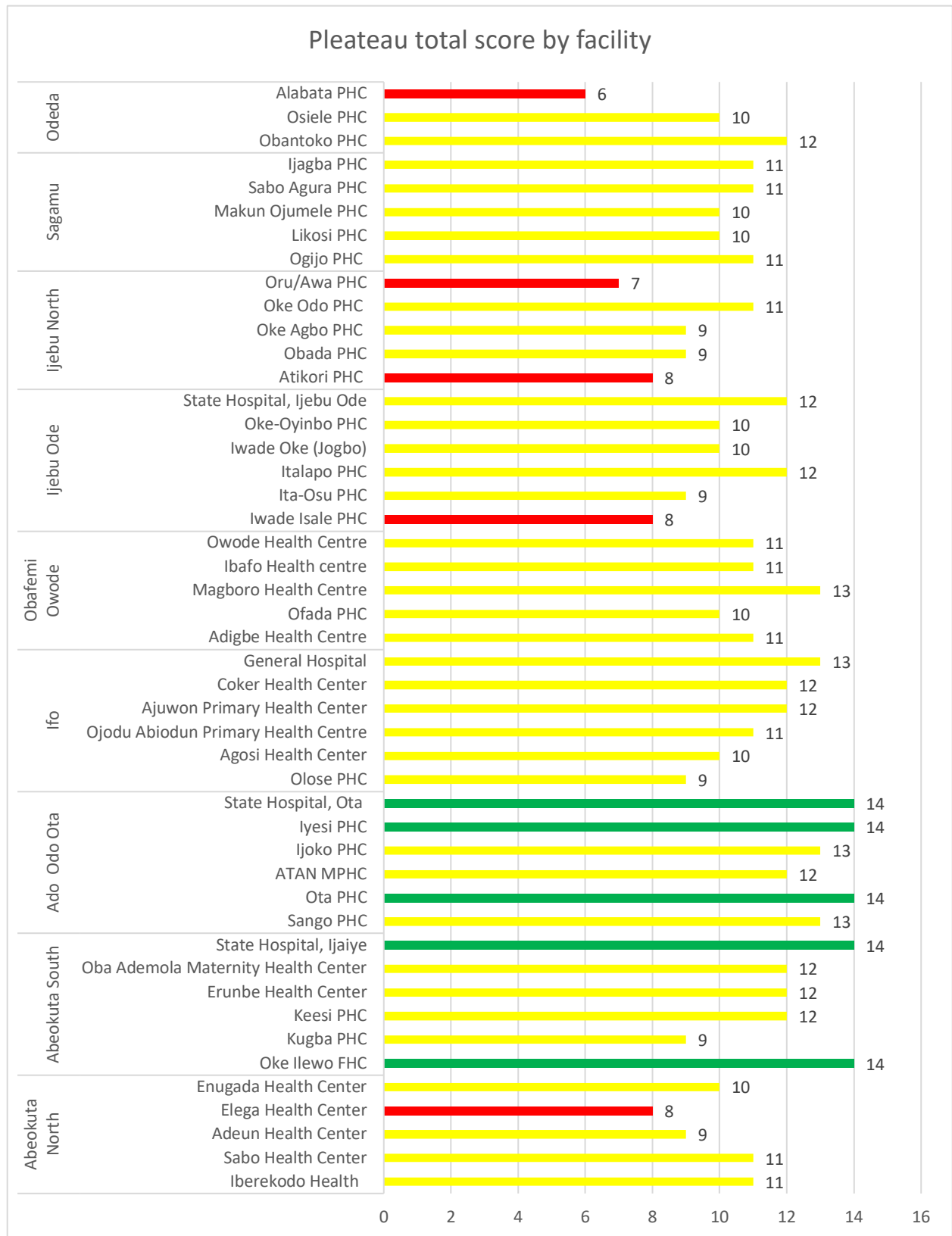


Most facilities that scored red as at the time of the PIA scored lowest under capacity building and demand creation. Many facilities did not have signposts, amenities and private counselling rooms. They also lacked IEC materials and FP-focused demand creation activities. Capacity building at the time of PIA was also a significant challenge as most facilities scored the lowest on trainings.

Ogun

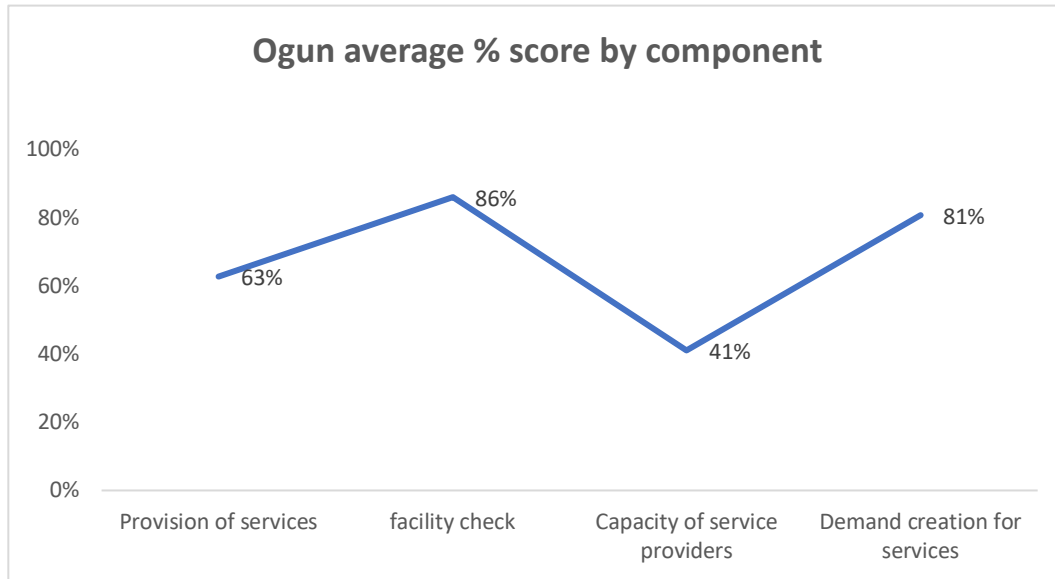
The majority of the facilities assessed (79%) in Ogun fall within the yellow category (9-13), while about 10.5% of the facilities assessed in Ogun scored within the green scoring category (14-16) and another 10.5% score within the red category (between 8 and below). Majority of the facilities assessed (79%) are in-between the yellow (9-13) colored grade points.

Total score per facility



The charts above show that among those facilities that had highest scores were State hospital Ota and Ijoko PHC both in Ado Odo-Ota LGA with a score of 14 each. Similarly, 2 facilities in Abeokuta South had the same score. The facilities with the lowest scores are Alabata and Oru/Awa Health Centers with a score of 6 and 7 respectively; both facilities are in found in Odeda and Ijebu North LGAs.

Average score by the different components assessed

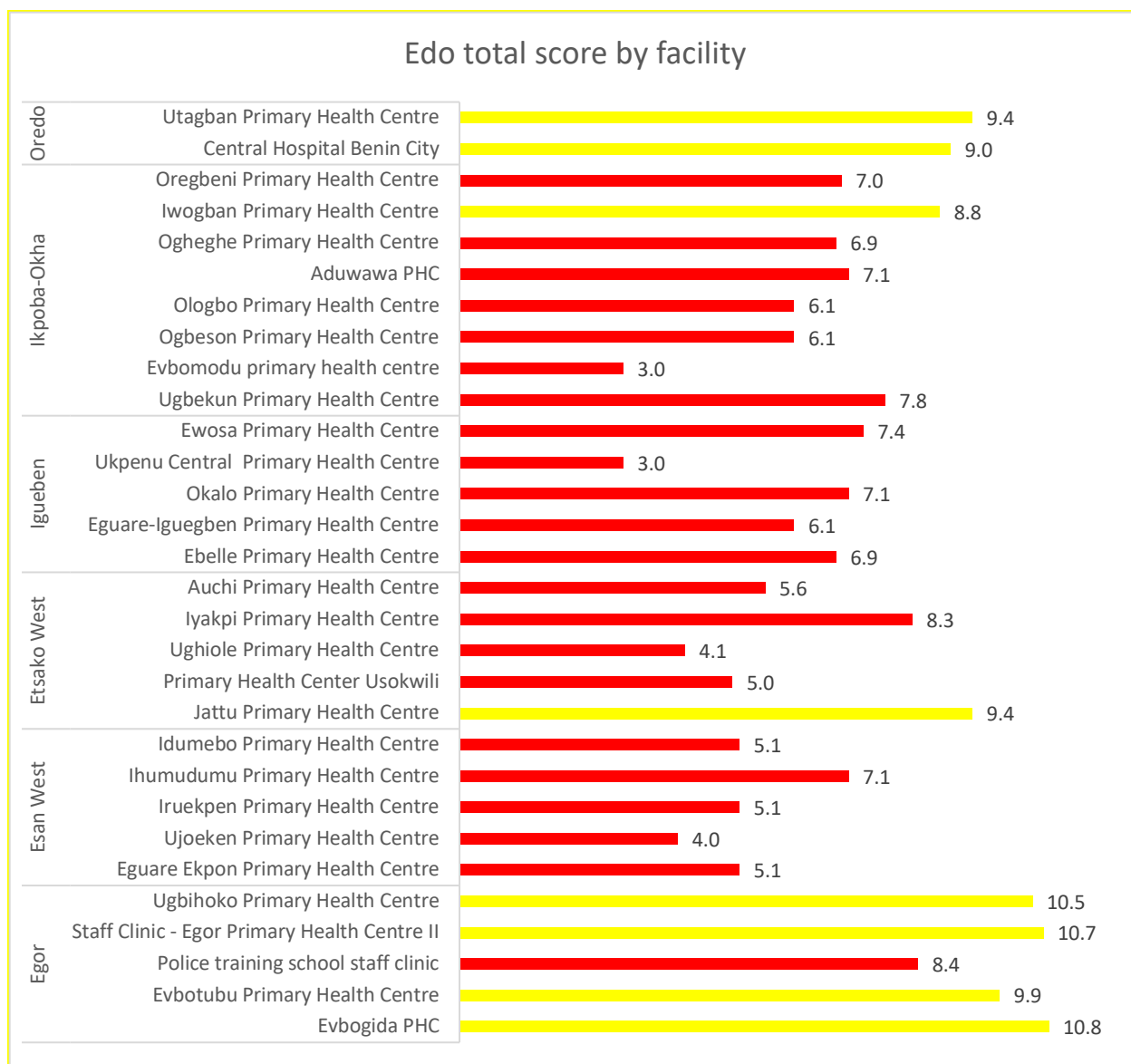


Facility check component had the highest score in Ogun (86%), followed by demand creation (81%). Similar with results from the other States, capacity of providers ranked lowest among other components.

Edo

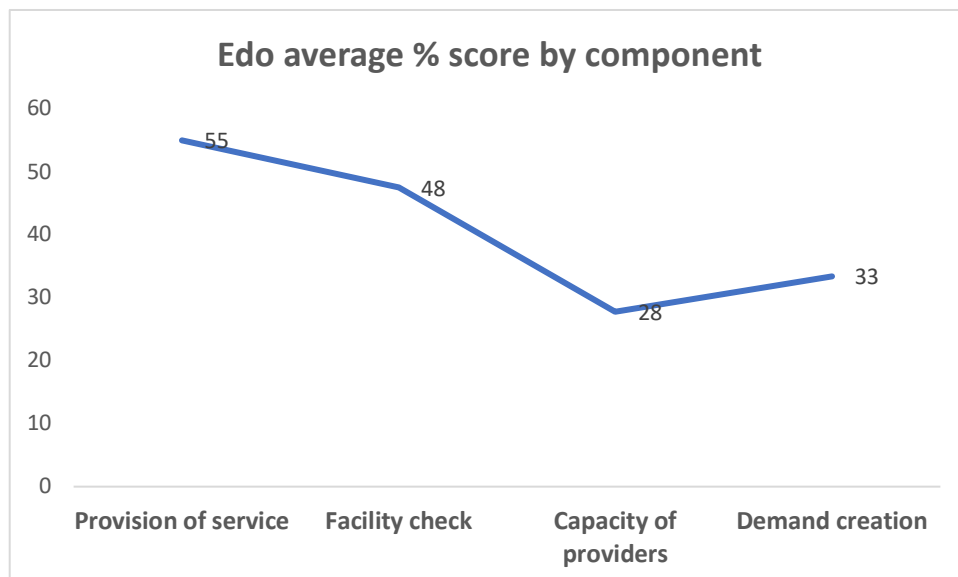
In Edo, about 27% of facilities assessed scored between 9-13 while the remaining 73% scored about 8 and below. The overall average score for the 30 facilities is 7. This implies that Edo facilities require major improvement in order to meet the quality standards for AYFHS provision.

Aggregate score by facility



For facility-specific performance, the chart above shows that most facilities in Egor LGA scored the highest when compared to other facilities in Edo. Evbogida PHC has the highest scores with 10.8 followed closely by Staff Clinic PHC and Ugbihoko PHC with 10.7 and 10.5, respectively. All facilities in Esan West scored below 8 with Ujoeken facility scoring as low as 4 out of a total of 16. Ukpenu PHC in Igueben and Evbomodu PHC in Ikpoba-Okha LGA scored the lowest with 3.0 each.

Average score by the different components assessed



Provision of service component had the highest average score in Edo (55%). Other components scored below average with the lowest being capacity of service providers at 28%. The majority of facilities assessed reported that they do not have AYFHS trained providers. Information, education and communication (IEC) materials were also unavailable and that accounted for the results above.

Recommendations

- IECs materials on family planning and AYSRH were largely reported to be unavailable in three out of the four states assessed. Facilities should be supported with these materials which aid in quality counselling and adequate sensitization of adolescents and youth on contraceptive services.
- Looking at the different component scores across the states, capacity building ranked lowest with scores below average in all four states. Most facility assessed reported that providers have not received trainings on family planning and AYFHS in the last two years. This implies that capacity building of providers on AYFHS needs to be prioritized as a matter of urgency.
- Some of the major equipment required to provide family planning services were either reportedly unavailable or not fully functioning.
- Most of the assessed health facilities in Edo are in the red category. Therefore, there is need to support and closely monitor the facilities to bring them up-to-speed on the provision of quality family planning and AYFHS services.