

Improving Young
People's Access To
Youth Friendly Health
Services Through
Primary Healthcare
Centers (PHCS) In
Lagos State

## **Background Information**

Adolescents (10-19 years) and young adults (20-24 years) constitute a significant population, accounting for an estimated 24% of the world's 7.55 billion people (UN, 2017). People in this group are often the most vulnerable to negative reproductive maternal, newborn, child and adolescent health (RMNCAH) such as STIs, including HIV infection, unsafe abortion, drug abuse and addiction, mental disorders, unplanned pregnancies, sexual violence and their short- and long-term consequences, especially in low- and middle-income countries (Black *et al.*, 2016). Furthermore, they are faced with barriers that stem from ignorance, poverty, social norms, as well as age restrictions on access to sexual and reproductive health services.

In Nigeria, young people (ages 10 – 24 years) have a population of about 60 million, accounting for about 32% of the nation's 190.9million people (PRB, 2017). Adolescent (15-19 years) fertility rate is estimated at 122 births per 1000 adolescents (PRB, 2017) and generally, only about 34% of births are attended by skilled health personnel in the country (UNFPA, 2013). Young people are less likely to access skilled health personnel during delivery than older women. Thus, the limited access to sexual and reproductive health information and services explains why complications during pregnancy and childbirth are the leading cause of death among female adolescents (15-19 years) and the general negative health outcomes associated with youth (WHO, 2012; 2016).

The National Action Plan for Advancing the Health and Development of Young people (2010) stipulates the integration of Adolescent Youth Friendly Health Services (AYFHS) into the Primary Health Centre (PHC) system as one of the key actions for improving the access of young people to appropriate youth friendly services and by extension improving their sexual and reproductive health.

The PHC staff, the problem is how they address you, they won't attend to you, will be rude. Saying ah, what is this small boy doing here with sexual disease- Male Participant Focus Group Discussion(Iwaya)

All adolescents deserve high-quality health care services that are devoid of criticism or unwelcoming attitudes that will keep them away. Thus, the project intervention was to integrate Youth-friendly Health Services in Iwaya and Ashogbon Primary Health Care Centers in Lagos Nigeria; tailored to meet the sexual and reproductive health needs of young people (aged 10–24 years), improve their reproductive health outcomes, as well as increase their access to health services.

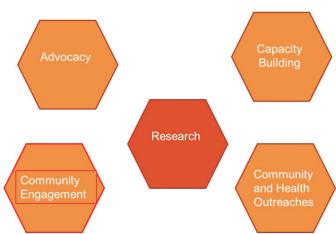
## **Integration Process**

To increase young people's access to health services, our intervention programme was designed and implemented to work in line with the National Action Plan on integrating Youth Friendly Health Services in Primary Healthcare Centers (2013).

The Integration encompassed:

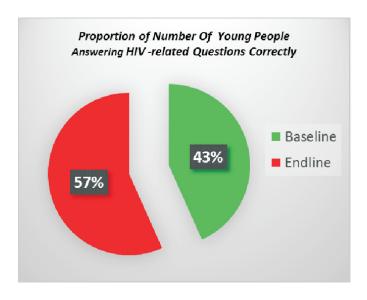
- Advocacy to key government stakeholders and policy makers to secure support towards the intervention.
- Capacity Building for 60 Health Care Workers and supporting providers to offer non-judgmental services to adolescents.
- Capacity Building for 120 Young People as peer educators to reach young people in the communities with Sexual and Reproductive Health (SRH) information and generate demand for health services at the facility.
- Establishment of Community Accountability Watchgroup to serve as vanguards in promoting YFHS in the communities.
- **Community Outreach activities** were conducted to increase demand as well as create awareness on availability of YFHS Services in the community.
- **Research:** Pre- and post-intervention studies were conducted among 500 young people in the communities to know the status of young people's SRH and access to health services prior to the intervention and after the intervention.

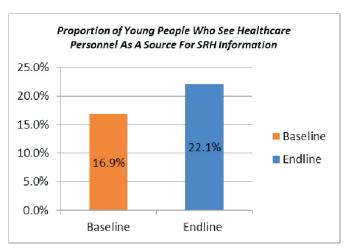
# **Project Strategy**



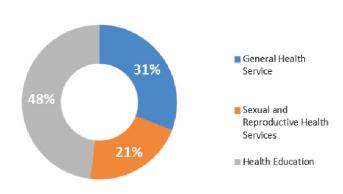
Our different integration strategies –outreach services, community based engagement and strengthening the capacity of other providers – allow for a flexible approach to meet differing youth needs.

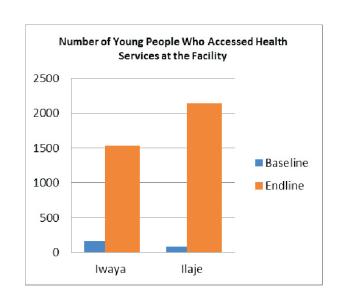
# What Changed?

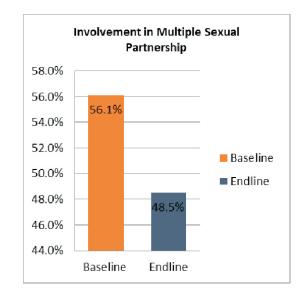


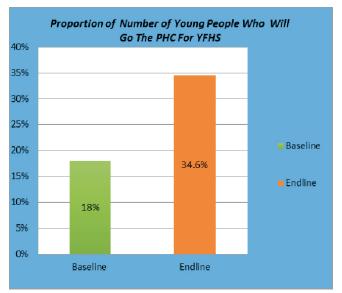


#### Services Young People Accessed at the Facilities









#### Lessons learnt

- 1. Young people need sexual and reproductive health information and services and these needs can be met at the Primary Healthcare Centers (PHCs) if they are made youth-friendly. More young people have begun to see PHCs and healthcare personnel as a major source of Sexual and Reproductive Health (SRH) information and services in the communities of intervention.
- 2. Continued capacity building can help address barriers in health provider attitudes about providing sexual and reproductive health services to young people.
- 3. Community engagement and partnerships are crucial in ensuring acceptance and support of young people accessing sexual and reproductive health services

#### Recommendations

- There should be capacity building and onthe-job training for healthcare providers to effectively deliver youth friendly health services.
- Scale up integration of youth friendly health services at primary healthcare facilities in the state to reach young people including in the remote area of the state.
- 3. Utilize community partnership to break socio-cultural barriers that impede youth access to health services.
- 4. Strengthen the capacity of young people to deliver sexual and reproductive health information to their peers and raise awareness about youth friendly among young people and community members.
- 5. Engage young people in programme design, planning and monitoring of youth friendly health service provision to assure that the services are responsive to their needs.

### References

- Black, R. E., Walker, N. Laxminarayan, R. & Temmmerman, M. (2016). "Reproductive, maternal, newborn, and child health: key messages of this volume" In Disease Control Priorities (third edition): Volume 2, Reproductive, Maternal, Newborn, and Child Health, edited by R. E. Black, R. Laxminarayan, N. Walker, and M. Temmerman. Washington, DC: World Bank.
- Darroch J., Woog V., Bankole A., & Ashford L.S. (2016). Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. New York: Guttmacher Institute.
- Federal Ministry of Health, Nigeria. (2009).
   Assessment Report of the National Response to Young People Sexual and Reproductive Health in Nigeria, Abuja Nigeria
- Federal Ministry of Health, Federal Ministry of Youth Development Nigeria. (2010). Action plan for advancing young people's health & Development in Nigeria:. 2010-2012, Abuja, Nigeria
- Federal Ministry of Health, Nigeria. (2013). National Guidelines For The Integration of Adolescent and Youth Friendly Health Services into Primary Healthcare Facilities in Nigeria Abuja, Nigeria.
- Joint United Nations Programme on HIV/AIDS (2016). Global AIDS Update. Geneva: UNAIDS
- Population Reference Bureau (2017). 2017
   World population datasheet. Washington,
   DC: PRB.
- WHO (2012). Making health services adolescent friendly: Developing national quality standards for adolescent-friendly health services. Geneva: World Health Organization.
- WHO (2016). Global Health Estimates 2015: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2015. Geneva: World Health Organization.

January 2018







