FEDERAL REPUBLIC OF NIGERIA

NATIONAL MONITORING AND EVALUATION OF ADOLESCENT AND YOUNG PEOPLE'S HEALTH IN NIGERIA

MONITORING AND EVALUATION PLAN
2021 - 2025

Table of Contents

Acronyms

Acronym	Definition
AHD	Adolescent Health and Development
AYFHS	Adolescent and Youth Friendly Health Services
AYP	Adolescent and Young People
FMOH	Federal Ministry of Health
GAMA	Global Action for the Measurement of Adolescent Health
GASHE	Gender, Adolescent/School Health and care of the Elderly
M&E	Monitoring and Evaluation
NAHDWG	National Adolescent Health and Development Working Group
NHMIS	National Health Management Information System
PHC	Primary Health Care/Primary Healthcare Centre
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive Health and Rights
UN	United Nations
WHO	World Health Organization

Foreword

Investing in Adolescent health and wellbeing plays a central role in the global health and development agenda. The share size of adolescent in Nigeria makes them critical to achieving the health – related Sustainable Development Goals(SDGs), with Adolescent and young people constituting about 62% of the population and key to the realization of National aspirations.

There are increasing programs and interventions targeting adolescents, with various initiatives to measure and track the impact initiatives such as; the Global strategy for the health of women, children and Adolescent; Global accelerated action for the health of adolescents; the Lancet Commission on the adolescent health and wellbeing etc. emphasize high quality data collation to monitor progress in adolescent health. However many of them have different objectives and definitions, resulting in overlapping and duplication of efforts and making it difficult to agree on what is to be measured.

Adolescent and Young people's health and development are increasingly being implemented by various Donors and implementing partners in Nigeria, using multiple lists of indicators and monitoring and Evaluation(M&E) plans without a National M&E framework. This lack M&E framework makes it difficult to measure investment and drive accountability in a coordinated manner, for effective decision making.

Therefore, the development of a National Monitoring and Evaluations Plan and Framework is a great step in the right direction of keeping up with improving the health and development of adolescents and young people in Nigeria. This document is the first M&E Plan developed for Adolescents and Young Peoples' Health and Development, to ensure adequate monitoring and evaluation of investments in Adolescent Health across the country.

The document will serve to ensure that more investment and accountability are assured for adolescents and young people in Nigeria. I therefore recommend it for use to all relevant stakeholders working on Adolescent and Young people health and wellbeing at all levels.

Dr. Osagie E.Ehanire, MD, FWACS
Honourable Minister of Health
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Finally, the efforts, determination and determination and dedication of the GASHE team led by the Director/ Head, Dr. Christopher Ugboko, and the Head Adolescent School Health, Dr. Christopher Ugboko, and the Head Adolescent School Health, Dr. Amina Mohammed is commendable and highly appreciated. Thank you.

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Introduction

Background and rationale

The Sustainable development goals brought to fore the important and central role adolescents play in global health and development. With adolescents representing about 16% of the world's population, they are central to the achievement of the SDGs (1). In Nigeria, constituting about 22% of the entire population, adolescents are central to the development of the country (2). The realization of the share size of adolescents across the world, and the central role they play globally in the achievement of SDGs, adolescent health has come from insignificance to essential across global agenda (3).

With the inclusion of adolescent and young people's health in global agenda, there has been a proliferation of interventions and programmes targeting this age group. Globally, there have been various efforts to measure and track the impact of these programmes on Adolescent and Young People's Health and Development (3). Some of these initiatives include Global Strategy for Women's, Children's and Adolescent's Health, the Global Accelerated Action for the Health of Adolescents, and the Lancet Commission on Adolescent Health and Well-Being. These initiatives all emphasize the importance of having high-quality data to monitor the investment and progress in adolescent health. However, most of these initiatives developed measures independent of each other giving rooms for multiple suggestions to countries and a variety of options for indicators with differing objectives and definitions. These wide range of indicators makes it difficult to agree on what is important for measurement.

In response to this, the WHO collaboration with the UN H6 partnership agencies established the Global Action for the Measurement of Adolescent Health(3). A key objective of this group is to improve adolescent health measurement. Although, at point of developing this plan, the GAMA group is yet to finalize their objective, priority measurement areas have been identified and an initial draft of suggested priority indicators have been collated for stakeholder consultation. Some of these suggestions

were considered in the development of the indicator framework for AHD in the country.

In Nigeria, Adolescent and Young People's Health and Development programmes are increasingly being planned and implemented to advance the health and well-being of Adolescents and Young People (AYP). Further, the interest of the Nigerian government in improving on the health and development of adolescents has increased as evidenced by the development of the National guidelines for AYFHS integration into PHCs in Nigeria in 2013 and the recent National Standards and Minimum package for Adolescent and Youth Friendly Services in 2018. Further, the government has intensified its efforts in the provision of quality education with the inclusion of the school feeding program. There are also several other AHD interventions within the country supported by funding organizations such as Bill and Melinda Gates foundation, Global Funds, etc. However, there are no country level Monitoring & Evaluation tools specific for AHD programmes. Across the country, different programmes, mostly implemented by implementing partners develop and follow their own list of indicators and M&E Plan without a national framework to feed data to. The existing policy has no M&E framework to monitor the progress and implementation of the existing AHD policy developed in 2007.

In 2008, the Federal Ministry of Health commissioned an assessment of the national response to young people's sexual and reproductive health. The key findings included weak monitoring and evaluation as well as lack of M&E tools. The lack of proper M&E tools makes it difficult to measure the impact of investments within the country and drive accountability. At this point of development, an M&E Framework for AYP programming is paramount to ensuring accountability and success in programme implementation as it highlights progress, issues, challenges, constraints and opportunities for the achievement of set goals; and also provides the much-needed data for effective planning and budgeting.

In 2013, with support from World Health Organization, draft M&E Tools were developed. However, the tools were never finalized. With the recent development of

a new National Policy on the Health of Adolescents and Young People (2021-2025), it has become important to review and finalize the draft M&E tools and develop a M&E plan in cognizance of emerging issues in Adolescent Health and Development (AHD) programming. For this reason, a of stakeholders' meetings was proposed by the Gender, Adolescent/School Health and care of the Elderly (GASHE), a division of the department of Family Health at the Federal ministry of Health. The meeting defined programmatic areas from the draft National Policy on the Health and Development of Adolescents and Young People in Nigeria, and generated a list of proposed indicators for monitoring Adolescent Health and Development in Nigeria. In October, 2019, the outputs of the stakeholders' meeting were presented to the National Technical Working Group on Adolescent Health and Development (NTWGAHD).

It is against this background that this M&E framework was developed to improve the monitoring of investments in Adolescent and Young Peoples' Health and Development in Nigeria.

Purpose of M&E Plan

Monitoring and Evaluation (M&E) plays an important role in the achievement of the goals and objectives of any program or project/intervention. It is a systematic/planned way of tracking the intentions of a project and ensuring the aim is achieved. M&E is a specialized form of research that focuses on programs, processes and policies. Since it involves the collection of data in order to track processes, there is the need of stop gaps, pointers to the achievement of the purpose for which the processes were initially set to run, these pointers are referred to as indicators. The M&E plan and tools for the monitoring of AHD programs and intervention within the country are relayed in this document. This plan will strengthen monitoring and evaluation of interventions to ensure the delivery of a service package that is responsive to the health needs of adolescents in the country.

This plan is guided by the goal, objectives, and targets of the Policy (2021-2025) and articulates the processes for systematically collecting, aggregating, analysing and interpreting information and data collected as part of the M&E process. The M&E plan

is framed to align with the National Health Management Information System (NHMIS) policy, plans and processes, linked to FMoH institutional M&E framework, and connected with the National Integrated Monitoring and Evaluation System.

The indicator framework and data collection tool (Supportive Supervisory Checklist), are designed in line with the targets of the Policy. The programmatic areas as dictated by the Policy also guided the classification of indicators into thematic areas. This document will cover the same period of the policy (2021-2025).

Programmatic areas

The Policy document suggested the following programmatic areas as important for the health and development of adolescents in Nigeria:

1. Sexual and reproductive health and rights
2. Mental health
3. Violence and injury
4. Nutrition and Physical activity
5. Non-Communicable diseases
6. Disabilities
7. Communicable diseases
8. Oral Health
9. Systems performance and intervention (Health system; school system; community and family systems)

These programmatic areas form the thematic areas for the consideration of AHD in Nigeria. The focus for interventions and programmes will be centred around improving the health of adolescents and young persons within these priority areas. The targets for each of these areas are listed below (as documented in the Policy):

Sexual Reproductive Health and Rights

The priority areas under this programmatic area for adolescent health in Nigeria include: Pubertal development and management of pubertal-related concerns and processes, including menstrual hygiene management; comprehensive sexuality

education; risky sexual behaviour, including sexting and other forms of harmful sexual and reproductive practices relating to digital technology; contraceptive use, unintended pregnancies, unsafe abortions and post-abortion care; safe motherhood, respectful maternal health services for pregnant adolescents and young people, and maternal morbidities; sexual violence, female genital mutilation/cutting and other forms of harmful practices and sexual and reproductive health rights violations. The targets for each priority area include the following:

Pubertal development and health literacy

i. At least 75% of students in upper primary and secondary school students (private and the public sector) are provided with school-based family life and HIV/AIDS education by 2025
ii. Increase the proportion of adolescents and young people (15-24 years) who have comprehensive knowledge of HIV transmission to at least 80% by 2025
iii. At least 75% of female adolescents manage their menses hygienically by 2025

Sexual activity, contraception, and sexually transmitted infection

iv. Increase the proportion of sexually experienced adolescents and youths who have their need for family planning satisfied with modern methods from 28% in 2018 to 75% in 2025
v. By 2025, increase the proportion of adolescents who used a condom at the last intercourse with a non-marital partner from 36% in 2018 to 70% for females, and from 57% to 80% for males
vi. By 2025, at least 90% of adolescents and young people with symptoms suggestive of STIs seek treatment from formal health services

Early marriage, childbearing, and maternal mortality

vii. Reduce adolescent childbearing rate from 19% in 2017 to 12% by 2025
viii. Reduce the proportion of women aged 20-24 years who were married or in a union before age 18 from 50% to 25% by 2025

ix. By 2025, reduce the maternal mortality ratio among adolescent girls by at least 40% compared to 2018.

Maternal care for pregnant adolescents

x. At least 80 percent of pregnant adolescents (age 15-19) and youth (age 20-24 years) attend at least 8 ANC visits throughout the course of every pregnancy by 2025.
xi. At least 75% of pregnant adolescents and young people have skilled attendants at birth by 2025
xii. At least 80 percent of adolescents and young mothers receive postnatal care services within 48 hours of delivery by 2025

Sexual violence and harmful practices

xiii. Eliminate female genital mutilation by 2025.
xiv. By 2025, reduce the proportion of male and female adolescent (age 15-19 years) and youths (age 20-24 years) who experience sexual violence or any other form of gender-based violence by at least 60% compared to 2018
xv. All the 36 states of Nigeria and the Federal Capital Territory adopt and domesticate the Child Act Rights by 2025
xvi. At least two-thirds of the States in Nigeria and the Federal Capital Territory adopt and implement the Violence Against Persons Prohibition law by 2025

Mental Health, Substance Use, Addiction

The priority areas for this programmatic area include: Mental health promotion and disorders, including suicidality and eating disorders; substance use, misuse and abuse; and, gaming addictions and other forms of problematic use of digital technology. The targets are as follows:

i. At least two-thirds of adolescents and young people, parents, and teachers have good mental literacy on mental health by 2025

ii. By 2025, reduce the incidence of substance abuse among adolescents and Young People by 50% compared to 2018
iii. Provide screening for potential mental health conditions in at least 50% of school-attending adolescents and young people (10-14 years; 15-19 years; and 20-24 years) by 2025
iv. At least two-thirds of adolescents and young people with mental disorders have access to skilled mental health services from the formal health system by 2025
v. At least 50% of adolescents and young people with substance use disorders, harmful use of digital technology-and addictions receives appropriate treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) by 2025

Violence and Injury

The priority areas for violence and injury among adolescents include: unintentional injuries; intentional injuries; self-directed violence; interpersonal violence including bullying and cyberbullying; and, collective violence. The targets are as follows:

i. At least 90% of drivers are knowledgeable of the highway code and duly licensed and approved by the relevant government agencies engaging in diving by 2025
ii. By 2025, at least 90% of motor parks are free of the sales of alcohol and illicit substances
iii. By 2025, at least 90% of all drivers and passengers use appropriate safety measures, including seat belts in cars and crash helmets on bicycles and motorcycles
iv. By 2025, reduce the mortality rate due to road traffic injuries among adolescents and youths by one-third compared to 2018
v. By 2025, reduce the incidence of violence- and conflict-related deaths among both sexes and all young people (age 10-14 years, 15-19 years, and 20-24 years) by two-thirds compared to 2018.

Nutrition and Physical Activity

Priority areas: undernutrition, overnutrition, micronutrient deficiencies; and, physical activity.

Targets:

i. By 2025, reduce the prevalence of acute undernutrition among adolescents and young people (age 10-14 years, 15-19 years, and 20-24 years) of both sexes by half compared to 2018
ii. Reduce the proportion of non-pregnant adolescent girls (age 15-19 years) with anaemia from 61% in 2018 to 30% in 2025.
iii. By 2025, reduce the prevalence of overnutrition (overweight and obesity) undernutrition among adolescents and young people (age 10-14 years, 15-19 years, and 20-24 years) of both sexes by half compared to 2018

Non-Communicable Diseases and Disabilities:

Priority areas: Common non-communicable diseases (prevention of cardiovascular diseases, cancer, chronic respiratory diseases, diabetes), other high-burden physical conditions (sickle cell anaemia; and epilepsy) and, disabilities.

Targets:

Non-communicable diseases

i. By 2025, at least 80% of young people have knowledge about behavioural risk factors for non-communicable diseases
ii. By 2025, reduce the percentage of adolescents (age 10-14 years, and age 15-19 years) who had at least one alcoholic drink before age 15 and before age 18 by half compared to 2018.
iii. By 2025, reduce the percentage of adolescents and young people (age 10-14 years, 15-19 years, and 20-24) who use tobacco by half compared to 2018.

iv. By 2025, at least 90% of schools have no advertising and/or sales of cigarettes or any tobacco within 300 metres of its premises

v. By 2025, reduce the percentage of physically inactive adolescents and young people (age 10-14 years, 15-19 years, and 20-24) of both sexes by half compared to 2018.

vi. Increase the proportion of early adolescents (age 10-14 years) who are immunized against HPV from 2% in 2015 to 50% by 2025.

vii. By 2025, eliminate stigma against epilepsy among young people, and increase treatment coverage for young people with epilepsy by 50% compared to 2018

viii. By 2025, at least 80% of adolescents and young people with sickle cell disorder have received counselling about their condition and knowledgeable about its prevention

Disabilities

ix. By 2025, at least 75% of adolescents and young people with disability have access to relevant health services

x. By 2025, at least 50% of adolescents and young people have appropriate assistive technologies to enhance their mobility and self-care

xi. By 2025, ensure that the National Commission for Persons with Disabilities is fully established and have operations in at least 50% of all the states and the FCT

Communicable Diseases

Priority areas: Lower respiratory infections; diarrhoeal diseases; meningitis; malaria; HIV; tuberculosis; and viral hepatitis;

Targets:

i. End the incidence of HIV among adolescents and young people by 2025

ii. By 2025, reduce the incidence of tuberculosis among adolescents and young people by two-thirds compared to 2018

iii. Increase the percentage of adolescents who sleep inside an insecticide treated net or in a room sprayed with internal residual spray within a 12-month period from 37% in 2015 to 80% in 2025.

iv. By 2025, reduce malaria incidence by 40% compared to 2015 and malaria mortality rates by 60% compared to 2015 among adolescents and young people,

v. By 2025, at least 60% hepatitis B vaccination rate among adolescents and young people

Oral Health

Priority areas: dental hygiene; dental caries; periodontal diseases; oral and maxillofacial injuries; and, malocclusion.

Targets:

i. By 2025, at least 70% of adolescents and young people have good knowledge of oral health and its importance to health and wellbeing

ii. By 2025, at least 50% of PHC facilities provide the basic package of oral health care

iii. By 2025, at least 50% of adolescents and young people have access to oral health care

Systems

Health system and services

i. At least 50% of all public sector primary health care facilities have at least one service providers trained in the provision of adolescent health services by 2025

ii. At least 50% of public sector primary health care facilities offer the full complement of the nationally-specified minimum package of adolescent- and youth-friendly health services health services by 2025

iii. At least 50% of adolescent and young people have access to public sector PHC facilities that offer the full complement of the nationally-specified minimum package of adolescent- and youth-friendly health services health services by 2025

iv. By 2025, at least three-quarters of all the states and FCT have an Adolescent Health Officer formally designated

v. By 2025 at least two-thirds of all the states and FCT have a functional State Adolescent Health and Development Technical Working Group

vi. An annual progress report on the policy implementation is produced and publicly available electronically every year between 2021 and 2025

School health system and services

i. By 2025, at least two-thirds of all public and private sector primary schools have a school health service or are linked to such a service

ii. By 2025, at least two-thirds of all public and private sector primary schools have hygienic and clean water and sanitation facilities separately for female and male students

iii. By 2025, at least half of all public and private sector primary schools attain the rating of health-promoting schools

Family and community systems

Parental care and family environment

i. By 2025, at least 75% of adolescents report that their parents or guardians understand their problems or worries most of the time

ii. By 2025, at least 75% of adolescents report that their parents or guardians really know what they are doing in their free time

Community system

iii. By 2025, at least half of community and religious leaders are supportive of adolescent health services and programmes

iv. By 2025, at least 25% of Community Health Influencers, Promoters and Services (CHIPS) personnel are knowledgeable and supportive of the provision of adolescent health services and programmes in their communities

v. Ensure that not more than 25% of adolescents and young people (females and males) report a serious problem in accessing health care for themselves when they have a need for such.

CONCEPTUAL FRAMEWORK

Adolescence is essentially a period of transition between childhood and adulthood when an individual is neither a child nor an adult. This period is critical to the health and wellbeing of individuals during adulthood and the health of the next generation. Therefore, it is critical to invest and monitor the investment and progress during this phase.

This M&E plan follows the conceptualization of adolescent health according to the 2012 Lancet Adolescent Health Series (Figure 1)(4). The conceptual framework has been used by different initiatives to define indicators (5) and describe adolescent health needs(6). The series selected indicators across five major areas considered important to adolescent health and development(5):

- Health outcomes reflecting major causes of death and incident disability in ages 10–24 years
- Health-related behaviors and states that carry risks for current or later-life disease and typically emerge in adolescence and young adulthood
- Risk and protective factors derived from the immediate social contexts affecting emerging health risks
- Markers of social role transitions that are associated with altered patterns of health risk
- Health service policy interventions provided to adolescents that have the potential to influence current or later health status.

Following similar patterns, different initiatives and measurement publications have described core indicators for adolescent health (6–8). The core indicators defined by these publications all consider the determinants of health of adolescents, health related behaviours, health outcomes and risk and protective factors.

The Technical consultation on indicators for adolescent health in 2014 suggested 20 core indicators for the measurement of adolescent health. The selection of the final list of indicators followed the core domains mentioned above(8). The Lancet Adolescent Health series 2016, suggested 12 headline indicators to measure adolescent health status, risk, and determinants. Three major domains were considered: Social and structural determinants; Health risks and Burden of diseases(6). In more recent times, the GAMA initiative has an initial suggestion of 47[1] priority indicators that cover the same domains as described by the 2012 Lancet Adolescent Health conceptual framework.

The domains suggested by the conceptual framework and other initiatives that have improved on it were considered in defining and selecting core indicators for adolescent health in Nigeria. The Policy targets and objectives were also considered.

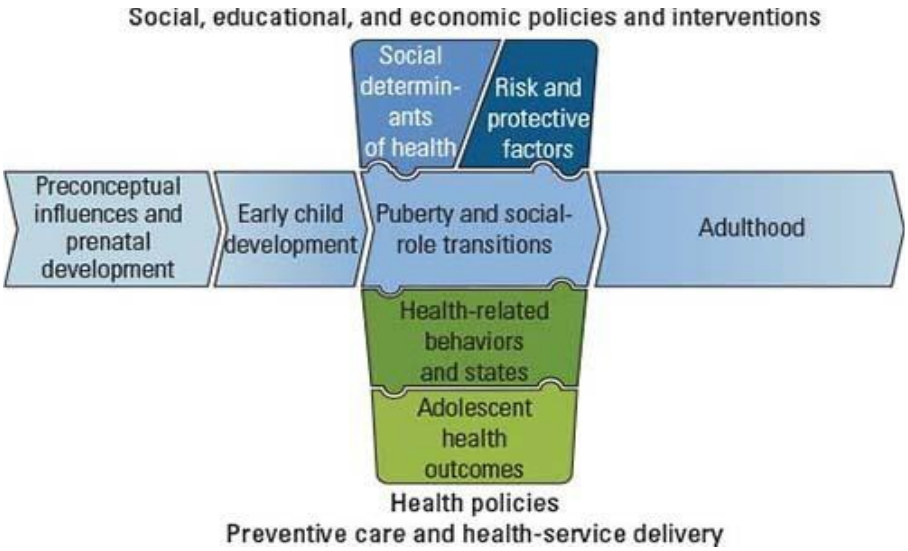


Figure 1: Conceptual Framework for Adolescent Health

[1] the initiative had not concluded on the final list of indicators at the development of this document. It is however suggested that the list of indicators be updated based on the final submissions of GAMA

Goal and Objectives

Goal

The Plan is guided by the goal of the Policy which is to ensure that the Nigerian health system is adequately adolescent- and youth-responsive and delivers quality, gender-sensitive, equitable health services that effectively meet the preventive, curative and rehabilitative health needs of all young people, thereby reducing morbidity, disability, and preventable mortality rates as well as optimally contributing to their wellbeing and development.

Strategic Objectives

The strategic objectives of this Plan in line with the policy are to:

i. Monitor morbidity, disability, and preventable mortality rates among adolescents and young people.
ii. Monitor and evaluate the capacity of the health system to deliver adolescent- and youth-friendly services and innovative adolescent- and youth-responsive programmes
iii. Evaluate capacity of the school health system and its linkage with the health sector to improve the health knowledge, health literacy, and self-care competencies of school-attending adolescents and youths and facilitate their access to relevant health and health-related services.
iv. Monitor the environment for adolescents and young people in all settings, including the home, community, schools and training facilities, work environment, and healthcare centres through appropriate policies, legislations and legal framework and processes to ensure they are safe and health-enhancing.
v. Monitor improvements in the level and intensity of adolescents and young people' meaningful engagement, participation, and involvement in the development and implementation of all policies and programmes relating to their health and development at all levels.

vi. Monitor and evaluate the capacity of parents and households and the community system to provide the appropriate supportive environment and care to adolescents and young people as well as to engage with and support adolescent and youth-responsive policy and programme initiatives.

vii. Monitor and evaluate the partnership and collaborations within the health system and between the health sector and other sectors to enhance the implementation of the adolescent health and development agenda at various levels and nationally.

viii. Monitor the social accountability systems regarding adolescent- and youth-responsive service delivery and programmes nationally as well as for demand for the duty bearers to deliver on the policy promises to adolescents and young people

Logical Framework

Measurement domain	Result Area	Indicator	Targets	Baseline	Time Frame
Social and structural determinants	Secondary education and completion	Completion of 12 or more years of Education in 20-24years	80% completion rate+	34.2% and 41.5% among females and males in 2018 ***(NDHS, 2018)***	2021-2030
	Adolescent Birth rate	Adolescent fertility rate	Reduce adolescent childbearing rate from 19% in 2017 to 12% by 2025	19% in 2018 ***(NDHS, 2018)***	2021-2025
	Early marriage	Marriage before 18 years	Reduce the proportion of women aged 20-24 years who were married or in a union before age 18 from 50% to 25% by 2025	63.8% married or in union by 18 ***(NDHS, 2018)***	2021-2025
	Responsive health services	Services available for adolescents in PHCs	At least 50% of public sector primary health care facilities offer the full complement of the nationally-specified minimum package of adolescent- and youth-friendly health services health services by 2025	*	2021-2025
		Proportion of adolescents aged 15 – 24 years with unmet need for contraceptives	Increase the proportion of sexually experienced adolescents and youths who have their need for family planning satisfied with modern methods from 28% in 2018 to 75% in 2025	28% & 37.1% in 2018 among 15-19 & 20-24-year-old girls who are sexually active ***(NDHS, 2018)***	2021-2025
	HIV/SRH knowledge	In-school young people (10-24 years) reached with Family Life and HIV Education Curriculum	1. At least 75% of students in upper primary and secondary school students (private and the public sector) are provided with	*	2021-2025

		out-of-school young people (10-24 years) reached with Family Life and HIV Education Curriculum	school-based family life and HIV/AIDS education by 2025 2. Increase the proportion of adolescents and young people (15-24 years) who have comprehensive knowledge of HIV transmission to at least 80% by 2025	*	2021-2025
	Parental connection	parent-child communication and relationship	vi. By 2025, at least 75% of adolescents report that their parents or guardians understand their problems or worries most of the time vii. By 2025, at least 75% of adolescents report that their parents or guardians really know what they are doing in their free time	*	2021-2025
Health behaviour and risk	Tobacco Use	Prevalence of current use of tobacco products among adolescents (10–19 years) (%), and by age, sex and type of tobacco used	By 2025, reduce the incidence of substance abuse among adolescents and Young People by 50% compared to 2018	Approx. 0.1% among females and 0.8% among males (15-19years) ***(NDHS, 2018)***	2021-2025
	Risky alcohol Use	Adolescent binge drinking		3.4% for males and 7.4% for female (15-19) ***(MICS, 2017)***	2021-2025
	Weight status	Prevalence of overweight and obesity among adolescents	By 2025, reduce the prevalence of overnutrition (overweight and obesity) among adolescents and young people (age 10-14 years, 15-19 years, and 20-24 years) of both sexes by half compared to 2018	8.0% & 9.0% among males and females ***(UNICEF country dashboard, 2016)***	2021-2025
		Prevalence rate of undernutrition among adolescents (10–19 years), by age category and sex (%)	By 2025, reduce the prevalence of acute undernutrition among adolescents and young people (age 10-14 years, 15-19 years, and 20-24 years) of both sexes by half compared to 2018	24.0% & 11.0% thinness among males and females ***(UNICEF country dashboard, 2016)***	2021-2025

		Prevalence of iron deficiency anaemia in 10–24-year-olds	Reduce the proportion of non-pregnant adolescent girls (age 15-19 years) with anaemia from 61% in 2018 to 30% in 2025.	60.5% (15-19) in 2018 ***(NDHS, 2018)***	2021-2025
	Risky sexual behaviours	Percent of Sexually active adolescent who used a condom at last sex	By 2025, increase the proportion of adolescents who used a condom at the last intercourse with a non-marital partner from 36% in 2018 to 70% for females, and from 57% to 80% for males	36.0% (females) and 57.0% (males) in 2018 ***(NDHS, 2018)***	2021-2025
Health Outcomes and conditions	Mortality	Adolescent mortality rate	+	8/1000 (10-14) & 9/1000 (15-19) ***(UNICEF country dashboard, 2016)***	2021-2030
		Adolescent maternal mortality ratio	+	0.63 (15-19) & 0.98 (20-24) ***(NDHS, 2018)***	2021-2030
	Disability-adjusted life years	DALYs due to communicable, maternal, and nutritional diseases in individuals aged 10–24 years	No country remains multi-burden by 2030[+]	*	2021-2030
		DALYs due to injury and violence in individuals aged 10–24 years	No current country remains in the injury excess category by 2030[+]	*	2021-2030
		DALYs due to non-communicable diseases in individuals aged 10–24 years	Under 1500 DALYS from non-communicable diseases per 100000 10-24year olds per year[+]	*	2021-2030

[+] *2030 global targets*

Indicators

The indicators were classified into three major categories:

1. **Core indicators**: These indicators were developed considering the state of adolescent health in Nigeria, what can be measured, and international standards. The measurement domains considered in categorizing and selecting indicators followed the framework proposed by the Lancet commission. The measurement domains included
    a. Social and structural determinants of health: this included policies and programming for adolescent health, systems performance and interventions, and other social determinants such as poverty, protective factors, education and employment. Indicators to measure these determinants were selected.
    b. Health behaviours and risks: adolescents and young people are significantly more prone to participating in health risk behaviours. These behaviours have been shown to negatively affect their health during adulthood. Indicators were selected to measure the risk behaviours data has revealed to be common among adolescents
    c. Health outcomes and conditions: Although adolescents are generally perceived to be healthy, they are also affected by communicable and non-communicable diseases. Indicators to measure mortality rate and DALYs among adolescents were selected.

Overall, there were 19 core indicators selected to measure the health of adolescents in Nigeria across the above described domains. The core indicators are a set of compulsory indicators that must be reported to the federal data repository by the local and state government M&E officers.

2. **Additional indicators**: 15 indicators were suggested as additional to the core indicators. These indicators were selected following the same measurement areas used in the selection of the core indicators. The additional indicators serve as suggestions to the local and state government level data collection. That is, these indicators may be optional.

3. **Thematic indicators**: 122 indicators in total were selected across 10 different programmatic/thematic areas of adolescent and young peoples' health and development. These set of indicators can be used by specific programmes/interventions/projects intending to measure a specific aspect of adolescent health. The thematic areas include:
    a. System performance and intervention
    b. Policies and plans
    c. Sexual and reproductive health and rights
    d. Mental health
    e. Violence and injury
    f. Nutrition and physical activity
    g. Non-communicable diseases and disability
    h. Communicable diseases
    i. Oral health
    j. Determinants of health

Table 1: List of core indicators[2]

Indicators	Definition	Measurement	Type
Completion of 12 or more years of Education in 20-24years	The percentage of young people (20-24years) who have completed 12 years That is, those who have completed secondary school	**Numerator:** Number of young people (20-24years) who have completed secondary school. **Denominator:** Total number of young people who enrolled in school	Outcome
Adolescent fertility rate	Annual number of births to females aged 10-14 or 15-19 years per 1,000 females in the respective age group	***Numerator:*** Number of live births to women aged 15-19 years. ***Denominator:*** Estimate of the exposure to childbearing by women aged 15-19 years	Outcome
Marriage before 18 years	Percentage of women age 20 - 24 who were married before the age of 18	***Numerator:*** Number of women (20-24years) who were pregnant before the age of 18. ***Denominator:*** Total number of women (20-24) surveyed	Impact
Services available for adolescents in PHCs	List of the services available to adolescents in the health facilities within the country. The services to be measured include a. Family Planning/Contraceptives including Emergency contraceptives b. STI treatment c. TB prevention and care d. Immunisations (HPV) e. ANC f. Delivery Services g. Post Natal Care h. HTS i. ART j. PMTCT k. Laboratory Services	Yes (to any of the service) = The services are available and accessible to adolescents without parental consent within the facility. Partially = The services are available and accessible to adolescents with parental consent within the facility. No = The services are not available and accessible to adolescents within the facility.	Input and Process

[2] The list of additional and thematic indicators are included in the appendices as appendix 1 and 2. The indicator framework is attached in a separate document. This framework includes details on all the categories of indicators.

	l. Nutrition education m. Post Abortion Care n. Outreach Services o. Post Exposure Prophylaxis p. Dental Care q. Eye Care r. GBV s. Mental health t. Referral (mental Health, GBV and phyco- social Support) u. Psychosocial services (including counselling)		
Proportion of adolescents aged 10 – 24 years with unmet need for contraceptives	The percentage of young females ages 10-24 with unmet need for modern methods of contraception	***Numerator:*** Number of females ages 10-24 who want no more children or want to postpone having children, but are not using a modern method of contraception + women who are currently using a traditional method of family planning. ***Denominator:*** Number of women ages 10-24 surveyed	Outcome
inschool young people (10-24 years) reached with Family Life and HIV Education Curriculum	Proportion of inschool young people (10-24 years) reached with Family Life and HIV Education Curriculum	***Numerator***: Number of in-school AYPs reached with FLHE curriculum. ***Denominator***: Total number of in-school AYPs	Output
out-of-school young people (10-24 years) reached with Family Life and HIV Education Curriculum	Proportion of out-of-school young people (10-24 years) reached with Family Life and HIV Education Curriculum	***Numerator***: Number of out-of-school AYPs reached with FLHE curriculum. ***Denominator***: Total number of out-of- school AYPs surveyed	Output
parent-child communication and relationship	Proportion of adolescents that report that their parents or guardians understand their problems or worries most of the time and know what they are doing in their free time	***Numerator:*** Number of adolescents who report that their parents guardians understand their problems or worries most of the time and know what they are doing in their free time. ***Denominator:*** Total number of adolescents in the sruvey	Outcome
Prevalence of current use of tobacco products among adolescents (10–19 years) (%), and by age, sex and type of tobacco used	The prevalence of tobacco use among adolescents (10–19 years), and by sex, on more than one occasion in the 30 days preceding the survey (either daily or non-daily).	***Numerator***: Number of adolescents 10–19 years interviewed who have used a tobacco substance on more than one occasion in the 30 days preceding the survey x 100	outcome

		Denominator: Total population of adolescents 10–19 years interviewed in the survey or study in the same period	
Current alcohol use among adolescents	Proportion of adolescents (10-19years) who had at least one alcoholic drink (more than just a few sips) on one or more days during the past 30 days	**Numerator:** Number of adolescents who had at least one alcoholic drink on one or more days during the past 30 days (in the survey). **Denominator:** Total number of adolescent respondents in the survey	outcome
Prevalence of overweight and obesity among adolescents	Proportion of adolescents who are overweight or obese	**Numerator:** Number of adolescents aged 10–19 years whose BMI was ≥1 SD (overweight) and ≥2 SDs from BMI (obese) according to WHO growth reference standards for respective age and sex in the survey **Denominator:** Total number of adolescent respondents in the survey	outcome
Prevalence rate of underweight among adolescents (10–19 years), by age category and sex (%)	The percentage of adolescents (10–19 years), classified as underweight (BMI < 18.5 kg/m²) among the total adolescent population, and by sex, in a certain locality and a given year.	***Numerator:*** Number of adolescents 10–19 years, and by sex, who have a BMI < 18.5kg/m2 in a locality/country in a given year x 100. ***Denominator:*** Total population of adolescents 10–19 years, by sex, in the same locality/country and the same year.	Outcome
Prevalence of iron deficiency anaemia in 10–24-year-olds	proportion of non-pregnant adolescent girls with Hb level of <12 g/dl according to WHO assessment.	***Numerator:*** Number of non-pregnant adolescent girls with Hb level <12 g/dl ***Denominator:*** Total number of adolescent girls surveyed. Alternatively, the measures could also include mild and severe anaemia among girls. Hb level between 11 to 11.9 g/dl and 8 to 10.9 g/dl indicates mild and moderate anemia, respectively, while Hb level of <8.0 g/dl is indication of severe anemia in adolescent girls	outcome
% of Young people aged 10 – 24 years that ever-had sex	The percentage of male and female adolescents that have ever had sexual intercourse	***Numerator:*** Number of adolescents and young people who have initiated sexual intercourse. ***Denominator:*** Number of adolescent and young people surveyed	Outcome
Adolescent mortality rate	Number of deaths among adolescents (10–19 years old) per 100 000 adolescent population	**Numerator:** Number of deaths among adolescents aged 10–19. **Denominator:** Number of adolescents aged 10–19	Impact

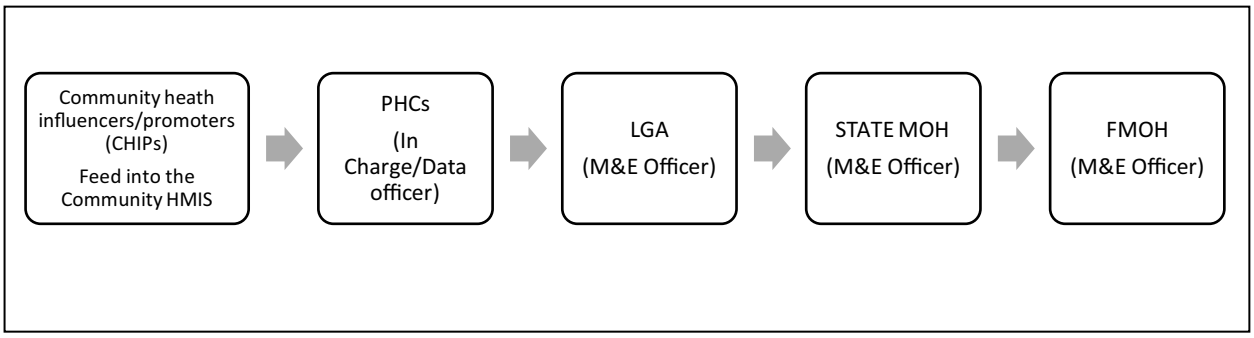
Adolescent maternal mortality ratio	Number of maternal deaths among adolescents per 100 000 live births to adolescents	***Numerator:*** Number of maternal deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, among adolescents aged 15–19 years in a specified period. ***Denominator:*** Number of live births to adolescents in the specified period	Impact
DALYs due to communicable, maternal, and nutritional diseases in individuals aged 10–24 years	DALYs per 100 000 adolescents due to communicable, maternal, and nutritional diseases in individuals aged 10–24 years		Impact
DALYs due to injury and violence in individuals aged 10–24 years	DALYs per 100 000 adolescents due to injury and violence in individuals aged 10–24 years		Impact
DALYs due to non-communicable diseases in individuals aged 10–24 years	DALYs per 100 000 adolescents due to non-communicable diseases (including mental disorders) in individuals aged 10–24 years		

Data Flow and Use

Monitoring Process

The monitoring process will follow the recommendations in the Policy document. GASHE will be responsible for ensuring that the Supervisory Checklist created for monitoring the service provision for adolescents and young people at the PHC level is well integrated into the National Supportive Supervisory Checklist. The NHMIS will provide a summary of service-related data with appropriate sex- and age-disaggregation (age 10-14; 15-19, age 20-24) from its routine health information system. These data will be available for use by GASHE on request.

Data flow and use will begin at the community level through the Community Health Influencers/Promoters (CHIPS) to data officer at the Primary Health Care Centre, then to the Monitoring and Evaluation officer at the Local Government Level and from there to the State Monitoring and Evaluations Officer and finally to the National Monitoring and Evaluations officer. Data generated at each level will be utilized for decisions relevant for that level.



Data flow system for adolescent health programmes in Nigeria

For None-State actors GASHE will also request relevant activity and project reports. Data from such projects will also be made available to the GASHE Unit. These data could be used in filling out the score card for adolescents at the National level

The state adolescent health officers are to fill the state score cards with the data available at the state level. This score cards are sent to the GASHE unit and used to populate the National Adolescent Health Score Card.

The adolescent specific indicators should be integrated and included in the country's demographic and health survey to ensure that the indicators to be obtained from population source are also accounted for and measured.

The Monitoring and Evaluations Tools

Supervisory Planning Schedule

This planning schedule helps the monitoring team to plan the facilities to visit. This schedule should be shared with the states and LGA teams to prepare them for the supportive supervisory visit.

Supervisory Checklist

The supportive supervisory checklist is developed to monitor the services available to adolescents and young people at the facility level and feed into the NHMIS. This is to be integrated into the National supportive supervisory checklist, however, it can also be used by the GASHE monitoring team. This tool monitors two major aspects of the facilities; the management's inclusion of adolescents and young people's h ealth in records, reporting systems, data analysis and interpretation, feedback system, guidelines awareness, and staffing; and the second is the services available to adolescents and young people.

Score Card

The score card is to be used as an evaluation tool. The card is to be updated annually to see how much contributions have been made to the health and development of adolescents and young people through investments, activites, programs and interventions.

Indicator Framework

This framework of indicators (pertaining to those 10 to 24 years of age) has been developed as a working document to serve as a tool for monitoring and evaluating interventions, programs and investments in adolescent and young peoples' health in Nigeria.

The indicators were compiled from different global and national measurement initiatives and indicator frameworks as being particularly relevant to the measurement and monitoring of adolescent and young peoples' health and development within the country.

The indicators are classified as core, additional and thematic. The core indicators are indicators that are key to the measurement of adolescent health following the state of adolescent health in Nigeria, what can be measured, and international standards. These were classified into three major aspects (Social and structural determinants of adolescent health, health behaviours and risks, health condition and outcomes) of adolescent health following the Lancet commission framework for the measurement of adolescent health, development and needs. There were 19 core indicators included in this framework. The additional indicators are a list of indicators that are also important to the health of adolescents, but may not have equal importance across the country. There were 15 additional indicators included in this framework. Thematic indicators were developed following the programmatic areas as described in the Policy document. Each thematic area consists of important indicators to adequately measure the area within the context of the targets described in the Policy document. There were 156 thematic indicators included in this framework.

Note that there are some indicators that are described as core or additional and are still included in the thematic list of indicators.

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Indicator Category Summary

A	**CORE INDICATORS**	
	Social and structural determinants of adolescent health	
	Health behaviours and risks	
	Health conditions and outcomes	
B	**ADDITIONAL INDICATORS**	
C	**THEMATIC INDICATORS**	
1	**System performance and intervention**	
	1. Health systems and services	
	2. School health system	
	3. Family and community systems	
2	**Policies and plans**	
3	**Sexual Reproductive health and rights**	
	1. Pubertal development and health literacy	
	2. Sexual activity, contraception, and sexually transmitted infection	
	3. Early marriage, child bearing and maternal mortality	
	4. maternal care for pregnant adolescents	
	5. Sexual violence and harmful practices	
4	**Mental Health**	
	1. Mental health literacy and promotion	
	2. Substance abuse, use and misuse	
	3. Mental health disorders and services	
	5. Gambling, gaming and other addicitions including PIUs	
5	**Violence and Injury**	
	1. Unintentional injuries	
	2. Interpersonal violence	
6	**Nutrition and physical activity**	
	1. Overnutrition	
	2. Undernutrition	
	3. Physical activity	
7	**Non-Commuicable diseases and disability**	
	1. Behavioural risks	
	2. Cardiovascular diseases (CVD)	
	3. Cancer	
	4. Diabetes	
	5. COAD	
	6. SCD	
	7. Epilepsy	
	8. Disabilities	
8	**Communicable diseases**	
	1. Malaria	
	2. TB	
	3. HBV	
	4. STI	
	5. HIV	
9	**Oral Health**	
	1 Dental Hygiene	
	2. Access to quality service	
10	**Determinants of health**	
	1. Education	
	2. Income level and poverty	

	CORE INDICATORS									
Measurement Framework Domains	**Priority Areas**	**Indicators**	**Definition**	**Measurement**	**Disagregation**	**Indicator type**	**Data acquisition analysis reporting**	**Possible data Source**	**Status (in use/ aspirational) is the indicator currently in use?**	**Reference**
Social and structural determinants	Secondary education and completion	Completion of 12 or more years of Education in 20-24years	The percentage of young people (20-24years) who have completed 12 years That is, those who have completed secondary school	**Numerator:** Number of young people (20-24years) who have completed secondary school. **Denominator:** Total number of young people who enrolled in school	age,sex, state,urban rural, SES	Outcome	annual	Population based survey		The 2016 Lancet series
	Adolescent Birth rate	Adolescent fertility rate	Annual number of births to females aged 10-14 or 15-19 years per 1,000 females in the respective age group	***Numerator:*** Number of live births to women aged 15-19 years. ***Denominator:*** Estimate of the exposure to childbearing by women aged 15-19 years	Age, state, zone, Urbn/rural, SES, school status	Outcome	annually	Population based survey/DHS/ health facility surveys/HMIS		SDGs (3.7.2)
	Early marriage	Marriage before 18 years	Percentage of women age 20 - 24 who were married before the age of 18	***Numerator:*** Number of women (20-24years) who were pregnant before the age of 18. ***Denominator:*** Total number of women (20-24) surveyed	State, Zone, location (rural or urban), schooling stattus, SES	Impact	annually	DHS/UNICEF MICS/Populatio n based surveys		
	Responsive health services	Services available to adolescents in PHCs	List of the services available to adolescents in the health facilities within the country. The services to be measured include a.Family Planning/Contraceptives including Emergency contraceptives b.STI treatment c.TB prevention and care d.Immunisations (HPV) e.ANC f.Delivery Services g.Post Natal Care h.HTS i.ART j.PMTCT k.Laboratory Services l.Nutrition education m.Post Abortion Care n.Outreach Services o.Post Exposure Prophylaxis p.Dental Care q.Eye Care r.GBV s.Mental health t.Referral (mental Health, GBV and phyco- social Support) u.Psychosocial services (including counselling)	Yes (to any of the service)= The services are available and accessible to adolescents without parental consent withiin the facility. Partially = The services are available and accessible to adolescents with parental consent within the facility. No = The services are not available and accessible to adolescents within teh facility.	N/A	Input and Process	annually	Health facility assessment/ HMIS	ASPIRational	
		Proportion of adolescents aged 10 – 24 years with unmet need for contraceptives	The percentage of young females ages 10-24 with unmet need for modern methods of contraception	***Numerator:*** Number of females ages 10-24 who want no more children or want to postpone having children, but are not using a modern method of contraception + women who are currently using a traditional method of family planning. ***Denomenator:*** Number of women ages 15-24 surveyed	age (10-14; 15-19), state, zone, socioeconomic status	Outcome	annually	DHS, Population based surveys, HMIS		
	HIV/SRH knowledge	inschool young people (10-24 years) reached with Family Life and HIV Education Curriculum	Proportion of inschool young people (10-24 years) reached with Family Life and HIV Education Curriculum	***Numerator*** : Number of in-school AYPs reached with FLHE curriculum. ***Denomenator*** : Total number of in-school AYPs	gender, age, State, zone	Output	Annually	Federal Ministry of Education; School based surveys	aspirational	
		out-of-school young people (10-24 years) reached with Family Life and HIV Education Curriculum	Proportion of out-of-school young people (10-24 years) reached with Family Life and HIV Education Curriculum	***Numerator*** : Number of out-of-school AYPs reached with FLHE curriculum. ***Denomenator*** : Total number of out-of- school AYPs surveyed	sex, age, State, zone	Output	annually	Population based surveys	aspirational	
	Parental connection	parent-child communication and relationship	Proportion of adolescents that report that their parents or guardians understand their problems or worries most of the time and know what they are doing in their free time	***Numerator:*** Number of adolescents who report that their parents guardians understand their problems or worries most of the time and know what they are doing in their free time. ***Denomenator:*** Total number of adolescents in the sruvey	Age (10-14; 15-19), sex, state, zone, socioeconomic status	Outcome		Population based survey	aspirational	
Health Behaviours and risks	Tobacco Use	Prevalence of current use of tobacco products among adolescents (10–19 years) (%), and by age, sex and type of tobacco used	The prevalence of tobacco use among adolescents (10–19 years), and by sex, on more than one occasion in the 30 days preceding the survey (either daily or non-daily).	***Numerator*** : Number of adolescents 10–19 years interviewed who have used a tobacco substance on more than one occasion in the 30 days preceding the survey x 100 ***Denomenator:*** T otal population of adolescents 10–19 years interviewed in the survey or study in the same period	age (10-14; 15-19; 20-24),sex, state, zone, socioeconomic status, school status	outcome	Monthly; Annually	Population based survey, NHMIS/DHIS2, School based survey	in-use	Emro core indicators
	Alcohol Use	Current alcohol use among adolescents	Proportion of adolescents (10-19years) who had at least one alcoholic drink (more than just a few sips) on one or more days during the past 30 days	**Numerator:** Number of adolescents who had at least one alcoholic drink on one or more days during the past 30 days (in the survey). **Denominator:** Total number of adolescent respondents in the survey	age (10-14; 15-19),sex, state, zone, socioeconomic status, school status	outcome	Monthly, Annually	Population based surveys/ school based surveys/ DHS/HMIS	in-use	Global refence list
	Weight status	Prevalence of overweight and obesity among adolescents	Proportion of adolescents who are overweight or obese	**Numerator:** Number of adolescents aged 10–19 years whose BMI was ≥1 SD (overweight) and ≥2 SDs from BMI (obese) according to WHO growth reference standards for respective age and sex in the survey **Denominator:** Total number of adolescent respondents in the survey	Age, sex, location (state, urban &rural)	outcome	NHMIS:Monthly, Annually Survey: 3-5years (MICS, NDHS)	Routine NHMIS, population based Survey	in-use	Global reference list

		Prevalence rate of underweight among adolescents (10–19 years), by age category and sex (%)	The percentage of adolescents (10–19 years), classified as underweight (BMI < 18.5 kg/m²) among the total adolescent population, and by sex, in a certain locality and a given year.	***Numerator:*** Number of adolescents 10–19 years, and by sex, who have a BMI < 18.5kg/m2 in a locality/country in a given year x 100. ***Denominator:*** Total population of adolescents 10–19 years, by sex, in the same locality/country and the same year.	Age, sex, location (state, urban &rural)	Outcome	NHMIS:Monthly, Annually Survey: 3-5years (MICS, NDHS)	Population based survey, NHMIS/DHIS2, School based survey	in-use	EMRO core indicators
		Prevalence of iron deficiency anaemia in 10–24-year-olds	proportion of non-pregnant adolescent girls with Hb level of <12 g/dl according to WHO assessment.	***Numerator:*** Number of non-pregnant adolescent girls with Hb level <12 g/dl ***Denominator:*** Total number of adolescent girls surveyed. Alternatively, the measures could also include mild and severe anaemia among girls. Hb level between 11 to 11.9 g/dl and 8 to 10.9 g/dl indicates mild and moderate anemia, respectively, while Hb level of <8.0 g/dl is indication of severe anemia in adolescent girls	age (10-14; 15-19), state, zone, socioeconomic status, schooling status	outcome	NHMIS:Monthly, Annually Survey: 3-5years (MICS, NDHS)	Routine NHMIS, population based Survey	in-use	Lancet commission
	Sexual intercourse among young people	% of Young people aged 10 – 24 years that ever had sex	The percentage of male and female adolescents that have ever had sexual intercourse	***Numerator:*** Number of adoelscents and young people who have initiated sexual intercourse. ***Denomenator:*** Number of adolescent and yooung people surveyed	age (10-14; 15-19), sex, state, zone, socioeconomic status	Ooutcome		DHS, Population based surveys, school base dsurveys		
Health outcomes and conditions	Mortality	Adolescent mortality rate	Number of deaths among adolescents (10–19 years old) per 100 000 adolescent population	**Numerator:** Number of deaths among adolescents aged 10–19. **Denominator:** Number of adolescents aged 10–19	Age, sex, state, zone, schooling status socioeconomic status, cause of mortality	Impact	annually	DHS, Population based surveys, HMIS		Core 100
		Adolescent maternal mortality ratio	Number of maternal deaths among adolescents per 100 000 live births to adolescents	***Numerator:*** Number of maternal deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, among adolescents aged 15–19 years in a specied period. ***Denominator:*** Number of live births to adolescents in the specified period	age (10-14; 15-19), state, zone, socioeconomic status, schooling status	Impact		DHS, Population based surveys/HMIS		Global reference list of health indicators for adolescent health
	Disability-adjusted life years	DALYs due to communicable, maternal, and nutritional diseases in individuals aged 10–24 years	DALYs per 100 000 adolescents due to communicable, maternal, and nutritional diseases in individuals aged 10–24 years		Age, sex, state, zone, schooling status socioeconomic status	Impact	annually	DHS, Population based surveys, HMIS		Lancet commission
		DALYs due to injury and violence in individuals aged 10–24 years	DALYs per 100 000 adolescents due to injury and violence in individuals aged 10–24 years		Age, sex, state, zone, schooling status socioeconomic status	Impact	annually	DHS, Population based surveys, HMIS		Lancet commission
		DALYs due to non-communicable diseases in individuals aged 10–24 years	DALYs per 100 000 adolescents due to non-communicable diseases (including mental disorders) in individuals aged 10–24 years		Age, sex, state, zone, schooling status socioeconomic status	Impact	annually	DHS, Population based surveys, HMIS		Lancet commission

	ADDITIONAL INDICATORS							
Indicators	**Definition**	**Measurement**	**Disagregation**	**Indicator type**	**Data acquisition analysis reporting**	**Possible data Source**	**Status (in use/ aspirational) is the indicator currently in use?**	**Reference**
Trained health service providers	Proportion of facilities with health service providers trained in the provision of adolescent health services in the past 12 months	***Numberator:*** Number of facilities in the country with at least one health service provider trained in the provision of adolescent health services in the past 12 months. ***Denomenator:*** Total number of facilities surveyed in the country	State, Zone, category of trained staff.	Output	annually	Health facility assessment	aspirational	Global reference list
Health service use by adolescents	Proportion of adolescents who used a specified package of health services in the past 12 months	**Numerator:** Number of adolescents who used the specified package of health services in the past 12 months (in the survey). **Denominator:** Total number of adolescent respondents in the survey	Sex, Age, SES, State of Residence, Educational Status	Outcome	annually	population based survey/ health facility registers	Aspirational	Global reference list
Services available for adolescents in PHCs	List of the services available to adolescents in the health facilities within the country. The services to be measured include a.Family Planning/Contraceptives including Emergency contraceptives b.STI treatment c.TB prevention and care d.Immunisations (HPV) e.ANC f.Delivery Services g.Post Natal Care h.HTS i.ART j.PMTCT k.Laboratory Services l.Nutrition education m.Post Abortion Care n.Outreach Services o.Post Exposure Prophylaxis p.Dental Care q.Eye Care r.GBV s.Mental health t.Referral (mental Health, GBV and phyco- social Support) u.Psychosocial services (including counselling)	Yes (to any of the service)= The services are available and accessible to adolescents without parental consent withiin the facility. Partially = The services are available and accessible to adolescents with parental consent within the facility. No = The services are not available and accessible to adolescents within teh facility.	N/A	Input and Process	annually	Health facility assessment/ HMIS	ASPIRational	
Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent	Laws or regulations allow adolescents (married or unmarried) to access contraception without parental or spousal consent. To Ensure that all adolescents age 14 years have the rights to receive ambulatory and non-surgical reproductive health services appropriate for their age and health situation.	Yes = legislation is available that allows adolescents to access contraception without parental or spousal consent. Partial = legislation is available that allows either married adolescents to access contraception without spousal consent or allows unmarried adolescents to access contraception without parental consent. No = no legislation is available that allows adolescents to access contraception without parental or spousal consent.		input and process		policy surveys		Coutn down to 2030
National Standards and Minimum Service Package for Adolescent and Youth-Friendly Health Services	Percentage of public sector primary health care facilities that offer the full complement of the nationally-specified minimum package of adolescent- and youth-friendly health services. This includes access to required resources and infrastructure, personnel, required hours of operation, access to standing order, etc; all defined within the National Standards and Minimum service package for adolescent and youth friendly health services document	***Numerator:*** Number of facilities in the country offering the full complement of the nationally-specified minimum package of adolescent and youth friendly health services. ***Denomenator:*** Total number of public secotr primary health care facilities in the country	State, zone	Output	annually	Health facility assessment	aspirational	
Formally designated Adolescent Health Officer	proportion of states with a formally designated Adolescent Health Officer	***Numerator:*** Number of states (including FCT) with a designated adolescent health officer. ***Denomenator:*** Total number of states (including FCT)	NA	Ouput			aspirational	
Individuals aged 20–24 years who are NEET	Proportion of individuals aged 20–24 years not in employment, education, or training	***Numerator:*** Number of individuals 20-24years who are NEET. ***Denominator:*** Total number of young people (20-24years) surveyed	Sex, State, urban/rural, SES	Outcome	annually	population based survey, ILO		
Adoption and implementation of VAPP Act	The proportion of states (including FCT) that have adopted and implemented VAPP Act by 2024	***Numerator:*** Number of states that have adopted and implemented the VAPP Act. ***Denomenator:*** Total number of states (including FCT)	N/A	Output				
Adoption and implementation of Child Rights' Act	The proportion of states (including FCT) that have adopted and implemented Child Rights' Act by 2024	***Numerator:*** Number of states that have adopted and implemented the Child Rights' Act. ***Denomenator:*** Total number of states (including FCT)		Output				
Early initiation of sexual activity	Proportion of adolescents who had sexual intercourse before the age of 15 years	***Numerator:*** Number of adolescents who report having had sexual intercourse before age 15 years in the survey. ***Denomenator:*** Total number of adolescent respondents in the survey	Age, sex, state, zone, schooling status socioeconomic status	Outcome	Annually	DHS, Population based surveys, school base dsurveys		Global reference list

Number of girls and women receiving services related to FGM/Cresponse	Girls and or women who received prevention and response (treatment intervention) services from trained health workers	Count: Number of girls and women receiving services related to FGM/C prevention or response	By age group (10-14yrs, 15-19years, 20-24yrs, 25 and above) Level of care (tertiary, secondary and primary), geographical location, SES, Literacy levels, Levels of care, facility ownership (Public/Private)	Output	Monthly, Annually	HMIS/Health facility registers		National Indicator dictionary
Number of rape survivors managed clinically	Persons who have been sexually abused or violated who presented at a health facility and received treatment	Total number of persons seen at the health facility that were sexually abused or violated and were clinically managed	Sex (female, male); age group (10-14yrs, 15-19years, 20-24yrs, 25 and above), geographical location, SES, Literacy levels, Levels of care, facility ownership (Public/Private)	Output	Monthly, Annually	HMIS/Health facility registers		National Indicator dictionary
Percentage of people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	This indicator measures the percentage of people age 15-24 years who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission among all survey respondents age 15–24. It is a measure of the comprehensive knowledge of HIV/AIDS as specified by UNAIDS.	Numerator: Number of respondents aged 15-24 years who gave the correct answer to all five questions Denominator: Total number of all respondents age 15–24 *This indicator is constructed from responses to the following set of prompted questions:* *1. Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?* *2. Can a person reduce the risk of getting HIV by using a condom every time they have sex?* *3. Can a healthy-looking person have HIV?* *4. Can a person get HIV from mosquito bites?* *5. Can a person get HIV by sharing food with someone who is infected?*	By Sex: Male, Female, Target group By Age: 15-19, 20-24	Outcome	Every 2-5 years	The data for measuring this indicator will be obtained from population based surveys (Demographic and Health Survey, AIDS Indicator Survey, IBBSS, NARHS, Multiple Indicator Cluster Survey or other representative survey)	in-use	NOP2
Number of people who tested for HIV and received results	Numerator:Total number of people who tested for HIV and received results (Sum of all HIV positives and Negatives above) Denominator: Nil	Numerator: Number of people tested for HIV who received their results Denominator Nil	1. Sex (Male/Female); 2. Age (1–4, 5–9, 10–14, 15–19, 20–24, 25–49, 50+ years) 3. Results: Positive and negative 4. Service delivery points (Counseling and testing, TB/DOT, Family Planning, Inpatient Ward, STI clinic, etc.).	Output	Monthly	HTS register		NASCP, FMoH 2016: National Training of Trainers on Revised HIV M&E Tools 2016,
HIV incidence rate	Number of HIV new cases among adolescents per population at risk in a given time period	Numerator: Number of HIV new infection Denominator: Total uninfected population of Adolescents (minus people living with HIV/AIDS)	General adolescent population, Key populations (men who have sex with men, sex workers, people who inject drugs, transgender people, prisoners), Age groups (10–14, 15–19, 20-24 years), geographic location, sex	Impact	Every 2 years	HIV incidence study	aspirational	National Health indicator list

	A	B	C	D	E	F	G	H	I	J	K
1		**THEMATIC INDICATORS**									
2	**Thematic/Programmatic areas**	**Priority Areas**	**Indicators**	**Definition**	**Measurement**	**Disagregatio**	**Indicator type**	**Data acquisition analysis reporting**	**Possible data Source**	**Status (in use/ aspirational) is the indicator currently in use?**	**Reference**
3	**System performance and intervention**	Health system and services	Health service use by adolescents	Proportion of adolescents who used a specified package (as defined by the Mininum service package for AYFHS) of health services in the past 12 months	**Numerator:** Number of adolescents who used the specified package of health services in the past 12 months (in the survey). **Denominator:** Total number of adolescent respondents in the survey	Sex, Age, SES, State of Residence, Educational Status	Outcome	annually	population based survey/ health facility registers	Aspirational	Global reference list
4			Percentage of adolescent population (10–19 years), and by age category and sex (%)	The percentage of population aged 10–19 years in a country, area or region as of 1 July of a given year (mid-year). This should also be calculated by age sub-category and sex.	**Numerator:** Number of adolescents 10–19 years, and by sex, in a locality in a given year x 100 **Denominator:** Total number of population in the same locality in the same year	Age (10-14, 15-19), Sex,	Impact	annually	PBS	aspirational	Emro core indicators
5			Services available for adolescents in PHCs	List of the services available to adolescents in the health facilities within the country. The services to be measured include a. Family Planning/Contraceptives including Emergency contraceptives b. STI treatment c. TB prevention and care d. Immunisations (HPV) e. ANC f. Delivery Services g. Post Natal Care h. HTS i. ART j. PMTCT k. Laboratory Services l. Nutrition education m. Post Abortion Care n. Outreach Services o. Post Exposure Prophylaxis p. Dental Care q. Eye Care r. GBV s. Mental health t. Referral (mental Health, GBV and phyco- social Support)	Yes (to any of the service)= The services are available and accessible to adolescents without parental consent withiin the facility. Partially = The services are available and accessible to adolescents with parental consent within the facility. No = The services are not available and accessible to adolescents within teh facility.	N/A	Input and Process	annually	Health facility assessment	ASPIRational	
6			Trained health service providers	Proportion of facilities with health service providers trained in the provision of adolescent health services in the past 12 months	***Numberator:*** Number of facilities in the country with at least one health service provider trained in the provision of adolescent health services in the past 12 months. ***Denomenator:*** Total number of facilities surveyed in the country	gender, age, State, Zone, category of trained staff.	Output	annually	Health facility assessment	aspirational	Global reference list
7			National Standards and Minimum Service Package for Adolescent and Youth-Friendly Health Services	Percentage of public sector primary health care facilities that offer the full complement of the nationally-specified minimum package of adolescent- and youth-friendly health services. This includes access to required resources and infrastructure, personnel, required hours of operation, access to standing order, etc; all defined within the National Standards and Minimum service package for adolescent and youth friendly health services document	***Numerator:*** Number of facilities in the country offering the full complement of the nationally-specified minimum package of adolescent and youth friendly health services. ***Denomenator:*** Total number of public secotr primary health care facilities in the country	State, zone	Output	annually	Health facility assessment	aspirational	

	A	B	C	D	E	F	G	H	I	J	K
8			Formally designated Adolescent Health Officer	proportion of states with a formally designated Adolescent Health Officer	***Numerator:*** Number of states (including FCT) with a designated adolescent health officer. ***Denomenator:*** Total number of states (including FCT)	NA	Ouput	annually (non-routine)		aspirational	
9			Functional State Adolescent Health and Development Technical Working Group	Propootion of states with adolescenthealth and development technical working group	***Numerator:*** Number of states (including FCT) with a functional ADHTWG. ***Denomenator*** : Total number of states (including FCT)	NA	Output	annually (non-routine)		aspirational	
10			Health promotion programs held/planned	average number of Health promotion programs focusing on adolescents and young persons' health and development held	***Numerator:*** Total number of HP services targeting adolescents held across facillities surveyed. ***Denomenator:*** Total number of HP services held/organized by the facilities surveyed.	State, LGA, Zone, programmatic area of focus for the HP	Output	quarterly	Health Faclity assessment	aspirational	
11			Dissemination of National Policy on Adolescent and Young People's Health and Develpoment	Proportion of states and LGAs that have receive copies of the National Policy on Adolescents and Young People's Health and development	***Numerator:*** Number of states and (including FCT) that have received copies of the policy. ***Denomenator*** : Total number of states (including FCT)	NA	Output	annually	Health Faclity assessment through supportuve suppervisory checklist	Aspirational	
12			Number of shared inter-sectoral projects or programs	The Number of shared inter-sectoral adolescents and young people's health and development projects or programs that have been implemented within a specified period of time	Count number of programs or projects that have been implemented and documents	Type of program, programatic area of the program	Output	annually			
13			Insurance coverage for adolescents	Percentage of population covered by health insurance (NHIS or SHIS)	***Numerator:*** Number of people covered by health insurance. ***Denominator:*** Total number of population	age, sex, geographic location, type of insurance NHIS or SHIS	Output				NID
14			Out-of-pocket health expenditure	Self-reported out-of-pocket expenditre for health services among adolescents and young people		age, sex, geographic location.	Output	5 years	PBS/HMIS/DHIS2		
15			National Adolescent Health and Development Technical Working Group	Number of meetings held by by NAHDWG per annum.	Count number of meetings held by NAHDWG with reports/minutes of the meeting as evidence		Input and Process	annually			
16			Health insurance for adolescents	Proportion of providers implementing the inclusion of Adolescent essentail health services in their subscriber benefit packages	***Numerator:*** Number of health insurance service providers implementing the inclusion of adolescent essential health services in their in their subscriber benefit package. ***Denominator:*** Total number of health insurance service providers	Type of insurance, geographic location	output	annually			
17			Use of the Integrated supportive supervisory checklist	Percentage of states where integrated supportive supervosry checklist has been disseminated and used for monitoring efforts	***Numerator:*** Number of states where the ISSC is being used for monitoring. ***Denominator:*** Total number of states		Output				
18			State Adolescent Health and Development Technical Working Group	Number of states with SAHDWG	Count: number of states that have constituted a SAHDWG		Output				
19			Sensitization campaigns for AYP health issues	Number of sensitizations campaigns on AYP health issues conducted by state and LGA Number of outreraches conducted to AYPs on how to access health care services	Count: number sensitizations and outreaches reported to have been conducted by health facilities	States, zone, focal programatic area of the campagn	Output				
20			Sensitization campaigns for AYP health issues	Number of social marketing organization engaged in providing service delivery points for AYPs.	~~Count: Number of social marketing organization engaged in providing service delivery points for AYPs as repoted by each state~~	State, zone,	Output				
21			Proportion of PHCs with minimum requirements to ensure healthy and safe environment for AYPs	Proportion of PHCs with minimum requirements to ensure healthy and safe environment for AYPs as defined by the National minimum standards for the implementation of AYFHS	***Numberator:*** Number of facilities in the country minimum requirements to ensure healthy and safe environment for AYPs. ***Denomenator:*** Total number of facilities surveyed in the country	State, Zone, location (rural or urban),	Output				

	A	B	C	D	E	F	G	H	I	J	K
22			Proportion of teachers trained to facilitate the FLHE curriculum both for In-school adolescents.	Proportion of teachers trained to facilitate the FLHE curriculum both for In-school adolescents.	***Numerator:*** Number of teachers trained to facilitate the FLHE curriculum for in-school adolescents. ***Denominator:*** Total number of teachers	State, Zone, location (rural or urban),	Output				
23			Integration of Adolescent Health Core indicators into the HMIS	This indicators measures the integration of the Adoeslcent Health Core indicators as dictated by the adolescent health monitoring and evaluation framework	Yes = The Adoeslcent Health Core indicators have been integrated into the HMIS of the country. Partially = Some of the core indicators have been added but not all. No = The Adoeslcent Health Core indicators have not been integrated into the HMIS of the country	N/A	Output				
24			Number of capacity building conducted on people-centred primary health care among health workers and service providers by state.	Number of apacity building conducted on people-centred primary health care among health workers and service providers by state.	**Count:** Number of capacity building conducted on people-centered PHC among health workers and service providers	State, Zone,	Output				
25			Facilitators trained to facilitate the FLHE curriculum for out-of-school adolescents.	Proportion of facilitators trained to facilitate the FLHE curriculum for out-of-school adolescents.	***Numerator:*** Number of facilitators trained to facilitate the FLHE curriculum for in-school adolescents. ***Denominator:*** Total number of facilitators trained generally for FLHE dissemination	State, Zone, location (rural or urban),	Output				
26		Budget and resouce Mobilization	Budget line for joint AYPHD programs and projects	Proportion of relevant stakeholders that have included a budget line for joint AYPHD programming priorities. Relevant stakeholders, as defined by the Policy document	***Numerator:*** Number of relevant relevant stakeholders who have included budget line for joint AYPHD programing priorities. ***Denomnator:*** Total number of relevant stakeholders as defined by the policy document		Output				
27			Number of activities Leveragin on the BHCPF for Adolescent Health interventions and activities at the Facility level	Leveraging on the BHCPF for funding through the gateways proposed by the Guidelines for the Administration, Disbursement, Monitoring and Fund Management of the Basic Healthcare Provision Fund	***Count:*** Number of AYPHD activites leveraging on BHCPF for funding		Output				
28			Existence of a monitoring plan and tool to tack and monitor allocation and efficient use of funds for AYPHD programs	Existence of a monitoring plan and tool to tack and monitor allocation and efficient use of funds for AYPHD programs	***N/A***	NA	Input and Process				
29			Budget for AYOHD at national and subnational levels	Existence of specific budget line for AYPHD at national and sub-national levels.	***N/A***	NA	Input and Process				
30			Defined list of funding partners	Existence of a defined list of funding partners for AYPHD within the country	***N/A***	NA	Input and Process				
31			Proportion of AYPHD programs funded by funds sourced from bilateral and multilateral collaborations	This indicator refers to the measures the Mobilization of funds through bilateral and multilateral collaborations and to lobby private sector in adopting AYPFHS as part of corporate responsibility.	***Numerator:*** Number of AYPHD programs funded by funds sourced from bilateral and multilateral collaborations. ***Denominator:*** Total number of AYPHD prorams	Program/intervvention type,	Output				
32		Basic Infrastructure	Revision of Primary Health Care infrastructreguidelines	The Primary healh care infrastructure guidelines and minimum standards to be reviewed to include Adolescent Health facilities other than counseliing	***N/A***	NA	Output				
33			Integration of Adolescent Health measures into exisiting Integrated supportive supervsory checklist	Percentage of states where integrated supportive supervosry checklist (including adolescent health measures) has been disseminated and used for monitoring efforts	***Numerator:*** Number of states where the ISSC is being used for monitoring. ***Denominator***: Total number of states	Zone, LGA,	Output				

	A	B	C	D	E	F	G	H	I	J	K
34			Proportion of health facilities by state that have dedicated vehicles for for use by all AYFHS to support community and outreach programs	This indicator measures availabilty of vehicle(s)at the facility dedicated to support all AYFHS programs	***Numerator:*** Number of facilities with vehicles dedicated to AYFHS programs including community and outreach programs. ***Denominator:*** Total number of facilities in the country	State, Zone,	Output	annually (non-routine)	Health Facility assessment through supportuve suppervisory checklist		
35		School Health system	School Health Services	Proportion of public and private sector primary and secondary schools that have a school health service or are linked to such a service	***Numerator:*** Number of schools (public and private primary and secondary) that have a school health service or are linked to such service. ***Denomenator:*** Total number of adoloescents public and private primary and secondary schools	State, zone	Output				
36			Proportion of schools that have attained the status of health-promoting schools	Proportion of schools that have fulfilled the 12 WHO criteria for health promoting schools as stipulated in the National School Health Policy, 2006.	***Numerator***: Number of schools (public and private primary and secondary) that have attained the status of health promoting scvhool. ***Denomenator***: Total number of public and private primary and secondary schools	State, zone	Output				
37			Percentage of schools where the minimum package of school-based health and nutrition services (as defined at local- and national-level) is provided.	Using FRESH Checklist 8,this indicator is assessed through a focus group survey in a representative sample of schools to determine: • The extent to which the minimum recommended package of school-based health and nutrition services is provided in schools. • The extent of links between local health and nutrition services and schools. • The capacity within schools to deliver a minimum package of school-based health and nutrition services. • Students' perceptions of the provision of school-based health and nutrition services. • Parents' and other community members' perceptions of the provision of school-based health and nutrition services	***Numerator:*** See definition and operational notes. Further details available in metadata. ***Denomenator:*** Sample of schools representative of all schools in the country (preschool,primary and secondary; private and public; different geographical areas; and diverse ethnic groups)	State, zone	Output		Population based survey/ School based survey		FRESH
38			Physical activities in school	Percentage of school soffering opportunities for students to participate in non-competitive physical activity.	***Numerator:*** Number of schools (public and private primary and secondary) that offer opportunities for students to participate in physical activities. ***Denomenator***: Total number of public and private primary and secondary schools	State, zone	Output		Population based survey/ School based survey		
39			Advertisement/Sales of tobacco close to schools	proportion of schools that have no advertising and/or sales of cigarettes or any tobacco within 300 metres of its premises	***Numerator:*** Number of schools that have no advertisement and/or sales of cigarrettes or any tobacco product within 300 meteres of the school premises. ***Denominator:*** Total number of schools surveyed	State, Zone, type of school (private or public), location (rural or urban)	Output		Population based survey/ School based survey		
40		Family and Community systems	parent-child communication and relationship	Proportion of adolescents that report that their parents or guardians understand their problems or worries most of the time and know what they are doing in their free time	***Numerator:*** Number of adolescents who report that their parents guardians understand their problems or worries most of the time and know what they are doing in their free time. ***Denomenator:*** Total number of adolescents in the sruvey	Age (10-14; 15-19), sex, state, zone, socioeconomic status	Outcome		Population based survey	aspirational	
41			Community support for ADH programs	Proportion of community and religious leaders, Community Health Influencers, Promoters and Services (CHIPS) that support adolescent health services and programs	***Numerator:*** Number of community and relious leaders and CHIPS that support adolescent health programs and services. ***Denomenator:*** Total number of community and religious leaders and CHIPs surveyed	State, Zone, Type of program and service	Outcome		population based survey	aspirational	

	A	B	C	D	E	F	G	H	I	J	K
42			Number of consultation forums with cultural and religious bodies in 12 states.	Number of consultation forums with cultural and religious bodies in 12 states to identify the current challenges facing the domestication of CRA.	**Count:** Number of consultation forums with cultural and religious bodies in 12 states to identify the current challenges facing the domestication of CRA.	State, Zone, location (rural or urban), programmatic focus of the consultation process	Output				
43			Number of programs and interventions targeting vulnerable, underserved and out of school AYP	Specific programs targeting vulnerable including adolescents and young people living with dissability, underserved and out-of-school AYP. Or other general programs and interventions that include vulnerable, underserved and out-of-school AYP.	**Count:** Number of programs and interventions targeting vulnerable, underserved and out-of-school AYP in the country	State, zone, LGA, programmatic focus (as defined by the Policy)	Output	annually (non-routine)	Reports submitted by different funding organizations and implementing partners		
44			Number of appointed of goodwill ambssadors	appointed goodwill ambassadors to promote the cause of vulnerable, underserved and out of school AYP. Goodwill ambassadors will include eminent personalities within the communities who can gain the respect and admirations of community and also participate in advocating for Adolescent Health and	**Count:** Number of goodwill ambassadors appointed for adolescent health	Zone, State, LGA,	Output				
45			Number of outreach programmes that engage youth peer educators to reach the vulnerable, underserved and excluded youth in communities	Outreach programs organized by the PHC, NGOs, implementing partners that engage or train youth peer educators to reach vulnerable, underserved and excluded youths in the community	**Count:** *Number of outreach programs that engage or trained youth peer educators to reach vulnerable, underserved ad excluded youths in the community*	Zone, State, LGA,	Output	annually (non-routine)	Reports submitted by different funding organizations and implementing partners, ISS		
46			"Number of young leaders trained represent adolescents and youths in local, national and international forums	Young leaders aged 10-24 trained to represent adolescents and young people in local, national and international forums	**Count:** *Number of young people 10-24 that have received training and capacity building to represent AYPs in various local, national and international forums*	Age, gender, zone, state, LGA	Output	annually (non-routine)			
47			Number of trained young leaders provided with opportunities to represent adolescents and youths in local, national and international forums and meetings"	trained young leaders aged 10-24years who have been provided with opportunities to actually represent AYPs, at local, national, and international forums	**Count:** Number of trained young leaders that have been provided with opportunities to represent young people at local, national and internation forums	Age, Gender, zone, State, LGA, location of forum (local, nationa, International)	Output	annually (non-routine)			
48			Number of media progrms engaged in disseminating AYPH information through sponsorships to health and social movies, documentaries, audio messages, radio talks, supplements in print media, social media etc.	Interventios/programs through media that disseminate AYPHD information	**Count:** Number of media programs engaged in disseminating AYPH information	State, LGA, Zone covered by the media agency(ies), programmatic area of focus	Output	annually (non-routine)			
49	**Policies and Programs**		Adoption and implementation of VAPP Act	The proportion of states (including FCT) that have adopted and implemented VAPP Act by 2025	***Numerator:*** Number of states that have adopted and implemented the VAPP Act. ***Denomenator:*** Total number of states (including FCT)	N/A	Output				
50			Adoption and implementation of Child Rights' Act	The proportion of states (including FCT) that have adopted and implemented Child Rights' Act by 2025	***Numerator:*** Number of states that have adopted and implemented the Child Rights' Act.***Denomenator:*** Total number of states (including FCT)		Output				
51			Revision of National Lottery Act	Revision of National Lottery Act of 2005 by 2025 to ensure and enforce responsible gambling policies that will mandate sports betting companies to commit to prevention of underage gamling and gambling addictions and assume the responsibility of rehabilitating young people who have otherwise become addicted to the use of their services	Yes = the policy has been revised. Partial = the process for the revision of the policy has started, meaning there have been advocacy visits to the right quarters and scheduled meetings have been conducted. No = the policy has not been revised and there has been no move towards the revision of the policy		Output				

	A	B	C	D	E	F	G	H	I	J	K
52			Estalbishement and operationalization of National Commission for Persons living with Disabilities (including adolescents)	Proportion of states with established and fully operational National Commission for Persons living with Disabilities by 2025	***Numerator:*** Number of states tates with established and fully operational National Commission for Persons with Disabilities. ***Denomenator:*** Total number of states (including FCT)		Input and process				
53			Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent	Laws or regulations allow adolescents (married or unmarried) to access contraception without parental or spousal consent. To Ensure that all adolescents age 14 years have the rights to receive ambulatory and non-surgical reproductive health services appropriate for their age and health situation.	Yes = legislation is available that allows adolescents to access contraception without parental or spousal consent. Partial = legislation is available that allows either married adolescents to access contraception without spousal consent or allows unmarried adolescents to access contraception without parental consent. No = no legislation is available that allows adolescents to access contraception without parental or spousal consent.		input and process		policy surveys		Coutn down to 2030
54			Adoption and implementation of National Adolescent and Young People's Policy	Proportion of states and LGAs that have adopted the National Policy on Adolescents and Young People's health and development and have costed workplan	***Numerator:*** total number of states (including FCT) that have adopted the policy and have costed plan. ***Denominator:*** Total number of states in the country		Output	annually (non-routine)	Policy Surveys		
55			Revision of National Guidelines for the integration of AYFHS into PHCs	Revision of the National Guideline for the integration of AYFHS into PHCs in line with the new Adolescent and Young People's Health and Development policy	Yes = the policy has been revised. Partial = the process for the revision of the policy has started, meaning there have been advocacy visits to the right quarters and scheduled meetings have been conducted. No = the policy has		input and process				
56			Dissemination of reviewed Guidelines for the integration of AYFHS into PHCs	Propoportion of states that have received copies of the reviewed National Guidelines for integration of AYFHS into PHCs	***Numerator:*** total number of states (including FCT) that have adopted the policy and have costed plan. ***Denominator:*** Total number of states in the country		Output				
57	**Sexual Reproductive Health and Rights**	pubertal development and health literacy	Number of schools implementing Family Life and HIV Education Curriculum	Proportion of schools implementing the FLHE curriculum	***Numerator***: Number of schools (public and private primary and secondary) that implement FLHE curriculum. ***Denomenator***: Total number of public and private primary and secondary schools	State, Zone, type of school (private or public), location (rural or urban)	Output	Annually	Federal Ministry of Education; School based surveys	in-use	
58			inschool young people (10-24 years) reached with Family Life and HIV Education Curriculum	Proportion of inschool young people (10-24 years) reached with Family Life and HIV Education Curriculum	***Numerator***: Number of in-school AYPs reached with FLHE curriculum. ***Denomenator***: Total number of in-school AYPs	State, zone	Output	Annually	Federal Ministry of Education; School based surveys	aspirational	
59			out-of-school young people (10-24 years) reached with Family Life and HIV Education Curriculum	Proportion of out-of-school young people (10-24 years) reached with Family Life and HIV Education Curriculum	***Numerator***: Number of out-of-school AYPs reached with FLHE curriculum. ***Denomenator***: Total number of out-of-school AYPs surveyed	State, zone	Output	annually	Population based survey	aspirational	

	A	B	C	D	E	F	G	H	I	J	K
60			proportion of young people aged 10-24 years that can make informed decieions about their sexual life	Proportion of adolescents and young people (10-24years) who have been expsed to FLHE curriculum that can make informed decision about their sexual life. Informed decision include: adolescent can make decisions about when to initiate/have sexual intercourse, with whom to have sexual intercourse, the type of sexual intercourse (vaginal, Oral, anal), can make decisions about the use of condoms or other contraceptives	***Numerator:*** Number of adolescents and young persosn who have been exposed to FLHE who can make informed decision about their sexual health. ***Denominator:*** Total number of adolescents who have been exposed to FLHE currculum surveyed.	Age (10-14; 15-19), sex, state, zone, socioeconomic status	Outcome		Population based survey, school based survey	aspirational	
61			Proportion of parents reached with adolescent reporductive health messages	Proportion of parents that have been reached with information about the reproductive health of adolescents including messages on how to communicate SRH issues with adolescents, how to help adolescents make informed decisions about their reproductive health, understanding adolescent sexual and reproductive heath issues	***Numerator:*** Total number of parents that have been reached with ASRH information. ***Denominator:*** Total number of eligible parents	Program/intervvention type,	Output		Population based survey	aspirational	
62			Proportion of adolescents with adequate* knowledge of menstrual hygiene	Proportion of adolescents (boys and girls) who have knowledge of menstrual health and hygiene, menstrual hygiene materials and menstrual supplies and facilities	***Numerator:*** Number of adoelscents who have adequate knowledge of menstrual hygiene. ***Denominator:*** Total number of adolescents surveyed.	Age (10-14; 15-19), sex, state, zone, socioeconomic status	Outcome		Population based survey; school based	aspirational	
63			schools with separate and clean toilets for males and females in adequate quantity	Proportion of schools (private and public primary and secondary) with separate and clean toilets for males and females in adequate quantity (commesurate to the number of adolescents in schools)	***Numerator:*** Number of schools with adequate separate and clean toilets for males and females in adequate quantity. ***Denominator:*** Total number of schools surveyed	State, Zone, type of school (private or public), location (rural or urban)	Output	annually	Federal Ministry of Education; School based surveys	aspirational	
64		Sexual activity, contraception, and sexually transmitted infection	Adolescent contraceptive prevalence rate	Proportion of female adolescents and young persons (10-24years) who have ever used any method of contraceptive or whose partners have used any form of contraception	***Numerator:*** Number of female adoelscents who have ever used any form of contraceptive or whose partners used any form of contraceptive. ***Denominator:*** Total number of adolescents surveyed.	State, zone	Impact	5year cycle	NDHS; Other population or school based surveys	aspirational	
65			Proportion of adolescents aged 15 – 24 years with unmet need for contraceptives	The percentage of young females ages 15-24 with unmet need for modern methods of contraception	***Numerator:*** Number of females ages 15-24 who want no more children or want to postpone having children, but are not using a modern method of contraception + women who are currently using a traditional method of family planning. ***Denomenator:*** Number of women ages 15-24 surveyed	age (10-14; 15-19), state, zone, socioeconomic status	Outcome	annually	DHS, Population based surveys	aspirational	
66			% of Young people aged 10 – 24 years that ever had sex	The percentage of male and female adolescents that have ever had sexual intercourse	***Numerator:*** Number of adoelscents and young people who have initiated sexual intercourse. ***Denomenator:*** Number of adolescent and yooung people surveyed	age (10-14; 15-19), sex, state, zone, socioeconomic status	Ooutcome		DHS, Population based surveys, school base dsurveys		
67			Percent of Sexually active adolescent who used a condom at last sex	Proportion of male and female adolescents and young persons who used a condom at last sex	***Numerator:*** Number of sexually active adolescents who or whose partners used a condom at last sexual intercourse. ***Denomenator:*** Number of sexually active adolescents surveyed	Age (10-14; 15-19), sex, state, zone, socioeconomic status	Outcome	annually	DHS, Population based surveys, school base dsurveys	aspirational	

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68			Early initiation of sexual activity	Proportion of adolescents who had sexual intercourse before the age of 15 years	***Numerator:*** Number of adolescents who report having had sexual intercourse before age 15 years in the survey. ***Denomenator:*** Total number of adolescent respondents in the survey	sex, state, zone, schooling status socioeconomic status	Outcome		DHS, Population based surveys, school base dsurveys	aspirational	Global reference list
69			Adolescent Sexually transmitted infections (STIs) incidence rate	Number of new cases of reported STIs (syndromic or etiological reporting) in a specified time period among adolescents and young people (10-24 years)	***Numerator:*** Number of new cases among adoelscents and young people (10-24years). ***Denominator:*** Total population of adolescents and young people (10-24years).	Age (10-14; 15-19; 20-24), key populations, syndrome/pathogen (gonorrhoea, syphilis [including congenital], urethral discharge, and genital ulcer disease), geographical location, Sex/gender, SES, Literacy level or schooling status, Levels of care, facility ownership (Public/Private)	Impact	annually	Health facility assessment/HMIS	aspirational	National indicator dictionary
70		Early marriage, Child bearing, and maternal mortality	Age at first pregnancy	The median age in years of female adolescents and young persons at birth of first child. Coverage includes girls of all marital statuses.	***Numerator:*** Number of girls (10-24 years) who have given birth. ***Denominator:*** Number of girls (10-24years) of all marital statuses	age (10-14; 15-19), state, zone, socioeconomic status	Impact	annually	population based survey/ health facility registers/HMIS	aspirational	Measure evaluation: family and reproductive health indicator database
71			Adolescent fertility rate	Annual number of births to females aged 10-14 or 15-19 years per 1,000 females in the respective age group	***Numerator:*** Number of live births to women aged 15-19 years. ***Denominator:*** Estimate of the exposure to childbearing by women aged 15-19 years	Age, state, zone, SES, school status	Outcome	annually	Population based survey/DHS/ health facility surveys/HMIS	aspirational	SDGs (3.7.2)
72			Early childbearing before 15 and 18 years of age Percentage of women aged 20–24 years who gave birth before 18 years of age	Early childbearing before 15 and 18 years of age Percentage of women aged 20–24 years who gave birth before 18 years of age	***Numerator:*** *Birth before 15 years of age:* Number of adolescent girls aged 15–19 years who had at least one live birth before 15 years of age *Birth before 18 years of age:* Number of women aged 20–24 years who had at least one live birth before 18 years of age ***Denomenator:*** "Birth before 15 years of age: Total number of adolescent girls aged 15–19 years Birth before 18 years of age: Total number of women aged 20–24 years"	*age (10-14; 15-19), state, zone, socioeconomic status*	impact	annually	DHS, Population based surveys	aspirational	Inspire strategy
73			Adolescent maternal mortality ratio	Number of maternal deaths among adolescents per 100 000 live births to adolescents	***Numerator:*** Number of maternal deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, among adolescents aged 15–19 years in a specied period. ***Denominator:*** Number of live births to adolescents in the specified period	age (10-14; 15-19), state, zone, socioeconomic status, schooling status	Impact		DHS, Population based surveys/HMIS		Global reference list of health indicators for adolescent health

	A	B	C	D	E	F	G	H	I	J	K
74			Abortions per 1000 women of reproductive age	This is the abortion rate, representing the number of induced abortions occurring in a specified reference period (one year) per 1,000 women of reproductive age (15-49).	***Numerator:*** Number of abortions X 1000. ***Denominator:*** Total mid-year population of women of reproductive age	age (15-19; 20-24), state, zone, socioeconomic status, school status	impact		DHS/HMIS/Population surveys		Preliminary list of recommended indicators for the Girls not Brides (GNB) Partnership
75			Number of women admitted for complications of unsafe abortion	Number of women of reproductive age who were admitted for complications (Perforation, Sepsis) of abortion	Count number of women admitted for complications of unsafe abortion	age (10-14; 15-19; 20-24), state, zone, socioeconomic status, school status	Output	monthly/annually	HMIS/Health facility registers		National Indicator dictionary
76			Early marriage	Percentage of women age 20 - 24 who were married before the age of 18	***Numerator:*** Number of women (20-24years) who were pregnant before the age of 18. ***Denominator:*** Total number of women (20-24) surveyed	State, Zone, location (rural or urban), schooling stattus, SES	Impact		DHS/UNICEF MICS/Population based surveys		
77			Age at first marriage	Median age in years when women ages 15 to 49 first married or lived with a consensual partner.	Number of girls (10-24years) who have married / Number of girls (10-24years) of all marital statuses	State, Zone, location (rural or urban), schooling stattus, SES	impact		DHS/UNICEF MICS/Population based surveys		
78		Maternal care for pregnant adolescents	Intermittent preventive therapy for malaria during pregnancy (IPTp)	Percentage of women who received three or more doses of intermittent preventive treatment during antenatal care visits during their last pregnancy.	**Numerator:** Number of women receiving three or more doses of recommended treatment. **Denominator:** Total number of pregnant women/surveyed with a live birth in the last 2 years.	Age, state, zone, socioeconomic status	Outcome	3-5years	DHS/ UNICEF MICS/HMIS		2015 Global Reference List of 100 Core Health Indicators
79			ANC eight visit coverage (ANC 8)	Number of women who used antenatal care provided by skilled health personnel for reasons related to pregnancy at least eight times during pregnancy. *Rationale:* *• Antenatal care eighth coverage is also a strong indicator of continuity and use of health care during pregnancy and also of access in the national context.* *• Poor quality ANC could also be a reason that women come once and then stop*	Numerator: Number of women who received antenatal care for the eighth time since the current pregnancy, during this reporting period.	By Age group (10-14yrs, 15-19years, 20-24yrs, 25 and above)	Output	Monthly, Annually	Routine NHMIS: Ante-Natal Care Clinic Register		National Health indicator list
80			Skilled attendant at delivery among adolescents	The proportion of live births to an adolescent (15–19 years) in a given time period, attended by skilled health personnel	**Numerator:** Number of adolescents (15–19 years) who reported having been attended by skilled health personnel at the time of delivery **Denominator:** Total number of adolescent respondents (15–19 years) who reported a live birth in a given time period	age (10-14; 15-19; 20-24), state, zone, socioeconomic status, school status	Outcome	Monthly, Annually	Population based survey/ HMIS/ DHS		Count down to 2030
81			Postnatal care for adolescent mothers	Proportion of women (15-19 years) who have postnatal contact with a health provider within 2 days of delivery	***Numerator:*** Number of women aged 15-19 years with postnatal contact with a health provider within 2 days of delivery. ***Denominator:*** Number of women aged 15-19 years who delivered	age (10-14; 15-19; 20-24), state, zone, socioeconomic status, school status	Outcome	Monthly, Annually	Population based survey/ HMIS/ DHS		Count down to 2030
82		Sexual violence and harmful practices	Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting is currently being measured by the proportion of girls aged 15-19 years who have undergone female genital mutilation/cutting	***Numerator:*** Number of girls and women aged 15-49 who have undergone FGM/C. ***Denominator:*** Total number of girls and women aged 15-49 in the population	age (10-14; 15-19; 20-24), state, zone, socioeconomic status, school status	Outcome	annually	Population based survey, NHMIS/DHIS2		SDGs

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83			Number of girls and women receiving services related to FGM/C response	Girls and or women who received prevention and response (treatment intervention) services from trained health workers	Count: Number of girls and women receiving services related to FGM/C prevention or response	By age group (10-14yrs, 15-19years, 20-24yrs, 25 and above) Level of care (tertiary, secondary and primary), geographical location, SES, Literacy levels, Levels of care, facility ownership (Public/Private)	Output	Monthly, Annually	HMIS/Health facility registers		National Indicator dictionary
84			Number of rape survivors managed clinically	Persons who have been sexually abused or violated who presented at a health facility and received treatment	Total number of persons seen at the health facility that were sexually abused or violated and were clinically managed	Sex (female, male); age group (10-14yrs, 15-19years, 20-24yrs, 25 and above), geographical location, SES, Literacy levels, Levels of care, facility ownership (Public/Private)	Output	Monthly, Annually	HMIS/Health facility registers		National Indicator dictionary
85			Prevalence of intimate partner violence among adolescents	Percentage of girls aged 15–19 years who have ever had an intimate partner, who reported experiencing physical and/or sexual violence by an intimate partner in the past 12 months	**Numerator:** Number of girls aged 15–19 years who have ever had an intimate partner, who report experiencing physical and/or sexual violence by an intimate partner in the past 12 months. **Denominator:** Total number of girls aged 15–19 years surveyed who have ever had an intimate partner	Sex (female, male); age group (10-14yrs, 15-19years, 20-24yrs, 25 and above), geographical location, SES, Literacy levels	Outcome	annually	DHS/ Population based surveys/DHS		Global reference list of indicators for adolescent health
86			Past year sexual violence in childhood by any perpetrator	Percentage of female and male adolescents aged 13–17 years who experienced sexual violence in the past 12 months, by sex and age	**Numerator:** Number of female and male respondents aged 13–17 years who report experiencing any act of sexual violence in the past 12 months **Denominator:** Total number of respondents aged 13–17 years asked about sexual violence	Sex (female, male); age group (10-14yrs, 15-19years, 20-24yrs, 25 and above), geographical location, SES, Literacy levels	Impact	anually	Population based survey/ DHS/PMA2020		Inspire strategy
87			Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18	Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18	**Numerator:** Number of young women and men aged 18-29 years who report having experienced any sexual violence by age 18. **Denominator:** Total number of young women and men aged 18-29 years, respectively, in the population	Sex (female, male); age group (10-14yrs, 15-19years, 20-24yrs, 25 and above), geographical location, SES, Literacy levels	Outcome	annually	Population based survey		SDGs
88	**Mental Health**	Mental health literacy and promotion	Adolescent knowledge of Mental health	This indicator is a composite indicator or index mea-suring adolescents' knowledge of key mental health topics/domains and issues. .	The topics and issues included in the indicator should reflect those of primary importance for improving the mental health of adolescents and/or those the program/intervention empha-sized. Illustrative topics that evaluators may add includes: Knowledge of source of help; Knowledge of signs and symptoms; knowledge of predisposing factors to mental health disorders such as depression, anxiety	age (10-14; 15-19; 20-24),sex, state, zone, socioeconomic status, school status	Outcome	annually	Population based surveys/school based surveys	aspirational	
89		Substance abuse	Prevalence rate of substance (other than alcohol and tobacco) use among adolescents (10–19 years), and by age and sex (%)	The percentage of adolescents (10–19 years), and by sex, who have ever taken any substance of use in the last 12 months.	***Numerator:*** Number of adolescents 10–19 years, and by sex, who have ever taken any substance of use in the last 12 months in a locality X 100 ***Denomenator:*** Total population of adolescents 10–19 years, and by sex, in the same locality in the same period of time	age (10-14; 15-19; 20-24),sex, state, zone, socioeconomic status, school status, substance used	outcome	Monthly; Annually	Population based surveys/ school based surveys/ DHS/HMIS	in-use	Emro core indicators

	A	B	C	D	E	F	G	H	I	J	K
90			Adolescent binge drinking	Percentage of female and male adolescents who had at least one episode of binge drinking (>48 g of alcohol for females, >60 g for males) in the past month	**Numerator:** Number of female and male adolescents who report binge drinking in the past month. **Denominator:** Total number of female and male adolescents asked about binge drinking	age (10-14; 15-19; 20-24),sex, state, zone, socioeconomic status, school status, substance used	outcome	Monthly, Annually	Population based surveys/ school based surveys/ DHS/HMIS		Inspire
91			Current alcohol use among adolescents	Proportion of adolescents (10-19years) who had at least one alcoholic drink (more than just a few sips) on one or more days during the past 30 days	**Numerator:** Number of adolescents who had at least one alcoholic drink on one or more days during the past 30 days (in the survey). **Denominator:** Total number of adolescent respondents in the survey	age (10-14; 15-19),sex, state, zone, socioeconomic status, school status	outcome	Monthly, Annually	Population based surveys/ school based surveys/ DHS/HMIS	in-use	Global refence list
92			Prevalence of current use of tobacco products among adolescents (10–19 years) (%), and by age, sex and type of tobacco used	The prevalence of tobacco use among adolescents (10–19 years), and by sex, on more than one occasion in the 30 days preceding the survey (either daily or non-daily).	***Numerator***: Number of adolescents 10–19 years interviewed who have used a tobacco substance on more than one occasion in the 30 days preceding the survey x 100 ***Denomenator:*** Total population of adolescents 10–19 years interviewed in the survey or study in the same period	age (10-14; 15-19; 20-24),sex, state, zone, socioeconomic status, school status	outcome	Monthly; Annually	Population based survey, NHMIS/DHIS2, School based survey	in-use	Emro core indicators
93		Mental health disorders and services	Prevalence rate of depression among adolescents (10–19 years), and by age category and sex (%)	The percentage of adolescents (10–19 years), by sex who reported feeling sad/have lack of interest or pleasure/decreased energy or increased fatigability for most of the day almost every day largely uninfluenced by circumstances, sustained for at least 2 weeks.	***Numerator*** : Number of adolescents 10–19 years, and by sex, who reported feeling sad/lack of interest or enjoyment/lack of energy for most of the day almost every day for 2 weeks or longer in a locality in a given year x 100. ***Denomenator*** : Total population of adolescents 10–19 years, and by sex, in the same locality in the same year.	Age group, Sex, state	impact	Monthly, Annually	PBS/SBS	in-use	Emro core indicators
94			Percentage of adolescents who say they talk to someone when they have a worry or problem	Percentage of adolescents reporting they talk to someone either most or all of the time when they have a problem or worry having to do with difficult feelings and experiences	**Numerator:** Number of adolescents reporting they talk to someone either most or all of the time when they have a problem or worry having to do with difficult feelings and experiences. **Denominator:** Number of adolescents age 10-19	age (10-14; 15-19; 20-24),sex, state, zone, socioeconomic status, school status	Impact	Monthly, Annually	PBS/SBS	In-use	MMAP
95			Coverage of services for severe mental health disorders	Percentage of persons with a severe mental disorder (psychosis, bipolar affective disorder, moderate-severe depression) who are using services	***Numerator:*** Number of people receiving services. ***Denomenator***: Total number of people in need	Age group, sex, state, type of health facility (public/private)	outcome	Monthly/Routine	PBS/SBS/HMIS/DHIS2	in-use	Core 100 indicators
96			No of facilities providing mental health services to young people	No of facilities providing mental health services to young people (including screening mental health disorders including gaming and gambling and PIU and support services for those diagnosed)	Count: Number of facilities with that report providing mental health servicese including those listed in the definition	Type of facility; state; location (urban/rural)	output	Monthly/Routine	Health facility assessment/HMIS	Aspirational	
97			Number of people entering treatment for substance abuse: New Cases	Number of people who started a drug treatment episode in the treatment facilities during the reporting period and who are treated for a substance abuse for the first time (first entry into treatment)	Number of patients who started a drug treatment episode in the treatment facilities during the reporting period	Sex/Primary drug declared/type of patients, Age	Output	Monthly/Routine	Health facility assessment/HMIS	in-use	National indicator dictionary
98			Number of people entering treatment for substance abuse.	Number of people who started a drug treatment episode in the treatment facilities during the reporting period. This includes both in and out patients	Number of patients who started a drug treatment episode in the treatment facilities during the reporting period	Age/Sex/First time-Recurrent/Type of treatment(in-patient or out-patient care) /type of drug/substance.	Output	Monthly, Quarterly/Routine	Health facility assessment/HMIS	in-use	National indicator dictionary
99			Number of persons with mental health disorders	Number of persons accessing mental health services for mental disorder at the health facilities. The health services includes: assessment, diagnosis, treatment and counselling.	Number of individuals with documented mental health disorders at the health facilities.	Age group, Sex, state, type of health facility (public/private), type of mental health disorder	Output	Monthly/Routine	PBS/SBS/HMIS/DHIS2	in-use	National indicator dictionary

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100			Suicide deaths per 100,000 population in a specificed period	Percentage of persons with a severe mental health disorder (psychosis; bipolar affective disorder; moderate-severe depression) who are using mental health services (assessment, diagnosis, treatment and counselling) in a given population.	**Numerator**: Number of suicides deaths in a year; **Denominator:** Mid- year population	Age/Sex/State/SES	Outcome	Annual, and 5 years	PBS/HMIS/DHIS2	in-use	National indicator dictionary
101			Number of attempted suicides reported at the health facilities in a given period	This is the number of documented in-patient cases of persons who intentionally committed grievous self harm with the aim of taking their lives Self harm includes; intentional overdose of therapeutic drugs, intake of dangerous substance like acid, hanging of oneself, dangerous self infliction, intentionally putting yourself in harms way like standing in front of a fast moving train, vehicles, jumping off a high building. etc.	**Numerator:** Number of people receiving treatment for drug and substance abuse who tested for HIV,HBV,HCV. **Denominator**: Total number of people receiving treatment for drug and substance abuse	Age group, Sex, state	Output	Routine (Hopital records)	Health facility assessment/HMIS		National indicator dictionary
102			Quality of Mental Health Service	This indicator measures the quality of mental health service provided by health facilities as measured by the WHO Quality Rights tool kits	**Use the WHO Quality Rights tool kits**	Type of facility; state; location (urban/rural)	Output	Routine (Hopital records)	Health facility assessment/HMIS	Aspirational	
103		Gambling, gaming and digital technology addcitions	Prevalence of gambllng among adolescents (10-19) and young people (15-24)	Proportion of adolescents and young persons participating in gambling and online gaming	***Numerator:*** Number of adolescents and young people who report participating in gambling (any form of gambling) and online games. ***Denominator:*** Total number of adolescents and young persons surveyed).	age (10-14; 15-19; 20-24),sex, state, zone, socioeconomic status, school status	Impact	annual	PBS/SBS	aspirational	
104			Prevalence of problematic internet use among adolescents and young people	Proportion of adolescents and young people with problematic internet (PIU)	***Numerators:*** Number of adolescents and young people with PIU. ***Denominator:*** Total number of adolescents and young persons surveyed.	age (10-14; 15-19; 20-24),sex, state, zone, socioeconomic status, school status	impact	annual	PBS/SBS	aspirational	
105	**Violence and Injury**	Unintentional injuries	Knowledge of highway codes	percentage of adolescents and young persons (10-24) with knowlegde of highway code. Illustrative topics that can be tested include knowlegde of road signs and knowledge of appropriate safety measures. This is important, not just for adolescents and young people who drive but also for pedestrian adolescents and those who use public transportation system	***Numerator:*** Number of adoelscents and young people who have knowledge of the highway code.***Denominator:*** Number of adolescents and young persons surveyed	Age/sex/SES/schooling status	outcome	annual	PBS/SBS/Federal Road Safety Corporation reports	aspirational	
106			Appropriate road safety measures	Proportion of young drivers/passengers who use appropriate safety measures (helmets, seat belts)	***Numerator:*** Number of adolescents who use the appropriate safety measures while drivin g or riding as a passenger in any form of transportation. ***Denominator:*** Total number of adolescents surveyed	age (10-14; 15-19; 20-24), sex, state, zone, socioeconomic status, school status	outcome	annual	PBS/SBS/Federal Road Safety Corporation reports	Aspirational	
107			Knowledge of first aid	Proportion of students (10-24) with good knowledge of first aid and emergency services	***Numerator:*** Number of students with knowledge of first aid measures. ***Denominator:*** Total number of students surveyed	age (10-14; 15-19; 20-24), sex, state, zone, socioeconomic status, school status	outcome	annual	PBS/SBS	aspiratrional	
108			Adolescent (10–19 years) injury-related mortality rate, and by age category, sex and type or injury (per 100 000 population)	Number of deaths of adolescents (10–19 years), and by sex, per 100 000 total population of adolescents due to a specific type of injury.	**Numerator:** Number of deaths of adolescents 10–19 years, and by sex, due to a specific type of injury in a locality in a given year x 100,000. **Denominator:** Total population of adolescents 10–19 years, and by sex, in the same locality and year	age (10-14; 15-19), sex, state, zone, socioeconomic status, school status, type of injury	impact	annual	PBS/HMIS/DHIS2		Emro core indicators

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109			Incidence rate of injuries among adolescents (10–19 years), and by age category, sex and type of injuries (per 100 000 population)	Number of new cases of a specific type of injury among adolescents (10–19 years), by sex, per 100 000 adolescent population.	**Numerator:** Number of new cases of a specific type of injury among adolescents 10–19 years, and by sex, in a locality in a given year x 100,000 **Denominator:** Total adolescent population (10–19 years) in the same locality and the same year.	age (10-14; 15-19), sex, state, zone, socioeconomic status, school status, type of injury	impact	annual	PBS/HMIS/DHIS2		Emro core indicators
110			Adolescent Road Traffic Mortality	Proportion of mortality due to road traffic accidents among adolescent aged 10 – 24 years	**Numerator:** Number of deaths due to road traffic crashes among individuals 10-24years. **Denominator:** Population of 10-24 years	age (10-14; 15-19), sex, state, zone, socioeconomic status, school status	Impact	*Preferred data sources* - Civil registration and vital statistics systems with full coverage *Other possible data sources* - Population-based health surveys with verbal autopsy, administrative reporting systems (police, FRSC reports)	Death registration data using ICD-10. Federal Road Safety Corp database		National indicator dictionary
111		interprsonal violence	Physical attack against adolescents, past 12 months	Percentage of female and male adolescents who were physically attacked in the past 12 months, by sex and grade (class at school) level (or age)	***Numerator***: Number of female and male adolescents who report being physically attacked, past 12 months. ***Denomenator:*** Total number of female and male adolescents asked about being physical attacked	age (10-14; 15-19), sex, state, zone, socioeconomic status, school status	impact	annual	PBS/SBS	in-use	Inspire stragy
112			Peer violence — bullying victimization, past 12 months	Percentage of female and male adolescents who experienced bullying during the past 12 months, by type, sex and grade (class at school) level (or age)	***Numerator:*** Number of female and male adolescents who report being bullied, past 12 months. ***Denomenator:*** Total number of female and male adolescents asked about being bullied	Age, sex, location (state, urban &rural), SES, Schooling status	Outcome	anually	PBS/SBS		Inspire
113			Missed school due to safety concerns, past month and past 12 months	Percentage of female and male adolescents who stayed away from school during the past month and past 12 months because they felt unsafe at, or on the way to/from school or online, by sex and age	***Numerator:*** Number of female and male adolescents who stayed away from school at least one day because they felt unsafe, during the past 30 days and past 12 months. ***Denomenator:*** Total number of female and male adolescents currently attending school asked about safety concerns	Age, sex, location (state, urban &rural), SES, Schooling status	Outcome	annual	population based survey/ school based survey	in-use	
114			Acceptability of wife-beating	Percentage of females and males aged 13–49 years who agree that a husband (man) is justified in hitting or beating his wife (partner) for at least one specified reason, by sex and age	***Numerator:*** Number of female and male respondents who state that a husband is justified in hitting or beating his wife in at least one of the specified circumstances. ***Denomenator:*** Total number of female and male respondents asked whether wife-beating is justified	Age, sex, location (state, urban &rural), SES, Schooling status	Outcome	anually	population based survey/ school based survey	in-use	
115			Adolescent mortality rate from homicide	Number of adolescent deaths due to homicide per 100 000 adolescent population	***Numerator:*** Number of deaths due to homicide among adolescents aged 10–14 and 15–19 years. ***Denomenator:*** Mid-year adolescent population (10–14 and 15–19 years) in a specified year	age (10-14; 15-19), sex, state, zone, socioeconomic status, school status	impact	annual	PBS/HMIS/DHIS2/Police report		Global reference list
116	**Nutrition and Physical Activity**	Overweight	Prevalence of overweight and obesity among adolescents	Proportion of adolescents who are overweight or obese	**Numerator:** Number of adolescents aged 10–19 years whose BMI was ≥1 SD (overweight) and ≥2 SDs from BMI (obese) according to WHO growth reference standards for respective age and sex in the survey **Denominator:** Total number of adolescent respondents in the survey	Age, sex, location (state, urban &rural)	outcome	NHMIS:Monthly, Annually Survey: 3-5years (MICS, NDHS)	Routine NHMIS, population based Survey	in-use	Global reference list
117		Undernutrition	Prevalence rate of underweight among adolescents (10–19 years), by age category and sex (%)	The percentage of adolescents (10–19 years), classified as underweight (BMI < 18.5 kg/m²) among the total adolescent population, and by sex, in a certain locality and a given year.	***Numerator:*** Number of adolescents 10–19 years, and by sex, who have a BMI < 18.5kg/m2 in a locality/country in a given year x 100. ***Denominator:*** Total population of adolescents 10–19 years, by sex, in the same locality/country and the same year.	Age, sex, location (state, urban &rural)	Outcome	NHMIS:Monthly, Annually Survey: 3-5years (MICS, NDHS)	Population based survey, NHMIS/DHIS2, School based survey	in-use	EMRO core indicators

	A	B	C	D	E	F	G	H	I	J	K
118			Prevalence of iron deficiency anaemia in 10–24-year-olds	proportion of non-pregnant adolescent girls with Hb level of <12 g/dl according to WHO assessment.	***Numerator:*** Number of non-pregnant adolescent girls with Hb level <12 g/dl ***Denominator:*** Total number of adolescent girls surveyed. Alternatively, the measures could also include mild and severe anaemia among girls. Hb level between 11 to 11.9 g/dl and 8 to 10.9 g/dl indicates mild and moderate anemia, respectively, while Hb level of <8.0 g/dl is indication of severe anemia in adolescent girls	age (10-14; 15-19), state, zone, socioeconomic status, schooling status	outcome	NHMIS:Monthly, Annually Survey: 3-5years (MICS, NDHS)	Routine NHMIS, population based Survey	in-use	Lancet commission
119		Physical Activity	Percentage of adolescents (10–19 years) who have accumulated at least 60 minutes of moderate-vigorous physical activity daily, and by age and sex (%)	The percentage of adolescents (10–19 years) who have accumulated at least 60 minutes of moderate-vigorous physical activity daily.	***Numerator:*** Number of adolescents 10–19 years, and by sex, who reported during the survey having accumulated at least 60 minutes of moderate to vigorous physical activity daily in a locality in a specific period of time x 100. ***Denomenator:*** Total population of adolescents 10–19 years, and by sex, in the same locality and period of time interviewed during the survey	Age, sex, location (state, urban &rural), SES, Schooling status	outcome		population based survey; School based survey		Emro core indicators
120	**Non-Communicable diseases and disability**	Behavioural risks	knowledge about behavioural risk factors for non-communicable diseases	Proportion of adolescents with knowledge of behavioral risk factors for NCDs. Such as acohol consumption, tobacco smoking, and physical inactivity	***Numerator:*** Number of adolescents with knowledge of behavioural risk factors for NCDs ***Denominator:*** Total number of adolescents surveyed	Age, sex, location (state, urban &rural), SES, Schooling status	Outcome	annual	PBS/SBS	aspirational	
121		CVD	Prevalence of raised blood pressure among persons aged 18+ years	Proportion of individual with raised blood pressure among persons aged 18+ (defined as systolic blood pressure ≥ 140mmHg or diastolic blood pressure ≥ 90mmHg) in a given population	Numerator: Number of individuals aged 18+ with systolic blood pressure ≥ 140mmHg or diastolic blood pressure ≥ 90mmHg in the population at a specified period. An average of the second and third systolic and diastolic reading should be used for calculation out of three measurements. Denominator: Mid-year population Expressed as number per 100,000 population.	Age, Sex, SES	Outcome	Survey to be conducted every 5 years	Population Survey (NCD STEPS, MICS, NDHS)		National indicator dictionary
122			CVD Mortality rate	Deaths fom all cardiovascular diseases with ICD-10 codes 100-199 as the underlying cause of death.	Numerator: Number of deaths from all CVDs with ICD-10 codes 100-199 as the underlying cause of death within the year under review. Denominator: Mid-year population Expressed as number per 100,000 population https://www.cdc.gov/cdi/definitions/ardiovascular-disease.html	Age (15-19; 20-24), Sex, SES, Hypertension, coronary heart disease and stroke	Impact	Annual and 5 years	Population surveys, civil registration, vital statistics, hospital mortality survey		National indicator dictionary
123		Cancer	Cancer mortality rate	Deaths from cancers of all causes with ICD for oncology second or third edition code COO-C80 and behaviour =3 (malignant, primary site), C67.0-C67.9 (bladder cancer) and behaviour = 2 or 3 (insitu or malignant, primary site among respondents.	Numerator: number of deaths from cancers of all causes with ICD for oncology second or third edition code COO-C80 and behaviour =3 (malignant, primary site), C67.0-C67.9 (bladder cancer) and behaviour = 2 or 3 (insitu or malignant, primary site among respondents Denominator: Mid-year population for the same calendar year. Expressed as number per 100,000 population. https://www.cdc.gov/cdi/definitions/cancer.html	Age (10-14, 15-19, 20-24), sex, type of cancer	Impact	Annual and 5 years	Population surveys, civil registration, vital statistics, hospital mortality survey		National indicator dictionary

	A	B	C	D	E	F	G	H	I	J	K
124			Cancer incidence rate by type of cancer	Incidence cases of cancers of all causes with ICD for oncology second or third edition code COO-C80 and behaviour =3 (malignant, primary site), C67.0-C67.9 (bladder cancer) and behaviour = 2 or 3 (insitu or malignant, primary site among respondents.	Numerator: Incidence cases of cancers of all causes with ICD for oncology second or third edition code COO-C80 and behaviour =3 (malignant, primary site), C67.0-C67.9 (bladder cancer) and behaviour = 2 or 3 (insitu or malignant, primary site among respondents Denominator: Mid-year population for the same calendar year. Expressed as number per 100,000 population https://www.cdc.gov/cdi/definitions/cancer.html	Age(10-14, 15-19, 20-24), Sex, SES, type of cancer	Impact	Annual, and 5 years	Cancer registries, Population survey (NCD STEPs, MICs, NDHS)		National indicator dictionary
125		Diabetes	Diabetes mortality rate	Deaths fom diabetes with ICD-10 codes E10-E14 as the underlying or contributory cause of death.	Numerator: Number of deaths fom diabetes with ICD-10 codes E10-E14 as the underlying or contributory cause of death. Denominator: Mid-year population Expressed as 100,000 per population Expressed as number per 100,000 population Source: https://www.cdc.gov/cdi/definitions/diabetes.html	Age(10-14, 15-19, 20-24), Sex, SES, State of residence	Impact	Annual and 5 years	Population surveys, civil registration, vital statistics, hospital mortality survey		National indicator dictionary
126			Prevalence of diabetes mellitus among persons aged 18+ years	Proportion of individuals aged 18+ years with fasting plasma glucose value (defined as fasting plasma glucose value ≤ 7.0mmol/L (126mg/dL) or on medication for raised blood glucuse in a given population	Numerator: Number of respondents aged 18+ years with fasting plasma glucose value (defined as fasting plasma glucose value ≤ 7.0mmol/L (126mg/dL) or on medication for raised blood glucuse. Fasting blood glucose must be measured, not self reported, and measuremenrs must be taken after the person has fasted for at least 8 hours. Denominator: All respondents of the survey aged 18+ years Expressed as number per 100,000 population Source: WHO global reference list of 100 core health indicators	Age (10-14, 15-19, 20-24), Sex, SES, State of residence	Outcomes	Every 5 years	Population Survey (NCDs STEP, NDHS)		National indicator dictionary
127		COAD	Chronic obstructive airway disease mortality rate	Deaths with international classification of diseases (ICD) -10 code J40-J44 as underlying cause of death.	Numerator: Number of deaths with international classification of diseases (ICD) -10 code J40-J44 as underlying cause of death. Denominator: Mid-year population Expressed as number per 100,000 population Source: https://www.cdc.gov/cdi/definitions/chronic-obstructive.html	Age (10-14, 15-19, 20-24), Sex, SES, State of residence, type	Impact	Annual and 5 years	Population surveys, civil registration, vital statistics, hospital mortality survey		National indicator dictionary
128			Prevalence of COAD among adults >= 18 years	Proportion of individuals aged 18+ years ever diagnosed with chronic airway disease, emphysema or chronic bronchitis in a given population.	Numerator: Number of individuals aged 18+ years ever diagnosed with chronic airway disease, emphysema or chronic bronchitis in a given population. Denominator: Mid-year population Expressed as number per 100,000 population Source: https://www.cdc.gov/cdi/definitions/chronic-obstructive.html	Age (10-14, 15-19, 20-24), Sex, SES, State of residence, type	Outcome	5 years	Population survey (NCD STEPS, NDHS)		National indicator dictionary

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129		SCD	Sickle cell mortality rate	Proportion of deaths due to sickle cell disease	Numerator: Number of deaths due to sickle cell disease Denominator: Mid-year population Expressed as number per 100,000 population	Age, Sex, SES, State of residence	Impact	Annual, and 5 years	Civil registration, Population Survey, Hospital mortality		
130			Prevalence of Sickle Cell Disease	Proportion of individuals diagnosed with sickle cell disease in a given population	Numerator: Proportion of individuals diagnosed with sickle cell disease in a given population Denominator: Mid-year population	Age, Sex, SES, State of residence	Outcome	5 years	Population survey (NCD STEPS, NDHS)		
131		Epilepsy	Number of suspected new cases of priority diseases (epilepsy)	Diseases of interest in Nigeria: Epilesy	Count number of new cases of Epilepsy among adolescents	Age (10-14, 15-19, 20-24), Sex, SES, State of residence	Ouput	Routine (monthly, quarterly, every 6 months, and annual	IDSR Nigeria Database		National indicator dictionary
132		Dissabilities	Access to health service	Percentage of adolescents and young people (10-24years) with disability that have access to relevant health services	***Numerator:*** Number of adolescents with disability that have access to relevant health services ***Denominator:*** Total population of young people with disability	Age (10-14, 15-19, 20-24), Sex, SES, State of residence, type of health facility	Output	Annual	PBS/SBS/Health facility assessment	aspirational	
133			Assistive mobility and selfcare	Percentage of adolescents and young people have appropriate assistive technologies to enhance their mobility and self-care	***Numerator:*** Number of adolescent and young people that have appropriate assitive technologies to enhance their mobility and self-care. ***Denominator:*** Total number of adolescents with disability	Age (10-14, 15-19, 20-24), Sex, SES, State of residence	Ouput	Anually	PBS/SBS	aspirational	
134	**Communicable diseases**	Malaria	Malaria incidence rate	Number of confirmed reported malaria cases per 1000 persons per year	***Numerator:*** Number of suspected malaria cases confirmed by either microscopy or rapid diagnostic test ***Denominator***: Population at risk (number of people living in areas where malaria transmission occurs	Age, state, zone, season (year and month)	Impact	Anually	Routine NHMIS		National Indicator dictionary 2015 Global Reference List of 100 Core Health Indicators
135			Treatment of confirmed malaria cases (%)	Percentage of confirmed malaria cases that receive first-line antimalarial treatment	***Numerator:*** Number of confirmed malaria cases that receive first line antimalarial treatment ***Denominator:*** Number of confirmed malaria cases	Age, state	Output	Monthly	Routine NHMIS		National Indicator dictionary 2015 Global Reference List of 100 Core Health Indicators
136			Intermittent preventive therapy for malaria during pregnancy (IPTp)	Percentage of women who received three or more doses of intermittent preventive treatment during antenatal care visits during their last pregnancy.	***Numerator:*** Number of women receiving three or more doses of recommended treatment. ***Denominator :*** Total number of pregnant women/surveyed with a live birth in the last 2 years.	Age (10-14; 15-19), state, zone, socioeconomic status	Outcome	3-5 years	DHS, MICS, MIS		National Indicator dictionary 2015 Global Reference List of 100 Core Health Indicators
137			Proportion of population that slept under an ITN the previous night	Proportion of population that slept under an ITN the previous night	***Numerator:*** Number of individuals who slept under an ITN the previous night ***Denominator:*** Total number of individuals who spent the previous night in surveyed households (Defacto population)	U5, PW, Adolescents (10-14; 15-19), States, Geo-political zones	Outcome	Every five years	MIS/DHS		National Indicator dictionary 2015 Global Reference List of 100 Core Health Indicators
138			Indoor residual spraying (IRS) coverage (%)	Percentage of population at risk protected by IRS during a specified time period	***Numerator*** : Number of persons protected by IRS. ***Denominator***: Population at risk	at risk population	Outcome	annually	MIS, DHS		National Indicator dictionary 2015 Global Reference List of 100 Core Health Indicators

	A	B	C	D	E	F	G	H	I	J	K
139			Proportion of persons who received LLIN through routine distribution channels	Proportion of persons who had received LLIN through routine distribution channels	***Numerator***: Number of persons that received an ITN through routine distribution channels ***Denominator***: Number of targeted population	The routine distribution channels: (Children under five, school going children, pregnant women, community systems)	Output		Routine NHMIS: Community data		M&E Plan 2014 -2020
140			Proportion of households with at least one ITN for every two people and/or sprayed by IRS within the last 12 months	Proportion of households with at least one ITN for every two people and/or sprayed by IRS within the last 12 months	***Numerator:*** Number of households with at least one ITN for every two people and/or sprayed by IRS within the last 12 months ***Denominator:*** Total number of households surveyed	State, zone	Outcome		MIS, DHS		2013 Household Survey Indicators for Malaria Control
141		Tuberculosis	TB Mortality rate (among adolescents)	Estimated number of deaths attributable to TB in a given year, expressed as a rate per 100 000 population	***Numerator:*** Number of deaths due to TB (all forms), excluding deaths in HIV-positive TB cases. ***Denomenator:*** Number of years of exposure.	Age (10-14, 15-19, 20-24), place of residence, sex, socioeconomic status	Impact	Annually	Civil registration with full coverage and cause of death based on ICD. Other possible data sources - special studies, sample or sentinel registration systems, population surveys with verbal autopsy	in-use	GTB Report, 2015
142			TB notification rate (per 100 000 population)	Number of new and relapse TB cases notified in a given year, per 100 000 population.The term "notification" means that TB is diagnosed in a patient and is reported within the national surveillance system, and then to WHO.	Numerator Number of new and relapse cases of TB in a specified time period. Denominator Number of persons/total population	Type of TB (bacteriologically confirmed/clinically diagnosed, pulmonary/extrapulmonary). Age, health-care workers, place of residence, prisons, sex, treatment history	Impact	The number of cases detected by national TB control programmes is collected as part of routine surveillance. Annual case notifications are reported to WHO using a web-based data collection system.	TB surveillance system linked to routine facility information system	in-use	National Indicator dictionary 2015 Global Reference List of 100 Core Health Indicators
143			TB treatment coverage	Number of new and relapse TB cases notified and treated in a given year among the estimated number of incident TB cases in the same year expressed as a percentage in a given year	Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year	Age(<15,>15),(0-4, 5-14,>15) Sex(Male, Female) Patient type(New ,Relapse)	Outcome	Annually/Quarterly	Hospital records/Routine NHMIS	in-use	National Indicator dictionary 2015 Global Reference List of 100 Core Health Indicators
144		Hepatitis B	Hepatitis B surface antigen prevalence	Prevalence of hepatitis B surface antigen (HBsAg)-positive, adjusted for sampling design.	***Numerator:*** Number of survey participants with HBsAg positive test, adjusted for sampling design. ***Denominator***: Number in survey with HBsAg result	Dependent on sampling methodology - Place of residence, exposure to hepatitis B virus (HBV) birth dose (official records), exposure to HBV B3. But should be disagregated by sex and age (10-14, 15-19, 20-24) to include prevalence among adolescents and young people	Outcome	The serosurvey sample should be drawn from the specific geographic region to be verified. E.g. if the purpose is to estimate national childhood HBV transmission (including mother-to-child transmission) then the sampling should be geographically representative of the population. Convenience sampling is not appropriate. The sample size should be adequate to show with 95% confidence HBsAg prevalence of less than 1% with a precision of ± 0.5%. The target age is 5-years-old. Sampling 4–6 year olds may be appropriate. The serosurvey is cross sectional and therefore a point estimate time. The shorter time periods of data collection are therefore preferred.	Serosurvey.. Other possible data sources Routinely collected HBV vaccine administrative coverage data including the percentage of newborn infants given the first dose within 24 hours of birth (HepB0%) and the percentage of infants having received three doses of hepatitis B vaccine (HepB3 %)		National Health indicator list
145			Hepatitis B immunization	Percentage of adolescent and young people who receive complete dose of Hepatitis B vaccination disaggregated by age, sex and location	***Numerator:*** Number of adolescents who have received complete dose of HBV. ***Denominator:*** Total number of adolescents (surveyed)	Age (10-14, 15-19, 20-24), place of residence, sex, socioeconomic status	Outcome	Routine (monthly, quarterly, every 6 months, and annual	PBS/SBS/HMIS		

	A	B	C	D	E	F	G	H	I	J	K
146		Sexually transmitted Infectious disease	Sexually Transmitted Infections Prevalence rate	Number of new cases of reported STIs (syndromic or etiological reporting) in a specified time period (year)	Numerator Number of new cases. Denominator Total population.	Age, key populations, syndrome/pathogen (gonorrhoea, syphilis [including congenital], urethral discharge, and genital ulcer disease), geographical location, Sex/gender, SES, Literacy levels, Levels of care, facility ownership (Public/Private)	Impact	Laboratory confirmation is essential. If not available, the syndromic approach is used to estimate incidence, but data are much less reliable.	Health facilities data through HMIS/Laboratory data		National Indicator dictionary
147		HIV	Percentage of people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	This indicator measures the percentage of people age 15-24 years who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission among all survey respondents age 15–24. It is a measure of the comprehensive knowledge of HIV/AIDS as specified by UNAIDS.	Numerator: Number of respondents aged 15-24 years who gave the correct answer to all five questions Denominator: Total number of all respondents age 15–24 *This indicator is constructed from responses to the following set of prompted questions:* *1. Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?* *2. Can a person reduce the risk of getting HIV by using a condom every time they have sex?* *3. Can a healthy-looking person have HIV?* *4. Can a person get HIV from mosquito bites?* *5. Can a person get HIV by sharing food with someone who is infected?*	By Sex: Male, Female, Target group By Age: 15-19, 20-24	Outcome	Every 2-5 years	The data for measuring this indicator will be obtained from population based surveys (Demographic and Health Survey, AIDS Indicator Survey, IBBSS, NARHS, Multiple Indicator Cluster Survey or other representative survey)	in-use	NOP2
148			Number of people who tested for HIV and received results	Numerator:Total number of people who tested for HIV and received results (Sum of all HIV positives and Negatives above) Denominator: Nil	Numerator: Number of people tested for HIV who received their results Denominator Nil	1. Sex (Male/Female); 2. Age (1–4, 5–9, 10–14, 15–19, 20–24, 25–49, 50+ years) 3. Results: Positive and negative 4. Service delivery points (Counseling and testing, TB/DOT, Family Planning, Inpatient Ward, STI clinic, etc.).	Output	Monthly	HTS register		NASCP, FMoH 2016: National Training of Trainers on Revised HIV M&E Tools 2016,
149			HIV incidence rate	Number of HIV new cases per population at risk in a given time period	Numerator: Number of HIV new infection Denominator: Total uninfected population of Adults (minus people living with HIV/AIDS)	General population, Key populations (men who have sex with men, sex workers, people who inject drugs, transgender people, prisoners), Age groups (0–14, 15–24, 15–49, 50+ years), for key populations < 25, 25+ years), mode of transmission for children (including mother-to-child transmission), geographic location, sex	Impact	Every 2-5 years	HIV incidence study	in-use	National Health indicator list

	A	B	C	D	E	F	G	H	I	J	K
150			HIV prevalence rate	This indicator measures the frequency of existing disease in a defined population at a specific time.	Numerator: Total number of infections Denominator: Total population.	General population age groups: 0–14 years (< 1, 1–4, 5–14 years), > 15 years (15–24, 15–49, 50+ years) Key population: age groups 15–24 years, 25+ years; men who have sex with men, sex workers, people who inject drugs, transgender people, prisoners New and relapse TB cases, ART eligibility, location, pregnancy status, sex, socioeconomic status HIV prevalence among TB patients	impact	Every 2-5 years	NARHS , IBBSS Surveys	In-use	2015 Global Reference list of 100 core Global Indicators/ National Health indicator List
151			Number of HIV-positive individuals newly enrolled in clinical care during the reporting period	Number of HIV-positive individuals newly enrolled in clinical care during the reporting period	Numerator: {Number of newly diagnosed HIV-positive individuals newly enrolled in clinical care during the reporting period} / Denominator: {=1} Count all of the patients who were newly enrolled in care during the reporting period. To be counted for this indicator, HIV-positive individuals need to register at a HIV treatment facility and be assigned an enrollment number. With this indicator, the goal should be to document and monitor the number of PLHIV newly enrolled in care. Transfers of existing patients from clinics or health facilities will not count as new enrollees. However current patients at facilities who are newly HIV diagnosed within other clinical programs such as PMTCT or TB should be counted under this indicator.	By age (<1, 1–4, 5–9, 10-14, 15–19, 20–24, 25-49, 50+ years); sex; pregnancy status, breastfeeding status, TB patients.	Output	annually, monthly	HIV enrollment regiaster	in-use	National health indicator list: UNAIDS indicator registry,WHO 2016 ART Guidelines
152			AIDS-related mortality rate	Estimated number of adults and children who have died due to AIDS-related causes in a specific year, expressed as a rate per 100 000 population	Numerator: Number of deaths due to AIDS x 100 000 Denominator: Estimated population in the reporting year.	Age (<5, 5–14, 15+), geographic location, sex, TB status	impact	annually	Program and Modelled using the Spectrum software	in-use	2016 Global Reference list of 100 core Global Indicators/ National Health indictor List
153	**Oral health**	Dental hygiene	% of population with knowledge of oral health	% of population with knowledge of prevention of common oral diseases and uptake of healthy oral habits	Numerator: Proportion of population with knowledge of oral health. Denominator: Total Population.	Sex, Age, SES, State of Residence, Educational Status	Outcome	annually (non-routine)			National Oral Health policy 2012,NSHDP2. National health indicator dictionary

	A	B	C	D	E	F	G	H	I	J	K
154		Access care	% of population with access to primary oral health care services	% of population whose oral health care needs are being addressed at PHC leve	**Numerator:** Proportion of population with access to primary oral healthcare services. **Denominator: Total Population.**	Sex, Age, SES, State of Residence, Educational Status	Outcome	annually (non-routine)		in-use	National Oral Health policy 2012,NSHDP2. National health indicator dictionary
155	**Determinants of Adolescent Health**	Education	Adolescent (10–19 years) school enrolment rate, and by age category, sex and level of schooling (%)	The percentage of adolescents (10–19 years), and by sex, enrolled in education, in a locality/country in a given year	**Numerator:** Number of adolescents 10–19 years who are enrolled in any level of education in a locality/country in a given year x 100 **Denominator:** Total population of adolescents 10–19 years in the locality in the same year	Sex (female, male); age group (10-14yrs, 15-19years, 20-24yrs, 25 and above), geographical location, SES	Outcome	Annually	PBS/SBS/ Federal Ministry of Education: Education indicator report		Emro core indicators
156			proportion of children and young people (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex	Percentage of children and young people in class 2 or 3 of primary education, at the end of primary education and the end of lower secondary education achieving at least a minimum proficiency level in (a) reading and (b) mathematics. The minimum proficiency level will be measured relative to new common reading and mathematics scales currently in development.		Age (10-14, 15-19, 20-24), Sex, SES, State of residence	Impact	annually	PBS/SBS/Federal Ministry of Education		SDGs 4.1.1
157		Income level and poverty	Proportion of population living below the national poverty line, by sex and age	The national poverty rate is the percentage of the total population living below the national poverty line. The rural poverty rate is the percentage of the rural population living below the national poverty line (or in cases where a separate, rural poverty line is used, the rural poverty line). Urban poverty rate is the percentage of the urban population living below the national poverty line (or in cases where a separate, urban poverty line is used, the urban poverty line).		Age (10-14, 15-19, 20-24), Sex, SES, State of residence, Schooling status	Impact	Annually	PBS		SDG 1.2.1
158			Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural	Proportion of population below the international poverty line is defined as the percentage of the population living on less than $1.90 a day at 2011 international prices. The 'international poverty line' is currently set at $1.90 a day at 2011 international prices.		Age (10-14, 15-19, 20-24), Sex, SES, State of residence, Schooling status, employment status (involvement in economic activities)	Impact	Annually	PBS		SDG 1.1.1
159											
160											
161											
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164											
165											

Supervisory Planning Schedule

State:	LGA:	Year:										
Supervisor:									Date:			
Name of Facility	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC

Supervisory Checklist

Name of Facility:		**Address:**	
STATE:		**LGA:**	
GPS Coordinate:		**Signature:**	
Supervisor Name:		**Date:**	

Section 1: Management Review

Data Collection			
Indicate Yes or No	**YES**	**NO**	**Comment/s**
Are the data collection sheets (including for adolescent health) available? (sight copies)			**(Detail if register was sighted)**
List data collection sheets available and sighted:			
Is there a daily register for recording adolescents seen at the facility?			
Are there designated persons responsible for completing the daily register?			
Are the data being collated on a regular basis (daily/weekly/monthly)?			
Records and information management			
Are all Registers correctly completed and kept up-to-date?			
Are clients records at this facility stored in a safe and confidential manner?			
Reporting System			
Are the monthly summary sheets submitted on time to the Health M&E officer of the LGA at the end of the month?			(Sight copies with dates)

Are copies of the summary report kept within the centre? (sight copies)			
Are there gaps/unfilled spaces in the summary reports? ***If "NO", skip next question.***			
Have notes been made with respect to missing data and gaps?			
Are the monthly summary reports signed by the officer in charge?			
Are the monthly reports discussed during monthly review meetings?			
Data Analysis and interpretation			
Are staff trained on the use of the data collected?			
Does the facility know the size of the population it serves?			
Are data presented explicitly in a form (graphs or tables or charts) suitable for ease of understanding?			
Are one or two key results (from data analysis) displayed on the wall?			
Are the data discussed with the community through the community health extension workers and ward health development committees?			
Feedback			
Does the facility receive formal feedback from the LGA on the monthly data submitted?			
Is the feedback shared with the community through community health extension workers, community dialogue and ward health development committees?			
National Guideline Awareness			
Are you aware of the National Guideline for promoting access to Youth Friendly Health Services in PHC?			

Do you have copies? If yes, sight copies			
Have you adopted it?			
Are you implementing it?			
Are you aware of the National Guidelines for the integration of Youth Friendly Health Services into PHC?			
Do you have copies? If yes, sight copies			
Have you adopted it?			
Are you implementing it?			
Does the facility have National Job Aid for adolescent and youth-friendly services? If yes, sight copies			
Are you using it?			
Staffing			
Does the facility have health workers trained in adolescents/youths friendly health services?			
If yes, list the number of health workers per cadre: (***Specify number of males/females for each category***) I. Doctors _____ II. Nurses _____ III. CHOs _____ IV. CHEWs _____ V. Adolescent volunteers _____ Others (specify) _____			
Are there linkages with the CORPS/CHIPS and other volunteers in the community?			
Does the facility have an Adolescent Reproductive Health (ARH) counsellors?			

Section 2: Services

Accessibility	YES	NO	Comments
How many hours is the centre open on: I. Weekdays (Monday-Friday) _____			

II. Weekends (Saturday-Sunday) _____			
Is there a 24-hour call-in service in the facility			
`Does the centre have flexible opening hours for adolescents?			
Is the centre accessible to adolescents living with disabilities?			
Does the centre have separate waiting room for adolescents?			
Do the consulting/counselling rooms provide adequate privacy?			
Is the following equipment available in all adolescent consultation rooms: (***Sight and state in comment box)*** Chairs? Total number in this facility (***put actual number***) Examination table? Total number in this facility (***put actual number***) Examination light? Total number in this facility (**put actual number**) Sterile speculum? Sterile gloves?			
Does the centre offer the following services to adolescents? a. Family Planning/Contraceptives including Emergency contraceptives b. STI treatment c. TB prevention and care d. Immunisations (HPV) e. ANC f. Delivery Services g. Post Natal Care h. HTS i. ART j. PMTCT k. Laboratory Services l. Nutrition education m. Post Abortion Care n. Outreach Services o. Post Exposure Prophylaxis p. Dental Care q. Eye Care r. GBV s. Mental health t. Referral (mental Health, GBV and phyco- social Support) u. Psychosocial services (including counselling)			

Does the centre offer the following health promotion (HP) services? a. HP talks on FGM/C and risky sexual behaviours b. HP projects e.g. peer education programme c. Campaigns (contraceptive distribution, HIV testing, general wellbeing campaign programs, and Nutrition) d. Support groups for • Adolescents infected with HIV/AIDS • Adolescents with Mental Health challenges • Adolescents with disabilities • Adolescent rape survivors What is the total number of HP service that has been held in the facility:			
Does this facility have rape test kits?			
Is there appropriate referral for rape survivors?			
Does this facility have any link (list and contact details) with law enforcement agencies for the purpose of reporting gender-based violence and other injuries?			
Does the facility offer subsidized services to adolescents aged 10 – 24 years?			
Does this facility have referral services for high risk pregnancies?			
Does this facility have any link with welfare services?			
Does the facility have IEC materials on young people's health concerns such as posters and take-home educational materials such as handbills in English and local languages? Please Specify IEC materials available:			
Does the facility consider adolescents living with disabilities in the printing of IEC materials?			
Mental Health/Drug Abuse			
Do you offer mental health services? **(if no, skip to section on social welfare)**			
Is counselling for drug and substance abuse provided?			
Is there a two-way referral system in place?			
Are identified mental cases referred appropriately?			
Have staff received in-service training on mental health?			
Does the facility collaborate with other stakeholders providing mental health services? If yes, specify_____ _____			

Does the centre promote mental health through education/awareness campaign on: a. Substance abuse b. Stress management c. Parenting education d. Early signs and symptoms of mental disorders including depression e. Healthy Life styles f. Violence and rape g. Suicide h. Internet addiction, gaming and gambling			
Are staff trained on signs and symptoms of mental illness for early detection?			
Are parents and their families educated about the side-effects of their ward's medications?			
Are home visits conducted by your staff or volunteers? If yes, how often? _____			
Is there a system for tracking and managing adolescents with mental health challenges who are defaulters? If Yes, what system is in place? _____			
Is family counselling available?			
Are parents of adolescents with mental health challenges referred for psychosocial rehabilitation?			
Social Welfare			
Have cases of adolescent sexual abuse been seen in this facility in the last 12 months?			
If YES, how many cases?			
Are orphans and vulnerable children (OVC 0-17) being referred to social services?			
How many referrals have been made in the last 12 months			
Sexually Transmitted Infections (STIs)			
Are there educational materials about STI/HIV prevention and treatment available in this facility?			
Is syphilis Rapid Plasma Reagin (RPR) testing available for adolescent in this health facility? **(if no, skip next question)**			

What is the turnaround time for the RPR test result? (The time elapsed between taking blood for RPR from the patient and getting the result back from the laboratory)			
Have there been any occasions over the last month where the condoms ran out of stock?			
Is there periodic condom demonstration sessions for adolescents and young people?			
Is there a model available for condom demonstration in this centre? if no, what is done to make sure that the patient knows how to use condoms?			
Does this facility have a referral guideline for adolescents who do not respond to STI treatment or have complications?			
Are the following medicines in stock?			
Ciprofloxacin 250mg tabs			
Ceftriazone 250mg			
Metronidazole 400mg tabs			
Erythromycin 250mg tabs			
Doxycycline 100mg tabs			
Benzathine Penicillin 2.4 mu			
Tetracycline 250mg			
Clotrimazole Pessaries 200mg			
Clotrimazole cream			
HIV and AIDS			
Are guidelines for HIV/AIDS Management available in the facility?			
Is the ART policy available in the facility?			
Is post exposure prophylaxis for rape survivor available?			
Is HIV/AIDS information available for adolescent, e.g. pamphlets, posters and videos?			
Is in-service training on HIV/AIDS regularly provided to health care personnel providing adolescents' services?			
If YES, How often			

Are there AYPs living with HIV that work along with the facility to conduct home visits?			
Does the facility implement a community AYP treatment support model in which AYP living with HIV are trained and mentored to provide ART adherence support to their peers?			
Is HIV rapid testing and counselling offered for adolescents in this facility?			
If yes: Is there a mentorship programme/support for trained adolescents' counsellors? Who provides this support to these counsellors? Explain			
Number of health care personnel trained in HIV Rapid Testing			
Is pre-test counselling, testing and post-test counselling done for adolescents in an area that ensures privacy?			
How many adolescents were counselled in the last month?			
How many of them were tested?			
Is an adolescent who is found to be HIV positive referred to community services and relevant organizations for PLWAs?			
Is there any follow-up on HIV positive adolescents by community health workers?			
PMTCT			
Do you offer PMTCT services? If no, skip to section on TB and HIV			
Are all pregnant adolescents individually counselled and offered testing for HIV during routine ANC?			
Is chemoprophylaxis with co-trimoxazole offered to all adolescent ANC clients who test positive to HIV?			
Is there a register for infant follow-up (including infants born to HIV positive female adolescents)?			
Are records for infant follow-up up-to-date, including treatment to babies born to HIV positive female adolescents? ***Sight records***			
Does this facility give written referrals to hospital for infant born to HIV positive female adolescents? ***Sight records***			

TB and HIV		
Are all adolescent TB patients offered HIV testing?		
Are all HIV positive adolescents offered TB testing		
Do appropriate mechanisms exist to refer HIV positive adolescents for further medical care or social support?		
If yes, is it functional? (Please explain in notes)		
Condoms and Emergency Contraceptives		
Are condoms (male and female) freely available for adolescents at this facility today?		
Is emergency contraceptives available for adolescents at this facility		
Are condoms available in areas easily accessible to all adolescents visiting this facility and in consulting rooms?		
Are condoms supplied to adolescents during community outreach from this facility?		
Has there been condom stock-out on any day in the last one months?		
Is emergency contraception available for rape survivor?		

Reproductive Health

Indicate yes or no	Yes	No	Comment
Does the facility offer the following range of reproductive health commodities to adolescents: a. Injectable contraceptives b. Intra-uterine device c. Oral contraceptives d. Progesterone implants e. Progesterone only pills f. Condom (male and female) g. Emergency contraception			
Are methods explained to adolescents before providing contraception?			
Are adolescents allowed to make their choice of a contraceptive method?			

Does this facility have a consent/assent form for adolescents accessing SRH and family planning (contraception) services? Please sight a copy			

Notes:
Actions to be taken by facility: (*please include timelines and personnel responsible)*
PHC Supervisor Signature:
Nurse-In charge Signature:
Date:

The monitoring process will follow the recommendations of the Policy documents. All government agencies

Scorecard for Adolescent Health in Nigeria
Sub-National level

			Data available at time of survey				
Result Area	**Indicator**	**Definition**	**2021**	**2022**	**2023**	**2024**	**2025**
Secondary education and completion	Completion of 12 or more years of Education in 20-24years	The percentage of young people (20-24years) who have completed 12 years That is, those who have completed secondary school					
Adolescent Birth rate	Adolescent fertility rate	Annual number of births to females aged 10-14 or 15-19 years per 1,000 females in the respective age group					
Early marriage	Marriage before 18 years	Percentage of women age 20 - 24 who were married before the age of 18					
Responsive health services	Services available to adolescents in PHCs	List of the services available to adolescents in the health facilities within the country. The services to be measured include a. Family Planning/Contraceptives including Emergency contraceptives b. STI treatment c. TB prevention and care d. Immunisations (HPV) e. ANC f. Delivery Services g. Post Natal Care h. HTS					

		i. ART j. PMTCT k. Laboratory Services l. Nutrition education m. Post Abortion Care n. Outreach Services o. Post Exposure Prophylaxis p. Dental Care q. Eye Care r. GBV s. Mental health t. Referral (mental Health, GBV and phyco- social Support) u. Psychosocial services (including counselling)					
	Proportion of adolescents aged 10 – 24 years with unmet need for contraceptives	The percentage of young females ages 10-24 with unmet need for modern methods of contraception					
HIV/SRH knowledge	inschool young people (10-24 years) reached with Family Life and HIV Education Curriculum	Proportion of inschool young people (10-24 years) reached with Family Life and HIV Education Curriculum					
	out-of-school young people (10-24 years) reached with Family Life and HIV Education Curriculum	Proportion of out-of-school young people (10-24 years) reached with Family Life and HIV Education Curriculum					
Parental connection	parent-child communication and relationship	Proportion of adolescents that report that their parents or guardians understand their problems or worries most of the time and know what they are doing in their free time					

Tobacco Use	Prevalence of current use of tobacco products among adolescents (10–19 years) (%), and by age, sex and type of tobacco used	The prevalence of tobacco use among adolescents (10–19 years), and by sex, on more than one occasion in the 30 days preceding the survey (either daily or non-daily).					
Alcohol Use	Current alcohol use among adolescents	Proportion of adolescents (10-19years) who had at least one alcoholic drink (more than just a few sips) on one or more days during the past 30 days					
Weight status	Prevalence of overweight and obesity among adolescents	Proportion of adolescents who are overweight or obese					
	Prevalence rate of underweight among adolescents (10–19 years), by age category and sex (%)	The percentage of adolescents (10–19 years), classified as underweight (BMI < 18.5 kg/m^2) among the total adolescent population, and by sex, in a certain locality and a given year.					
	Prevalence of iron deficiency anaemia in 10–24-year-olds	proportion of non-pregnant adolescent girls with Hb level of <12 g/dl according to WHO assessment.					
Risky sexual behaviours	Percent of Sexually active adolescent who used a condom at last sex	Proportion of male and female adolescents and young persons who used a condom at last sex					
Mortality	Adolescent mortality rate	Number of deaths among adolescents (10–19 years old) per 100 000 adolescent population					
	Adolescent maternal mortality ratio	Number of maternal deaths among adolescents per 100 000 live births to adolescents					

Disability-adjusted life years	DALYs due to communicable, maternal, and nutritional diseases in individuals aged 10–24 years	DALYs per 100 000 adolescents due to communicable, maternal, and nutritional diseases in individuals aged 10–24 years					
	DALYs due to injury and violence in individuals aged 10–24 years	DALYs per 100 000 adolescents due to injury and violence in individuals aged 10–24 years					
	DALYs due to non-communicable diseases in individuals aged 10–24 years	DALYs per 100 000 adolescents due to non-communicable diseases (including mental disorders) in individuals aged 10–24 years					

[+] *2030 global targets*

Scorecard for Adolescent Health in Nigeria
Sub-National level

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	DALYs due to non-communicable diseases in individuals aged 10–24 years	DALYs per 100 000 adolescents due to non-communicable diseases (including mental disorders) in individuals aged 10–24 years					

[+] *2030 global targets*