NATIONAL STRATEGIC PLAN
ADOLESCENT HEALTH
(2013 - 2017)

School & Adolescent Health Unit
Family Health Bureau
Ministry of Health
Sri Lanka
2013

PREFACE

Every adolescent is unique; however they all share a common goal to have a better life in future. The needs of adolescents are often being ignored by the current complex society including service providers and officials working with adolescents due to various reasons. However they deserve better services compared to what we are providing now. This strategic plan is designed to address the diverse health needs of adolescents in Sri Lanka. It aims to guide our health system to encourage and support adolescents to achieve optimal health and wellbeing.

This document recognizes the need for the service providers to maintain and strengthen relationships and identify opportunities for new partnerships and adhere to the principles of accessibility, youth participation, partnerships, professional development, evaluation, evidence based approaches and sustainability.

The process of adolescent health strategy formulation was technically supported by the WHO and financially supported by the WHO and the Government of Sri Lanka. We would like to acknowledge the dedicated and tireless work of all those involved, especially the experts from other public health programs, provincial, district and divisional level public health officers and academia. The Sri Lanka Colleges of Pediatrics and Obstetrics & Gynecologists made valuable contributions in preparing this document. The support extended by the Ministries of Education, Youth affairs and Social Services is highly commendable. The contributions made by the developmental partners specially UNFPA and UNICEF and non-governmental organizations are also acknowledged. We appreciate the immense contribution of Dr Chandra-Mouli, Venkatraman of the Dept. of RHR, WHO, Geneva and Prof. Jane Fisher of the University of Monash in fine-tuning of this document.

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MESSAGE BY SECRETARY OF HEALTH

Adolescents and young persons in our country provide us with a great hope for the future. They constitute a vital pillar upon which the nation is built. It has to be reiterated that the developmental and health challenges faced by the adolescents cannot be addressed by a single sector alone. We value the importance of building diverse partnerships with other sectors including adolescents and fostering innovation. Formulation of strategic directions to improve adolescent health for the next five years (2013-2017) becomes a timely exercise, in achieving the Millennium Developmental Goals and also in reducing the Non Communicable Disease burden in Sri Lanka.

We have formulated a set of strategic directions to improve health of adolescents in this country in collaboration with various programmes, professional groups and departments within and outside Ministry of Health. This collaboration is important to provide every adolescent, opportunity and support to make a difference in their life, family, community and make the best possible foundation to adult life. I request the relevant provincial, district level government authorities, private sector, developmental partners and non-governmental organizations to utilize this national strategic plan on adolescent health as a guide to plan, develop, implement and monitor activities to achieve the common goals with regard to health of adolescents in Sri Lanka.

Finally, I wish to thank all those who contributed for their inputs in enriching this document and for the Family Health Bureau for their continued effort in improving health of children and adolescents in Sri Lanka.

Dr. Y. D. Nihal Jayathilaka
Secretary
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FORWARD BY DIRECTOR GENERAL OF HEALTH SERVICES

It is my pleasure to forward the National Strategic Plan on Health of Adolescents developed for the period of 2013-2017. This document provides guidance on pursuing more innovative and cost effective approaches to empower adolescents with the aim of enhancing the economic growth of the country and responding to the needs of adolescents in Sri Lanka.

As child mortality declines, the elderly live longer and the family sizes decrease, the contribution of adolescents become more important as they would become the productive work force in future. Sri Lanka, as a country is in the middle of a non communicable disease (NCD) epidemic, and as such health of adolescents becomes quite important. It has been noted that, two thirds of premature deaths due to NCD could only be prevented by intervening the life stage of "adolescence". Improving adolescent health becomes vital in achieving Millennium Development Goal 4, 5 and 6 and improving maternal and child health.

Adolescents need to be given the necessary information, skills, resources and opportunities to succeed through quality education, access to health care, adequate nutrition, supportive families, social networks, and employment. Then, they could be expected to support for a better society and a prosperous economy.

Dr. P. G. Mahipala
Director General of Health Services
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DEFINITIONS / ABBREVIATIONS

AFHS	-	Adolescent Friendly Health Services
BMI	-	Body Mass Index
FHB	-	Family Health Bureau
GSHS	-	Global School Health Survey
HIV	-	Human Immunodeficiency Virus
AIDS	-	Acquired Immuno Deficiency Syndrome
HMIS	-	Health Management Information System
MCH	-	Maternal and Child Health
MDG	-	Millennium Development Goals
MIS	-	Management Information System
MOH	-	Medical Officer of Health
NCD	-	Non Communicable Diseases
NGOs	-	Non Governmental Organizations
PDHS	-	Provincial Director of Health Services
PHI	-	Public Health Inspector
PHM	-	Public Health Midwife
PHNS	-	Public Health Nursing Sister
RDHS	-	Regional Director of Health Services
SAH	-	School and Adolescent Health
SRH	-	Sexual & Reproductive Health
STI	-	Sexually Transmitted Infection
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children's Fund
WHO	-	World Health Organization
YED	-	Director / Youth, Elderly, Disabled
YFHS	-	Youth Friendly Health Services

BACKGROUND

The term of "Adolescence" has many connotations to different persons and organizations. In this document the definition of "Adolescence" refers to the period of life between 10 and 19 years of age as described by the World Health Organization.

The estimated number of adolescents in Sri Lanka is 3.8 million adolescents comprising one fifth of the population[1]. Nearly 70% of our adolescents attend school[2].

The period of adolescence has recently gained recognition as a critical phase of life. This will not only benefit adolescents but also have a wider impact on adult health and economic development.

Health in adolescence is the result of interactions between perinatal, natal and early childhood period. Specific biological and social role changes during puberty are influenced by health and social determinants, also play a key role in this regard.

Adolescence is a time of transition, exploration, and experimentation. Associated risk behaviors not only account for morbidity and mortality among the adolescent population, but also have a long-lasting impact in determining future adult lifestyle. The context of adolescence is rapidly changing with new insights into effects of puberty and brain development.

It is high time to place the adolescent and not just his specific issues at the center with a more holistic view using life course framework. It is critical that healthcare systems are restructured to meet the unique needs of adolescents.

Definitions

Adolescence
The period of life between 10 and 19 years of age

Early Adolescence
The period of life between 10 and 14 years of age

Mid Adolescence
The period of life between 15 and 17 years of age

Late Adolescence
The period of life between 18 and 19 years of age

Teenager
Young persons aged 13-19 years

Young Persons
People aged 10-24 years

Youth
People aged 15-24 years

The non-communicable diseases (NCD) are on the rise with the demographic and epidemiological transition in Sri Lanka. To reduce the burden of non communicable diseases, and to achieve Millennium Development Goals (MDG), greater attention should also be given to adolescents in all public health programmes.

[1] Department of Census and Statistics, 2010

[2] Ministry of Education, 2011

Brain Maturation

Global evidence shows the necessity of treating adolescents as a special group which need to be supported. Contrary to long-held view that the brain was mostly grown-up by the end of childhood, it is now clear that adolescence is a time of profound brain growth and change. In fact, the brain of an early adolescent is significantly differing to that of a late adolescent in anatomy, biochemistry, and physiology. Adolescents have limitations in a variety of key areas such as the ability to make sound judgments when confronted by complex situations, the capacity to control impulses, and the ability to plan effectively compared to adults [3].

Current research highlights that the human brain development and maturation continues up to third decade of life. Empowering adolescents with life skills becomes very important in this scenario to reduce risk behaviours in this vulnerable period and beyond.

Improving Adolescent Health as a future investment

In the last decade, theoretical and programmatic shifts from a problem oriented focus to a positive youth development approach has recognized and valued the strengths and potential of adolescents. These positive development-perspectives seek to meet the developmental needs of youth and build skills and competencies. Development is seen as an ongoing process, influenced by the environment, relationships and triggered through opportunities for involvement and participation. Rather than viewing adolescents as "problems" to be dealt with, adolescent development approaches consider young people as assets and resources to work with and to complement their strengths and capacities. This opportunity should also be regarded as a vital means to augment the outcome of our investments to improve child health.

This Adolescent Health Strategic Plan is based on a positive adolescent development perspective and tries to improve the competencies and capabilities of adolescents. It is vital to include adolescents as partners in improving their own health; however one should not disregard the fact that responsibility for ensuring adolescent wellbeing also lies with parents, families, policy makers, professionals, and communities.

[3] WeinbergerDR, Elvevåg B, Giedd JN (2005) The Adolescent Brain, A work in progress, The national Campaign to prevent teen pregnancy, Washington DC, USA

Teenage Pregnancies, HIV/STI, Sexual Relationships

The adolescent population in Sri Lanka is changing, becoming increasingly diverse from a socio cultural perspective. Although declining, adolescent fertility rates have an impact on the population structure. The Annual Report on Family Health Sri Lanka (2010) highlights that 6.5% of registered pregnant mothers are in the teenage group [4]. Evidence shows that they may have obstetric and neonatal complications such as unsafe abortions, anemia, premature labour, and low birth weight. The reduction of adolescent pregnancy rate has been identified as a key indicator in achieving MDG 5B on "Universal access to reproductive health" [5] .

Surveys reveal that most young persons have heard of HIV/AIDS. However comprehensive knowledge on transmission and prevention of HIV/AIDS is low. The "National Survey on Emerging Issues among Adolescents in Sri Lanka" (2004) revealed that knowledge on STI/HIV/AIDS is poor among adolescents with only 50% of both in-school and out of school adolescents having the correct knowledge [6]. This survey also showed that 6% of 14-19 year olds in schools and 22% of out of school adolescents have had sexual experiences with heterosexual partners while 10% in school and 9% out of school adolescents have had homosexual relationships. The same survey showed that age of sexual initiation has become 15.3 years for male and 14.4 years for females. The rise in sexual experience in adolescence coupled with unprotected sexual intercourse require intensification of information, education, counseling and other reproductive health / contraceptive services for this vulnerable group.

Substance use

Substance use often begins in adolescence. The UNICEF survey showed that the prevalence of current smoking among school going boys was 6% and while that for out of school was 23%.Current prevalence of alcohol use among boys in school and out of school were 6% and 19% respectively. The Global Youth Tobacco Survey (GYTS) revealed that current cigarette smoking has reduced from 5.1% in 1999 to 3.7% in 2007 among 13-15 year old school children [7] .

[4] Annual Report on Family Health Sri Lanka -2010, Ministry of Health, Sri Lanka

[5] http://www.un.org/millenniumgoals/maternal.shtml

[6] UNICEF (2004) National Survey on Emerging issues among adolescents in Sri Lanka, UNICEF, Colombo

[7] Tobacco Use Among Students Aged 13--15 Years --- Sri Lanka, 1999—2007, MMWR, May 23, 2008 / 57(20);545-549

Accidents, Violence and Unintentional trauma

Injuries due to accidents and violence are the leading cause of death among young people. Suicides, other self inflicted injuries and accidents also significantly contribute to the morbidity, disability and mortality. The Global School Health Survey (2008) conducted among school children revealed that 47% had physical fights, 31% had injuries during play activities, 18% had serious injuries and 38% reported of being bullied during the previous 12 months [8] .

Psychosocial Problems and Life Skills

The global evidence shows that prevalence of mental disorders among children and adolescents ranges between 10-20%. The situation of Sri Lanka is also similar [9]. According to the UNICEF (2004) survey, 40% of in school adolescents felt their parents were not supportive. Nearly 50% of them had a key worry, 40% found that academic pressure is too stressful, 35% had poor life skills while 31% felt that they lacked skills useful to live in the society[3].

Similarly the Global School Health Survey (2008) showed that approximately 10% had seriously considered attempting suicide during the previous 12 month period.

Nutrition

Nutrition has become a major problem for decades in all vulnerable groups including adolescents in Sri Lanka, despite various interventions. Accelerated physical growth increases the nutritional requirements of adolescents while unhealthy dietary patterns, appreciation of slim feminine figure by the society and media affect food habits resulting many nutritional problems. Moreover, higher academic expectations have created a complex environment which often pushes the adolescents towards junk foods and unhealthy snacks.

The school curriculum does include nutrition information for adolescents. Yet putting theory into practice seems to have many obstacles. According to a study carried out by the Medical Research Institute (MRI) in 2002, the overall prevalence of thinness, stunting and overweight among 10-15year old school children was 47.2%, 28.5% and 2.2% respectively [10] . The same study revealed a prevalence of anaemia and vitamin A deficiency to be 11.1% and 0.4% respectively.

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[8] Global School-based Student Health Survey (GSHS), National Center for Chronic Disease Prevention and Health Promotion, available from: http://www.cdc.gov/gshs/countries/seasian/srilanka.htm

[9] H Perera (2004) Mental health of adolescent school children in Sri Lanka – A national survey Sri Lanka Journal of Child Health, 2004; 33: 78-81

[10] Jayatissa and Ranbanda (2002) Challenging nutritional problems among school going children in Sri Lanka: 10-15years of age, Medical Research Institute, Colombo, Sri Lanka

It is encouraging to see a declining trend in under-nutrition among adolescents in the "Nutrition Month" data from 2007-2012, which shows that low BMI among males has dropped from 42.2% to 28.6% and for females from 27.9% to 20.7% (FHB, Unpublished data). This improvement in nutritional status was confirmed by the National Micronutrient Survey conducted in 2012, which revealed adolescent thinness as 25.1% (MRI, Unpublished Data). However the prevalence of overweight seems to be stagnating around 5% [3]. Micronutrient deficiencies including folic acid [11], iron [12] and iodine [13] also contribute to worsen the nutritional status of school children and adolescents in Sri Lanka.

Non Communicable Diseases (NCD)

Increasing prevalence of NCD has become a major issue to our health system, economy and development of the country. Research also shows that present adolescents engage more in sedentary activities[3]. Evidence emphasizes the importance of introducing NCD prevention strategies from an early age.

Establishing healthy eating habits, regular exercise and avoiding risk behaviours among adolescents have been identified as key effective interventions, highlighting the importance of "adolescence" as a critical point of entry in life course approach of NCD prevention.

Oral Diseases

Oral diseases are one of the most common conditions among adolescents. According to the National Oral Health Survey (2003), 40% of 12 year olds and 52% of 15 year olds had dental caries [14]. Nearly 50% of 12 year olds and 62% of 15 year olds had dental calculi. Initiation of tobacco/alcohol use and emerging habits such as 'Babul' chewing with frequent consumption of sugar-rich, unhealthy junk-foods has lead to high burden of oral disease among adolescents.

Legal Framework Pertaining to Adolescents

Sri Lanka has signed and ratified many international conventions including the Child Rights Convention (CRC) and the Convention of the Elimination of all forms of Discrimination against Women (CEDAW). These international treaties also harmonize with many provisions set out in the Constitution of Sri Lanka.

Sri Lanka has received international recognition for its policies and laws that has made health and education systems accessible to all without discrimination.

[11] Thoradeniya et al (2006) Low Folic Acid status and its association with anaemia in urban adolescent girls and women of child bearing age in Sri Lanka, British Journal of Nutrition; 95, pg 511-516

[12] Jayatissa R (2003) Iron Supplementation for school children of Grade 7 and 10 in Sri Lanka, Medical Research Institute.

[13] Jayatissa et al (2005).Iodine nutrition status among schoolchildren after salt iodisation, Ceylon Med J. 2005 Dec;50(4):144-8.

[14] Ministry of Healthcare and Nutrition (2009) National Oral Health Survey 2002-2003

Under the Education Ordinance of 1939, education and attendance at school were made compulsory for children between 5 and 14 years. The minimum age for employment of children was recognized as 14 years in 1999, by an amendment to the Employment of Women, Young Persons and Children Act (No. 47) of 1956.

The authority lies with the Ministry of Labour to enact laws that prohibit the employment of children in hazardous forms of child labour. The Article 22 of the Constitution on Special Rights for Children gives constitutional guarantees to the right of a child to be protected from abuse.

According to the Sri Lankan legal system, "child" is defined as persons from birth to 18 years of age and 16 years is generally considered as the "age of discretion" for both boys and girls. The minimum age of marriage under the general law is considered as 18 years. Sri Lanka, being a multi-ethnic, multi-religious society, has certain personal laws which are applicable only to specify ethnic and religious groups and which defer from the civil law[15] .

Services for Adolescents

At present various government and nongovernmental organizations provide numerous services to adolescents in a fragmented manner.

The School and Adolescent Health Unit of the Family Health Bureau, acts as the focal point for the National School and Adolescent Health (SAH) Program in the Ministry of Health. This unit works in close collaboration with the Ministry of Education and is responsible for planning, monitoring and evaluation of the program in the country. In addition, it supports the capacity building of health and education officials on adolescent health and life skills promotion.

The SAH program is implemented in the field by the Medical Officers of Health (MOOH) and their public health staff. It includes School Medical Inspection (SMI) for all the students in grade 1, 4, 7 and 10, where the students are screened for physical, nutritional, behavioural and learning problems and managed accordingly.

[15] Goonesekara, Senanayake and de Silva (2012) Using Human Rights to Adolescent Sexual and Reproductive Health of Youth and Adolescents, Report of the Sri Lanka Field Test, WHO and MOH, Sri Lanka

Provision of weekly iron folate supplementation was started for all the students in grade 7 and 10 few years back and steps has been taken to scale up to cover all the school children in grade 1 to 13 from the year 2013. In addition the MOOH staff engage in teacher training and education programs for students on reproductive health, nutrition, NCD prevention and life skills. The Public Health Midwife (PHM) and the Public Health Inspector (PHI) are responsible for providing care for out of school adolescents.

With regard to oral health services, children up to 13 years are looked after by the School Dental Service. The Adolescent Dental Services have to cater for them from there on. However, at present, this service is not readily available throughout the country. Therefore, reorientation of the Adolescent Dental Services is an urgent need to reduce the burden of oral disease in this group.

Reaching the out of school adolescents is a great challenge as they are in various locations and institutions connected with employment, vocational training, universities or other tertiary education centers. The Directorate of youth, elderly and disabled (YEDD) in the Ministry of Health also engages in providing care for young persons through a network of Youth Friendly Health Centres located in selected hospitals.

The Ministry of Education provides free education for all the children in Sri Lanka. The subjects on life skills, health and physical education have been incorporated in the school curriculum from grade 6 onwards. However, application of learnt knowledge into practice needs to be strengthened to develop adolescent's life skills by providing more opportunities and sensitizing teachers.

Health Service Package for Adolescents

1. Medical Screening
2. Nutritional assessment , counselling & supplementation
3. Contraceptive services for eligible young persons
4. Clinical management of reproductive health problems
5. Syndromic management of STI

Health Promoting School Program is implemented jointly by health and education sectors and teacher counselling services are offered to schools with more than 400 students.

Ministry of Social Services, Ministry of Child Care and Women Development and Ministry of Youth Affairs and Skill Development provide networks of Counselling services at the divisional secretariat level with island wide coverage. Ministry of Youth affairs & Skill Development being the major government authority in youth development in Sri Lanka provides a range of services including leadership development, Vocational training, livelihood training, life skill development and opportunities for recreation and sports for the youth.

Several non-governmental organizations such as Sarvodaya, Family Planning Association, Red Cross, Plan Sri Lanka, Sewa Lanka, Child Fund, Sumithrayo, Alcohol & Drug Information Center (ADIC) provide information, skill and services to the young persons with varying degree of coverage.

Rationale for the Strategic Plan

There has been no national policy document to address the multidimensional needs of the adolescent since late. Recently the Ministry of Youth Affairs and Skill Development has initiated the process of developing a "Youth policy". Sectors such as education, sports, justice, media, and youth affairs have a significant role on health of adolescents. Those sectors should be encouraged to ensure that the health of the young people is being addressed in their policies and strategies.

The present document was prepared based on the Maternal and Child Health (MCH) Policy, School Health Policy, Reproductive Health Policy, National Policy of Health of Young persons and the National Nutrition Policy. The MCH policy provides directions on strengthening the already established Maternal and Child Health services with a vision of "A Sri Lankan nation that has optimized the quality of life and health potential of all women, children and their families". The Goal 5 of this document is dedicated to improve health of all children and adolescents.

The National Policy on health of young persons was drafted by the Director /Youth, Elderly, Disabled and Displaced (YEDD) with a team of experts including youth representatives. The process was supported by UNFPA and WHO. Formulation of goals, objectives and strategies of the present document was done in line with above policies. Furthermore this document has linkages with National Strategic Plan on Maternal and Newborn Health[16] and Strategic Plan on National Program for the children with Special Needs[17].

[16] National Strategic Plan on Maternal and newborn Health- 2012-2016(2011), Family Health Bureau, Ministry of Health

[17] National Program for the Children with Special Needs –Concept note and strategic plan (2009) , Family Health Bureau, Ministry of Health

This document provides strategic directions in five key areas addressing emerging issues and challenges pertaining to health of the adolescent mainly focusing on the Ministry of Health perspective. The existence of explicit strategies supports homogeneous, sustainable and quality health service to all adolescents in Sri Lanka.

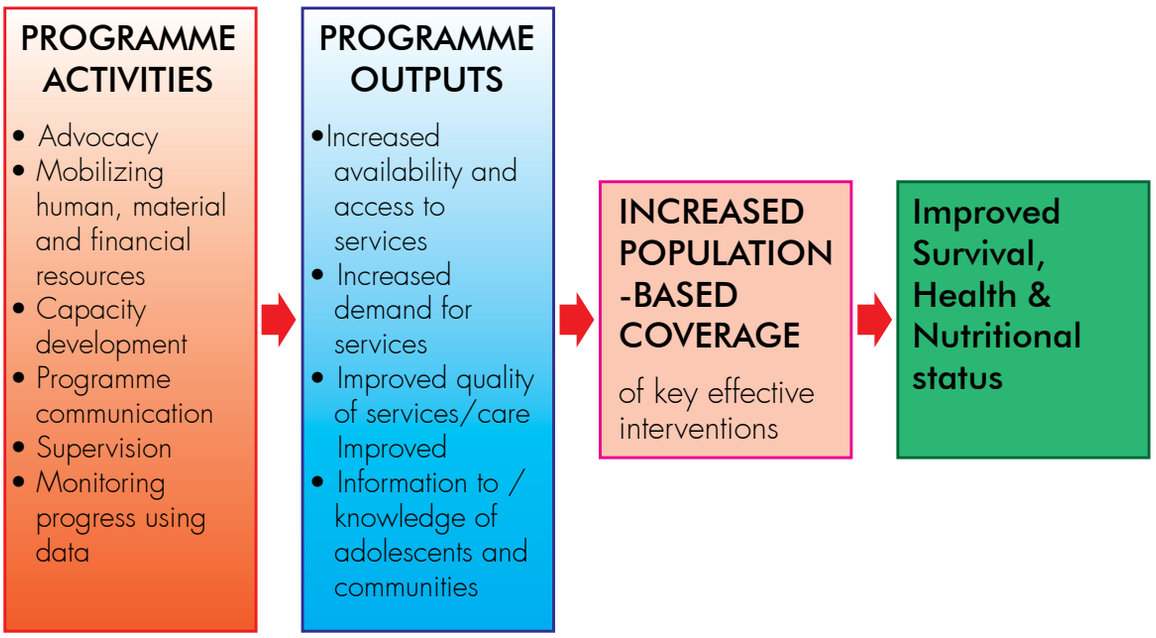
Higher level policy makers in the Ministry of Health, Ministry of Education and other ministries, national level program planners, program managers at all levels and all relevant stakeholders including developmental partners are considered as the target group of this document.

Guiding Principles

This document was prepared based on the following guiding principles.

- Adolescents are an important part of the human resource of Sri Lanka
- Active participation of adolescents is vital in designing programs
- Needs of adolescents' are diverse and circumstantial
- Gender equality and cultural sensitivity
- Efforts to incorporate cost effective and evidence based approaches using Life course perspective in delivering interventions
- Focus on vulnerable populations and geographic areas
- Emphasize partnership between various sectors and community involvement
- Emphasize the determinants of adolescent health
- Concern for delivering quality health services with universal coverage while maintaining confidentiality
- Focus on the significance of home, school and neighbourhood in improving adolescent health and development
- Rights based approach

PROGRAMMATIC PATHWAY TO IMPROVE THE HEALTH STATUS OF ADOLESCENTS



Vision:

Ensure that adolescents realize their full potential for growth and development in a conducive and resourceful physical and psychosocial environment.

Mission:

Improve adolescent health by empowering them with knowledge, attitudes, skills and opportunities for optimum development and by providing a safe, supportive and promotive environment in home, school and neighbourhood which facilitate healthy transitions into adulthood.

Goals:

1) To reduce Adolescent fertility rate from 28 per 1000 (2006/7) to 24 per 1000 adolescents in 2015
2) To reduce the prevalence of low BMI among adolescents from 47.2% (2002) to 35% by 2015
3) To reduce Anaemia among adolescence from 11.1% (2002) to 10%(2015)
4) To reduce STD/HIV among adolescents
5) To reduce cause specific mortality due to accidents and injuries
6) To reduce cause specific morbidities due to psychosocial health problems including deliberate self harm, substance use and all other forms of abuse

Programmatic Objectives

1. To increase the coverage of health promoting school program from 50% (2011) to 75% by 2015

2. To establish community based Adolescent Friendly Health Services in 50% of MOOH areas by 2017.

3. To increase life skills among adolescents from 65% (2004) to 75% in 2015.

4. To increase the coverage of weekly iron supplementation by 25% from the baseline by 2015.

5. To improve quality and coverage of Sexual and Reproductive Health education for adolescents

6. To increase accessibility to contraceptives/ family planning services for sexually active adolescents

7. To have resourceful media that supports optimum development of adolescents

8. To promote opportunities for recreational and extracurricular activities at home, school and neighbourhood

9. To support formulation and implementation of laws for optimum development of adolescents.

5 Key areas in improving adolescent health

1) Health sector
2) Human Resource Development
3) Health Service Delivery
4) Health Promotion
5) Cross cutting issues

1. HEALTH SECTOR

1.1 Strategic Objective 1:

To provide policy guidance and to improve multi-sectoral collaboration on adolescent health

1.1 .1 Strategy 1

Establish a mechanism to provide policy guidance, and to establish intra-sectoral and inter-sectoral coordination at all levels of the health system to improve adolescent health

Major activities

1) Advocate for a high level steering committee chaired by President's Secretary to provide policy guidance and strengthen multi-sectoral coordination to improve adolescent health

2) Establish a Technical advisory committee to provide technical support to adolescent health programs

3) Establish / strengthen intra and inter sectoral committees including private sector, professional organizations, Non-governmental organizations, media and adolescent groups at all levels

4) Advocate for a single inter-ministerial plan, budget, monitoring and evaluation framework for adolescent health

5) Establish partnerships with private sector, nongovernmental organizations, community based organizations and youth groups to improve adolescent health

1.2 Strategic Objective 2:

To strengthen planning, implementation and adequate funding for the adolescent health programs at all levels

1.2 .1 Strategy 1

Ensure evidence based planning, monitoring, evaluation and adequate funding for adolescent health programs at all levels

Major activities

1) Incorporation of adolescent health activities in periodic strategic and implementation plans at all levels

2) Advocate policy makers and financial authorities regarding the importance of Adolescent health with a view to mobilize resources

3) Integrate adolescent health indicators in all relevant monitoring and evaluation frameworks at all levels

4) Conduct regular reviews at National, Provincial and District level to share best practices pertaining to adolescent health

5) Establish a Management Information System on adolescent health and mainstream in to Reproductive Health Management Information System

2. HUMAN RESOURCE DEVELOPMENT

2.1 Strategic Objective 1:

To enhance the capacity of health and other officers working with adolescents in improving adolescent health

2.1.1 Strategy 1

Establish a mechanism to build capacity of health, educational and other service providers on adolescent health

Major activities

1) Develop/adopt standard guidelines and training packages on adolescent health

2) Adopt new methodologies to teach sensitive subjects based on a needs assessment of health and education officers

3) Develop skills of health , education and other government officers of on adolescent health and life skill based education using innovative methodologies [eg: Distant education modules]

4) Inclusion of adolescent health to pre and in-service curriculum of health personnel including medical undergraduate, Public Health Midwife and Public Health Inspector curriculum and Continuous Professional Development Programs.

5) Promote initiatives to develop capacity of community based organizations, private sector and NGO on promoting adolescent health

3. HEALTH SERVICE DELIVERY

3.1 Strategic Objective 1:

To deliver evidence based interventions on adolescent health

3.1.1 Strategy 1

Ensure availability of updated guidelines and protocols on adolescent health

Major activities

1) Develop / adopt minimum packages / Standard Operating Procedures on providing health services for adolescents including contraceptives/family planning for sexually active adolescents

2) Revise /Develop guidelines and protocols for managing common illnesses among adolescents with relevant professional organizations

3.2 Strategic Objective 2:

To have adolescent friendly services at institution, school and at community level

3.2.1 Strategy 1

Ensure availability and accessibility of services delivered in adolescent friendly manner in accordance to National Standards

Major activities

1) Establish adolescent friendly health services at field level

2) Adopt standards on providing Adolescent friendly health services at field level

3) Conduct regular reviews to strengthen Youth Friendly Health Services at health institutional level

4) Advocate to expand the scope of Paediatric clinical discipline to incorporate period of adolescence or vice versa

5) Establish partnerships with other ministries namely Education, Social Services, Youth affairs and Women's affairs and with the Private sector and NGOs to provide counselling and carrier guidance services

6) Establish counselling services within the Department of Health

7) Expand adolescent dental services to cover 15 year old age group with a compulsory oral screening and appropriate treatment

8) Develop /adopt innovative approaches with information technology and social media to deliver information for adolescents

3.2.2 Strategy 2

Upgrade existing health services to deliver effective interventions based on global evidence.

Major activities

1) Enhance resource allocation to improve quality and coverage of School Medical Inspection

2) Advocate to institutionalize health promotion resource centers in schools to conduct health activities including School Medical Inspection

3) Review and revise school oral health services based on a gap analysis

4) Advocate participation of teacher counsellors in school medical inspection in grade 7 and 10

5) Collaborate with educational authorities to recognize the School Medical Inspection in their performance assessment

6) Review and improve existing reproductive health services (including maternal care , family planning and pre conception care) to cater the needs of adolescents

7) Advocate to institute a specified individualized educational approaches to fulfil the needs of slow learners

8) Advocate establishing rehabilitation programs to support adolescents addicted to tobacco, alcohol and drugs.

3.2.3 Strategy 3

Ensure delivery of nutrition related information and services for in-school and out of school adolescents

Major activities

1) Streamline the regular supply of micronutrients to strengthen implementation of weekly iron folate supplementation for adolescents

2) Review innovative approaches to improve adolescent nutrition by sharing best practices

3) Provide adequate facilities for BMI assessment and necessary interventions with the active participation of adolescents

4. HEALTH PROMOTION

4.1 Strategic Objective 1:

To strengthen promotion of adolescent health

4.1.1 Strategy 1

Ensure availability of communication materials and methodologies on adolescent health promotion

Major activities

1) Develop/ adopt age specific and culture appropriate communication materials on promoting physical and psychosocial health of adolescents

2) Develop and implement effective communication mechanisms using information technology and social media

3) Develop Standard Operating Procedures for adolescents on health promotion and prevention of risk behaviours

4.2 Strategic Objective 2:

To build capacity of adolescents for their own health promotion

4.2.1 Strategy 1

Ensure adolescents are equipped with accurate knowledge and skills for responsible behaviour and promote their own health

Major activities

1) Advocate and assist to revise the school curriculum and education technology to incorporate information on health promotion and family life education

2) Provide information for institution based and working adolescents in vocational training centers , higher educational institutes and Free Trade Zones

3) Provide information and build necessary skills of adolescents to improve their nutrition based on food based dietary guidelines

4) Conduct programs for adolescents on stress management, critical thinking, decision making and other life skills using innovative methodologies

4.3 Strategic Objective 3:

To build a conducive environment to facilitate adolescent health promotion

4.3.1Strategy 1

Ensure a safe, supportive and abuse free environment at home, school and neighbourhood to promote adolescent health

Major activities

1) Support the implementation and supervision of healthy canteen policy in schools and at work places

2) Advocacy to increase opportunities for aesthetic and recreational activities in school timetable

3) Advocate implementation of child friendly school environment with equity, equality, free of bullying, violence, abuse and which supports to inspire skills and values.

4) Advocate to integrate road safety rules and regulations in to school curriculum

5) Advocate for providing opportunities for recreational and sports activities at family, schools, community and at work places

6) Support in establishing responsible media behaviour that facilitate reducing adolescent risk behaviours

5. CROSS CUTTING ISSUES

The issues identified here operate across the system and will have a significant impact on overall performance of the adolescent health program and its final outcomes. It is important to identify them and intervene appropriately.

1. Existing legislative and other regulatory mechanisms have a strong influence on health of the adolescent and in delivering services for them. The school system does not permit discussing certain aspects of sexual and reproductive health in schools. Health workers had to undergo difficulties in providing SRH services to teenagers less than 16 years due to socio cultural and legal barriers. It is important to review and update the legal framework within the changing environment and changing needs.

2. Social determinants of health and gender issues affect the health and development of adolescents. It is essential to consider ways of reaching vulnerable and marginalized groups of adolescents during the planning and delivering of services.

3. Parenting of adolescents has been identified as a key intervention in improving health of adolescents. Adolescent - parent relationships seem to be weakening in today's environment as one or both parents often are employed or working abroad. Children too are deeply engaged in academic activities. Extended families are fading away and nuclear families are emerging. The safety network around the adolescents is disappearing, making them more vulnerable.

4. Operational research becomes important as the world literature provides limited information on interventions on improving adolescent health. Moreover, they provide vital information for the public, inform health policy and reinforce efforts to protect adolescents' rights.

5.1 Strategic Objective 1

To enact laws, policies and regulations and provide a protective and supportive environment for adolescents

5.1.1 Strategy

Support revision / application of legislative and regulatory mechanisms to address adolescent health issues

Major activities

1) Advocate reviewing existing policies and regulations to ensure they are supportive and protective for adolescents.

2) Advocate and assist to implement the recommendations of the report on "Review of laws, regulations and policies of Adolescent Sexual & Reproductive Health"

3) Advocacy for implementation of existing laws and regulations on substance use including policies on tobacco and alcohol and illicit drug use

4) Develop communication materials to make aware the public / staff/ adolescents on laws, policies and regulations in respect to adolescents

5) Advocate and assist on implementation of child protection laws and policies including laws on abuse, violence and injury prevention

5.2 Strategic Objective 2

To address social factors that contribute to health [poverty /gender issues] related to adolescent health with special emphasis on vulnerable groups (ie: teens with a single parent/ extreme poverty/institutionalized adolescents / those with special needs/exposed to conflicts)

5.2.1 Strategy

Ensure mechanisms to understand and find effective ways to address social factors that contribute to adolescent health

Major activities

1) Conduct research to identify most at risk groups with regard to social factors affecting health

2) Identify and appoint a multi-sectoral resource group to plan, support implementation, to monitor and evaluate interventions to address social factors related to adolescent health.

3) Develop and implement targeted programs based on evidence with regard to vulnerable and marginalized adolescents

4) Educate key personnels to identify and address gender based risks and about the influence of social factors related to adolescent health

5) Advocate to establish provision of health and educational services for adolescents with special needs by increasing the capacity of health officers and teachers

5.3 Strategic Objective 3

To improve the capacity of parents on parenting adolescents

5.3.1 Strategy

Strengthen the parental knowledge on the needs of adolescents and parenting skills

Major activities

1) Develop and implement parenting programs in schools and in community through parent committees in schools , community organizations and through mass media

2) Develop Guides on parenting and make available them for parents

3) Aware parents to take the lead role in teaching and counselling of adolescents about responsible sexual behaviour

5.4 Strategic Objective 4

To promote research to increase evidence base to facilitate policy formulation and interventions to improve adolescents health

5.4.1 Strategy

Strengthen research and develop an evidence base on adolescent health

Major activities

1) Identify priority areas and advocate /conduct relevant research on adolescent health

2) Advocacy to incorporate adolescent health in to national health surveys (Demographic Health Survey /Multiple Indicator Cluster Surveys)

3) Establish a information share point in the FHB /MOH web site to encourage documentation and facilitate sharing practices

Proposed Interventions & Indicators on Adolescent Health

	Intervention	Population Coverage / Outcome Indicator	Baseline	Source	Target 2017
1.	Weekly Iron folate supplementation [WIFS]	% of 15 year adolescents in grade 10 received WIFS	NA	Special Survey /MIS	80%
		Anemia prevalence among adolescents	11.1% (2002)	Special Survey	10%
2.	Anti helminthetic treatment	% of 15 year old /grade 10 school adolescents received recommended regimen of Anti helminthetic treatment	NA	Special Survey	80%
3.	SRH education	% of adolescents/ young persons with minimum SRH knowledge	<50% (2004)	Special Survey	60%
		% of age specific fertility rate among 15-19 year age group [ASFR]	28/1000 (2006/7)	DHS	24/1000
4.	FP counselling & services including Emergency contraceptives	% PHMs trained in FP counselling & AFHS	NA	RHMIS	50%
		% of 15-24 year olds practicing modern FP method	NA	Special Survey	
		% of mothers aged <20years registered with PHM	6.5% (2010)	RHMIS	5.0%

	Intervention	Population Coverage / Outcome Indicator	Baseline	Source	Target 2017
5.	Rubella /MMR /aTD immunization	% of 15year olds received MMR /Rubella	NA	Special Survey	80%
		% of 15year olds received aTD	NA	Special Survey	80%
6.	Screening & management of existing medical conditions	% of 15 year old /grade 10 school going adolescents screened for heart disease	80.2% (2011)	RHMIS	90%
7.	Life skill education	% of PH staff trained in LS	NA	RHMIS	75%
		% of adolescents with adequate life skills	65% (2004)	Survey	75%
8.	BMI screening & nutrition intervention	% of 15year old adolescents screened for BMI	80.2%(2011)	RHMIS	90%
		% of adolescents with low BMI	25.1% (2012)	RHMIS	23%
		% adolescents with overweight	4.5% (2012)	RHMIS	4.0%
9.	Prevention of STD/AIDS	% of adolescents /youth with correct knowledge on HIV/AIDS	<50%	Special Survey	75%
		HIV prevalence among 15 - 24 year olds	<0.1%	Routine data	

	Intervention	Population Coverage / Outcome Indicator	Baseline	Source	Target 2017
10.	Adolescent friendly health services	% of Public health staff trained in AFHS	NA	RHMIS	75%
		% of MOOH delivering AFHS	NA	RHMIS	50%
		% of hospitals with YFHS /AFHS	NA	Special Survey	
11.	Substance use prevention	% of adolescents currently smoke	6% (2004)	Special Survey	4%
		% adolescents use alcohol as current users	6% (2004)	Special Survey	4%
12.	Outreach programs for out of school adolescents	% of MOH areas conducted at least 1 outreach activity on adolescent health per month	NA	RHMIS	50%
13.	Peer education programs	% of MOOH having active peer education programs (having at least 1 meeting per quarter)	NA	MIS	50%

	Intervention	Population Coverage / Outcome Indicator	Baseline	Source	Target 2017
14.	Oral health services	Caries prevalence of 12 yr old school children	40% (2003)	MIS	25%
		Prevalence of Caries & Calculus of 15 year old schoolchildren (Grade 10)	NA	MIS	36% with caries & 42% with calculus
		Prevalence of Calculus of12 yr old school children (Grade 7)	60% (2003)	MIS	40%
		% of 12 yr old school children (Grade 7) screened and treatment completed by School Dental Therapist/ Dental Surgeon	NA	MIS	100%
		% of 15 year old school children (Grade 10) screened by Dental Surgeon	NA	MIS	25%

Proposed Major activities on Adolescent Health for National level

	Activity	2013	2014	2015	2016	2017
1.	Establish a Technical advisory committee on health of young persons	x				
2.	Advocacy to national & provincial policy makers & formulate multi - sectoral committees at all levels		x	x		
3.	Advocate MO MCHs to incorporate Adolescent Health in to district plans	x	x			
4.	Integrate adolescent health indicators in all relevant M&E frameworks	x	x			
5.	Advocate /Conduct annual reviews on adolescent Health & Nutrition at National, Provincial levels	x	x	x	x	x
6.	Capacity building of health, educational and other officers on AH & Life skills	x	x	x	x	x
7.	Develop guidelines and protocols and adopt standards on providing Adolescent friendly health services		x			
8.	Develop /adopt innovative approaches with information technology to deliver information for adolescents			x	x	
9.	Advocate to institutionalized health promotion resource centres in schools		x	x		
10.	Upgrade to expand adolescent dental services to cover 15 year olds with a compulsory oral screening and appropriate treatment			x	x	

	Activity	2013	2014	2015	2016	2017
11.	Review school dental services and identify the gaps in coverage and quality		x	x		
12.	Advocate to establish a specialized individualized educational approaches			x	x	
13.	Develop/ adopt age specific and culture appropriate communication materials		x	x		
14.	Advocate and assist to revise school curriculum and education technology to incorporate age appropriate health information			x	x	
15.	Advocacy to increase opportunities for aesthetic and recreational activities in school timetable and to scale up implementation of child friendly school environment		x	x		
16.	Advocate and assist the implementation of the recommendations of the "Review of laws, regulations and policies of ASRH"		x	x		
17.	Identify a multi-sectoral resource group to plan, support implementation, monitor and evaluate interventions to address social factors related to adolescent health.			x	x	
18.	Develop and implement targeted programs based on evidence for vulnerable and marginalized adolescents				x	x
19.	Advocate and assist to establish provision of services for adolescents with special needs				x	x
20.	Develop Guides on parenting and implement parenting programs in schools and in community through parent committees in schools , community organizations			x	x	
21.	Establish a information share point in the FHB /MOH web site to encourage documentation and facilitate sharing practices				x	x

Proposed major activities for Provincial & District Level

	Activity	2013	2014	2015	2016	2017
1.	Assist to formulate multi-sectoral partnerships & committees at Provincial & District Levels		x	x		
2.	Incorporate activities to improve adolescent health in district plans		x	x	x	x
3.	Conduct advocacy programs for provincial & district level policy makers		x	x	x	x
4.	Integrate adolescent health indicators in all relevant M&E frameworks at district		x	x		
5.	Conduct provincial /district reviews to share best practices adolescent health	x	x	x	x	x
6.	Capacity building of health, educational and other officers on AH &LS	x	x	x	x	x
7.	Establish & scale up adolescent friendly health services at field level		x	x		
8.	Evaluate Adolescent friendly health services /YFHS based on standards		x		x	
9.	Review school dental services and identify the gaps to improve the coverage and quality		x	x		
10.	Monitor and supervise the implementation of healthy canteen policy in schools and work places	x	x	x	x	x
11.	Aware relevant stakeholders & general public for providing opportunities for recreational, and sports activities at family, schools, community and at work places			x	x	x
12.	Advocate on / Conduct parenting programs in schools / community				x	x

Proposed major activities for Divisional / MOH level

	Activity	2013	2014	2015	2016	2017
1.	Incorporate activities to improve adolescent health in MOH plans		x	x	x	
2.	Conduct advocacy programs for Divisional level stake holders	x		x		x
3.	Monitoring & evaluation at monthly conferences			x	x	x
4.	Provide opportunity for PH staff to share best practices at monthly conferences	x	x	x	x	x
5.	In-service training to update knowledge of health, educational and other officers on AH & LS	x	x	x	x	x
6.	Pilot test new innovative methodologies to improve adolescent health in the area		x	x	x	x
7.	Establish & maintain adolescent friendly health services at field level according to standards		x	x		x
8.	Conduct programs for adolescents on life skills on stress management, critical thinking and decision making	x	x	x	x	x
9.	Advocate implementation and supervise healthy canteen policy in schools and work places	x	x	x	x	x
10.	Awareness programs to provide opportunities for recreational ,and sports activities at family, schools, community and at work places		x	x	x	x

	Activity	2013	2014	2015	2016	2017
11.	Parenting programs in schools and in community through parent committees in schools , community organizations		x	x	x	x
12.	Awareness programs on SRH & Life Skills for adolescents in Youth Corp / Technical Colleges / National Youth Service Council			x	x	x
13.	Maintain a register at MOH office to document all AH activities carried out by public health staff	x	x	x	x	x
14.	Conducting Life Skill /Adol. Health /carrier guidance camps with the support of other government officers & NGOs		x	x	x	x

NOTES