

Annexure I

Policy and Programmatic Environment

Policy Environment

National Health Policy, National Population Policy, National AIDS Control Policy, National Policy on Education, National Nutrition Policy, and National Youth Policy are reviewed to learn how much importance is given on the issues related to adolescents and young people.

National Health Policy (2002)

The National Health Policy (2002) does not identify adolescents separately. Adolescents are grouped with children and pregnant women, which results in a misrepresentation of their concerns. The policy expresses concerns for the health care of special groups, under this it includes adolescent girls, however it is limited to nutritional needs. The age specific health needs of the adolescents and young people are not focussed upon. It touches upon the areas of awareness building among the school & college going children.

National Education Policy (1992)

The Education system plays a vital role in overall personality development of adolescent groups. The National Policy on Education does not target the specific educational needs of the adolescent population. Retaining children and adolescents in schools is not an area of concern, as only enrolment seems to be the focus in the policy, which reflects that it does not recognise education as a right. The National Education Policy reflects commitments to the eradication of illiteracy, particularly in the age group of 15-35 years. It has commitments of universalisation of the primary education; however it does not mention adolescents and young people as a separate category. It mentions need based vocational courses and non-formal education. The policy does not mention the explicit concerns of the 15-35 age group. It talks about population education as a means to motivate youth about family planning and responsible parenthood in the light of population stabilisation. The school curriculum has not yet included education on sexual health and HIV/AIDS.

National Nutrition Policy (1983)

The National Nutrition Policy recognises several aspects of gender discrimination. It identifies adolescent girls as a special vulnerable group. However the concern of vulnerability is articulated in terms of motherhood. It does not target adolescent boys and girls as individuals. In the strategies to implement the policy, importance is given to health and nutrition education to address the concerns of malnutrition and undernutrition.

National Policy for Empowerment (2001)

The policy clearly recognises the gender discrimination in different stages of women's life with a specific mention of adolescents. It also focuses on the nutritional needs of women at all stages of her life. Gender based violence is recognised as a problem requiring legal action. The issue of violence has been given its due recognition but it emphasises violence against

women and girls as a critical issue hindering their well-being. Specific concern of adolescents and violence is not clearly articulated; however early marriage in the light of maternal mortality has been given its due recognition.

National Population Policy (2000)

The National Population Policy (2000) has given importance to adolescents in terms of early marriage, teenage pregnancy and use of contraceptives for spacing. It strongly recommends action for enforcing the Child Marriage Restraint Act in the light of reducing teenage pregnancies.

Since the policy aims to reduce the fertility level to the replacement level by 2010, there is a recurring mention of adolescents in the light of population stabilisation. The policy further recommends a health package for adolescents which encompasses counselling, population education, contraceptive services etc. The policy recommends strengthening of Primary Health Centre and sub centres to provide contraceptive counselling to newly married young couples. It ignores the reproductive and sexual health service need of the unmarried adolescents to a great extent.

National Youth Policy (2013)

There is no government policy for adolescents. The National Youth Policy 2003 first time changed its definition of youth from 10-35 to 13-35 with specific importance to the adolescents between 13-19 years. Department of Youth Affairs declared the National Youth Policy 2013 in January 2014. The policy has explicitly mentioned different categories of the youth including sexual minority group. They are: Student youth, Urban youth in slums; migrant youth, Rural youth, Youth at risk – substance abuse, human trafficking, working in hazardous occupations, bonded labour, Youth in violent conflicts – participants or victims, Out-of-school or drop-outs from formal educational mainstream, Groups that suffer from social or moral stigma - transgender, gays and lesbians, those afflicted with HIV/AIDS, Youth in observation homes, orphanages or prisons, differently able.

The policy addresses the concerns of youth between the ages of 13-30 years. To give focus to all the age groups the policy has divided this broad age-bracket into three sub-groups: 13-18 years, 19-25 years, 26-30 years

Strategic Approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A)

The RMNCH+A is a strategic approach which promotes ‘continuum of care’ to ensure equal focus on various life stages. Priority interventions for each thematic area have been address to ensure that the linkages between them are contextualised to the same and consecutive life stage. The key priority intervention areas are

1. Adolescent nutrition; iron and folic acid supplementation

2. Facility-based adolescent reproductive and sexual health services (Adolescent health clinics)
3. Information and counselling on adolescent sexual reproductive health and other health issues
4. Menstrual hygiene
5. Preventive health checkups

National Adolescent Health Strategy:

Following to the RMNCH+A strategic approach document the National Adolescent Health strategy is formally launched on 7th January 2014. The strategy emphasise on the comprehensive development of adolescents and not in context to maternal and child health. The strategy moves away from a 'one-size-fits-all' approach to more customised programmes and service delivery, addressing specific needs and aims at instituting effective, appropriate, acceptable and accessible service packages, addressing a range of health and development needs of adolescents. A combination of prevention, health promotion and healthy development strategies are proposed, offering continuum of care for our health and development needs. Interventions in the strategy are designed to provide information, commodities and services at the community level, and map referral linkages through the three-tier public health system. The strategy has a diversity of interventions that focus not only on adolescents but also on our social environment, including families, peers, schools and communities.

Objectives of the strategy

1. Increase availability and access to information about adolescent health.
2. Increase accessibility and utilisation of quality counselling and health services for adolescents.
3. Forge multi-sectoral partnerships to create safe and supportive environments for adolescents.

Strategic Priorities of the strategy

Improve nutrition

- Reduce the prevalence of malnutrition among adolescent girls and boys
- Reduce the prevalence of iron-deficiency anaemia (IDA) among adolescent girls and boys

Improve Sexual, Reproductive and Maternal health

- Improve knowledge, attitudes and behaviour, in relation to SRH
- Reduce teenage pregnancies

- Improve birth preparedness, complication readiness and provide early parenting support for adolescent parents

Enhance mental health

- Address mental health concerns of adolescents

Prevent injuries and violence

- Promote favourable attitudes for preventing injuries and violence (including Gender Based Violence) among adolescents

Prevent substance misuse

- Increase adolescents' awareness of the adverse effects and consequences of substance misuse

Address Non Communicable diseases

- Promote behaviour change in adolescents to prevent Non Communicable diseases (NCDs) such as hypertension, stroke, cardio-vascular diseases and diabetes

The adolescent health strategy promotes seven components

Coverage -The strategy brings in dedicated programming for 10 to 19-year-olds, with universal coverage, that is, urban and rural; in school and out of school; married and unmarried, including the vulnerable and under-served subgroups.

Content - The strategy incorporates content as listed under the head of strategic priorities, which will ensure comprehensive development of adolescents.

Communities -The adolescent health strategy envisages providing services to adolescents at community level. It encourages different approaches to make services such as nutrition and health information, Iron and Folic Acid (IFA) tablets and non-clinical contraception, nutrition supplements etc accessible to adolescents at schools, vocational education and training institutions, work places and recreation spaces. One of the core approaches to reach both adolescent girls and boys would be through peer educators/mentors.

Clinics (Health Facilities)-There will be dedicated weekly Adolescent Clinic at the Primary Health Centre (PHC), and the Community Health Centre (CHC), District Hospital (DH)/Sub District/Taluka Hospital and Medical College. Apart from this there will be designated Adolescent Friendly Health Centres.

Counselling-

The adolescent health strategy promotes adolescents' access to correct knowledge and information related to nutrition and health. At the community level through peers, nodal/school teachers, community based front line workers such as ASHA, Anganwadi workers, multipurpose health worker (male), Auxiliary Nurse Midwife etc. At the Adolescent

Friendly Health Centre through staff nurses and Medical Officers (MOs) and dedicated professional counsellors.

Communication-It proposes interpersonal communication (IPC), mid-media and mass media to reach out adolescents and their family and community members.

Convergence-The Adolescent Health Strategy envisages intra-departmental convergence, with existing programmes of the department of health and Family Welfare like child health, Family Planning, Maternal Health, National AIDS Control Programme, National Tobacco Control Programme, National Mental Health Programme, and National Programme for Non-Communicable Diseases. The health ministry/department will also join hands and converge with other concerned ministry and departments like Ministry of Youth Affairs and Sports (MoYAS), Ministry of Human Resource Development (MHRD), Ministry of Women and Child Development (MWCD), Ministry of Labour and Employment (MoLE), Ministry of Social Justice and Empowerment (MSJE).

Programme Environment (Health and Nutrition)

The adolescents and young people receive services from different programmes and schemes from different Ministries/departments. A brief overview is given in Table 1.

At present the main programme addressing the needs of adolescents' health, nutrition and livelihood is 'Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)–'Sabla' scheme. This scheme has been designed to ensure overall development of adolescent girls. It promotes awareness about health, hygiene, nutrition, adolescent reproductive and sexual health (ARSH) and family and child care and upgrade home-based skills, life skills and integrate with the National Skill Development Program (NSDP) for vocational skills. It also aims to mainstream out of school adolescent girls into formal/non formal education.

The scheme has yet to go through formal review to understand its status. The observations reported by the individuals and organisations who are actively involved in the implementation of the scheme indicate that there is a need to strengthen implementation and monitoring of all the component of the scheme. The livelihood component is the most poorly implemented. The scheme demands convergence especially in terms of planning and capacity building of the frontline workers of different departments and to evolve monitoring mechanism so as to take timely corrective actions.

Table 1: Overview of different programmes and schemes through which adolescent and young people get benefits

Ministry of Health and Family Welfare	Ministry of Women and Child Development	Ministry of Human Resource Development	Ministry of Youth Affairs and Sports
Youth Friendly Health Services	'Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)–‘Sabla’	Adolescent Education Programme	National Service Scheme- NSS
Menstrual Hygiene	Kishori Shakti Yojana (KSY)	MDM scheme	Nehru Yuva Kendra Sangathan NYKS
Family Planning	Balika Samridhhi Yojana (BSY)	Rashtriya Madhyamik Siksha Abhijan -RMSA	National Programme for Youth and Adolescent Development -NPYAD
Maternal Health	Swadhar Scheme	Sakshar Bharat	
		National Population Education Project (NPEP)	

