



NATIONAL PLAN OF ACTION FOR **ADOLESCENT HEALTH STRATEGY** 2017-2030



Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh



স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়



পরিবার পরিকল্পনা অধিদপ্তর



National Plan of Action for Adolescent Health Strategy 2017-2030

Published by:

MCH Services Unit

Directorate General of Family Planning
6 Karwan Bazar, Dhaka-1215

Supported by:

UNICEF Bangladesh

UNFPA Bangladesh

World Health Organization

Embassy of the Kingdom of the Netherlands, Bangladesh

Cover & Photo Credit:

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RedOrange Media and Communications

Design and Layout:

Expressions Ltd.

Printed by

This document has been developed by the MCH Services Unit of the Directorate General of Family Planning with the support of UNICEF, UNFPA and WHO.



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Foreword

Adolescence is the transitional period of life best captured by the phrase "No longer children, not yet adults". This in-between stage of growth is defined as 10-19 years of one's age. Adolescence is a period of reawakening characterized by physical, mental, social and behavioral changes. This delicate and volatile nature of the period necessitates special understanding while dealing with adolescent persons. Adolescents constitute more than one-fifth of the total population of Bangladesh. This huge and potent population group can be converted into demographic bonus, which in turn can shape the future of the nation and the world.

The Government of the People's Republic of Bangladesh has recognized adolescents' health needs, which in many ways differ from those of adults. The Government has aligned with the 'Global Strategy for Women, Children and Adolescent Health, 2016-2019' and the Lancet Commission for Adolescent Health and Well-being to achieve Sustainable Development Goals (SDGs). There are avenues to develop adolescents' knowledge, skills and their attitude for healthy and productive life. Still challenges remain, which are both physical and mental.

Investment in adolescents can bring the triple dividend- benefit now, benefit in the future and benefit for the next generation. Evidence generation for a scalable model of adolescent-friendly health services through existing health care system is a prerequisite for productive investment.

The 'National Plan of Action for Adolescent Health, 2017-2030' is an important milestone in the Government's effort to harness adolescent health and well-being. It paves the way for clearly defined activities, implementation mechanisms, performance indicators, target groups as well as means of verification in seven areas of intervention as enunciated in the 'National Adolescent Health Strategy 2017 -2030'.

The Government of Bangladesh has marked adolescent health as a priority and incorporated the issue in two operational plans i.e. MCRAH of DGFP and MNCAH of DGHS under the ongoing 4th HPNSP (Health, Population and Nutrition Sector Development Program) from January 2017 to June 2022.

I hope the 'National Plan of Action for Adolescent Health, 2017-2030' will guide healthcare providers, stakeholders and policymakers for more effective and efficient implementation, monitoring and evaluation of adolescent health activities and thus contribute to the development and well-being of adolescent population in Bangladesh.



Shaikh Yusuf Harun

Secretary

Medical Education and Family Welfare Division

Ministry of Health & Family Welfare

Government of the People's Republic of Bangladesh

Preface



Adolescence is the period of transition from childhood to adulthood. According to WHO adolescence is the period between the ages of 10 and 19 years. Adolescents comprise more than one fifth of the total population in Bangladesh. Child marriage and adolescent pregnancy is a social problem in Bangladesh. The fertility rate among the 15-19 years old age group is one of the highest rates in the world. Adolescents in Bangladesh too often enter their reproductive years poorly informed about SRH issues, without adequate access to SRH-related information as well as services. To address adolescent sexual and reproductive health (ASRH), Violence against Adolescent, Adolescent Nutrition and Mental health the Ministry of Health and Family Welfare, Bangladesh has articulated its commitment to improving access to adolescent friendly health services through different policy and program documents including the National Population Policy 2012 and the National Strategy for Adolescent Health 2017-2030.

Ministry of Health and Family Welfare (MOHFW) is committed to increasing adolescents' access to SRH information and services through adolescent friendly health services at different service delivery points specifically Union Health and Family Welfare Centers (UH&FWC) and Mother and Child Welfare Centers (MCWCs). For proper and effective implementation of the National Strategy for Adolescent Health 2017-2030, the National Plan of Action for Adolescent Health 2017- 2030 has been developed. Active GO-NGO and multi-sectoral involvement will help in achieving the targets of the developed Action Plan.

I would like to acknowledge and greatly appreciate the tireless efforts of professionals involved in the process to develop the Plan of Action for Adolescent Health, 2017- 2030. I sincerely hope the document serves its purpose by increasing focused attention, support and action towards adolescents' health development and well-being all over the country.

A handwritten signature in black ink, appearing to read 'Quazi A.K.M. Mohiul Islam'. The signature is stylized and fluid.

Quazi A.K.M. Mohiul Islam

Director General

Directorate General of Family Planning



Message

Adolescence, defined by World Health Organization (WHO) as the period between 10 and 19 years, is an important, formative time which shapes the future of boys' and girls' lives. It is a time of intense physical, psychological and cognitive development. For too many young people around the world, the onset of adolescence brings not only changes to their bodies but new vulnerabilities to human rights abuses, particularly in the arenas of sexuality, marriage and childbearing.

Adolescents in Bangladesh too often enter their reproductive years poorly informed about sexual reproductive health (SRH) issues, without adequate access to SRH-related information or services. Child marriage and adolescent motherhood is very common in Bangladesh. Pregnancy during adolescence deprives the girls from achieving their full growth and development that results in the vulnerability to maternal and neonatal morbidity and mortality. In addition to sexual and reproductive health issues, adolescents also face violence, nutritional and mental health problems.

Considering all the issues, initiatives to address adolescent sexual and reproductive health (ASRH) in Bangladesh have been implemented by both the Government of Bangladesh (GoB) and non-governmental organizations (NGOs). Implementing Adolescent Friendly Health Services including School based Adolescent Health has been started that will be mainstreamed phase-wise throughout the country.

Finally, Ministry of Health and Family Welfare is committed to ensuring the effective implementation of the Plan of Action for the National Strategy for Adolescent Health 2017-2030, that will contribute to the overall wellbeing of all adolescent girls and boys of Bangladesh. I look forward for successful implementation of the National Plan of Action for Adolescent Health with the support and co-ordination of all stakeholders related to adolescent health and wellbeing in the country.

Md. Ashadul Islam

Secretary

Health Service Division

Ministry of Health & Family Welfare

Government of People's Republic of Bangladesh

Message



Adolescent health is not limited to the growth and development of adolescent population. It also empowers them to be in charge of their own destiny and lead a productive life. Still adolescents often cannot avail the special attention they deserve. As a result their health-needs and issues are frequently overlooked. The health-needs of adolescent persons are quite different from those of adults. This phase of biological, physical, mental, psychological, social and behavioral transition requires accessibility and availability of relevant information, support and services.

Today's adolescents experience an early onset of puberty and sexual activity. Often they don't have any knowledge of sexuality or the consequences of sexual behavior. As a result, they face high risks of conception and complications of pregnancy as well as early exposure to Sexually Transmitted Diseases (STD). Also, adolescents are vulnerable to the lure substance abuse (tobacco, alcohol and other drugs); at risk of sexual violence, exploitation, prostitution, discrimination and crisis. Being at the early stage of adulthood, they lack the skills to cope with social and economic pressures and make informed, responsible choices.

The Government of Bangladesh has prioritized adolescent health and incorporated it in two operational plans of the current Health, Population and Nutrition Sector Development Program (2017-2022). Addressing adolescent health needs is both a challenge and opportunity for health care providers and policymakers.

The National Plan of Action for Adolescent Health 2017-2030 is an important precondition for implementation of adolescent health strategies. It will help planners and program managers to meet the needs of comprehensive skills, information, services and commodities related to adolescents' reproductive health.

It needs to mention that this Plan of Action is the result of praiseworthy and valuable contributions by all stakeholders from the Government, UN agencies, donor agencies, international and national NGOs. CBOs and adolescent groups.

I firmly believe 'The National Plan of Action for Adolescent Health, 2017-2030' to be useful for both the policymakers and service providers working for adolescent health in the country.

A handwritten signature in black ink, appearing to be 'A. Kalam Azad', written in a cursive style.

Prof. Dr. Abul Kalam Azad

Director General

Directorate General of Health Services

Message from UNICEF, UNFPA and WHO

Adolescents constitute a significant portion of the world's population. A period during which individuals develop their capacities in many spheres, in both physical and mental realms, adolescence is an important development stage of an individual's life. Appropriate investments in adolescent health can bring immediate and long term benefits, in their adult life and beyond into the next generation of young people. The UN family of UNICEF, UNFPA and WHO is pleased to have provided support to the Government of Bangladesh in developing the National Plan of Action on adolescents.

According to the Bangladesh Bureau of Statistics (2015), Bangladesh has 36 million adolescents which comprises more than one-fifth of the country's total population. This large population, while a strength for the country, comes with their own vulnerabilities and needs to be addressed if they are to effectively contribute to the development of Bangladesh. Adolescents are particularly vulnerable to sexually transmitted infections, HIV/AIDS, sexual abuse and harassment; and adolescent girls are vulnerable to child marriage and early pregnancy. In order to address these vulnerabilities, it is important to ensure the availability of information, support and services which specifically focus on the needs of adolescents.

The National Adolescent Health Strategy 2017-2030 identified key thematic areas (adolescent sexual and reproductive health, violence against adolescents, adolescent nutrition and mental health of the adolescents) along with cross-cutting issues in safeguarding the wellbeing of all adolescents as well as contributing to reaping the demographic dividend in Bangladesh. This National Plan of Action, developed subsequently through extensive consultation, is a time-bound document to ensure the strategy implementation.

Delivering on the National Plan of Action requires the active participation of Government, NGOs and all the other institutions and organizations working together. This is no easy task, but it is an imperative if we are to ensure the wellbeing of adolescents and a bright future for the country.

UNICEF, UNFPA and WHO would like to express our continued commitment to support the Ministry of Health and Family Welfare and other stakeholders in the implementation of the National Plan of Action for adolescent health through the provision of technical assistance, implementation of evidence-based interventions, and the strengthening of the health systems.



Edouard Beigbeder
UNICEF Representative



Asa Torkelsson
UNFPA Representative



Dr. Bardan Jung Rana
WHO Representative

Acknowledgement



National Plan of Action for Adolescent Health 2017-2030 is a national document guiding the directions for implementation of National Adolescent Health Strategy 2017-2030. This document provides four key thematic areas (adolescent sexual and reproductive health, violence against adolescents, adolescent nutrition and mental health) along with cross-cutting issues like SBCC, service system strengthening and vulnerable adolescents.

MCH Services Unit of DGFP has given priority to develop a national plan of action for adolescent health based on National Adolescent Health Strategy 2017-2030. Active multi-sectoral involvement will help in achieving the plan that we have developed through extensive consultation process. Its development has taken a long, systemic series of meetings and consultations.

The Review Committee included representatives from governmental, non-governmental and international organizations as well as researchers and professionals working on adolescent health who contributed significantly during the entire process of synthesizing the document. The plan at our hand brings a common platform for GOs, NGOs, development partners and international organizations working to advance the health and wellbeing of adolescents in Bangladesh.

I am indebted to the Director General, Directorate General of Family Planning for his sincere support and insightful directions. I would like to thank UNICEF, UNFPA and WHO, for their expression of commitment to support the Ministry of Health and Family Welfare and other stakeholders in the implementation of National Plan of Action for Adolescent Health through technical assistance, evidence based interventions and strengthening health systems.

Finally, I would highly appreciate the contribution of program managers and deputy program managers of MCH Services Unit for working with me to make this document a reality.



Dr. Mohammed Sharif
Director (MCH Services) &
Line Director (MCRAH)
Directorate General of Family Planning

List of acronyms

AFHS	Adolescent Friendly Health Services
AH	Adolescent Health
AP	Adolescent Pregnancy
ASRH	Adolescent Sexual and Reproductive Health
AtEM	Access to Essential Medicines
AWP	Annual Work Plan
B.Ed	Bachelor of Education
BHE	Bureau of Health Education
BPA	Bangladesh Pediatric Association
BSCIC	Bangladesh Small and Cottage Industries Corporation
BSMMU	Bangabandhu Sheikh Mujib Medical University
CC	Cross-cutting
CHCP	Community Health Care Provider
CM	Child Marriage
CS	Civil Surgeon
CSG	Community Support Group
DDFP	Deputy Director of Family Planning
DGFP	Directorate General of Family Planning
DG	Director General
DGHS	Directorate General of Health Services
DNS	Directorate of Nursing Services
DPs	Development Partners
EBP&B	Evidence Based Planning and Budgeting
EKN	The Embassy of the Kingdom of the Netherlands
FPI	Family Planning Inspector
FW	Field Worker
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
FY	Financial/Fiscal Year
GBV	Gender Based Violence
GK	Gate Keeper
HA	Health Assistant
HCF	Healthcare Financing
HCP	Healthcare Provider
HE	Health Education
HIS	Health Information System

HIV	Human Immunodeficiency Virus
HR	Human Resource
HRM	Human Resource Management
HSD	Health Service Delivery
HSS	Health Systems Strengthening
HWF	Health Work Force
IFA	Iron and Folic Acid
IPC	Interpersonal Communication
KPIs	Key Performance Indicators
LD	Line Director
L&G	Leadership and Governance
LSE	Life Skills Education
MCRAH	Maternal, Child, Reproductive and Adolescent Health
M.Ed	Masters in Education
MH	Mental Health
MIS	Management Information System
MN	Micronutrients
MNCAH	Maternal, Neonatal, Child and Adolescent Health
MMS	Multiple Micronutrient Supplement
MO	Medical Officer
MO (C)	Medical Officer (Clinic)
MO (MCH-FP)	Medical Officer (Maternal, Child Health-Family Planning)
MoE	Ministry of Education
MoDMR	Ministry of Disaster Management and Relief
MoHA	Ministry of Home Affairs
MoHFW	Ministry of Health and Family Welfare
Mol	Ministry of Information
MoICT	Ministry of Information and Communication Technology
MoLE	Ministry of Labour and Employment
MoLGRD	Ministry of Local Government and Rural Development
MoLJPA	Ministry of Law, Justice and Parliament Affairs
MoRA	Ministry of Religious Affairs
MoSW	Ministry of Social Welfare
MoU	Memorandum of Understanding
MoV	Means of Verification
MoWCA	Ministry of Women and Children Affairs

MoYS	Ministry of Youth and Sports
NCTB	National Curriculum and Textbook Board
NE	Nutrition Education
NGOs	Non-Government Organizations
NIPORT	National Institute of Population Research and Training
NNS	National Nutrition Services
NSC	National Steering Committee
OCC	One Stop Crisis Center
OCc	One Stop Crisis Cell
OCP	Oral Contraceptive Pill
OR	Operations Research
PHC	Primary Health Care
PoA	Plan of Action
PO	Private Organization
QI	Quality Improvement
RC (FPCS-QIT)	Regional Consultant (Family Planning Clinical Supervision Quality Improvement Team)
SACMO	Sub-Assistant Community Medical Officer
SBCC	Social Behavioral Change Communication
SD	Strategic Direction
SHP	School Health Program
SI	Special Issues
SP	Service Provider
ST	School Teacher
STI	Sexually Transmitted Infections
UFPO	Upazila Family Planning Officer
UHC	Upazila Health Complex
UN	United Nations
UH&FPO	Upazila Health and Family Planning Officer
UH&FWC	Union Health and Family Welfare Center
UP	Union Parishad
Uz	Upazila
VA & ACC	Vulnerable Adolescents and Adolescents in Challenging Circumstances

INTRODUCTION





CHAPTER-1: INTRODUCTION

1.1 Introduction

Adolescence, the second decade of life, is a period in which an individual undergoes physical and psychological changes that occurs after childhood and before adulthood and according to the World Health Organization, includes those between 10 and 19 years of age (WHO 2014).

Biologically, adolescents experience physical, mental changes and psychologically, their cognitive capacities mature and they develop critical thinking skills, along with a sense of self-awareness. Adolescents also experience changes in social expectation because of the multiple roles society expect them to play in the family, school and at the community. These changes occur simultaneously but at a different pace for each adolescent depending on her/his gender, socioeconomic background, education and exposure to various other structural and environmental factors (UNICEF, 2006). As a developmental phase in human life, adolescence is sometimes divided into early and late periods, which are respectively 10-14 and 15-19-year age group. An understanding of these sub-stages of development during adolescence is important from the perspective of policy planning as well as designing and implementing adolescent related programmes.

Bangladesh has a significant adolescent population. In 2015, more than one-fifth of the total population, that is 36 million, were adolescents (BBS, 2015) and according to population projections, both the percentage and absolute number of adolescents will continue to increase until 2021 (UNFPA 2015). This large and increasing share of adolescents and youth presents a demographic window of opportunity, which, if well harnessed and invested in, will contribute to the economic growth of the country. Investments in adolescent health will have an immediate, direct and positive impact on Bangladesh's health goals and on the achievement of the Sustainable Development Goals (SDGs).

The challenges adolescents face, during this complex transitory phase, are due to a variety of factors including poverty, inadequate education, lack of access to information and services, negative social norms, social discrimination, child marriage and early child-bearing for adolescent girls. Adolescents continue to experience major constraints in making informed life choices: a significant number of adolescents experience risky or unwanted sexual activity, do not receive prompt or appropriate care and, as a result, experience adverse health outcomes. Adolescent girls also face gender-based discrimination, evident in the practice of child marriage, the high rates of adolescent fertility, the high prevalence of domestic violence, the increasing incidence of sexual abuse and higher dropout rates from secondary education due to the patriarchal social norms of Bangladesh. Adolescent boys also face pressure to comply with prevailing norms of masculinity, which drives them to risky behaviors such as unsafe sex, violence and substance use. All these factors have a direct as well as indirect influence on the health and well-being of adolescents, and form an essential component of the context within which health issues of adolescents should be understood.

The effective implementation of adolescent health programmes will require a coordinated approach. It demands the collective responsibility of a range of line ministries, departments and agencies, non-governmental organizations (NGOs), private sector partners, religious authorities, communities, families and individuals. However, as the focal Ministry for adolescent health, the Ministry of Health and Family Welfare (MoHFW) has the primary responsibility for addressing the health needs of this large population cohort as well as improving access to adolescent friendly health services (AFHS).

Considering the adolescent health issue with great importance, MoHFW has initiated different activities engaging with health and family planning directorates. Ministry of Women & Child Affairs (MoWCA), Ministry

of Education (MoE), Ministry of Local Government and Rural development (MoLGRD), Ministry of Youth & Sports (MoYS), Ministry of Social Welfare (MoSW), Ministry of Law, Justice and Parliamentary Affairs (MoLJPA), Ministry of Disaster Management & Relief (MoDMR), Ministry of Home Affairs (MoHA) and Ministry of Religious Affairs (MoRA) are also working in coordination with MoHFW for the wellbeing of the adolescents.

1.2 Process of Developing the Plan of Action

The “National Strategy for Adolescent Health 2017-2030” has recently been approved by the Ministry of Health and Family Welfare. It is the revised and comprehensive second National Strategy for the health and wellbeing of adolescents in Bangladesh. The first national strategy for adolescents entitled “National Adolescent Reproductive Health Strategy 2006” was developed by the Directorate General of Family Planning under the guidance of MoHFW with the support of UNFPA in 2006. The strategic document was developed to cover a ten-year period and therefore was revised in 2016. During the revision process, it was agreed that a comprehensive strategy addressing all the health related issues of adolescents needs to be developed and the “National Strategy for Adolescent Health 2017-2030” was finalized in accordance with that vision. The National Strategy for Adolescent Health (NSAH) addresses adolescent sexual and reproductive health, nutrition, mental health, violence against adolescents and other cross-cutting issues such as social and behavioral change communication, health systems strengthening and vulnerable adolescents and adolescents in challenging circumstances. The Directorate General of Family Planning led the process of developing the NSAH under the guidance of the MoHFW with support from UNFPA, UNICEF and WHO.

The initiative to develop the Plan of Action (PoA) for the NSAH started while the NSAH was being finalized, so that the implementation of activities could take place without any delay. The Plan of Action was developed using a participatory process, with active participation and contributions from key stakeholder groups. Under the leadership of the Ministry of Health and Family Welfare and immediate guidance of the Directorate General of Family Planning, a core committee and several other technical committees were established to accommodate expert inputs and make the document a comprehensive one. The development process involved reviewing existing national and international literature to assess current trends in adolescent health, consulting with local level stakeholders held in four divisions, holding multiple meetings of the core committee and technical committees and arranging a day-long national workshop. The final draft of the plan of action was presented to the Inter-Ministerial Committee and subsequently finalized incorporating their feedback.

The implementation of the Plan of Action for the National Strategy for Adolescent Health 2017-2030 will require an effective management and coordination structure, which has been presented in detail in the planning matrix of this document. This document highlights the importance of all the relevant actors in the development sector– both the Government and the Non-Governmental sector– working in collaboration with each other to realize the goals and vision of the NSAH 2017-2030 during the said period.

The National Strategy and Plan of Action for Adolescent Health have been developed for a period of 14 years from 2017 to 2030 to be in line with the Sustainable Development Goals (SDGs). Both the Strategy and the Plan of Action are guided by human rights principles and clearly states that all adolescents, irrespective of their gender, age, class, caste, ethnicity, religion, disability, civil status, sexual orientation, geographic divide or HIV status, have the right to attain the highest standards of health. The Ministry of Health and Family Welfare is committed to ensuring the effective implementation of the action plan, which will contribute to the overall wellbeing of all adolescent girls and boys of Bangladesh.

1.3.1 SD 1: Adolescent Sexual and Reproductive Health

The sexual and reproductive health (SRH) status of adolescents in Bangladesh does remain an area of concern for the country. Low levels of knowledge on SRH and STI/HIV, high prevalence of child marriage, high levels of adolescent fertility and limited access to quality and age appropriate information and services are posing challenges, which need to be addressed with proper information and quality services to them on their SRH and rights. A low level of knowledge, often because of the unavailability of accurate information, is linked to poor SRH outcomes. Globally, it has been established that the provision of quality, age appropriate comprehensive sexuality education has a positive impact on SRH, reducing STIs/HIV and unintended pregnancy (UNESCO 2015). Aside from the obligation to prevent child marriage, there is also a need to ensure the SRH status of married adolescents– so that their CPR increased, the unmet need for FP reduced, facility based delivery and antenatal care services by a medically trained provider increased and the infant/under-five mortality rates of children born to them reduced.

1.3.2 SD 2: Violence against Adolescents

As a patriarchal and strongly hierarchical society, the prevalence of violence has long been a common and socially accepted phenomenon in Bangladesh. A clear manifestation of violence against adolescents, especially adolescent girls, is the high prevalence of child marriage in Bangladesh. Child marriage, defined as any marriage before the age of 18 years, is a clear indicator of discriminatory gender norms and violence against adolescents.

Violence against adolescents, both boys and girls, is a serious social issue for Bangladesh and its aspirations to meet the SDGs by 2030: if one fifth of the population is at risk of experiencing Gender Based Violence (GBV), it will affect the country's chance of reaping the demographic dividend. Moreover, it is also an economic and a health issue because experience of violence and exposure to violence often lead to both mental and physical consequences such as low self-esteem, depression and physical injury. In this context, it becomes crucial to prevent the prevalence and the acceptance of violence against adolescents through innovative educational and awareness raising interventions which highlight the consequences of violence, so that adolescents can enjoy a life free of violence. The health sector response to GBV needs to identify the specific health needs of adolescent boys and girls and ensure the availability of information and services to meet these needs effectively.

1.3.3 SD 3: Adolescent Nutrition

Adolescence is a period of rapid physical, mental and emotional growth, characterized by the development of the brain and related cognitive capacities, which are the foundation of overall health and wellbeing. The nutritional requirements during adolescence is significant and a key requisite to attain optimum growth in this important stage of life. A well-nourished adolescent girl will have a multi-generational impact because a healthy, mature and well-nourished woman is more likely to deliver babies with appropriate birth weight.

A strong start in life is essential to break the intergenerational cycle of under nutrition. A well-nourished adolescent is also more likely to lead a healthy life during adulthood, with fewer risks of non-communicable diseases in later life. The global review on adolescent nutrition (WHO, 2005) suggested that the main nutritional issues of adolescents in low and middle-income countries are under nutrition and associated deficiencies, which often originate during childhood. The immediate cause of under nutrition in Bangladesh

remains inadequate dietary intake of nutrient rich foods. It is important to note that adolescent under nutrition is inextricably linked to persisting gender discrimination and social norms, particularly child marriage, adolescent pregnancy and the level of a girl's education. Finally, another emerging spectrum of malnutrition is the increasing rates of overweight and obesity among adolescents.

1.3.4 SD 4: Mental Health of Adolescents

Like many other countries across the world, awareness about mental health, mental illness and acceptance of treatment for it are very low in Bangladesh, primarily due to social stigma and superstition. Much of the available mental health related statistics focuses on adults and children of the country and therefore it is difficult to assess the mental health status of adolescents in the country. The wide range in the reported prevalence estimates strongly suggests that mental disorders constitute a significant public health problem in Bangladesh.

A needs assessment survey among urban adolescents done by BRAC and Population Council (Amin, 2015) showed that there are many factors associated with depression, which includes marriage, childbearing, experiences of harassment, drug use, poor performance in school and experience of disasters/conflict during childhood. In addition to mental health concerns, drug related problems are gradually becoming a key concern in Bangladesh from a social, economic and, more importantly, health perspective.

Research on parenting skill identified that parenting style has a great role in the cognitive and social skills development for children. Responsive parenting has been associated with the healthiest outcome for adolescents and helps them learn appropriate discipline. Parenting lessons, especially for new parents, give them the confidence to raise children competently. Training on responsive parenting or parenting style at school and community will pave the way for building a healthy adolescents generation.

In order to get a comprehensive understanding of the mental health needs of adolescents, it is important to situate adolescence within the dynamic sociological, cultural and economic realities of their life. In this regard paying special attention to the needs of very young adolescents, who are not in a position to make 'informed choices', is very important. This period, between 10 to 14 years also represents a key opportunity for health promotion and the prevention of unhealthy behaviour that increases the risk of mental health diseases and other potential non-communicable diseases. Finally, addressing issues such as early childhood development, parenting, domestic violence, sexual abuse especially by family members etc. are also of importance when looking into meeting the mental health needs of adolescents.

1.4.1 CCI 1: Social and Behavior Change Communication

Adolescents in Bangladesh have some access to information relating to their health, but it is not enough to adopt more responsible and effective behaviours, which will contribute to health promotion. As a result, there is a need of comprehensive and effective Social and Behavior Change Communication (SBCC) campaign to ensure the health of all adolescents in Bangladesh.

Different studies revealed that the underlying reasons for not accessing SRH services by the adolescent girls include embarrassment, superstition, lack of knowledge and the obstacles posed by older family members. These obstacles, including shame and stigma associated with being sexually active and the threat of violence, are often due to gender norms.

SBCC is the systematic application of interactive, theory based and research driven communication processes and strategies to address “tipping points” for change at the individual, community and social levels (FHI360, 2011). The effective implementation of this NSAH will require SBCC strategies, which focus on the ‘tipping points’ and ensure that adolescents are empowered to voice their opinions and seek the services they require to maintain their overall health.

1.4.2 CCI 2: Health System Strengthening

The strengthening of the health sector response to adolescent health needs to be conducted through a systematic process, which applies at the national, district and sub-district health facility levels, in line with the Essential Services Package (ESP) of the Government of Bangladesh (GOB).

The WHO Health Systems Framework (WHO 2007) refers to six building blocks of a health system, and these blocks need to be strengthened if we are to ensure the availability of effective services, which meet the health needs of adolescents and thereby improve their health status. These building blocks include leadership/governance, healthcare financing, health workforce, health information systems, access to essential medicines and service delivery. The effective implementation of this NSAH will require each of these building blocks to be strengthened and for the MoHFW to play a lead role in this process.

1.4.3 SI: Vulnerable Adolescents and Adolescents in Challenging Circumstances

As a special adolescent population group, vulnerable adolescents and adolescents in challenging circumstances, have a range of needs which need to be addressed specifically through the four Strategic Directions (SDs) and Cross Cutting Issues (CCI). The special group of adolescents include but are not limited to adolescents who live on the streets, in slum dwellings, in Char and Haor areas, adolescents with disability, married and pregnant adolescent girls, adolescents who engage in sex work, adolescent children of sex workers, working adolescents, adolescents who are in detention, gender diverse adolescent, adolescents with drug addiction, adolescents living in areas prone to natural disasters and adolescents who are refugees/live in camps.

A significant number of adolescents in Bangladesh are vulnerable adolescents and living in challenging circumstances. It is important to adopt a holistic approach when addressing their needs.

Globally it is recognized that when it comes to the health issues of this special group, it is imperative to allocate resources and conduct tailored programmes. These programmes should not only address their health needs but also take into consideration issues of affordability and accessibility of the health services that have been made available. Many of these adolescents come from the most disadvantaged segments of society, socially and economically and therefore their health needs will need to be understood through a more holistic and broader perspective.

Ensuring the availability of interventions to address the special needs of this vulnerable group will be a priority for the health sector. Within these vulnerable groups of adolescents, it is crucial to identify those who are furthest behind and reach them first. In addition, the interventions for this group of adolescents will need to be multi-sectoral and require a collaborative effort by all the actors of the development sector.

1.5 Holistic Approach

The goal of the Plan of Action is to ensure that adolescents receive timely and effective health promotion and care and disease prevention through holistic approach. It highlights the need for developing and strengthening their health systems' responses to achieve this goal. The Plan of Action has been designed and developed through the concerted efforts of all sectors, relevant ministries and departments. The ministries and departments will have the scope to impart their activities for the overall wellbeing of the adolescents, under the guidance of relevant ministry. Innovation, sustainability, partnership, multi-sectoral coordination and advocacy are going to be focused throughout the plan.

Adolescents in Bangladesh face huge social, cultural, economic, health challenges that are deep-rooted as well as multi-factorial; thus, adolescents' needs cannot be addressed and resolved by a single ministry or department. It requires the full participation of a diverse network of partners, including adolescents, in an inter-programmatic manner conducted with a multi-sectoral approach.



PLAN OF ACTION



CHAPTER-2: PLAN OF ACTION

2.1 SD 1: Adolescent Sexual and Reproductive Health

Strategic Objective 1: To create an enabling environment at all levels – national and local – by strengthening legislation, policy development and implementation;

Strategic Objective 2: To integrate and strengthen age appropriate comprehensive sexuality education programs at all academic and training institutions;

Strategic Objective 3: To improve the sexual and reproductive health status of adolescents by engaging a range of evidence based and effective interventions.

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Enable evidence based advocacy for comprehensive policy and programme development, investments and implementation	Conduct research and disseminate findings to be used in advocacy efforts	Number of OR/ National surveys conducted	Lead: MoHFW Associate: MoWCA, MoE, MoYS, Mol (BBS), MoSW, MoRA, MoICT, MoHA, MoLE, MoLGRD, MoLIPA, BPA, OGSB, BGMEA, UN organizations, DPs, NGOs, POs	2019-2020	2024-2025		Policymakers, Actors in AH, Journalists	2 surveys	OR/surveys published and disseminated
	Costing of the National Plan of Action for the National Strategy on Adolescent Health 2017-2030	Costed Plan of Action in place	Lead: MoHFW Associate: UN organizations, DPs, NGOs, POs	2018-2019			Policymakers, Actors in AH, Journalists	Baseline: 0 Target: 1	Costed Plan of Action in place
	Establish a National Steering Committee to implement the National PoA for the NSAH 2017-2030	Committee in place and functioning efficiently and effectively	Lead: MoHFW Associate: Relevant ministries, DPs, UN organizations, NGOs, POs	2018-2019			Policymakers and partners working on AH	Baseline: 0 Target: 1	Endorsement Letter, Meeting Minutes

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Organize National Steering Committee meeting	Number of meetings held and members attended	Lead: MoHFW Associate: Relevant ministries, DPs, UN organizations, NGOs, POs	2019-2022	2023-2027	2028-2030	Policy makers and partners working on AH	Baseline: 0 Target: 2 per year	Meeting Minutes
	Establish coordination committees at National, District, Upazila and Union levels for advocacy, management and coordination of the National PoA for the NSAH 2017-2030	Committee in place and functioning efficiently and effectively	Lead: MoHFW Associate: Relevant ministries, DPs, UN organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Policy makers and partners working on AH	Baseline: 0 Target: National and all district, upazila and union level	Endorsement letter, Meeting Minutes
	Organize coordination committees meeting	Number of meetings held and members attended	Lead: MoHFW Associate: Relevant ministries, DPs, UN organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Policy makers and partners working on AH	Baseline: 0 Target: 2 per year	Meeting Minutes
	Review the existing legal and regulatory frameworks related to AH, identify critical gaps, and develop appropriate actions	Gap analysis report of the existing legal and regulatory frameworks with specific recommendations and action plans	Lead: MoHFW Associate: Relevant ministries, DPs, UN organizations, NGOs, POs	2018-2022			Policy makers and partners working on AH	Baseline: 0 Target:	Report
	Develop and use policy briefs for advocacy to invest in ASRH	Number of policy briefs developed	Lead: MoHFW Associate: Relevant ministries, DPs, UN organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Policy makers and partners working on AH	1 per year	Report

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Promote age appropriate comprehensive sexuality education (CSE), which are on par with international standards, through all academic and training institutions	Conduct advocacy meetings/workshops/roundtable discussion for policy reform and programme development	Number of Advocacy meetings/workshops /roundtable discussions conducted	Lead: MoHFW Associate: DPs, UN organizations, NGOs, POs	2018-2027	2028-2030	2023-2027	Polycymakers of relevant ministries, Managers	Baseline: 0 Target: Advocacy Meetings: 8 Divisional Workshops: 8 Divisional Round Tables: 1 in each year	Meeting Minutes, Reports, Supplement pages of newspapers
	Revise Secondary School and Madrasah Curriculum (Class VI-X) to strengthen the CSE component	Curriculum reviewed and revised	Lead: MoE (NCTB) Associate: MoHFW, Directorate of Madrasah Education, DPs, UN organizations, NGOs, POs	2019-2022			Students of class VI-X	One revised curriculum	Revised curriculum in place Examination on revised/new curriculum
	Include adolescent development and CSE contents in B. Ed. courses	CSE contents incorporated	Lead: MoE (DSHE) Associate: MoHFW, DPs, UN organizations, NGOs, POs	2019-2020			Teachers in Training Colleges (TTC)	-	Revised curriculum in place
	Conduct Peer Educator training (2 students from each school)	Number of peer educators trained	Lead: MoHFW Associate: MoE, DPs, UN organizations, NGOs, POs	2020-2022	2023-2027	2028-2030	Students (class VI-XII)	Baseline: 0 Target: 2 students in each school	Training Report

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Build capacity for the delivery of age and gender sensitive sexual and reproductive health services which includes HIV/ STI prevention, treatment and care	Develop and update comprehensive training module on AFHS and Counselling (including family planning) for Service Providers and Field Workers	Number of modules used for training	Lead: MoHFW Associate: DPs, UN organizations, NGOs	2018-2022	2023-2027	2028-2030	CS, DDFP, UH&FPO, RC (FPCS-QIT), MOs, MO (C), MO (MCH-FP), UFPO, Nurses, SACMO, FWV, FPI, HA, SI, FWA	Baseline: 0 Target: 1	Availability and use of modules
	Organize TOT for Master trainers	Number of TOT conducted	Lead: MoHFW Associate: UN Organizations, DPs, NGOs	2018-2022	2023-2027	2028-2030	CS, DDFP, UH&FPO, RC (FPCS-QIT), MOs, MO (C), MO (MCH-FP), UFPO, Senior FWV and other Health professionals	Baseline: 0 Target: 12	

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Conduct training of Service Providers and Field Workers in the provision of Adolescent Friendly Health Services and Counselling particularly on Family planning	Number of Service Providers and Field Workers trained on new module	Lead: MoHFW Associate: UN Organizations, DPs, NGOs	2018-2030			Nurses, SACMO, FWV, FPI, HA, SI, FWA; and other Health Professionals	Baseline: Targets: All Service Providers and Field Workers	Training Report
	Review the medical and pre-service training curriculum of health workers (doctors, nurses, midwives, paramedics and field workers) to ensure the inclusion of adolescent health and counselling with special focus on Family planning	Number of medical and pre-service training curriculums reviewed	Lead: MoHFW Associate: DPs, UN organizations, NGOs, POs	2019-2022			Medical College Students, Nursing Students and Students of MATS, FWWTI	-	Review Report
	Conduct experience sharing visits for relevant personnel and disseminate the experiences with relevant stakeholders	Number of personnel exposed to experience sharing visit	Lead: MoHFW Associate: DPs, UN organizations	2019-2022			Relevant personnel from national and district levels	Baseline: 5 Target: 36	Visit Report HRM MIS

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Establish new AFHS centers in each MCWC and upazila (at least 2 centers in each upazila) and maintain the quality of services in the existing AFHS centers	Number of AFHS centers established and functioning efficiently	Lead: MoHFW Associate: DPs, UN organizations, NGOs	2019-2022			Adolescents	Baseline: 203 Target: 958	AFHS Centers functioning
	Develop IEC materials and job aids on adolescent health for health workers	Number of IEC materials developed, printed & used	Lead: MoHFW Associate: UN Organizations, DPs, NGOs	2018-2020	2025-2027		Adolescents; Gatekeepers, Health Workers, Community members		IEC materials available at National and Local level
	Register newly married adolescent girls and adolescent mothers to reach them with FP counselling and services to delay the first pregnancy	Number of newly married adolescent girls registered and counseled for FP services	Lead: MoHFW Associate: MoLJA, DPs, NGOs, UN organizations, POs	2018-2022	2023-2027	2028-2030	Newly married adolescent girls and adolescent mothers	Baseline:0 Target: All married adolescent girls and adolescent mothers	MIS, HMIS

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Renovate old and establish new school health clinics	Number of new SH clinics established Number of SH clinics renovated	Lead: MoHFW (MNCAH) Associate: HED, DPs, NGOs, UN organization, POs	2018-2022	2023-2027		Adolescent students (class V-X)	Baseline: 23 Target: 64	School Health Clinics functioning
	Functionalize UH&FWC management committee with active participation of adolescents	Number of UH&FWC Management Committee meetings held bi-monthly with agenda of AH issue	Lead: MoHFW Associate: DPs, UN organizations, NGOs, POs;	2018-2022	2023-2027	2028-2030	Union Parishad, Local Leaders, Gatekeepers, HCPs, Adolescents;	Baseline: 0 Target: 3131	Meeting Minutes
	Innovate and introduce adolescent feedback mechanism on services	Number of facilities using feedback mechanism	Lead: MoHFW Associate: DPs, NGOs, UN organizations, POs	2018-2022			Policymakers, HCPs, Supervisors, Adolescents;	By 2030 all AFHS facilities will use feedback mechanism	Monitoring Report
	Develop and update existing web pages for AH	Number of web pages available	Lead: MoHFW Associate: UN organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	Baseline: 0 Target: 1	Report

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Develop mobile based resources on SRHR and FP for adolescents	Mobile based resources developed	Lead: MoHFW Associate: UN organizations, DPs, NGOs, POs	2018-2022			Adolescents;	Baseline: 0 Target: 1	SRHR Mobile resources available
	Advocate to convert existing DGHS/DGFP helpline into toll free number for SRHR information and counselling particularly on FP for adolescents	Number of advocacy meetings held	Lead: MoHFW Associate: UN organizations, DPs, NGOs, POs	2018-2022			Adolescents & Gatekeepers	Baseline: 0 Target: 1	Report
Create a robust system for data collection/analysis on the sexual and reproductive health of adolescents, including unmarried adolescents, to inform policy and programming	Review the HMIS reporting system and incorporate a comprehensive set of adolescent health indicators	Comprehensive set of AH indicators developed (sex and age disaggregated data) and integrated in routine HMIS	Lead: MoHFW Associate: DPs, NGOs, UN organizations, POs	2018-2019			Policymakers and Actors working for improvement of AH	N/A	Online reporting system
	Develop set of indicators in National Survey to track the progress of ASRH for adolescent boys and girls	Married and unmarried adolescents (10-19 years) included in National Surveys	Lead: MoHFW (NIPORT) Associate: DPs, NGOs, UN organizations, POs	2019-2022			Policymakers and Actors working for improvement of AH	Baseline: 0 Target: 1 set	BBS, BMMS, National AH Survey Report



**VIOLENCE AGAINST
ADOLESCENTS**



2.2 SD 2: Violence against Adolescents

Strategic Objective 1: To promote positive social norms which address age and gender based discrimination and violence, including child marriage by engaging and influencing policy makers and key stakeholders;

Strategic Objective 2: To empower adolescents, especially adolescent girls by providing them with life skills to stand up for their rights, including their rights to fully and freely consent to marriage;

Strategic Objective 3: To strengthen health and social protection systems to provide services to meet the needs of the most vulnerable adolescents.

Key Strategy	Major Activities	Performance Indicators	Lead Ministry /Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Enable evidence based advocacy and communication at national and local level to raise awareness on the issue of age and gender based discrimination, child marriage and its consequences	Conduct research and surveys on child marriage and GBV including violence against adolescents	Number of research/ surveys conducted on violence against adolescence	Lead: MoHFW Associate: MoWCA, DPs, NGOs, UN organizations, POs	2018-2022	2023-2027	2028-2030	Policy makers, Actors of AH, Gatekeepers, Police, Journalists, Lawyers, Adolescents	Research and need based Survey: 4	Research, Survey report published and disseminated
	Organize advocacy workshops/ seminars/ roundtable discussion/news articles on child marriage and GBV	Number of advocacy workshops/ seminars/ roundtable discussion/ news articles organized/ published	Lead: MoHFW Associate: MoWCA, DPs, NGOs, UN organizations, POs	2018-2022	2023-2027	2028-2030	Policy makers, Actors of AH, Gatekeepers, Police, Journalists, Lawyers, Adolescents	Roundtable: 12 Newspaper Article: 48 (Qtr) Workshops/ Seminars	Report, published newspaper articles
	National campaign through community, electronic, social and print media to raise awareness on GBV and existing laws	Number of campaigns conducted on GBV, violence against adolescents and child marriage	Lead: MoHFW Associate: MoWCA, DPs, NGOs, UN organizations, POs	2018-2022	2023-2027	2028-2030	Policy makers and Actors on AH, Gatekeepers, Adolescents, Lawyers, Police	12 Campaigns	Reports

Key Strategy	Major Activities	Performance Indicators	Lead Ministry /Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Advocacy workshops /meetings at the national level to reform policies, laws	Number of workshops/ meetings conducted	Lead: MoHFW Associate: MoWCA, DPs, UN organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Polymakers, Adolescents	12 (yearly) Workshop Reports	
	Nari Nirjaton Protirodh Committee (NNPC) to combat GBV & CM	Committee available and meetings held	Lead: MoWCA Associate: MoHFW	2018-2022	2023-2027		Gatekeepers, NNPC, Local Government, Political Leaders, Marriage Registrars, Police, Teachers, Imams	One Committee TOR and Meeting Minutes	
	Inclusion of a chapter on protection of women from GBV and prevention of CM in textbooks	Number of Chapters in textbooks on GBV and CM	Lead: MoE (NCTB) Associate: MoHFW, DPs, UN organizations, NGOs, POs	2018-2022			Students & Teachers (Class V-XII)	Textbooks with a chapter on GBV & CM	
	Training of the adolescents on LSE through SHP, AH clubs and advocacy workshops	Number of Trainings/ workshops conducted on LSE	Lead: MoHFW Associate: MSPVAW of MoWCA, DPs, UN organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	All Adolescents	4500 Adolescent Clubs Training Report	
	Promote call center service (109) and link it to existing regulatory system	Number of calls received in 109; Number of cases resolved through family court	Lead: MoWCA Associate: MoLJPA, MoHA, DPs, NGOs, UN organizations, POs	2018-2022	2023-2027	2028-2030	All Adolescents	Target: Increase by 5 % in every year MIS Report	

Key Strategy	Major Activities	Performance Indicators	Lead Ministry /Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Build the capacity of the health and social protection sector to respond to age and gender based violence and CM prevention by providing effective and efficient services	Train managers, HCPs and FWs on protocol for the management of GBV survivors; prevent, treat and protect victims of GBV and CM	Number of HCP, FWA trained on counselling, treatment and referral	Lead: MoHFW Associate: MSPVAW of MoWCA, DPs, UN organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Women Affair Officers, Social Welfare Officers, Education Officers, OC, UP Chairman & Members, HCPs, Field Workers	Target: 20% of managers, HCPs and FW are trained	Training Report
Develop and implement evidence based programme to prevent and mitigate the consequences of age and gender based violence, including child marriage	Scale up of OCC to all upazilas	Number of OCC established and functioning in upazilas	Lead: MoWCA Associate: MoLJPA, MoHA, MoHFW	2018-2022	2023-2027		All Adolescents, Parents, Guardians	490 OCCs	Functional OCC in upazila; Project Report
	Rehabilitation and protection to the survivors of GBV and CM	Percentage of survivors rehabilitated and protected	Lead: MoWCA Associate: MoLJPA, MoHA, MoHFW	2018-2022	2023-2027	2028-2030	Survivors of GBV	100% survivors rehabilitated and protected	MIS of OCC and OCC
	Develop referral linkage between AFH centers and OCCs	Number of facilities referring to OCCs	Lead: MoHFW Associate: MoWCA, UN Organizations DPs, NGOs &POs	2018-2022	2023-2027	2028-2030	All Adolescents, Parents, Guardians	All AFH centers	MIS, HMIS, Report

Key Strategy	Major Activities	Performance Indicators	Lead Ministry /Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Orientation & awareness building of marriage registrars, religious leaders on CM and CM Restraint Act 2017	Number of marriage registrars and religious leaders oriented on CM	Lead: MoLJPA Associate: MoHFW, DPSs, NGOs, UN Organizations and POs;	2018-2022	2023-2027		Marriage Registrars	All Marriage Registrars	Report
	Conduct awareness building workshops on existing protective laws of government & its implementation	Number of workshops conducted	Lead: MoLJPA Associate: MoHFW, DPSs, NGOs, UN Organizations and POs	2018-2022	2023-2027	2028-2030	All Adolescents, Gatekeepers	300	Workshops, meetings conducted, billboards, posters etc. used for dissemination of Helpline
Create a robust system for data collection /analysis on age and gender based violence to be used to inform policy and programming	Inclusion of birth registration, GBV and child marriage related information to the MIS form/ electronic registers and develop an online reporting system of DGFP and DGHS	Percentage of districts sending report on GBV and CM	Lead: MoHFW Associate: MSPVAW of MoWCA	2018-2022			Policy makers & Actors on AH, UP Chairmen and Ward Commissioners	Baseline: 0 Target: 64 districts	MIS forms/ Electronic Register / Online Reporting system with data on CM and GBV in place

ADOLESCENT NUTRITION





2.3 SD 3: Adolescent Nutrition

Strategic Objective 1: To reduce under nutrition and anaemia among adolescent girls (pregnant and non-pregnant) and boys;

Strategic Objective 2: To reduce the risk of low birth weight babies, pregnancy related complications and nutritional risks among adolescent girls;

Strategic Objective 3: To reduce micronutrient deficiencies such as Calcium, Vitamin D and Iodine deficiency among pregnant adolescent girls;

Strategic Objective 4: To improve lifestyles and reduce the risks of overweight and obesity among all adolescents.

Key Strategy	Main Activities	Performance Indicators	Lead Ministry/ Agency	Time Frame			Target Group	Baseline and Target	MoV
				2018-2022	2023-2027	2028-2030			
Mainstream nutrition education and promotion hygiene education including hand-washing into the health care system, education system as well as other systems/platforms which reach out-of-school adolescents	Revise textbooks to include safe, nutritious, healthy and diversified, diets; hygiene and sanitation for formal and non-formal education, and teacher's training curriculum	Number of educational curriculums, training materials included nutrition issue Number of monthly nutrition education sessions performed in a school	Lead: MoE Associate: MoHFW, MoWCA, UN organizations, DPs, NGOs, POs	2018- 2020			Students of Class V- Class XI;	Baseline: limited curriculum Target: Inclusive curriculum	Textbooks with a chapter on nutrition and hygiene
	Mainstream nutrition services for adolescents in the health system (i.e. Adolescent Friendly Health Facilities)	Percentage of health facilities provided package of adolescent nutrition services	Lead: MoHFW Associate: MoWCA, MoLGRD, UN organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	Baseline: 0 Target: 80%	Report, Nutrition MIS
	Community-based intervention for out of school adolescents, including targeted programme such NE and supplements during home visit and through adolescent clubs	Number of adolescents received intervention during home visits and through adolescent clubs		Lead: MoHFW Associate: MoWCA, MoLGRD, UN organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents (married, unmarried, out-of-school)	Baseline: <5% Target: 80%

Key Strategy	Main Activities	Performance Indicators	Lead Ministry/ Agency	Time Frame			Target Group	Baseline and Target	MoV
				2018-2022	2023-2027	2028-2030			
Establish programmes that promote dietary diversification, dietary adequacy, fortified foods and nutrition security through community and school based interventions	Develop dietary guidelines and Counselling guidelines for adolescent nutrition programmes	Availability of national guidelines for adolescents	Lead: MoHFW Associate: MoE, MoWCA, MoLGRD, UN organizations, DPs, NGOs, POs	2019-2020			Adolescents and Gatekeepers	Baseline: 0 Target: Guidelines available and implemented	Guideline Documents
	Strengthen capacity of all relevant service providers	Number of service providers trained on nutrition	Lead: MoHFW (NNS, DGHs) Associate: MoE, UN organizations and DPs	2018-2022	2023-2027	2028-2030	Health Care Providers, Field Workers	Baseline: 0 Target: 80%	Training Report; HRM MIS
	Strengthen and scale up of food fortification	Types of fortified food available in the local market	Lead: MoI Associate: MoHFW, UN organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	All people including adolescents	Baseline: 0 Target: available	Market Survey Report
	Promote school feeding programme and integrated homestead food gardening	Percentage of schools with supplementary feeding programme	Lead: MoE Associate: MoHFW, MoSW, UN organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Students (I-X)	Baseline: small scale Target: 80% achieved in public school	Reports
	Supplement adolescent mothers with Calcium and Vitamin D	Percentage of pregnant adolescent girls received Calcium and Vitamin D	Lead: MoHFW, MoI Associate: DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Pregnant Adolescent Girls;	Baseline: NA Target: 60%	HMIS. Nutrition MIS

Key Strategy	Main Activities	Performance Indicators	Lead Ministry/ Agency	Time Frame			Target Group	Baseline and Target	MoV
				2018-2022	2023-2027	2028-2030			
	Promotion of adequate, diversified food and available fortified food (iodized salt & fortified oil) intake Training of the HCPs on effective nutrition counselling and services to adolescents	Percentage of adolescent girls consumed available fortified food (iodized salt & fortified oil)	Lead: MoHFW Associate: Mol, DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	Baseline: NA Target: 80%	National Survey (TBC)
Strengthen the capacity of service providers to deliver effective nutrition counselling and services to all adolescents, with a special focus on raising awareness on the consequences of child marriage and meeting the nutritional needs of pregnant adolescent girls	Organize training for HCPs on effective nutrition counselling and services Encourage to delay first pregnancy among newlywed adolescent girls by providing a gift pack containing OCP and condoms	Percentage of HCPs trained on effective nutrition counseling and services Percentage of newlywed adolescents received gift packs	Lead: MoHFW Associate: Mol, DPs, UN Organizations, NGOs, POs Lead: MoHFW (DGFP) Associate: DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Health Care Providers Newlywed Adolescents	Baseline: NA Target: 80% Baseline: NA Target: 100% newlywed adolescents	MIS, HMIS MIS
	Organize awareness campaign on consequence of child marriage and nutritional needs of pregnant adolescent girls	Number of awareness campaigns organized	Lead: MoHFW (NNS & DGFP) Associate: DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Married and unmarried Adolescents, Parents	Baseline: NA Target: 150 campaign	MIS, HMIS, Programme Report

Key Strategy	Main Activities	Performance Indicators	Lead Ministry/ Agency	Time Frame			Target Group	Baseline and Target	MoV
				2018-2022	2023-2027	2028-2030			
	Promote family planning information to unmarried adolescents and services to the married adolescent girls	Contraceptive prevalence rate (CPR) among adolescents girls (15-19 yrs)	Lead: MoHFW (DGFP) Associate: DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	Baseline: NA Target: 80%	MIS, HMIS, BDHS
	Strengthen nutrition counselling during ANC & PNC	Number of pregnant and lactating adolescent mothers received nutrition counselling during ANC & PNC	Lead: MoHFW Associate: DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Pregnant & Lactating Adolescent Girls	Baseline: NA Target: 80%	HMIS, Nutrition MIS
Provide and promote Micronutrient supplementation (i.e. IFA and MMS), consumption of fortified foods and deworming at health facilities, schools, and workplace	Deworming adolescents at health facilities, community, workplace, school	Number of Adolescents received anthelmintics	Lead: MoHFW Associate: DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	Baseline: <10% Target: 80%	HMIS, Nutrition MIS

Key Strategy	Main Activities	Performance Indicators	Lead Ministry/ Agency	Time Frame			Target Group	Baseline and Target	MoV
				2018-2022	2023-2027	2028-2030			
Conduct community based awareness campaigns on the importance of good nutrition, healthy foods and the consequences of malnutrition, anaemia, obesity on overall development growth of adolescents	Provision of health and nutrition education through schools and adolescent clubs to promote healthy foods and physical activities	Number of health and Nutrition Education sessions held on healthy foods and physical activities for adolescents	Lead: MoHFW Associate: DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents & Gatekeepers	Baseline: Not available Target: 100 per year	Reports, MIS, HMIS
	Introduction of screening programme for malnutrition and obesity at school and provide special nutrition counselling to overweight and underweight students	Percentage of adolescents screened by anthropometry and received special counseling	Lead: MoHFW Associate: DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	Baseline: 0 Target: 100%	Reports
	Healthy meals at schools (linked to activity 7)	Percentage of schools provided healthy meal to the students	Lead: MoE Associate: MoHFW, DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Students (I-X)	Baseline: not known Target: 100%	Reports

Key Strategy	Main Activities	Performance Indicators	Lead Ministry/ Agency	Time Frame			Target Group	Baseline and Target	MoV
				2018-2022	2023-2027	2028-2030			
Promote and improve access to sports and physical activity in the community, schools and at the workplace	Promote and integrate sports and physical activity at schools through Model School development	Physical exercise subject included in the school curriculum	Lead: MoE Associate: MoHFW MoYS	2018-2022			Adolescents and Teachers	Baseline: 0 Target: 1	EMIS
	Promote sports and physical activity at communities and workplace	Percentage of community based adolescent clubs and workplace have regular sport event	Lead: MoWCA Associate: MoHFW, MoE, MoLE, MoYS	2018-2022	2023-2027	2028-2030	Adolescents & Gatekeepers	Baseline: NA Target: 100%	Annual report, Monitoring report

MENTAL HEALTH OF ADOLESCENTS





2.4 SD 4: Mental Health of Adolescents

Strategic Objective 1: To integrate the mental health agenda within primary health care services and other relevant health and education services;

Strategic Objective 2: To promote mental health and prevent mental ill health by implementing a range of evidence based interventions and screening for common mental illnesses and suicidal behaviour as per the provisions of primary mental health care;

Strategic Objective 3: To create an enabling environment for mental health services including counselling and to develop the capacity to provide effective services at all levels of facilities.

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Enable evidence based advocacy for comprehensive programme development to promote mental health among adolescents and reduce stigma against mental ill health	Conduct situation analysis, needs assessments	Situation analysis and needs assessment reports	Lead: MoHFW Associate: NIMH, UN Organizations, DPs, NGOs, POs	2018-2019			Policy makers, Actor on AH	Baseline: 0 Target: 1	Report
	Conduct research, surveys on adolescent mental health	Number of research/ surveys conducted	Lead: MoHFW Associate: NIMH, UN Organizations, DPs, NGOs, POs	2018-2022		2028-2030	Policy makers, Actor on AH	Baseline: 0 Target: 2	Research/ Survey Reports
	Integration of Mental Health services (detection, counselling, treatment and referral) with PHC	Availability of Mental Health Services at the PHC level	Lead: MoHFW Associate: NIMH, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027		Adolescents and Gatekeepers		Continuous MIS report

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Develop skills among adolescents to deal with stress, manage conflict and develop healthy relationships	Organize sessions on Comprehensive Sexuality Education (CSE)/Life Skills Education (LSE) for adolescents through the SHP, AH clubs	Percentage of SHP and AH clubs organized sessions on CSE/LSE	Lead: MoHFW Associate: MoWCA, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	100%	MIS, Training Reports
	Orientation of parents and gatekeepers to strengthen moral and religious values of adolescents	Number of parents and gatekeepers orientated on this issue	Lead: MoHFW Associate: MoWCA, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Parents, Gatekeepers	15000	MIS, event Reports;
Develop the capacity of the health sector to address mental health issues as per the provisions of primary mental healthcare and to screen for anxiety, stress, depression and suicidal tendencies	Provide training on LSE	Number of training conducted	Lead: MoHFW Associate: MoWCA, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescent	4500 adolescent clubs	Report
	Inclusion of mental health issues of adolescents in pre and in-service education and training on mental health for all PHC workers	Percentage of Health Workers at PHC level received pre-and in-service training on MH	Lead: MoHFW Associate: DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Healthcare Workers	100% Health Workers	HRM MIS Report
	Develop standardized assessment tools for assessing mental health problems	Standard assessment tool developed	Lead: MoHFW Associate: NIMH, DPs, UN Organizations, NGOs, POs	2018-2022			Service Providers	1 tool	Assessment Report
	Identification and referral of mental health illness by FWs	Percentage of cases referred by FWs	Lead: MoHFW Associate: NIMH, DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	100% cases referred	MIS Report

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Promote school and facility level interventions which include counselling and management of mental health disorders through linkage with the national mental health programme	Deployment of a Psychiatrist and Clinical Psychologist at DH/UHC	Number of UHCs having a Psychiatrist and a Clinical Psychologist	Lead: MoHFW Associate: NIMH, DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027		Adolescents, Parents, Guardians and Teachers	Psychiatrist in all DH and Psychologist in all districts and Uzs	HRM MIS, Facility Survey Report
	Provision of a Counsellor at schools and colleges	Number of schools with a Counsellor	Lead: MoE Associate: MoHFW UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027		Adolescents	All schools and colleges	Survey Report
	Conduct awareness building meetings to reduce stigma against mental health problems	Number of meetings conducted	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents and Community People	4500 Unions, City Corporations and Municipalities	Meeting Report
	Establishment of referral linkage between school, adolescent clubs, communities and health facilities	Number of facilities with referral linkage	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents, Parents, Guardian, Community People	All AFH centers and UHC	Facility Survey Report
	Awareness building among adolescents and gatekeepers	Number of workshops, meetings conducted	Lead: MoHFW Associate: MoWCA, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents and Gatekeepers	1000 workshop	Report

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Create a robust system for data collection/analysis on mental health issues including substance use, to inform policy and programming	Promote 24 hours hotline for crisis intervention	Percentage of actions taken for suicide prevention, stress, abuse (domestic, physical and sexual) and conflict management	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	100%	MIS Report
	Orientation of parents on responsive parenting skills	Number of parents oriented on parenting skills	Lead: MoHFW Associate: MoSW, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Parents	15000 Parents	Orientation Report
	Inclusion of Mental Health related indicators in HMIS and evidence based planning	Number of facilities reporting on mental health; Number of plans developed	Lead: MoHFW Associate: MoWCA, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Policy makers and Actors on AH	100% Facilities	MIS in place;

SOCIAL BEHAVIOR CHANGE COMMUNICATION





2.5 CCI 1: Social Behavior Change Communication

Strategic Objective 1: To ensure political commitment and adequate resources to support SBCC interventions;

Strategic Objective 2: To promote social mobilization and ensure wider participation, coalition and ownership of issues which affect adolescents among community members;

Strategic Objective 3: To use SBCC interventions to bring about changes in knowledge, attitudes and practices among specific audiences.

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Development of messages and materials for communication and advocacy through sound research	Inclusion of SBCC in the agenda of the National Steering Committee for AH and organize meetings as per the schedule	Number of meetings held with SBCC agenda for AH	Lead: MoHFW Associate: DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Polymakers	Baseline: 0 Target: 10 meetings	Meeting Minutes of NSC for AH
	Conduct formative studies on message development and communication for AH	Number of studies conducted	Lead: MoHFW Associate: DPs, UN Organizations, NGOs, Academia & POs	2018-2022	2023-2027	2028-2030	Adolescents and Gatekeepers	Three studies	Study Report
	Develop an Adolescent Health SBCC strategy	Adolescent Health SBCC strategy in place	Lead: MoHFW Associate: UN Organizations, DPs, NGOs	2018-2022			Adolescents and Gatekeepers	1 AH SBCC strategy	Report
	Develop audience specific materials focusing on changing and improving Knowledge, attitude and Practice (KAP)	Number of materials developed	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, POs	2018-2020			Adolescents and Gatekeepers	Target: 5	List of SBCC Materials

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Organize dialogue at national and sub national level	Number of dialogues held	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, Academia	2018-2022	2023-2027	2028-2030	Ministry People, Divisional and District Administration, HCPs, Professional Group, Media, People	3 dialogues at national level, 7 dialogues at divisional level and 64 dialogues at district level	Dialogue Reports, Media News
	Design and conduct special SBCC materials for vulnerable adolescents and adolescents in challenging circumstances and adolescents involved in risk behaviours (drug users, commercial sex workers and gender diverse populations)	SBCC materials available at users level	Lead: MoHFW (IEM, BHE, ASP) Associate: MoWCA, Mol, MoSW, MoDM&R, MoLG&RD, GOs, POS	2018-2022	2023-2027	2028-2030	Adolescents and Gatekeepers		SBCC materials available at user level

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Utilize multimedia and ICT (including call centers) to reach adolescents, key community members, parents and guardians	Develop and implement of adolescent focused social activities (IPT show, Muppet show, Film show, Puppet show, Folk song etc)	Number of shows organized Number of audience received key messages from different multimedia activities	Lead: MoHFW Associate: UN Organizations, DPs, POs	2018-2022			Adolescents	200,000/ year	Reports, MIS
	Create a hotline number for adolescent service	Number of adolescents received services from the hotline	Lead: MoHFW Associate: UN Organizations, DPs, POs	2018-2022	2023-2027	2028-2030	Adolescents	50000 / year	MIS, HMIS
	Develop and broadcast TVC on adolescent issue	Number of TVC developed and aired	Lead: MoHFW Associate: UN Organizations, DPs, POs	2018-2022	2023-2027	2028-2030	Adolescents and Gatekeepers	24 radio programme	Reports
	Develop and air Radio programmes for adolescents	Number of programmes developed	Lead: MoHFW Associate: UN organizations, DPs, POs	2018-2022	2023-2027	2028-2030	Adolescents and Gatekeepers	24 radio programme	Reports
	Engage community radio network during emergency	Number of community radio network developed during emergency	Lead: MoDM&R Associate : Mol, MoHFW, MoWCA, DPs, NGOs, POs, UN Organizations	2018-2022	2023-2027	2028-2030	Adolescents and Gatekeepers	All emergencies respond covered	Reports

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Observance of National and International Days (e.g. National Youth Day, AIDS day, International Day of the Girl Child) related to AH	Number of days observed	Lead: MoHFW Associate: MoWCA, MoY&S, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents and Gatekeepers	3 days/year	Campaign Reports
	Develop National Mobile App on AH related issues	National App developed and downloaded by adolescents	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	2 Apps and 150000/Year downloaded	Apps store
	Update the national website for adolescents	Number of new content on AH included in the website	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, POs	2018-2020			Adolescents	5 contents/year	Website
	Organize national multimedia campaign for ending child marriage	Number of campaigns conducted	Lead: MoWCA Associate: MoHFW, DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents and Gatekeepers	1 per year	Reports

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Develop the capacity of respective institutions and systems to design, plan, implement and monitor SBCC interventions	Publish and distribute the Adolescent Health Newsletter among stakeholders	Number of stakeholders received the Newsletter	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	All Stakeholders	52 (quarterly)	Reports, MIS
	Develop SBCC training packages to be used for relevant institutions	Number of SBCC training packages developed	Lead: MoHFW Associate: UN Organizations, DPs, NGOs	2020-2022			Institutions, Stakeholders, Service Providers	2 (Designing & Planning, Supervision & Monitoring)	Training packages (modules)
	Roll out the training on SBCC for front line workers at different levels	Number of districts received training on SBCC	Lead: MoHFW Associate: UN Organizations, DPs, NGOs	2020-2022	2023-2027	2028-2030	Managers & SPs, FWs	64 districts	Training Reports
	Capacity enhancement of Adolescent Clubs and adolescent radio listeners clubs under MoWCA and Bangladesh Betar (Radio Bangladesh) respectively on interpersonal communication and community engagement	Number of adolescents received training on interpersonal communication and community engagement	Lead: MoWCA and MIO Associate: UN Organizations, DPs, NGOs, POs	2019-2022	2023-2027		Adolescents	200000	Training Reports

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Arrange workshop for School/ Madrasa teachers and management committee on prevention of early marriage, effective nutrition and menstrual management in hard to reach, low performing and vulnerable areas	Percentage of schools and madrasas organized workshop	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, POs	2019-2022	2023-2027		School and Madrasa teachers	100%	MIS, HMIS



HEALTH SYSTEMS STRENGTHENING

বা কেন্দ্র

দুবলে কৈশোরে
সুস্থজীবন তৈরি করতে



স্বাস্থ্যসচেতনতা বৃদ্ধি
ডিজিটাল সাক্ষরতা
কমিউনিটি সক্রিয়তা
স্বাস্থ্য সেবা গ্রহণের ক্ষমতা

2023

মাসিক স্বাস্থ্যবিক বিকল্প
লক্ষ্য-প্রা করা বো জন্ম



স্বাস্থ্য সেবা
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নিজেকে সুস্থ রাখি
যৌনরোগ থেকে মুক্ত থাকি



স্বাস্থ্য সেবা
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2.6 CCI 2: Health Systems Strengthening

HSS Building Blocks includes:

- Leadership and Governance (L&G)
- Health Care Financing (HCF)
- Health Information System (HIS)
- Health Workforce (HWF)
- Access to Essential Medicines (AtEM)
- Service Delivery (SD)

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
L&G 1. Capacity building of health personnel in strategic leadership positions to develop and manage services for adolescents	Develop strategic leadership and management guidelines and training package for HCPs at all level	Number of guidelines/training packages developed	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, POs, Academia	2018-2020			Polycymakers, Health Managers	Baseline: 1 Guideline and 1 training package	Reports
	Train health managers on strategic leadership and management guidelines	Number of Managers trained on strategic leadership and management guidelines	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, POs, Academia	2018-2022	2023-2027	2028-2030	Polycymakers, Health Managers	Baseline: 0 500 will be trained	Training Reports, HMIS

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
L&G 2. Strengthen partnerships with all relevant actors at the highest level – both government and non-government – to deliver effective services which meet adolescent health needs	Formation of Steering committee at ministry level, core committee at directorate level, adolescent management and coordination committee at divisional, district, upazila and union level and make the committees functional	(See SD1)	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, POs	2018-2022			Polycymakers, Health Managers	1 government order	Approval Letter, Meeting Minutes
	Develop training package For health and non-health leaders/managers from relevant ministries/ departments on adolescent health issues	Number of leaders/ non-health managers trained on adolescent health issues	Lead: MoHFW Associate: Mol, MoY&S, MoSW, MoWCA, MoRA, MoHA, MoLPA, MoLGRD, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Leaders/ Non-health Managers from relevant ministries/ departments	500 health and non-health leaders/managers	Reports
L&G 3. Provide leadership in mainstreaming adolescent SRH services at all levels of service provision according to the ESP	Inclusion of adolescent component in leadership training in all pre-service education and training and in-service training for the HCPs	Number of pre-service and in-service training curriculums include leadership with adolescent component	Lead: MoHFW Associate: Mol, MoY&S, MoSW, MoWCA, MoRA, MoHA, MoLPA, MoLGRD, UN Organizations, DPs, NGOs, POs	2018-2022			Polycymakers	2 curriculum	Pre-service and in-service training and education curriculum

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
HCF 1. Evidence based advocacy to increase budgetary allocation to provide SRH information and services at national, district and sub-district level to adolescents	Conduct advocacy meetings and workshops with policy makers, parliamentarians, private sector and DPs	Number of advocacy meetings/ workshops conducted	Lead: MoHFW Associate: MoF, MoP, DPs, UN Organizations, NGOs, POs	2020-2022	2023-2027	2028-2030	Policy makers, Development Partners, UN Organizations, POs, NGOs	10	Workshop/ Meeting Reports
HCF 2. Establish mechanisms to mobilize financial resources through effective partnerships with DPs and the private sector	Signing of Annual Work Plan, MoU and agreements with different stakeholders to mobilize financial resources	Amount of funds received from DPs in one FY	Lead: MoHFW Associate: DPs, NGOs, UN Agencies and POs	2018-2022	2023-2027	2028-2030	Policy makers, DPs, POs, Bureaucrats, MPs	4 new MoU signing with stakeholders	AWP, MoU, Agreement Documents
	Build close relationship with UP to mobilize fund for improvement of UH&FWCs, UHCs and MCWCs	Amount of money in BDT received from UP in one FY	Lead: MoHFW Associate: DPs, NGOs, POs, UN Organizations	2018-2022	2023-2027	2028-2030	Local MP, UP Chairman, Members	Mobilize some fund in each FY	Money Transfer Documents

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
HCF 3. Improve efficiency and accountability in resource allocation and utilization	Develop financial performance indicators in HMIS	Number of financial performance indicators included in HMIS	Lead: MoHFW Associate: DPs, NGOs, UN Organizations, POs, World Bank	2018-2022			Polycymakers, DPs, NGOs, UN organizations, POs	1 financial indicator per programme	HMIS, MIS
	Implementation of programme according to evidence based planning and budgeting	Number of programmes implemented according to DEPB	Lead: MoHFW Associate: DPs, NGOs, POs, UN Organizations, World Bank	2018-2022	2023-2027	2028-2030	Managers implementing AH programmes	64 District plans	Meeting/ Training Reports
	Training of the managers on financial management including audit	Number of managers trained on financial management	Lead: MoHFW Associate: DPs, NGOs, POs, UN Organizations, World Bank	2018-2022	2023-2027	2028-2030	Managers, accountant officers	556 persons will be trained	Training Reports
HWF1. Capacity building of health providers to be sensitive to the needs of all adolescents, including those who are unmarried, through pre-service, in-service and on-the-job training	Development of MIS for HR Management and for gap analysis	Availability of gap analysis report Availability of HR management report	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022			Health service providers	6 monthly gap analysis report	Report MIS for HR Management
	Training and mentoring of all HCPS (MOs, SACMOs, FWVs, Nurse, Midwives) on AH and rights related issues including special health needs by providing pre and in-service trainings	Number of training organized	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	HCPs	All HCPS will get the trainings by 2030	HRM MIS, Training Report

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Development of Course on Adolescent Health and incorporate it in post-graduation	Number of Courses developed	Lead: MoHFW Associate: UN Organizations, DPs, Academia (BSMMU, NIPSOM)	2018-2022	2023-2027	2028-2030	Public Health Personnel, Programme Managers and HCPs Working on AH	Baseline: 0 Target: 3	Course Module
<i>HWF 2.</i> Provide health service personnel with training on counselling for adolescents and capacitate them to adopt non-judgmental attitudes when working with adolescents	Deployment of human resource to provide adolescent health services based on need	Number of vacancies filled within each year	Lead: MoHFW Associate: UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Policy makers	Almost all service centers will have skilled providers	Reports
	Train HCPs on psycho-social counselling, family planning, gender diversity and value clarification issues	Number of HCPs trained on psycho-social counseling, gender diversity & value clarification	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	HCPs	1200 HCPs will be trained	HRM MIS, Reports
<i>HWF 3.</i> Strengthen quality assurance and monitoring mechanisms to ensure consistent quality in delivery of services	Develop monitoring and supportive supervision checklists and guidelines	Number of supervisory visits conducted using guidelines and checklists	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Service Providers, Health Managers	Baseline: 0 Target: 5	Evaluation Report, Supervisory Reports, MIS,
	Train health managers on performance evaluation and supportive supervision	Number of health managers trained on performance evaluation and supportive supervision	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2019-2022	2023-2027	2028-2030	Top and Mid-level Managers, Supervisors	2000 managers and supervisors will be trained	Training Reports

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Introduction of HR performance evaluation and supportive supervision system on AH services;	Number of providers evaluated and supervised	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Policymakers, Program Managers, HCPs	482 UH&FPO in Sub-district level	MIS, HMIS
HIS 1. Strengthen the Health Management Information System (HMIS) to collect age and gender disaggregated data on issues which pertain to adolescents	Include AH and FP indicators in relevant electronic registers and DHIS2	Percentage of facilities where electronic registers are being used	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022			Line Directors (MIS); Civil Surgeon UH&FPO	100% of DGHS & DGFP facilities	MIS, HMIS
	Introduce individual client registration by CHCP, HA, FWAs and from Community Clinics	Percentage of population being registered	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2020-2022	2023-2027	2028-2030	Adolescents	100%	MIS, HMIS
HIS 2. Engage in evidence based advocacy using the data from the HMIS to provide improved and more effective services to meet the health needs of adolescents	Conduct operation research to identify an effective model for adolescent health interventions	Number of Operation Research (OR) conducted	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Program Managers of different organizations	3 OR conducted	Reports
	Organize policy dialogue on effective model for adolescent health	Number of policy dialogue events held	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Policymakers, Managers	3 events	Policy Brief

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Disseminate evaluation/research findings among all stakeholders	Number of dissemination held	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Policy makers, Managers	3 dissemination Reports	
HIS 3. Ensure the effective use of the HMIS data to continuously improve the quality of care and service delivery	Analysis of HMIS data and regular reporting on adolescent health performance	Number of monitoring analysis reports produced	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Managers, HCPs	1 report per year Analysis Reports	
	Disseminate and sharing of HMIS data analysis and reports on AH	Number of dissemination meetings held	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Policy makers, Managers, HCPs	Annual dissemination Meeting Minutes, Reports	
ATEM 1. Ensure the availability of essential medicines, supplements, vaccines and technology at all health facilities at national, district and sub-district level	Procurement and supply of all essential drugs, vaccine (Tetanus Diphtheria-TD and Human Papilloma Virus-HPV) MSR, equipment as per standard of ESP service package	Availability of medicine, MSR and equipment within due date	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Managers, HCPs, FWs	100% MIS, HMIS, Logistic MIS Reports	
	Develop/ Strengthen Electronic logistic MIS (eLMIS) system to identify logistic gaps ahead of time	Availability of logistic related data from MIS	Lead: MoHFW Associate: UN organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Policy makers, Managers	1 MIS/ HMIS system with logistic data MIS, HMIS, Logistic MIS Reports	

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
<p>AiEM 2. Facilitate equitable access to all essential medicines and medical technology by putting in place systems to meet the needs of the most vulnerable adolescents</p>	<p>Training of HCPs on identify, prescribing and dispensing medicines and supplements specially for vulnerable adolescent</p> <p>Ensuring availability of fund to provide services for vulnerable adolescents</p>	<p>Number of HCPs trained</p>	<p>Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs</p>	2018-2022	2023-2027	2028-2030	HCPs	3000 HCPs will be trained	HRM MIS;
<p>AiEM 3. Establish linkages with institutions offering quality assurance of all medicines and commodities needed for adolescents</p>	<p>Random checking of efficacy of the drugs stored in different storehouses and pharmaceutical companies</p>	<p>Number of vulnerable adolescent received services</p> <p>Number of surveys conducted by the Directorate General & other institutes/ departments of DGDA</p>	<p>Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs</p> <p>Lead: DGDA, MoHFW Associate: UN Organizations DPs, NGOs, POs</p>	2018-2022	2023-2027	2028-2030	Vulnerable Adolescents	300000 Adolescents	Admin Report
				2018-2022	2023-2027	2028-2030	Storehouses	60 random checking/ year	Reports

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
SD1. Strengthen the service delivery mechanism to ensure the quality of care and comprehensiveness along with other essential dimensions	Employ additional HR for special hour to deliver AFHS, in addition to regular service hours	Number of HR recruited Number of facilities delivering AFHS services during special hours	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	All AFHS centers	MIS, HMIS
	Regular school/madrasa visits by the designated health workforce to raise awareness among school/madrasa, clubs for adolescents	Percentage of school/madrasa visits by designated health person	Lead: MoE Associate: MoHFW, UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	100%	Reports
SD 2. Establish minimum standards for delivery of services to be adhered to by the Government, NGOs and the private sector	Develop minimum standards for delivery of adolescent health services	Key performance Indicators adopted and approved	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Policy makers, Managers, HCPs;	1 standard developed	Official Letter, Tools
	Implement QI standards and use monitoring tools developed by the Health Economics Unit of MoHFW	Number of facilities assessed by using the developed tools and KPIs	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Policy makers, Managers, HCPs	Annual assessment of all facilities by QI teams	Service Statistics

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Inclusion of Non-Communicable disease (NCD) services in AFHS	Number of facilities provided NCD services within AFHS	Lead: MoHFW Associate: MOE UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	All AFHS center	Service Statistics DHIS2 Report
SD 3. Establish AFHS Accreditation for Government, NGOs and the private sector	Develop Accreditation system for adolescent-friendly health services	Number of facility accredited	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	AFHSs	Baseline : 0 Target 100	Accreditation Report, HMIS, DHIS2

VULNERABLE ADOLESCENTS AND ADOLESCENTS IN CHALLENGING CIRCUMSTANCES





শিশু ও শিশু সুরক্ষা কমিশন

বাল্য বিয়ে বন্ধে আমার মতো এগিয়ে আসুন আপনিও

বাল্য বিয়ে বন্ধে প্রয়োজন আপনাকেও।

আওয়াজ তুলুন। প্রতিবাদ করুন। রুখে দাঁড়ান।

কল করুন ১০৯ নম্বরে অথবা খবর দিন স্থানীয় প্রশাসনকে



Canada



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2.7 SI: Vulnerable Adolescents and Adolescents in Challenging Circumstances (VA AND ACC)

Following adolescents are considered as vulnerable adolescents and adolescents in challenging circumstances:

1. Physically and mentally challenged {Persons with disability: following the CRPD (Convention and Rights of the Person with Disability)}
2. Adolescents in street & engaged in risky works (street vendors, domestic workers, tempo helpers, work in tobacco factories, machine operators, garments workers, involved in drugs, gender diverse adolescents, commercial sex workers)
3. Adolescents in conflict situation, e.g. war, in Shelter Homes and Refugee Camps
4. Hard to reach adolescents

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Develop a system for data collection/analysis on vulnerable adolescents with a special focus on their health issues and needs, to inform policy and programming	Identify the VA & ACC and their needs by conducting surveys, research and consultations	Number of surveys, research and consultations conducted	Lead: MoHFW Associate: MoWCA, MoSW, MoLE, MoLGRD, DPs, NGOs, POs, UN Organizations	2019-2022			Vulnerable Adolescents and Adolescents in Challenging Circumstances (VA & ACC)	Baseline: 0 Target: 3	Survey, Research Reports
	Inclusion of VA & ACC into existing national surveys and health system; * Disability disaggregated data maintaining international standard, e.g. Washington group standard	National Surveys, MIS and HMIS with health related data of VA and ACC		Lead: MoHFW Associate: MoWCA, MoSW, MoLE, MoLGRD, DPs, NGOs, POs, UN Organizations	2019-2022			Polycymakers, Program Managers	Three surveys, established MIS and HMIS system
	Develop and update specific policy for addressing the health needs of VA and ACC	Policy paper of govt. for addressing needs of VA and ACC	Lead: MoHFW Associate: MoWCA, MoSW, MoLE, MoLGRD, DPs, NGOs, POs, UN Organizations	2018-2022	2023-2027		VA and ACC	One policy	National Policy for VA and ACC

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Strengthen the health service delivery mechanism to ensure the provision of specialized services, which meets quality standards and comprehensiveness, to meet the needs of all vulnerable adolescents	Develop training module on rights, needs and care of the VA and ACC	Module developed for VA and ACC	Lead: MoHFW Associate: MoWCA, MoSW, MoLE, MoLGRD, DPs, NGOs, POs, UN Organizations	2018-2022	2023-2027	2028-2030	VA and ACC	One module	Training Module
	Train HCPs, FWs, field staff (Adolescent Clubs of MoWCA) on rights, needs and care of the VA and ACC	Number of HCPs, FWs trained on rights, needs and care of VA and ACC	Lead: MoHFW Associate: MoWCA, MoSW, MoLE, MoLGRD, DPs, NGOs, POs, UN Organizations	2018-2022	2023-2027	2028-2030	HCPs, FWs, Field staff of Adolescent Clubs	3000 participants of HCPs and FWs 4000 Field staff of adolescent club (MoWCA)	Training Reports
	Make available mobile clinics/boat clinics with easy accessibility and comprehensive services	Number of clinics/boat clinics	Lead: MoHFW Associate: UN Organizations DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	VA and ACC	100 mobile clinics/boat clinics	Report and User Guideline
	Develop community outreach through peer educator for adolescents living in the street, involved in drugs and commercial sex worker involving CSOs and NGOs	Percentage of community outreach developed through peer educator	Lead: AIDS/STD programme Associate: MoHFW, MoLGRD, UN Organizations, DPs, CSOs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents living in streets, involved in drugs and commercial sex	100%	HMIS, MIS, Project Reports

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
Identify specific interventions, under each of the Strategic Directions and Cross Cutting Issues mentioned above, which should be implemented for vulnerable adolescents	Inclusion of ASRH issues in the National Plan on Disaster Management	Inclusion of ASRH in National Plan on Disaster Management	Lead: MoDMR Associate: MoHFW, UN Organizations, DPs, NGOs, POs	2018-2022			Policymakers	One plan on Disaster Management	National Plan on Disaster Management
	Make available the Minimum Initial Service Package (MISP) to the shelter or refugee camps during flood, cyclone, humanitarian emergency	Number of adolescents receiving MISP	Lead: MoDMR Associate: MoHFW, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	All emergency respond covered	MIS, HMIS
	Develop targeted intervention package for VA and ACC	Number of training packages developed	Lead: MoHFW Associate: MoDMR, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Adolescents	Baseline: 0 Target: 5	MIS, HMIS
	Capacity building training for caregivers of VA and ACC on GBV, Nutrition, ASRH	Number of training organized for caregivers/ gatekeepers	Lead: MoHFW Associate: MoWCA, MoSW DPs, NGOs, UN Organizations, POs	2018-2022	2023-2027	2028-2030	Caregivers/ Gatekeepers	200 Workshop	Report, MIS, HMIS
Establish linkages and develop a network among all development actors, who work with vulnerable adolescents to meet their varied and specialized needs	Organize coordination meetings to involve different stakeholders to assess the progress and to enhance coordinated efforts	Number of coordination meetings held	Lead: MoHFW Associate: MoWCA, MoSW, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Partner organizations who work with VA and ACC	12 Coordination meetings	Meeting Minutes, Report, MIS, HMIS

Key Strategy	Major Activities	Performance Indicators	Lead Ministry / Agency	Time Frame			Target Group	Target	MoV
				2018-2022	2023-2027	2028-2030			
	Inclusion of specific agenda addressing VA and ACC in the existing coordination meeting of all level of health and family planning committees	Number of meetings held with agenda on VA and ACC	Lead: MoHFW Associate: MoWCA, MoSW, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Polycymakers, Health Managers and Service Providers, NGO partners	24 Meetings	Meeting Minutes, Reports
	Create a network among NGOs with VA and ACC members to help each other and to establish their rights	Percentage of support groups functional	Lead: MoHFW Associate: MoWCA, MoSW, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	VA and ACC	100%	Meeting Minutes and Reports
Support interventions which assist VA and bring them into the mainstream and provide them with their basic rights such as right to education, health, social welfare and decent employment when they are of age	Organize meetings by inter-ministerial body to protect the rights and needs of the VA and ACC	Number of meetings organized	Lead: MoSW Associate: MoHFW, MoWCA, UN Organizations, DPs, NGOs, POs	2018-2022	2023-2027	2028-2030	Polycymakers, Health Managers, VA and ACC	10 meetings	Approved TOR of the committee and Meeting Minutes
	Strengthen the existing National ASRH Networking Forum and hold meetings regularly including agenda of VA and ACC	Number of meetings held including VA and ACC agenda	Lead: MoHFW Associate: MoWCA, MoSW, DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	Networking forum members	10 meetings	Meeting Minutes and Reports
	All healthcare facilities, educational institutions and employers should have guideline on protection from discrimination at health facilities and educational institution for VA and ACC	Guideline on VA & ACC in place and functional in the healthcare facilities, educational institutions	Lead: MoHFW Associate: MoSW, MoE, MoI, DPs, UN Organizations, NGOs, POs	2018-2022	2023-2027	2028-2030	VA and ACC	Baseline: 0 Target: 2	Report, Survey, Annual Report

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सम्मानित प्रथम श्रेणी विजेता

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ANNEXURE



ANNEX:1

Member of the Core Committee

(Not according to seniority)

Sl. No.	Name	Designation & Organization	
1	Quazi A.K.M. Mohiul Islam	Director General, DGFP	Chairperson
2	Dr. Mohammed Sharif	Director (MCH Services) & Line Director (MCRAH), DGFP	Co-Chairperson
3	Dr. Sultan Md. Shamsuzzaman	Line Director (MNC & AH), DGHS	Co-Chairperson
4	Dr. A.E.Md. Muhiuddin Osmani	Joint Chief, Health Services Division MoHFW	Member
5	Mr. Abdus Salam Khan	Deputy Chief (Planning) Medical Education & Family Welfare Division MoHFW and Line Director (Additional) Nursing and Midwifery Education & Services (NMES), OP, DGNM	Member
6	Dr. Moinuddin Ahmed	Line Director (CCSDP), DGFP	Member
7	Pranab Kumar Neogi	Director (Finance) & Line Director (FSDP), DGFP	Member
8	Line Director NCD	Line Director (NCD), DGHS	Member
9	Dr. A B M Muzaharul Islam	Line Director (NNS), DGHS	Member
10	Dr. Md. Anisur Rahman	Line Director (NASP), DGHS	Member
11	Dr. Mohammad Yousuf	Former Program Manager (Adolescent and School Health Program), DGHS	Member
12	Dr. Md. Aman Ullah	Program Manager Adolescent and School Health, MNCAH, DGHS	
13	Brig Gen Md Zakir Hassan	Chief Health Officer, Dhaka North City Corporation	Member
14	Dr. Md. Ziaul Matin	Health Manager, MNCAH, UNICEF	Member
15	Dr. Abu Sadat Mohammad Sayem	Health Specialist Maternal & Adolescent Health & HSS, UNICEF	Member
16	Dr. Farhana Shams Shumi	Health Officer, Adolescent Health, UNICEF	Member
17	Mayang Sari	Nutrition Specialist, UNICEF	Member
18	Eshani Ruwanpura	Program Specialist, UNFPA	Member
19	Dr. Muhammad Munir Hussain	Programme Analyst Adolescent and Youth, UNFPA	Member
20	Mushfiqua Zaman Satiar	Senior Policy Adviser, SRHR and Gender Embassy of the Kingdom of the Netherlands	Member
21	Ubaidur Rob	Country Director, Population Council	Member
22	Prof. Laila Arjumand Banu	President, OGSB	Member
23	Dr. Mahbuba Khan	National Professional Officer, WHO	Member
24	Dr. Ikhtiar Uddin Khondaker	Head of Health Program, Plan International Bangladesh	Member
25	Dr. Rudaba Khondker	Country Director, GAIN	Member
26	Noor Mohammad	Executive Director, PSTC	Member
27	Dr. Shimul Koli Hossain	Former Program Manager, DGFP	Member
28	Dr. Md. Jaynal Haque	Program Manager (A&RH) MCH-Services Unit, DGFP	Member Secretary

Member of Technical Committees:

SD 1: Adolescent Sexual and Reproductive Health

Sl. No.	Name	Designation & Organization	
1	Prof. Laila Arjumand Banu	President, OGSB	Team leader
2	Mohammed Jahangir Hossain	Director, Planning and Development, DSHE, MOE	
3	Dr. Israt Jahan	Superintendent, MCHTI	
4	Dr. Afroza Begum	Professor, NIPSOM	
5	Dr. Fahmida Sultana	DD (MCH), DGFP	
6	Parvez Akhter	Specialist, National Curriculum & Textbook Board (NCTB)	
7	Md. Abdul Mumin Musabbir	Specialist (Curriculum), National Curriculum & Textbook Board (NCTB)	
8	Dil Afroz Bint-E-Asir	Assistant Director (Plan. & Dev.), DSHE	
9	Dr. Abu Sayed HASAN	Programme Specialist, SRH, UNFPA	
10	Dr. Quamrun Nahar	Senior Director, ICDDR,B	
12	Israt Jahan Baki	Advisor, SRHR, Plan Intl. Bangladesh	
13	Dr. Ana Islam	Project Manager, SRAH, Plan Intl. Bangladesh	
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15	Sabrina Sharmin	Senior Research Officer, BSMMU	
16	Dr. Jebun Nessa Rahman	Sr. Technical Advisor, JHPIEGO	
17	Dr. Mahfuza Mousumi	Program Manager, JHPIEGO	
18	Khabir Ahmed	PMEL Officer, SIMAVI	
19	Khaleda Yasmin	Team Leader, NIRAPOD	
20	Nila Akter Eitty	Adolescent, Dhaka North City Corporation	

SD 2: Violence against Adolescents

Sl. No.	Name	Designation & Organization	
1	Dr. Abul Hossain	Project Director, MSPVAW, MoWCA	Team leader
2	Prof. Firoza Begum	Secretary General, OGSB	
3	Dr. ABM Shamsuddin Ahmed	PM, MCH-S Unit, DGFP	
4	Lubna Yeasmin	Advocate, Supreme Court	
5	Humaira Farhanaz	National Program Officer, Gender, Adolescent & Youth, UNFPA	
6	Dr. Nahid Ahmed Chowdhury	Health Advisor, Concern Worldwide	
7	Dr. Halida Hanum Akhter	Former Chief of Party, USAID-DFID	
8	Tania Nusrat Zaman	Head of Child Rights & Protection, Plan International Bangladesh	
9	Sadia Ritu	Training Manager, Terre Des Hommes	

Sl. No.	Name	Designation & Organization	
10	Halima Begum	Program Officer, MSPVAW	
11	Dr. Ayesha Afroz Chowdhury	Deputy Program Manager, Gender and NGO-Stakeholder Participation Unit (GNSPU)	
12	Kaniz Gofrani Quraishy	Component Manager, Gender & Governance, PSTC	
13	Sonia Sardar	Programme Officer, UNICEF	
14	Ismat Jahan	Clinical Psychologist, MoWCA	
15	Kanica Fardosh	Program Manager, Adolescent Development, Save the Children	
16	Dr. Noor Mohammad	Executive Director, PSTC	
17	Dr. Anadil Alam	Assistant Scientist, ICDDR,B	
18	Rafiqul Islam	Adolescent, BAPSA	

SD 3: Adolescent Nutrition

Sl. No.	Name	Designation & Organization	
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2	Mayang Sari	Nutrition Specialist, UNICEF	
3	Ireen Akhter Chowdhury	Nutrition Officer, UNICEF	
4	Dr. Rudaba Khondoker	Country Director, Global Alliance for Improved Nutrition	
5	Dr. Moniruzzaman Siddiqui	Director, MFSTC	
6	Dr. Mahmuda Ali	Dhaka North City Corporation	
7	Dr. Musharrat Jahan	Nutrition Coordinator	
8	Dr. Sadia Ahmed	Medical Officer, MCH Services Unit, DGFP	
9	Dr. Fatima Newaz	DPM, NNS	
10	Dr. Sabiha Sultana	Technical Specialist, GAIN	
11	Faria Shabnam	National Professional Officer (Nutrition)	
12	Khadija Akter Mim	Adolescent, BAPSA	

SD 4: Mental Health of Adolescent

Sl. No.	Name	Designation & Organization	
1	Dr. Helal Uddin Ahmed	Associate Professor of Child Adolescent and Family Psychiatry, NIMH	Team leader
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4	Dr. Farhana Shams Shumi	Health Officer, Adolescent Health, UNICEF	
5	Shakila Yasmin	IED, BRAC University	
6	Sharmin Mizan	Bangladesh Legal Aid and Services Trust (BLAST)	
7	Mohammad Alomgir Hossain	Project Director, Caritas	

CC 1: Social and Behavior Change Communication

Sl. No.	Name	Designation & Organization	
1	Dr. Sultan Md. Shamsuzzaman	Director, MNCAH, DGHS	Team Leader
2	Ms. Zakia Akhter	DD, IEM, DGFP	
3	Neha Kapil	Chief of Communication for Development, UNICEF	
4	Mohammad Alomgir Husain	Project Director, INCA, USAID	
5	Sheikh Masudur Rahman	Communication for Development Specialist, UNICEF	
6	Md. Mohiuddin Miah	Training & Field Officer & DPM, BHE, DGHS	
7	Tania Sultana	Communication for Development Specialist, UNICEF	
8	Khondker Mahbubur Rahman	DPM, IEM, DGFP	
9	Md. Motiur Rahman	AD(Cord), DGFP	

CC 2: Health System Strengthening

Sl. No.	Name	Designation & Organization	
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2	Dr. Md. Jaynal Haque	Program Manager (A&RH), DGFP	
3	Dr. Mohammad Yousuf	Deputy Director & Program Manager (A &SH), DGHS	
4	Dr. Ziaul Matin	Health Manager (MNCAH), UNICEF	
5	Dr. Abu Sadat Mohammad Sayem	Health Specialist, Maternal & Adolescent Health & HSS, UNICEF	
6	Dr. Muhammad Munir Hussain	Programme Analyst, Adolescent and Youth, UNFPA	

Sl. No.	Name	Designation & Organization	
7	Dr. Ikhtiar Uddin Khandaker	Head of health program, Plan International Bangladesh	
8	Dr. Khaleda Islam	Director, PHC, DGHS	
9	Afsana Karim	Program Director, Strengthening National Midwifery program, Save the Children	
10	Shalina Akther	Deputy Director, MIS, DGFP	
11	Dr. Anwara Shareef	Deputy Chief (Medical), DPM (HIS & e-Health) MIS, DGHS	
12	Dr. Shimul Koli Hossain	Former PM (A&RH), MCH Unit, DGFP	
13	Dr. Fariha Haseen	Associate Professor, DPPI, BSMMU	
14	Dr. Shahana Nazneen	Consultant, UNICEF	
15	Maya Vandent	Chief of Health, UNICEF	

Vulnerable Adolescents and Adolescents in Challenging Circumstances

Sl. No.	Name	Designation & Organization	
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5	Dr. Fatema Shabnam	Program Manager, Pathfinder International	
6	Shikha Khatun	Advocacy Officer, Turning Point Foundation	
7	Iqbal Ehsan	Assistant Program Officer, Population Council	
8	Md. Akhteruzzaman	Senior Manager, AIDS/STD Program	
9	Dr. Most. Hosne Ara Khatun	Deputy Program Manager (MGT), ASID/STD Program, DGHS	
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11	Abu Hanif Muhammad Forhad	Advocacy & Networking Coordinator, Turning Point Bangladesh	
12	Imrul Hasan Khan	Director, Programmes and Operation, RedOrange Media and Communications	
13	Fosiul Ahsan	Project Director, Bandhu Social Welfare Society	
14	A.K.M Mahbulul Islam	Manager (Program), Bandhu Social Welfare Society	
15	Dr. Rabeya Khatun	Former Consultant, WHO	
16	Nilufa Akter	Adolescent, Dhaka North City Corporation	

ANNEX:2

Adolescent Health Intervention of Different Organization

Sl. No	Name of Intervention	Funding Agency	Duration	Areas of Implementation	Associate Organization/ Ministry if any	Target Group	Key Focus in Intervention
01	Plan International Bangladesh's Generation Breakthrough Project that support Gender equality through Gender Equity Movement in Schools (GEMS)	Embassy of the Kingdom of the Netherlands through UNFPA	2013- 2019	Dhaka City Corporation, Barishal City Corporation, Burguna, Patuakhali	MoE, MoWCA, Plan International Concerned women for family development (CWFD), BBC Media Action	Adolescents (10-19 years)	<ul style="list-style-type: none"> GEMS and ASRHR session (Edutainment) in educational institute SRHR information through self-learning interactive games Sport based intervention Helpline to provide SRHR and GBV counselling and referrals Quiz competition Life skills education Street drama & Radio Programs Teachers training
02	School based adolescent nutrition Program	MoE and UNICEF			DSHE, UNICEF and Shorno Kishoree Network Foundation (SKNF)	Adolescents (10-19 years)	<ul style="list-style-type: none"> Orientation on adolescent nutrition for students, teachers and SMC members Training of SKNF club members on nutrition Orientation of teachers and SMC members on Nutrition with roles and responsibilities Entertainment Cooking show for adolescent
03	Coordination between Institute of Public Health Nutrition and Directorate of Secondary and Higher Education				UNICEF	Adolescents (10-19 years)	<ul style="list-style-type: none"> Coordination meeting for school based nutrition program School based adolescent nutrition programming Orientation on adolescent nutrition programming for Health Managers and Officers, Education Officials at different levels

Sl. No	Name of Intervention	Funding Agency	Duration	Areas of Implementation	Associate Organization/ Ministry if any	Target Group	Key Focus in Intervention
04	ADOHEARTS Adolescent Health & Rights enhancement through innovation and system strengthening	Embassy of the Kingdom of the Netherlands through UNICEF	2016-2020	National level, Jamalpur, Khulna, Tangail, Gazipur,	MoHFW, MoE, MoWCA, MoLGRD, BSMMU, OGSB, NIPSOM and EKN partners	Adolescents (10-19 years)	<ul style="list-style-type: none"> Health Systems Strengthening for AH Multi-sectoral collaboration and Partnership with Government, EKN partners and others. Implementation research conducive environment and cost effective service delivery models for adolescent health service Strategic support in multi-level C4D/ SBCC strategies, GFF proposal, AH costed action plan, e-learning platforms and innovations Development of Adolescent Health MIS for evidence-based planning Establish Accreditation system for AFHS Developed Short Course on Adolescent Health by BSMMU
05	GAIN on "Nourishing Dreams" focusing on Adolescent Nutrition	GAIN Part: Ministry of Foreign Affairs (MFA), Kingdom of the Netherlands	May 2017- December 2019	SKNF leaders from all over Bangladesh	SKNF and GAIN on Nourishing Dream. For Ichchai Shokti, SKNF, GAIN, UNICEF, Ministry of Education, Ministry of Health and Family Welfare, Ministry of Women and Children Affairs	SKNF Adolescents from Clubs: Girls and Boys in schools and adolescent clubs including community-based interventions	<ul style="list-style-type: none"> "Nourishing Dreams" is aiming to improve the quality of adolescent diets through alliance building and strengthening enabling environment for adolescent nutrition. Knowledge and consolidate existing evidence on adolescent nutrition Improve dietary quality for adolescents Design and implement feasible, impactful and sustainable program model GAIN and UNICEF are jointly leading the Nutrition Working group of the School Based Adolescent Health Program (SBAHP of World Bank) WHO and GAIN Organized and facilitated global expert consultation meetings to ensure adolescents' active participation

Sl. No	Name of Intervention	Funding Agency	Duration	Areas of Implementation	Associate Organization/ Ministry if any	Target Group	Key Focus in Intervention
06	UNFPA-UNICEF Global programme to Accelerate Action to End Child Marriage	Canada, Embassy of the Kingdom of the Netherlands, DFID, EU	2016 - 2019	GPECM Programme: Barguna, Barishal, Bhola, Patuakhali, Rangamati, Bandarban, Cox's Bazar, Jamalpur, Kishoreganj, Netrokona, Sherpur, Tangail, Bagerhat, Khulna, Satkhira, Nilphamari, Rangpur, Bogura, Nawabganj, Habiganj, Sunamganj, Sylhet, Dhaka CC	MoWCA, MoHFW, UNFPA, UNICEF, Islamic Foundation and other national Stakeholders, Local CSOs and District Administrations in the Programme Districts	Adolescent Girls & Boys Community, Parents (Community engagement Interventions Dialogue with both Father & Mother)	<p>Key Strategies and Intervention:</p> <ul style="list-style-type: none"> Adolescents' Empowerment: Managing risk and challenges, acting as agents of change Mobilization of parents and community: Creating demand for child rights and replacement of harmful social norms with positive norms Scaling up quality and cost effective services to meet the needs of adolescent girls Support positive law and policy reform, enforcement and monitoring Promotion, generation and use of robust data and evidence to inform programme design, track progress and document lessons. <p>Key Interventions:</p> <ul style="list-style-type: none"> Life skills-based education Gender responsive Adolescent Friendly Health and Nutrition Services Leadership and mobilization of out of school adolescents Preventing sexual harassment Work as agents of change in ending child marriage. Establish sani-marts at community levels for MHM Targeted Stipend Programme Child Help Line and SMS technology/ rapid-pro Vocational training Timely birth registration to prove marriageable age Nutrition interventions Government body (UP) to develop online link on birth certificate between UP and marriage register to verify date of birth Support periodic MICS & monitoring indicators on child marriage in the Sample Vital Registration System (SVRS). National Multi-Media Campaign on Ending Child Marriage (ECM) Five PSAs developed on End Child Marriage

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07	UNICEF's HIV Programme works among the adolescent key population			Dhaka, Khulna, Sylhet and Chattogram	APON, BSWS, YPSA, JJS, Save the Children, AIDS/STD Programme, DGHS	Adolescent/ youth MSM, transgender, girls involved in commercial sex, girls living in street and involved in drug use	<ul style="list-style-type: none"> Under national MARA Strategy; the package of services includes; awareness raising, life skill training, STI and TB management, HIV testing and referral to ART, group formation and vocational training
08	Shishuder Jonno Program Adolescent Development Program			Interventions both in rural level i.e. Meherpur District and in urban level i.e. Rayerbazar	Save the Children	Adolescents age between 10 to 19 years old	<ul style="list-style-type: none"> Adolescent friendly health services Community and School based peer education on Life skill and ASHR and Gender norms Promotion of e-ASRH at ICT Menstruation Hygiene Management (MHM) Awareness raising on child marriage Counselling for vulnerable adolescents in urban area ASRH mainstreamed in the curriculum of secondary school.
09	Unite for Body Rights (UBR)	Embassy of the Kingdom of Netherlands	2011-2015 (Phase 1) 2016-2019 (Phase 2)	Rural and urban areas of 12 sub-districts under 12 districts	Simavi, Rutgers, FPAB, PSTC, DSK, RHSTEP, BAPSA, BNPS, Naripokkho, BRAC IED, Bandhu	Youth & Adolescents	<ul style="list-style-type: none"> Comprehensive Sexuality Education in schools and community Developed a Youth and Adolescent Friendly model of Sexual and Reproductive Health Services Enabling environment for SRHR of Adolescent and Youth
10	SANGJOG	Embassy of the Kingdom of Netherlands	2016-2018	Dhaka, Gazipur, Jashore, Kusthia, Dinajpur, Chattogram and Cox's Bazar	PSTC (Lead agency) and Population Council	Vulnerable Young Key People of 7 project districts, Rohingya population added after Rohingya influx in 2017	<ul style="list-style-type: none"> Awareness and improve health seeking behavior of vulnerable young people (VYKP) on SRHR & HIV services. Establish functional referral linkages Capacity Building on SRHR and HIV services Serving Rohingya population through established two (2) health camps

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11	Hello I Am (HIA)	IKEA foundation through Rutgers	2017 –2020	Gazipur Sadar and Chattogram City Corporation (PSTC); Durgapur and Moddhonagar Upazilas (DSK); Savar and Mymensingh Sadar Upazila (RHSTEP)	PSTC (Lead agency), DSK & RHSTEP	Young people and their parents, community members, religious and community leaders	<ul style="list-style-type: none"> • Edutainment: National TV and radio programmes on ending child marriage. • Local advocacy promoting change in social norms
12	Plan International Bangladesh's Creating an enabling environment for young people Project to claim and access their sexual and reproductive health rights in Bangladesh (EC-SRHR)	European Commission & SIDA	2015-2019	Sadar and Amtoli in Barguna, Itna in Kishoreganj, Panchori in Khagrachari	MoHFW: DGFP & DGHS MoE: National Curriculum and Textbook Board MoSW, MoWCA, MoY&S Others: South Asia Partnership (SAP) Bangladesh, Marie Stopes Bangladesh (MSB), Young People in Social Action (YPSA)	Young people aged 10-24 years	<ul style="list-style-type: none"> • Comprehensive sexuality education • Creating safe spaces and engaging young people through youth clubs • Strengthening adolescent friendly health services • Community Scorecard for AFHS • Satellite health services • Teachers' training manual on SRHR & Training of teachers • Positive parenting sessions • Community sensitization • Develop Technical Advisory Group (TAG) to work on SRHR • Develop IEC materials on SRHR
13	Plan International Bangladesh's Adolescent Sexual and Reproductive Health Rights Project in Disaster prone areas of Bangladesh	SIDA	2015-2019	Patharghata in Barguna District	MoE (National Curriculum and Textbook Board and BMEB), Marie Stopes Bangladesh (MSB)	Adolescents aged 10-19 years	<ul style="list-style-type: none"> • Reactivation and capacity development of Network for Ensuring Adolescents Reproductive Rights and Services (NEARS) • Training teachers and developing teaching aid • Training service providers to deliver AFHS • Quality monitoring and Supportive supervision

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14	Plan International Bangladesh's Advancing Adolescent Health (A2H) Project	USAID	2016-2019	8 Upazilas of Rangpur District and Rangpur City Corporation	Directorate General of Family Planning, Community Based Health Care (CBHC) of Directorate General of Health Services, Eco-Social Development Organization (ESDO), World Mission Prayer League (LAMB Hospital)	Adolescents aged 10-19 years	<ul style="list-style-type: none"> Life skills and SRHR education Strengthening AFHS at Community Clinic Capacity Build on ASRH Community Scorecard Orientation sessions with newly married adolescent girls and their husbands on delayed pregnancy and access to contraceptive Training on Family planning for married adolescent girls Livelihood skills training
15	Plan International Bangladesh's Joint Action for Nutrition Outcome (JANO) Project	European Union Through CARE Austria	2018-2022	Nilphamari, Rangpur	National Curriculum and Textbook Board, ESDO		<ul style="list-style-type: none"> Train teachers on gender and health including SRHR, hygiene and nutrition Support gardening in 330 school for growing nutritious crops through climate-smart-agriculture techniques
16	Plan International Bangladesh's Aparajeeta Project	Global Affairs Canada	2018-2022	Bhola, Jhalokathi	Governance Innovation Unit, Prime Minister's Office and Other partners	Adolescents aged 10-19 years	<ul style="list-style-type: none"> Gender, life skills, ASRHR, CP and DRR education for out-of-school adolescent girls and boys and in secondary schools/madrasas and adolescent corners Training of student cabinet members and peer leaders on child marriage Sports, games and events with messaging on girl's rights and early marriage Training of SMC members and teachers on supportive and girl-friendly environment to reduce forced marriage Vocational trainings Strengthen child protection system

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17	Nirapod-2 Empowering women on SRHR and choice of Safe Menstrual Regulation (MR) and Family Planning (FP)	Embassy of the Kingdom of Netherlands	2015- 2019	Barguna, Patuakhali, Khulna, Narail, Noakhali, Laxmipur and 48 Garment Factories	MSB, BAPSA, Shushilan and Phulki	Adolescents in school and communities besides men & women of reproductive age	<ul style="list-style-type: none"> Training on MR, MRM, Right Based Approach (RBA), Infection Prevention (IP) etc to the GOB Service Provider Participatory Facility need assessment, Improvement and Renovation Ensure supply of Family Planning method and sanitary napkins Establishment of sustainable referral linkages for MR/ MRM and FP Factory Information Centre (FIC) and Community Information Centre (CIC)
18	IMAGE Health for early married girls	Embassy of the Kingdom of Netherlands	2014-2016	Gaibandha, Kurigram and Nilhpamari	TdH NL, RedOrange, SSK, Pollisri, and TdH Lausanne	4,000 early married girls and their families	<ul style="list-style-type: none"> Formation and facilitation of Community level Family Clubs, Spouse Clubs Training, counseling and awareness building of early married girls, their spouses and in laws Facilitate local and national level Civil Society for campaigning & social mobilization
19	RITU Promoting Menstrual Hygiene Management in Bangladesh	Embassy of the Kingdom of Netherlands	2015-2019	8 upazilas of Netrokona: Atpara, Sadar, Kendua, Madan, Purbodhola, Mohonganj, Kolmakanda, Khaliajuri	SIMAVI, RedOrange, TNO, BNPS and DORP, Square Toiletries Ltd.	Adolescents aged 10-13 years	<ul style="list-style-type: none"> Develop and implement the teachers training manual on MHM in collaboration with NCTB Develop MHM training toolkit and facilitation training of Teachers & peer educators Coordinate advocacy by civil society actors to increase public action towards MHM Develop and implement the MHM school kit for girls in grade 6-8 Implement parents training on MHM Budget tracking from LGRD to realize MHM friendly toilets at schools and at community Training and coach school student forum to involve them in lobby/advocacy with UP/Upazila Parishad etc in order to ensure that budget is allocated to realize MHM friendly toilets in schools Develop biodegradable sanitary pad and marketing it with Square toiletries Ltd.

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20	WFW Inclusive business and SHRH in RMG	Embassy of the Kingdom of Netherlands	2014-2017	10 Garment Factories in Dhaka	SNV & partners	Girls and Women of reproductive age	<ul style="list-style-type: none"> Train and coach NGOs to effectively engage with factory owners/managers and understand the business needs of factories to improve quality of SRHR services for female factory workers; Explore and mobilize different inclusive business models on SRHR in the RMG sector that give female garment factory workers easy access
21	BALIKA Bangladeshi Association for Life skills, Income and Knowledge for Adolescents, Generating Evidence to Delay Marriage	Embassy of the Kingdom of Netherlands	2012 - 2016	Narail, Khulna and Shatkhira	Population Council, PSTC, m-Power and CIDIN, NL	In and out-of-school rural girls aged 12 to 15 years	<ul style="list-style-type: none"> Establish BALIKA centres for the girls to work with life skills, livelihood and extra tuition on math and English Increasing knowledge of the girls to improve health and wellbeing Retention of girls in secondary schools, and girls' livelihood opportunities Delayed marriage SRHR and gender norms Positive life skills among in- and out-of-school adolescent girls Build capacities of village educational institutes and intermediary NGOs on risk of early marriage;
22	SHOKHI Shastho, Odhikar o Narir Icchapuron (Women's Health, Rights, and Choices)	Embassy of the Kingdom of Netherlands	2013- 2018	15 Dhaka slums -Mohakhali: Begunbari, Tejuri bazar, Nakhlaipara, Korail, Kunipara, Sattala -Mohammadpur: Sunibir Housing, Dhaka Uddan, Beribadh, Adabor, Shohid Buddhijibi, Hazaribagh - Mirpur: Beguntila, Bhasantek, Bawniabad	BLAST, Marie Stopes, BWHC, We Can Campaign, Nari Mayitree	Girls and Women of the slums	<ul style="list-style-type: none"> Sexual and reproductive health rights (SRHR) Violence against women and girls (VAWG) Workers' rights Ensure access to health and legal services by establishing Hubs/one stop service centers in the slums. Capacity building and creating space for women's solidarity and emerging leaderships Awareness raising among and action by men to prevent VAWG and to support for health and legal services.

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23	Adolescent Nutrition Intervention under the Integrated Child Development Program (ICDP) in Chattogram Hill Tract (CHT)		On-going	Rangamati, Bandarban and Khagrachari	GoB and UNICEF, ICDP	Adolescent aged 10-19 years	<ul style="list-style-type: none"> Nutrition orientation for health staff of para centers Nutrition counseling for adolescent girls Support distribution of iron folic acid and deworming tablet supplements
24	National Curriculum Development On comprehensive skill framework for adolescents	Ministry of Education	2018-2019	National level for all	The National Curriculum and Textbook Board (NCTB), Bangladesh in collaboration with UNICEF	Adolescent aged 10-19 years	<ul style="list-style-type: none"> Developing a comprehensive skill framework for adolescents with age specific skills and good citizen targeting SDG 2030. The NCTB has been working with NGOs, like, Plan International, Marie Stopes, Breaking the Silence, Unite for Body Rights (UBR) for developing training manuals, Flip Chart and other Teaching Aid on Adolescent Sex and Reproductive Health Right (ASRHR).
25	Tipping Point	USAID			Health Systems and Population Studies Division, ICDDR,B and Care Bangladesh	Girls aged 15-19 years	<ul style="list-style-type: none"> Randomized Controlled Trial for evaluating Tipping Point, a CARE led community-based intervention for addressing child marriage in Bangladesh and Nepal. Another activity is secondary analysis linking national data from different countries on gender norms and power
26	JHPIEGO –a Johns Hopkins University affiliate is a global leader in maternal and neonatal health.	USAID			MoHFW, JHPIEGO and USAID	Adolescent aged 10-19 years	<ul style="list-style-type: none"> JHPIEGO has successfully led USAID's global maternal, Family Planning, adolescent health and newborn health flagship activities Access and quality of MNCAH and FP services particularly for Adolescents and First time young mothers and PPPF. Offer global FP/SRH best practices and innovations for developing contextual training resources and job aids for service providers

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27	HIM - an initiative on Adolescent Health issues of young gender diverse population	UNICEF	2013-till date		Bandhu Social Welfare Society (Bandhu) and UNICEF	Gender diverse adolescents	<ul style="list-style-type: none"> Established health services corner where young gender diverse communities gather to receive health care support including SRHR and HIV/AIDS Mental health counseling and HIV testing through referral Education on human rights issues, edutainment and networking with other young groups
28	Plan International Bangladesh's Born On Time Project	Global Affairs Canada (GAC) and Johnson & Johnson	2016-2020	Rangpur (Pirganj, Mithapukur, Gangachar, Taraganj, Kaunia, Pirgachha)	DGFP & DGHS	Boys & Girls (New-born)- Age (0-1 Month); Adolescent boys & girls- Age (11-19 Years); Men & Women- Age (20-49 Years)	<ul style="list-style-type: none"> Training of Facility-Based Healthcare Providers and Community Health Workers Increasing Social Capital and Creating an Enabling Environment for Women and Adolescent Girls Strengthened Community-Based Structures and Systems Capacity Building in Health Information Management and Utilization Knowledge and Evidence on Approaches to Prevent Preterm Births
29	Establishing Adolescent Friendly Health Services (AFHS) in Zone II of Dhaka North City Corporation	UNICEF	2015- 2019		DNCC and BAPSA	Adolescents (10-19 yrs) in slam areas	<ul style="list-style-type: none"> Counselling on SRHR Issues Comprehensive Sexuality Education Helpline Counseling on SRHR Issues Limited Curative Health Services Blood Grouping Club sessions on SRHR Issues with Member Satellite/ Moving Health & Counseling services Campaign on ASRHR Issues Computer Training Adolescent Fair Individual Contact

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30	Plan International Bangladesh's Urban Health and Nutrition Project	Tokyo Marathon Foundation	2017- 2018	South City Corporation Dhaka (Shyampur, Citypolly, Malek Member Slum, Mironjilla, Rabidas Para, Dhaka Match colony)	Radda MCH-FP Centre, Dhaka	Adolescents, PLW and Children under 5 years	<ul style="list-style-type: none"> Maternal and Child Health (MCH) Services Family Planning (FP) Services Adolescent nutrition Peer education and Life Skill Training
31	Plan International Bangladesh's Strengthening Health Outcomes for Women and Children (SHOW) Project	Global Affairs Canada	2016- 2020	3 Districts- All Upazilas of Nilphamari District; Barguna Sadar Upazila of Barguna District and Panchari Upazila of Khagrachari District	MoH&FW	Adolescent aged 15-19 years. (Both married and unmarried)	<p>For Unmarried Adolescent:</p> <ul style="list-style-type: none"> Peer Education Adolescent Club Based Activities. Theater for Development (TFD) Different day celebration & campaign <p>For Married Adolescent:</p> <ul style="list-style-type: none"> ICT based SBCC session for girls and session on Father's Club manual for boys Supporting for Gender Responsive and Adolescent friendly services
32	Department of Clinical Psychology Community services of the department: --Psychological Assessment Clinic (PAC) --Nasirullah Psychotherapy Unit (NPU)	Faculty of Biological Sciences, University of Dhaka (UGC, Bangladesh)	Since 1996 (22 years)	Dhaka	Department of Psychiatry, BSMMU; National Institute of Health; Department of Psychiatry, Dhaka Medical College, Dhaka	Adolescents and Youth	<ul style="list-style-type: none"> Cognitive behavior Therapy Systemic family Therapy (SFT) EMDR Psycho-drama Play Therapy Group therapy

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33	Improving SRHR Situation among adolescent and Youth in Urban and Rural areas of Bangladesh	The Swedish Association for sexuality Education (RFSU)	2010-2018	Dhaka North City Corporation	RHSTEP, Bondhu, BLAST, FPAB	10-24 years disadvantaged Adolescents and Youth in slam areas	<ul style="list-style-type: none"> SRHR Services and Education through Establishing Youth Friendly Services Center Orientation on SRHR in Schools and SMC Teachers Training on SRHR Peer group sessions by trained peer educator Helpline Counselling on SRHR Issues Limited Curative reproductive and General Health Services Livelihood skill Development Training on Computer, photography, Tailoring, Driving, Beautification
34	Department of Maternal and Child Health, NIPSON	MoHFW	Regular program	Dhaka	NIPSON	Public Health Expert/ Students	<p>Masters in Public Health (RCH)</p> <ul style="list-style-type: none"> Adolescent health is an important content in the RCH course (4hrs) One separate 4 week's course on "Adolescent health" Five days yearly training on "Adolescent health" and "Child marriage and pregnancy"
35	Making Market Work for women (MMWW)- Action Aid Bangladesh	Embassy of the Kingdom of the Netherlands	2016-2019	Faridpur, Patuakhali, Bogura and Gaibandha		Adolescents (10-19 years)	<ul style="list-style-type: none"> Orientation on SRHR and adolescent nutrition for students of secondary and higher secondary schools Orientation of teachers on SRHR issues with roles and responsibilities Cooking demonstration for adolescent Special time allocation in Community clinic & FWC (Health Systems Strengthening) for AH Hygiene Management in school and necessary equipment supply in school premises for menstrual hygiene Different day celebration & campaign

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36	WFP's Adolescent Nutrition Interventions	Embassy of the Kingdom of the Netherlands, AusAid and the Government of Bangladesh	2018-2021	101 sub-districts through RF programme and 64 sub-districts in 64 districts through ICVGD programme	MoF, MoWCA, Shorno Kishoree Network Foundation (SKNF)	Adolescents	<ul style="list-style-type: none"> Involve adolescent clubs in WFP programme activities for shared advocacy on improving nutritional conditions of vulnerable groups like adolescents, women and their families Training and sensitizing adolescent club leaders on the benefits of fortified rice Awareness raising through adolescent club leaders to mobilize community engagement on nutrition Behaviour Change Communication (BCC) Enhancing awareness on the benefits of consuming fortified rice in addressing micronutrient deficiencies through electronic media Prioritize vulnerable families with adolescents in targeting for ICVGD programme Training on health, nutrition and personal hygiene
37	Nutrition International	GAC	2017-2019	Rajshahi, Chapainababganj, Jaipurhat, Sirajganj	MoE, MoHFW	Adolescents especially the girls	<ul style="list-style-type: none"> Weekly Iron & Folic Acid supplementation De-worming Water & Sanitation Nutrition Education
38	Nutrition International	GAC	2018-2019		WAGGGS (World Association of Girls Guides & Girl Scouts)	Adolescent girls (in school and out of school)	<ul style="list-style-type: none"> Education on Adolescent Nutrition
39	Analysis of Food Security and Nutrition Project Data for Adolescent Nutrition , BRAC James P Grant School of Public Health, BRAC University	World Bank	2017 - 2019		UNICEF SKNF GAIN	<ul style="list-style-type: none"> Policy makers, Program Managers, Development Partners 	<ul style="list-style-type: none"> Report trend of adolescent malnutrition by geographical areas and socio-economic strata Report factors associated with adolescent undernutrition, overnutrition, dietary diversity and food security Develop communication materials, infographics etc. based on the findings

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40	Right Here Right Now (RHRN)	The Netherlands Embassy and Rutgers	2016-2020	National Level	BANDHU Welfare Society; SERAC-Bangladesh; Naripokkho; RHSTEP; BRAC IED; BLAST; FPAB; UBR-Alliance; Aboyob; Bangladesh Mahila Parishad	Youth and Adolescent (10-24 years)	<ul style="list-style-type: none"> Access to SRHR information in the existing NCTB Curricula at the Educational Institutions following national curriculum Recognition of third-gender populations in the gazette will be reflected in relevant laws and institutional policies where gender recognition is required Rights based SRH information and youth friendly services available by Government
41	ICPD TO SDGs- Inclusive Advocacy for Sustainable Development	IPPF	2017-2018	National Level	SERAC-Bangladesh	22 members of parliament and youth-adolescent	<ul style="list-style-type: none"> Meaningful participation of young people representing different demographic groups Increasing political will toward youth recommendations from 'Dhaka Youth Call to Action' Inclusion of youths in policy dialogues, negotiations and agenda
42	Write to Rise	Women Deliver	2017-2018	Mukttagacha Upzilla, Mymensingh	SERAC-Bangladesh	Adolescent girls of 20 schools	<ul style="list-style-type: none"> Practical knowledge on Child Marriage Restraint Act and how to write to the government and law enforcing agencies and gatekeepers
43	Prochestha	Amplify Change	2017-2018	Mymensingh sadar, Gouripur	SERAC-Bangladesh	Adolescent girls of 30 schools	<ul style="list-style-type: none"> Targeting school going youth and to develop their knowledge with innovative games on local level advocacy to combat child marriage Training on simple steps of advocacy, information and communication means by reaching authorities and change community behavior on child marriage
44	Bangladesh National Youth Conference on Family Planning	SERAC-Bangladesh, International Youth Alliance for Family Planning	2016-2018	National	SERAC-Bangladesh	Young-Adolescents policymakers, FP Stakeholders, Researchers	<ul style="list-style-type: none"> Engages youth to advocates and build their leadership capacity to foster networking, learning exchange, and watchdog of FP 2020 strategies across the country Organize national youth conference on family planning in Bangladesh Bridges youths with policy and decision makers and join hands together for a unified committed space for all, where young people will raise voices on increasing quantity and quality of FP and RH services



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