





	Indicator	Description	Means of Verification	Baseline	Target 2025
01	Mortality among young persons (10-24-year group)	The estimated proportion of adolescents and youth aged 10–24 years died in a specified year due to all causes of mortality. Numerator: Number of all deaths among adolescents and youth aged 10–24 in a specified year. Denominator: Adolescents and youth aged 10–24 years in a specified year.	Department of Census and Statistics (Registrar General Department data)	54 per 100 000 population in (2013)	40 per 100 000
02	Mortality among young persons (10-24-year group) due to accidents	The estimated proportion of adolescents and youth died in a specified year due to road traffic accidents (RTA). Numerator: Number of RTA deaths among adolescents and youth aged 10–24 years , in a specified year Denominator: Adolescents and youth aged 10–24 years in a specified year.	Department of Census and Statistics (Registrar General Department data)	18.5 per 100 000 (2013)	12 per 100 000
03	Mortality among young persons (10-24-year group) due to suicides	The estimated proportion of adolescents and youth aged 10–24 years died in a specified year due to suicide. Numerator: Number of suicide deaths among adolescents Aged 10–24 years, in a specified year Denominator: adolescents and youth aged 10–24 years in a specified year.	Department of Census and Statistics (Registrar General Department data)	10.9 per 100 000 (2013)	5.0 per 100 000



	Indicator	Description	Means of Verification	Baseline	Target 2025
04	Prevalence of wasting (thinness) among adolescents	<p>The proportion of adolescents aged 10–19 years considered having wasting. The standard measurement of wasting to be considered is BMI below minus two standard (-2SD) deviations from median BMI for age and sex, using WHO growth reference for adolescents</p> <p>Numerator: Number of adolescents aged 10–19 years old considered wasted (Further disaggregated by sex).</p> <p>Denominator: Total adolescent respondents aged 10–19 years.</p>	Special Survey (MRI)	26.9% (MRI) (2017)	18%
05	Percentage of adolescents with overweight	<p>The proportion of adolescents aged 10–19 years considered overweight. The standard measurement to be considered overweight is: $>+1$ SD above BMI for age and sex, using WHO growth reference for adolescents.</p> <p>Numerator: Number of adolescents aged 10–19 years old considered overweight.</p> <p>Denominator: Total adolescent respondents aged 10–19 years..</p>	Special Survey MRI GSHS	7.6% (2017)	6%
06	Percentage of adolescents obese	<p>The proportion of adolescents aged 10–19 years considered obese. The standard measurement to be considered obese is: $>+2$ SDs above BMI for age and sex, using WHO growth reference for adolescents.</p> <p>Numerator: Number of adolescents aged 10–19 years old considered obese.</p> <p>Denominator: Total adolescent respondents aged 10–19 years.</p>	Special Survey MRI GSHS	2.2% (2017)	1%



	Indicator	Description	Means of Verification	Baseline	Target 2025
07	Adolescent fertility rate	Annual number of births to adolescents and youth of 15-19 years per 1000 girls in that age group. Numerator: Number of live births to 15-19 year girls Denominator: Girls of age 15-19 years	Census and DHS	30 per 1000 (2016)	25 per 1000
08	Incidence (new infections) of HIV among young persons	The estimated proportion of adolescents and youth aged 10-24 years who got new infections of HIV in a specified year Numerator: Number of new infections of HIV among adolescents and youth aged 10-24 in a specified year. Denominator: Adolescents and youth aged 10-24 years.	NSACP		0 in 2022 (No new infections)
09	Prevalence of anaemia among adolescents	Proportion of adolescents aged 10-19 years who are having haemoglobin a level <12 g/dL (pregnant adolescents and youth <11 g/dL) among adolescents screened for haemoglobin levels Numerator: Number of adolescents with inadequate haemoglobin levels Denominator: Total number of adolescents and youth screened for haemoglobin levels during a specified period	Special Survey MRI	8.5% (2017)	5%
10	Percentage of youth who perceived to be in happy mood	Proportion of youth aged 15-24 years who perceived to be in happy mood among youth responded Numerator: Number of youth who perceived to be in happy mood Denominator: Total number of youth responded	Special Survey NYHS	83% (2012-2013)	90 %



Indicator	Description	Means of Verification	Baseline	Target 2025	
Indicators based on objectives					
11	Percentage of consumption of carbonated drinks among youth	Proportion of youth aged 15–24 years who expressed consumption of carbonated drink among adolescents and youth responded Numerator: Number of youth who expressed consumption of carbonated drink Denominator: Total number of youth responded	Special Survey (NYHS)	44% (2012-2013)	34%
12	Percentage of adolescents engage in physical activity (60min) from 13-17 years school going children	The proportion of adolescents aged 13-17 years who report being physically active for at least 60 minutes per day, five days or more in the last 7 days among adolescents responded Numerator: Number of adolescents aged 13–17 years who have been physically active for at least 60 minutes per day for 5 days or more in the past 7 days. (Further disaggregated by sex). Denominator: Total number of adolescent respondents aged 13–17 years	Special Survey (GSHS)	28% (2016)	35%
13	Percentage of youth between 20-24 years engage in physical activity for 30 min or more per day.	The proportion of youth aged 20-24 years who report being physically active for at least 30 minutes per day, for 5 days in past 7 days among 20-24 years youth responded Numerator: Number of youth aged 20-24 years who have been physical active for at least 30 minutes per days for 5 days in the past 7 days. (Further disaggregated by sex). Denominator: Total number of youth respondents aged 20-24 years	NYHS	NA	Increase by 20%



	Indicator	Description	Means of Verification	Baseline	Target 2025
14	Percentage of alcohol (current) use among 15-24 year group	The proportion of youth aged 15-24 years who had one alcoholic drink at least on one or more days during the past 30 days. Numerator: Number of youth aged 15-24 years old who had one alcoholic drink at least on one or more days during the past 30 days. Denominator: Total number of youth respondents aged 15-24 years.	Special Survey (NYHS)	5.3% (2012-2013)	3%
15	Percentage of smoking (current) among 15-24 year group	The proportion of youth aged 15-24 years who have smoked one or more cigarettes in the past 30 days among youth responded Numerator: Number of youth aged 15-24 year old who have smoked at least one cigarette or more in the past 30 days. (Further disaggregation by sex). Denominator: Total number of 15-24 year group responded	Special Survey (NYHS)	9% (2012-2013)	5%
16	Current use of addictive drugs among youth	The proportion of youth aged 15-24 years who reported addictive substances use in the past 30 days among youth responded Numerator: Number of youth aged 15-24 years who reported using addictive substances in the past 30 days. Denominator: Total number of youth aged 15-24 responded	Special Survey (NYHS)	2.7% (2012-2013)	1.5%



	Indicator	Description	Means of Verification	Baseline	Target 2025
17	Percentage of weekly iron folate supplementation [WIFS] among 10-19-years	Proportion of adolescents aged 10–19 years who have received WIFS among total adolescents responded Numerator: Number of adolescents aged 10–19 years who have received WIFS Denominator: Total number of adolescents aged 10–19 years responded	Special Survey MIS MRI	77.2% (2017)	85%
18	Percentage of 10-19-year group received recommended regimen of Anti helminthic treatment	Proportion of adolescents aged 10–19 years who have received recommended regimen of Anti helminthic treatment among total adolescents responded Numerator: Number of adolescents aged 10–19 years who have received recommended regimen of Anti helminthic treatment Denominator: Total number of adolescents aged 10–19 years responded	Special Survey MIS MRI	68.1% (2017)	80%
19	Percentage of schools providing school meal out of identified number of schools for provision of school meals	Percentage of schools providing school meal out of identified number of schools for provision of school meals Numerator: Number of schools providing school meal Denominator: Total number of schools identified for provision of school meal	Ministry of Education		100%
20	Percentage of grade 12 children received comprehensive sexual and reproductive health education	Percentage of grade 12 children received comprehensive sexual and reproductive health education among grade 12 children responded. Numerator: Number of grade 12 children received comprehensive sexual and reproductive health education Denominator: Total number of grade 12 children responded	Special Survey	NA	85%



	Indicator	Description	Means of Verification	Baseline	Target 2025
21	Percentage of 15-24 year group subjected to bullying	Percentage of youth aged 15-24 years who reported being bullied at least once in the last couple of months among youth of 15-24 years responded . Numerator: Number of youth aged 15-24 years who reported being bullied at least once in the last couple of month. Denominator: Total number of youth of 15-24 year-old responded	Special Survey NYHS	38.5% (2012-2013)	30%
22	Percentage of 15-24 year group subjected to physical violence	Percentage of youth of 15-24 years who have ever reported experiencing physical and/or sexual violence in the past 12 months among youth of 15-24 years responded Numerator: Number of youth of 15-24 years who have ever reported experiencing physical and/or sexual violence in the past 12 months Denominator: Total number of youth of 15-24 years responded	Special Survey NYHS	35% (2012-2013)	25%
23	Percentage of women married before 18 years	Percentage of women got married before 18 years among women in 25-49 years age group responded Numerator: Number of women of 25-49 years who have reported as married before 18 years Denominator: Total number of women in 25-49 years age group responded	DHS	12% (2016)	8%



	Indicator	Description	Means of Verification	Baseline	Target 2025
24	Percentage of parents/ guardians understand the problems of adolescents	Percentage of adolescents of 13-17 years expressed as their parents or guardians understand their problems among adolescents of 13-17 years responded Numerator: Number of adolescents of 13-17 years expressed as their parents or guardians understand their problems Denominator: Total number of adolescents of 13-17 years responded	GSHS	62.6% (2016)	75%
25	Percentage of adolescents who have attempted suicide	Percentage of adolescents of 13-17 years who attempted suicide one or more times during the 12 months before the survey among total number of adolescents responded Numerator: Number of adolescents of 13-17 years who attempted suicide one or more times during the past 12 months Denominator: Total number of adolescents of 13-17 years responded	GSHS	6.8% (2016)	4%
26	Percentage of Medical Officer of Health(MOH) areas delivering adolescent and youth friendly health services	Percentage of Medical Officer of Health(MOH) areas delivering adolescent and youth friendly health services among total MOH areas Numerator: Number of Medical Officer of Health(MOH) areas delivering adolescent and youth friendly health services Denominator: Total number of Medical Officer of Health(MOH) areas	RHMIS	NA	100%
27	Percentage of Medical Officer of Health(MOH) areas conducting adolescent and youth friendly health clinic	Percentage of Medical Officer of Health(MOH) areas conducting adolescent and youth friendly health clinic among total MOH areas Numerator: Number of Medical Officer of Health(MOH) areas conducting adolescent and youth friendly health clinic at least once a month Denominator: Total number of Medical Officer of Health(MOH) areas	RHMIS	NA	100%



	Indicator	Description	Means of Verification	Baseline	Target 2025
28	Percentage of health care facilities delivering adolescent and youth friendly health services	Percentage of health care facilities delivering adolescent and youth friendly health services Numerator: Number of health care facilities delivering adolescent and youth friendly health services Denominator: Total number of health care facilities	Special survey	NA	100%
29	Percentage of districts practicing adolescent and youth friendly health services at all service points for adolescents and youth	Percentage of districts practicing adolescent and youth friendly health services at all service points for adolescents and youth Numerator: Number of districts practicing adolescent and youth friendly health services Denominator: Total number of districts	RHIMS	NA	100%
30	Percentage of youth with minimum Sexual and reproductive health (SRH) knowledge	The proportion of youth aged 15-24 years with minimum Sexual and reproductive health (SRH) knowledge among youth responded Numerator: Number of youth aged 15-24 with minimum Sexual and reproductive health (SRH) knowledge Denominator: Total number of youth aged 15-24 responded	Special Survey NYHS	60% (2016)	70%
31	Percentage of Public Health Midwives (PHMs) trained in Family Planning counselling	Percentage of Public Health Midwives (PHMs) trained in Family Planning counselling among field health PHMs Numerator: Number of PHMs trained in Family Planning counselling Denominator: Total number of field health PHMs	RHIMS	NA	80%



	Indicator	Description	Means of Verification	Baseline	Target 2025
32	Percentage of Public Health Midwives(PHMs) trained in adolescent and youth friendly health services(AVFHS)	Percentage of Public Health Midwives (PHMs) trained adolescent and youth friendly health services among field health PHMs Numerator: Number of field health PHMs trained in adolescent and youth friendly health services Denominator: Total number of field health PHMs	RHMIS	NA	90%
33	Percentage of demand for family planning satisfied with modern methods in girls <19 years	Percentage of girls who are sexually active, whose need for family planning is satisfied with modern methods. Numerator: Number of girls whose family planning demand is satisfied by modern methods. Denominator: Total number of girls who demand family planning	Special Survey DHS	NA	70%
34	Percentage of teenage pregnancy	Percentage of teenage mothers (aged <19 years) registered with PHM out of total pregnant mothers registered Numerator: Teenage pregnant mothers (aged <19 years) registered with PHM Denominator: Total number of pregnant mothers registered with PHM	RHMIS	4.6%	3%
35	Percentage of youth with correct knowledge on HIV/AIDS	The proportion of youth aged 15-24 years with correct knowledge on HIV/AIDS among youth responded Numerator: Number of youth aged 15-24 years with correct knowledge on HIV/AIDS Denominator: Total number of youth aged 15-24 responded	Special Survey NYHS	<54% (2012-2013)	75%



	Indicator	Description	Means of Verification	Baseline	Target 2025
36	Percentage of utilization of adolescent and youth friendly package by adolescents and youth	The proportion of adolescents and youth aged 10-24 years who have utilized AYFHS package during the last 12 months Numerator: Number of adolescents and youth aged 10-24 years who have utilized AYFHS package the last 12 months Denominator: Total number of adolescents and youth responded	Health Facility Surveys	NA	40%
37	Percentage of adolescents of 13-17 years age group reported that they felt lonely most of the time or always during the last 12 months	Percentage of adolescents of 13-17 years age group reported that they felt lonely most of the time or always during the last 12 months Numerator: Number of adolescents of 13-17 years reported that they felt lonely most of the time or always during the last 12 months Denominator: Total number of adolescents of 13-17 years responded	GSHS	8.5% (2016)	4.5%
38	Percentage of adolescents feeling so worried most of the time or always about something, that they could not sleep at night, during the last 12 months	Percentage of adolescents of 13-17 years age group reported feeling so worried most of the time or always about something that they could not sleep at night, during the last 12 months before the survey Numerator: Number of adolescents of 13-17 years reported feeling so worried most of the time or always about something that they could not sleep at night, during the last 12 months before the survey Denominator: Total number of adolescents of 13-17 years responded	GSHS	4.2% (2016)	2.0%

	Indicator	Description	Means of Verification	Baseline	Target 2025
39	Coverage of School Medical Inspection	Percentage of schools with School Medical Inspection conducted out of the total schools under Ministry of Education Numerator: Number of schools with School Medical Inspection completed Denominator: Total number of schools under Ministry of Education	RHMIS	87.5% (2017)	100%
40	Coverage of aTD immunization among grade seven students	Percentage coverage of aTD immunization among grade seven students Numerator: Number of grade seven students who had received of aTD immunization Denominator: Total number of grade seven students	RHMIS	84.1% (2017)	100%
41	Percentage of 15 year old (grade 10) school going adolescents screened for heart disease	Percentage of 15 year old (grade 10) school going adolescents screened for heart disease Numerator: Number of 15 year old (grade 10) school going adolescents screened for heart disease Denominator: Total number of 15 year old (grade 10) students	RHMIS	82%	90%
42	Percentage of 15 year old school going adolescents screened for BMI	Percentage of 15 year old (grade 10) school going adolescents screened for BMI Numerator: Number of 15 year old (grade 10) school going adolescents screened or BMI Denominator: Total number of 15 year old (grade 10) students in schools under Ministry of Education	RHMIS	82%	90%





	Indicator	Description	Means of Verification	Baseline	Target 2025
43	Percentage with low BMI among 15 year old school going adolescents	<p>Denominator: Percentage of 15 year old (grade 10) school going adolescents with low BMI(BMI for age<-2SD) out of total screened in (grade 10) in schools under Ministry of Education</p> <p>Numerator: Number of 15 year old (grade 10) school going adolescents with low BMI (BMI for age< -2SD)</p> <p>Denominator: Number of 15 year old (grade 10) school going adolescents screened for BMI</p>	RHMIS	15.8% (2017)	12%
44	Percentage with overweight among 15 year old (grade 10) school going adolescents	<p>Denominator: Percentage of 15 year old (grade 10) school going adolescents with over weight (BMI for age>+1 SD) out of total screened in (grade 10) in schools under Ministry of Education</p> <p>Numerator: Number of 15 year old (grade 10) school going adolescents with overweight(BMI for age> +1 SD)</p> <p>Denominator: Number of 15 year old (grade 10) school going adolescents screened for BMI</p>	Special survey	5.5%(2017)	No further increases
45	Percentage of obese among 15 year old (grade 10) school going adolescents	<p>Denominator: Percentage of 15 year old (grade 10) school going adolescents obese (BMI for age>+2 SD) out of total screened in (grade 10) in schools under Ministry of Education</p> <p>Numerator: Number of 15 year old (grade 10) school going adolescents with Obesity (BMI for age> +2 SD)</p> <p>Denominator: Number of 15 year old (grade 10) school going adolescents screened for BMI</p>	Special survey RHMIS	1.8%(2017)	1%



	Indicator	Description	Means of Verification	Baseline	Target 2025
46	Percentage of public health staff trained on life skill education	<p>Description</p> <p>Denominator: AMOHs, ,RSPHNOs, SPHIDs, PHNS,SPHIs, SPHMs, PHIs, PHMS) trained on life skill education out of total number available</p> <p>Numerator: Number of public health staff(MOMCHs, MOHs, AMOHs, ,RSPHNOs, SPHIDs, PHNS,SPHIs, SPHMs, PHIs, PHMs) trained on life skill education</p> <p>Denominator: Total number of public health staff(MOMCHs, MOHs, AMOHs, ,RSPHNOs, SPHIDs, PHNS,SPHIs, SPHMs, PHIs, PHMs) available</p>	RHMIS	NA	75%
47	Percentage of public health staff trained on Adolescent and Youth friendly health services	<p>Description</p> <p>Percentage of public health staff(MOMCHs, MOHs, AMOHs, ,RSPHNOs, SPHIDs, PHNS,SPHIs, SPHMs, PHIs, PHMs) trained on Adolescent and Youth friendly health services out of total number available</p> <p>Numerator: Number of public health staff(MOMCHs, MOHs, AMOHs, ,RSPHNOs, SPHIDs, PHNS,SPHIs, SPHMs, PHIs, PHMs) trained on Adolescent and Youth friendly health services</p> <p>Denominator: Total number of public health staff(MOMCHs, MOHs, AMOHs, ,RSPHNOs, SPHIDs, PHNS,SPHIs, SPHMs, PHIs, PHMs) available</p>	RHMIS	NA	75%



	Indicator	Description	Means of Verification	Baseline	Target 2025
48	Percentage of hospital AYFHS center staff trained on Adolescent and Youth friendly health services	Percentage of AYFHS center staff(Medical Officers, Nursing Officers and supportive staff) trained on Adolescent and Youth friendly health services Numerator: Number of AYFHS center staff(Medical Officers, Nursing Officers and supportive staff) trained on Adolescent and Youth friendly health services Denominator: Total number of AYFHS center staff(Medical Officers, Nursing Officers and supportive staff)	RHMIS	80%	100%
49	Percentage of Medical Officer of Health(MOH) areas conducting outreach activity on Adolescent and Youth Health	Percentage of Medical Officer of Health(MOH) areas conducting at least one out reach activity for adolescent and youth per month among total MOH areas Numerator: Number of Medical Officer of Health(MOH) areas conducting at least one out reach activity for adolescent and youth per month Denominator: Total number of Medical Officer of Health(MOH) areas	RHMIS	NA	80%
50	Percentage of Medical Officer of Health(MOH) areas ensuring peer involvement	Percentage of Medical Officer of Health(MOH) areas conducting at least one peer involvement activity(peer education/meeting) for adolescent and youth per quarter Numerator: Number of Medical Officer of Health(MOH) areas conducting at least one peer involvement activity(peer education/meeting) for adolescent and youth per quarter Denominator: Total number of Medical Officer of Health(MOH) areas	RHMIS	NA	50%

	Indicator	Description	Means of Verification	Baseline	Target 2025
51	Prevalence of Dental Caries among 12 year old (grade 7) school going adolescents	Percentage of 12 year old (grade 7) school going adolescents found with Dental Caries among 12 year old (grade 7) school going adolescents screened for oral health Numerator: Number of 12 year old (grade 7) school going adolescents found with Dental Caries Denominator: Total number of 12 year old (grade 7) school going adolescents screened for oral health	MIS NOHS	30.4% (NOHS 2015)	20%
52	Prevalence of Calculus among 12 year old (grade 7) school going adolescents	Percentage of 12 year old (grade 7) school going adolescents found with Calculus among 12 year old (grade 7) school going adolescents screened for oral health Numerator: Number of 12 year old (grade 7) school going adolescents found with Calculus Denominator: Total number of 12 year old (grade 7) adolescents screened for oral health	MIS NOHS	47% (NOHS 2015)	25%
53	Percentage of 12 Year old (Grade 7) school children screened by School Dental Therapist	Percentage of 12 year old (grade 7) school going adolescents, screened by School Dental Therapist among 12 year old (grade 7) school going adolescents Numerator: Number of 12 year old (grade 7) school going adolescents, screened by School Dental Therapist Denominator: Total number of 12 year old (grade 7) adolescents screened	MIS	80%	100%





	Indicator	Description	Means of Verification	Baseline	Target 2025
54	Percentage of 12 Year old (Grade 7) school children treatment completed by School Dental Therapist	Percentage of 12 year old (grade 7) school going adolescents treatment completed by School Dental Therapist among 12 year old (grade 7) school going adolescents identified with dental issues Numerator: Number of 12 year old (grade 7) school going adolescents treatment completed by School Dental Therapist Denominator: Total number of 12 year old (grade 7) adolescents screened for oral health issues	MIS	77% (2017)	100%
55	Prevalence of Dental Caries among 15year (grade 10) school going adolescents	Percentage of 15year (grade 10) school going adolescents found with Dental Caries among 15year (grade 10) school going adolescents screened for oral health Numerator: Number of 15year (grade 10) school going adolescents found with Dental Caries Denominator: Total number 15year (grade 10) school going adolescents screened for oral health	NOHS	41.5% (2015)	25%
56	Prevalence of Calculus of 15 year (Grade 10) school children	Percentage of 15year (grade 10) school going adolescents found with Calculus among 15year (grade 10) school going adolescents screened for oral health Numerator: Number of 15 year (grade 10) school going adolescents found with Dental Calculus Denominator: Total number 15year (grade 10) school going adolescents screened for oral health	MIS NOHS	49.3% (2015)	15%

Additional sources of data that could be used for annual assessment of above indicators

Number of the indicator	Name of the indicator	Source	Frequency of assessment
01	Mortality among young persons (10-24-year group)	e IMMR	Annual
02	Mortality among young persons (10-24-year group) due to accidents	Police Department	Annual
03	Mortality among young persons (10-24-year group) due to suicides	Police Department	Annual
04	Percentage of adolescents with low BMI by grade(by grade 7 and grade 10 separately)	Nutrition Month data	Annual
05	Percentage of adolescents with overweight by the grade(by grade 7 and grade 10 separately)	Nutrition Month data	Annual
06	Percentage of adolescents obese grade(by grade 7 and grade 10 separately)	Nutrition Month data	Annual
07	Percentage of weekly Iron folate supplementation [WIFS] among adolescents(10- 19 year group)	RHMIS	Annual
08	Percentage of 10-19-year group received recommended regimen of Anti helminthetic treatment	RHMIS	Annual
09	Percentage of teenage pregnancy <16 years	RHMIS	Annual
10	Percentage of teenage pregnancy Of > 16 and <18 years	RHMIS	Annual
11	Percentage of teenage pregnancy 18 and above	RHMIS	Annual







	Strategic Direction / Strategies / Major activities	Responsibility	Time frame									
			2018	2019	2020	2021	2022	2023	2024	2025		
	1.1.5	" Advocate for development of infrastructure of all schools to address students' physical needs to promote learning of all students including institutionalized children and differently abled students	X	X	X	X	X	X	X	X	X	X
1.2	1.2.1	Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth	X	X	X							
	1.2.2	Advocate and assist the implementation of the recommendations of the report on "Review of Laws, Regulations and Policies of Adolescent Sexual and Reproductive Health"	X	X	X	X	X	X	X	X	X	X
	1.2.3	Advocate, revise and assist in implementation of child protection laws and policies including laws on abuse, corporal punishment, bullying and violence	X	X	X	X	X	X	X	X	X	X
	1.2.4	Advocate and assist the implementation of the existing law and regulations on substance use including tobacco, alcohol and illicit drugs	X	X	X	X	X	X	X	X	X	X



	Strategic Direction / Strategies / Major activities	Responsibility	Time frame									
			2018	2019	2020	2021	2022	2023	2024	2025		
	1.4.2	Develop and implement targeted programs based on evidence with regard to vulnerable and marginalized adolescent and youth	X	X	X	X	X	X	X	X	X	X
1.5	1.5.1	Include adolescent and youth health indicators into routine RHMIS and monitoring mechanism	X	X	X							
	1.5.2	Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes	X	X	X	X	X	X	X	X	X	X
	1.5.3	Ensure participation of all stakeholders and adolescent and youth in developing plans and programming, monitoring and evaluation of implementation	X	X	X	X	X	X	X	X	X	X
	1.5.4	Establish a monitoring system to review the incidences related to adolescent and youth, reported in mass media	X	X	X	X	X	X	X	X	X	X
	1.5.4	Advocate for establishing an arbitrary body for school going children rights	X	X	X	X	X	X	X	X	X	X

Strategy Direction 2	Strategic Direction / Strategies / Major activities	Responsibility	Time frame							
			2018	2019	2020	2021	2022	2023	2024	2025
2.1	Strengthen positive development of adolescent and youth Ensure health promotion at schools and training centers	FHB,HPB, PDHS,RDHS	X	X	X	X	X	X	X	X
2.2	2.1.1 Evaluate all the schools and other educational institutions for status of health promotion and accredited based on evaluation 2.2.1 Advocate for enacting regulations on restricting certain web sites	FHB,HPB,PCs (SLCP,SLCCR, SLCOG, CCP)	X	X	X	X	X	X	X	X
2.3	2.2.2 Educate parents on online protection of the adolescent and youth 2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	FHB,HPB, PDHS,RDHS FHB,HPB, PDHS	X	X	X	X	X	X	X	X
2.4	2.3.1 Ensure adolescent and youth participation in all levels of AYFHS programme 2.4.1 Establish e health and m health intervention for health education for adolescents and youth	FHB,HPB,PCs (SLCP,SLCCR, SLCOG, CCP)	X	X	X	X	X	X	X	X





			Strategic Direction / Strategies / Major activities	Responsibility	Time frame								
					2018	2019	2020	2021	2022	2023	2024	2025	
2.5	Ensure provision of school education up to grade 13 for all adolescents	2.5.1	Strengthen monitoring school dropout closely at schools	FHB,PDHS, RDHS	X	X	X	X	X	X	X	X	X
		2.5.2	Strengthen follow up of school dropouts at the field by public health staff	PDHS, RDHS	X			X	X	X	X	X	X



	Strategic Direction / Strategies / Major activities	Responsibility	Time frame							
			2018	2019	2020	2021	2022	2023	2024	2025
3.2	Improve the capacity of health staff to deal with health issues among adolescents and youth	FHB,HPB, NSACP,PCs (SLCCP, SLCP,SLCOG, CCP)	X	X	X	X	X			
	3.2.1	Review and revise the basic and in-service curricula for medical officers, nurses, PHMs and PHIs to incorporate the knowledge, attitudes and skills for identification and management of adolescents and youth health issues								
	3.2.2	"Adopt new methodologies to teach sensitive subject areas related to adolescents and youth health	X	X	X	X	X			
	3.2.3	Strengthen the training of the health care workers using orientation programme on adolescents and youth health (AYFHS centers, other service delivery points such as outpatient departments)	X	X	X	X	X			X
3.3	Improve the capacity of non-health staff to deal with health issues among adolescents and youth	FHB	X	X	X	X				
	3.3.1	Incorporate adolescent and youth health module into the curriculum of youth training institutions and vocational training institutions								
	3.3.2	Review and revise curricula incorporating adolescent and youth health for the training curricula of teaching instructors	X	X	X	X	X			



Strategy Direction 4	Strategic Direction / Strategies / Major activities	Responsibility	Time frame												
			2018	2019	2020	2021	2022	2023	2024	2025					
4.1	Promote psychosocial wellbeing of adolescents and youth	4.1.1 Strengthen the life skills among adolescents and youth	Advocate ministry of education for active participation of students in school extracurricular activities e.g. health clubs, team games, spiritual and other activities	FHB,PCs (SLCCP,SLCP, SLCOG, CCP)	X	X	X	X	X	X	X	X	X	X	X
			4.1.2 Incorporate life skill development to school and other curricula (e.g. higher education, youth and vocational training)	FHB,HPB	X	X	X	X	X	X	X	X	X	X	X
4.2	Ensure early identification and appropriate management of adolescents and youth with physical, mental and psychosocial issues	4.1.3 Promote positive social interactions within all school communities and training centers	Introduce a suitable screening tool to identify developmental delays and psychosocial issues among adolescents and youth through school health programme	FHB,MHU,PC (SLCPsy, SLCP,SLCCP, SLCOG,CCP)	X	X	X	X	X	X	X	X	X	X	X
			4.2.2 Strengthen the counseling services in schools and other settings	FHB, MHU, PC(SLCPsy, SLCP,SLCOG, CCP,SLCCP)	X	X	X	X	X	X	X	X	X	X	X



	Strategic Direction / Strategies / Major activities	Responsibility	Time frame									
			2018	2019	2020	2021	2022	2023	2024	2025		
	4.3.4	Promote Publishing positive case studies on good parenting	FHB,HPB, PDHS, RDHS,PC (SLCP,SLCP, SLOGG, CCP)	X	X	X	X	X	X	X	X	X
	4.3.5	Develop information education and communication (IEC) material on parenting for adolescents and youth	FHB,HPB, PDHS, RDHS,PC (SLCP,SLOGG, CCP,SLCCP)	X	X	X						
	4.3.6	Develop material for adolescents and youth on how to manage stress, time, critical thinking, decision making and career guidance (audio visual aids, Instagram posts etc.)	FHB,PC (SLCP,SLOGG, CCP,SLCCP)	X	X	X	X					
4.4	4.4.1	Advocate for increasing opportunities for aesthetic and recreational activities in school timetable and at the community level	FHB,PC (SLCP,SLOGG, CCP,SLCCP)	X	X	X	X	X	X	X	X	X
	4.4.2	Advocate for adolescents and youth friendly school and training center with supportive and safe environment, free from bullying, violence and abuse	FHB,PC (SLCP,SLOGG, CCP,SLCCP)	X	X	X	X	X	X	X	X	X
		Ensure safe, supportive environment at home, school, community and other institutions free from bullying, violence and abuse										



	Strategic Direction / Strategies / Major activities	Responsibility	Time frame										
			2018	2019	2020	2021	2022	2023	2024	2025			
	4.4.3	Advocate for no bullying and no violence policies and regulations and procedures to prevent bullying, violence and abuse in schools and institutions	FHB	X	X	X	X	X	X	X	X	X	
	4.4.4	Train teachers to recognize and counsel students regarding bullying, violence and abuse	FHB,PDHS, RDHS	X	X	X	X	X	X	X	X	X	X
	4.4.5	Establish a reporting mechanism at schools and other institutions regarding bullying and violence	FHB,PDHS, RDHS	X	X	X	X	X	X	X	X	X	X
4.5	4.5.1	Streamline interventions for suicide prevention, anxiety and stress management	FHB,PC (SLCP,SLCOG, CCP,SLCCP)	X	X	X	X	X	X	X	X	X	X
	4.5.2	Establish sustainable and long-term surveillance system on deliberate self harm and attempting suicide in order to strengthen prevention, intervention and treatment	FHB,MH, NCD UNITS,PC (SLCP,SLCOG, CCP,SLCCP)			X	X	X	X	X	X	X	X
	4.5.3	Establish adequate, prompt and accessible treatment for substance use and mental disorders with the objective of reducing the risk of suicidal behavior	FHB,MH, NCD UNITS, PC(SLCP, SLCOG, CCP,SLCCP)		X	X	X	X	X	X	X	X	X



		Strategic Direction / Strategies / Major activities	Responsibility	Time frame								
				2018	2019	2020	2021	2022	2023	2024	2025	
	4.5.4	Establish guidelines for media highlighting the importance of avoiding detailed descriptions of suicidal acts, sensationalism, glamorization and oversimplification and use of responsible language	FHB, MH, NCD UNITS, PC (SLCP, SYCH, SLCP, SLOOG, CCP, SLCCP)		X	X	X	X	X	X		
	4.5.5	Establish online suicide prevention strategies or short messenger service including self-help programmes and professional help	FHB, MH, NCD UNITS, PC (SLCP, SYCH, SLCP, SLOOG, CCP, SLCCP)			X	X	X	X	X		
	4.5.6	Conduct awareness campaigns to reduce stigma, promote help-seeking and access to care with special focus on vulnerable groups	FHB, MH, NCD UNITS, PC (SLCP, SYCH, SLCP, SLOOG, CCP, SLCCP)	X	X	X	X	X	X	X		X
	4.5.7	Capacity building of the gate keepers on identifying adolescents and youth at risk and referring at-risk individuals for treatment	FHB, MH, NCD UNITS, PC (SLCP, SYCH, SLCP, SLOOG, CCP, SLCCP)	X	X	X	X	X	X	X		X
	4.5.8	Establish helplines that adolescents and youth can access in crisis e.g. with peer assistance.	FHB, MH, NCD UNITS, PC (SLCP, SYCH, SLCP, SLOOG, CCP, SLCCP)				X	X	X	X		X
	4.5.9	Capacity building of primary health-care workers to recognize depression, suicide risk, substance use disorders and other mental health issues	FHB, MH, NCD UNITS, PC (SLCP, SYCH, SLCP, SLOOG, CCP, SLCCP)	X	X	X	X	X	X	X		X



Strategic Direction / Strategies / Major activities	Responsibility	Time frame							
		2018	2019	2020	2021	2022	2023	2024	2025
4.5.10 Establish a strong follow-up system and support for adolescents and youth discharged after suicide attempts in the community	FHB;MH, NCD UNITS, PC (SLOPSYCH, SLCP,SLCOG, CCP,SLCCP)	X	X	X	X	X	X	X	X



Strategy Direction	Ensure optimal level of nutrition, physical activity, hygiene and sanitation	5.1	Strategic Direction / Strategies / Major activities	Responsibility	Time frame									
					2018	2019	2020	2021	2022	2023	2024	2025		
5.1	Create an enabling environment to promote healthy eating	5.1.1	Advocate to strengthen regulatory mechanisms for advertisements on food and beverages	FHB, NCoD, ND, NCD, PC(SLC), CP, SLC, SLC OG, CCP)	X	X	X	X	X	X	X	X	X	X
		5.1.2	Advocate for improving food labelling to facilitate healthy choices e.g. Front of pack labelling, traffic light systems, healthy logos, etc.	FHB, NCoD, ND, NCD, EOH & FS, PC(SLCP, SLCOG, CCP, SLCOP)	X	X	X	X	X	X	X	X	X	X
		5.1.3	Advocate for introducing pricing systems to increase price of unhealthy foods and reduce the price of healthy foods	FHB, NCoD, ND, NCD, EOH & FS, PC(SLCP, SLCOG, CCP, SLCOP)	X	X	X	X	X	X	X	X	X	X
		5.1.4	Advocate for implementation of the healthy canteen policy in schools and extend the implementation to universities, vocational training centers, etc.	FHB, NCoD, ND, NCD, EOH & FS, PC(SLCCP, SLCR, SLCOG, CCP)	X	X	X	X	X	X	X	X	X	X
		5.1.5	Advocate for educating on healthy eating at schools, training centers and in the community	FHB, NCoD, ND, NCD, EOH & FS, PC(SLCCP, SLCR, SLCOG, CCP)	X	X	X	X	X	X	X	X	X	X

	Strategic Direction / Strategies / Major activities	Responsibility	Time frame									
			2018	2019	2020	2021	2022	2023	2024	2025		
5.2	Improve knowledge and skills of adolescents and youth on healthy eating		X	X	X	X	X	X	X			
	5.2.1	Develop social marketing campaign to promote healthy eating, physical activity and healthy life styles targeting both young persons and parents	FHB, NCoD, ND, NCD									
	5.2.2	Advocate Ministry of Education to include lessons on healthy eating, nutrition, nutritional assessments, physical activity and gardening to school curricula	FHB	X	X	X	X	X	X			
5.3	Strengthen comprehensive school nutrition services		X	X	X	X	X	X	X			
	5.3.1	Establish and implement standards for meals provided in school	FHB, NCoD, ND, NCD									
	5.3.2	Strengthen implementation of healthy canteen policy at schools, sport facilities, training centers and youth work places	FHB, NCoD, ND, NCD	X	X	X	X	X	X	X	X	X
5.4	Strengthen early identification and management of nutritional issues		X	X	X	X	X	X	X			
	5.4.1	Scale up the establishment of facilities at schools, universities and vocational training centers for enabling nutritional self-assessment	FHB, NCoD, ND, NCD	X	X	X	X	X	X	X	X	X
	5.4.2	Introduce yearly medical assessments adolescents and youth at universities and other training centers	FHB, PDHS, RDHS	X	X	X	X	X	X			





	Strategic Direction / Strategies / Major activities	Responsibility	Time frame									
			2018	2019	2020	2021	2022	2023	2024	2025		
	5.4.3	Scale up and streamline the weekly iron folic acid supplementation at schools and seek the possibility of extending to other institutions	FHB		X	X	X	X	X			
	5.4.4	Strengthen nutrition clinics at MOH offices and hospitals as referral centers	FHB,PDHS, RDHS	X	X	X	X	X	X	X	X	X
	5.4.5	Establish family-based, multi-component, lifestyle and weight management services for adolescents and youth with the involvement of multi-professional teams	FHB,NGoD, ND,NCD,HD	X	X	X	X	X	X	X	X	X
5.5	5.5.1	Create enabling environment to promote physical activity	FHB,NCD, PDHS,RDHS	X	X	X	X	X	X	X	X	X
	5.5.2	Streamline the regulations on time allocated for physical activity in schools	FHB	X	X	X	X	X	X	X	X	X
	5.5.3	Advocate to have adequate facilities at school premises, youth training centers, workplaces and public spaces for enabling physical activity during recreational time for all adolescents and youth including disabled	FHB,NCD, PDHS,RDHS	X	X	X	X	X	X	X	X	X



		Strategic Direction / Strategies / Major activities	Responsibility	Time frame								
				2018	2019	2020	2021	2022	2023	2024	2025	
	5.5.4	Increase the awareness among adolescents and youth, their parents, caregivers, teachers and health professionals on healthy body size, physical activity, correct sleeping behaviours and appropriate use of screen-time	FHB,NCD, PDHS,RDHS	X	X	X	X	X	X	X	X	X
	5.5.5	Promote regular, structured sports activities among adolescents and youth while ensuring the linkages with physical activity, sports and health	FHB,NCD	X	X	X	X	X	X	X	X	X
5.6	5.6.1	Improve hygiene and sanitation Advocate for adequate toilet facilities (for girls and boys separately) with continuous water supply and cleaning mechanism in school, training centers and universities	FHB	X	X	X	X	X	X	X	X	X
	5.6.2	Advocate for availability of safe drinking water in schools, training centers and universities	FHB	X	X	X	X	X	X	X	X	X
	5.6.3	"Advocate for provision of hand washing facilities at schools, training centers and universities	FHB	X	X	X	X	X	X	X	X	X



Strategy Direction	Ensure access to SRH education and services	Strategic Direction / Strategies / Major activities	Responsibility	Time frame								
				2018	2019	2020	2021	2022	2023	2024	2025	
6.1	6.1.1	Streamline the age appropriate SRH education through school and other curricula	FHB, NSACP, P C(SLCOG, SLC CP, SLCP, CCP)	X	X	X	X	X	X	X	X	X
	6.1.2	Advocate for implementation of the policy on compulsory basic age appropriate components of SRH education from grade 6 upwards	FHB, NSACP, P C(SLCOG, SLC CP, SLCP, CCP)	X	X	X	X					
	6.1.3	Review and revise school curricula and other curricula based on new evidence on SRH	FHB, NSACP, P C(SLCOG, SLC CP, SLCP, CCP)	X	X	X	X					
	6.1.4	Develop and implement educational package through media and other means of communication used by adolescents and youth	FHB, HPB	X	X	X	X	X	X	X	X	X
	6.1.5	Introduce educational material on SRH in sign language and brail language	FHB, NSACP, P C(SLCOG, SLC CP, SLCP, CCP)	X	X	X	X	X	X	X	X	X

	Strategic Direction / Strategies / Major activities	Responsibility	Time frame												
			2018	2019	2020	2021	2022	2023	2024	2025					
6.2	Strengthen the SRH services for adolescents and youth		X	X	X	X	X	X	X	X	X	X	X	X	X
	6.2.1	Review and revise the existing laws and regulations to remove barriers for adolescents and youth to access SRH services e.g. legalizing termination of pregnancy for under 16 year pregnant category with unwanted pregnancies	FHB,NSACP,P C(SLCOG,SLC CP,SLCP,CCP)	X	X	X	X	X	X	X	X	X	X	X	X
	6.2.2	Empower health workers to deal with SRH issues and provision of family planning for adolescents and youth with the assurance of privacy, confidentiality and dignity	FHB,NSACP,P C(SLCOG,SLC CP,SLCP,CCP)	X	X	X	X	X	X	X	X	X	X	X	X
	6.2.3	Continue provision of quality care on pre-pregnancy, pregnancy, childbirth, post-partum and post abortion as relevant to adolescents	FHB,PDHS, RDHS	X	X	X	X	X	X	X	X	X	X	X	X
	6.2.4	Strengthen prevention, detection and treatment services for STI and HIV	NSACP, FHB	X	X	X	X	X	X	X	X	X	X	X	X
	6.2.5	Establish facilities for SRH specific counselling and guidance at health facilities for adolescents and youth FHB,PDHS,RDHS	FHB,PDHS, RDHS	X	X	X	X	X	X	X	X	X	X	X	X
	6.2.6	Advocate law-implementing authorities and child care officials on the needs of respectful care and the confidentiality maintenance in issues related to adolescents and youth	FHB,NSACP,P C(SLCOG,SLC CP,SLCP,CCP)	X	X	X	X	X	X	X	X	X	X	X	X





	Strategic Direction / Strategies / Major activities	Responsibility	Time frame									
			2018	2019	2020	2021	2022	2023	2024	2025		
	6.2.7	Advocate for establishing safe home facilities for teenage pregnant mothers as appropriate	FHB,PC (SLOGG, SLCCP, SLCR,CCP)	X	X	X	X	X	X	X	X	X
	6.2.8	Strengthen the SRH services for adolescents and youth with special need and socially deprived e.g. prisoners, war affected groups, with special needs, etc.	FHB,PDHS, RDHS	X	X	X	X	X	X	X	X	X
	6.2.9	Strengthen the services for child abuse cases		X	X	X	X	X	X	X	X	X
	6.2.10	Advocate child protection authority to prevent perpetrators having chances to engage in abusing children continuously, by having a registry of perpetrators and keeping them away from jobs related to children	FHB,PC (SLOGG, SLCCP, SLCR, CCP)	X	X	X	X	X	X	X	X	X
6.3	6.3.1	Ensure formal education for teenage pregnant adolescents	FHB,PC (SLOGG, SLCCP, SLCR,CCP)	X	X	X	X	X	X	X	X	X



	Strategic Direction / Strategies / Major activities	Responsibility	Time frame									
			2018	2019	2020	2021	2022	2023	2024	2025		
	7.1.6	"Advocate for implementation of smoke free environment at school, work place and public transport	X	X	X	X	X	X	X	X	X	X
7.2	7.2.1	Reduce the affordability of tobacco and alcohol	X	X	X	X	X	X	X	X	X	X
	7.2.2	Advocate restricting alcohol availability and affordability by reducing demand through taxation and pricing	X	X	X	X	X	X	X	X	X	X
7.3	7.3.1	Ensure banning advertising tobacco and alcohol	X	X	X	X	X	X	X	X	X	X
	7.3.2	Advocate to regulate the marketing of alcohol to adolescents; raise awareness and support for policies; and implement interventions for the harmful use of alcohol	X	X	X	X	X	X	X	X	X	X
7.4	7.4.1	Strengthen services available for quitting and rehabilitation from tobacco, alcohol and addictive substances	X	X	X	X	X	X	X	X	X	X



Strategy Direction	"Prevent accidents, injuries and violence among adolescents and youth"	8.1	8.1.1	Advocate for education of laws and regulations to reduce road traffic accidents among adolescents and youth e.g. Helmet policy, policies related to three-wheeler driving, etc.	FHB,NCD,PC (SLCCP,SLCP, SLOS, CCP)	Time frame								
						2018	2019	2020	2021	2022	2023	2024	2025	
8.1	Ensure accidents and injury free environment for adolescents and youth	8.1	8.1.1	Advocate for education of laws and regulations to reduce road traffic accidents among adolescents and youth e.g. Helmet policy, policies related to three-wheeler driving, etc.	FHB,NCD,PC (SLCCP,SLCP, SLOS, CCP)	X	X	X	X	X	X	X	X	X
			8.1.2	Advocate for setting the legal age for allowing alcohol consumption to 21 years	FHB,NCD,PC (SLCCP,SLCP, SLOS, CCP)	X	X	X	X					
			8.1.3	Advocate for a graduated licensing system such as first an extended learner period involving training and low-risk, supervised driving; then a license with temporary restrictions; and finally, a full license	FHB,NCD,PC (SLCCP,SLCP, SLOS, CCP)	X		X	X	X				
			8.1.4	Advocate for infrastructural engineering measures for road network(e.g. speed humps, mini-roundabouts, designated pedestrian crossings, road lighting or surface treatment and one-way street and traffic calming measures)	FHB,NCD,PC (SLCCP,SLCP, SLOS, CCP)	X	X	X	X	X	X	X	X	X



	Strategic Direction / Strategies / Major activities	Responsibility	Time frame								
			2018	2019	2020	2021	2022	2023	2024	2025	
8.1.5	Advocate for setting vehicle safety standards	FHB,NCD,PC (SLCCP,SLCP, SLCS, CCP)	X	X	X	X	X	X			
8.1.6	"Use case studies to educate adolescents and youth regarding accident and injury prevention	FHB,NCD, PDHS,RDHS	X	X	X	X	X	X	X	X	X
8.1.7	Set standards on play grounds, swimming pools and sports complexes at schools and strengthen the implementation	FHB,NCD,PC (SLCCP,SLCP, SLCS, CCP)	X	X	X	X	X	X	X	X	X
8.1.8	Advocate to raise the awareness on road safety rules, regulations and laws through school curriculum	FHB,NCD,PC (SLCCP,SLCP, SLCS, CCP)	X	X	X	X	X	X	X	X	X
8.1.9	Implement community campaigns to ensure road safety and prevent other accidents such as drownings and falls	FHB,NCD, PDHS,RDHS	X	X	X	X	X	X	X	X	X
8.2	Ensure proper management of injuries and accidents	FHB,NCD,PC (SLCCP,SLCP, SLCS, CCP)			X	X	X	X	X		
8.2.1	Introduce compulsory training on First Aid for adolescents and youth through schools, universities and vocational training centers using Red cross, St. Johns, Scouting and etc.	FHB,NCD,PC (SLCCP,SLCP, SLCS, CCP)			X	X	X	X	X	X	X
8.2.2	Strengthen the emergency management services at hospitals	FHB,NCD, PDHS, RDHS,HD	X	X	X	X	X	X	X	X	X



		Strategic Direction / Strategies / Major activities	Responsibility	Time frame								
				2018	2019	2020	2021	2022	2023	2024	2025	
8.3	Ensure reduction of violence among adolescents and youth	8.3.1	Advocate for legislations for reducing access to and misuse of firearms and explosive substances	X	X	X	X	X	X	X		
		8.3.2	Advocate for deploying police resources in areas where crime is prevalent	X	X	X	X	X	X	X	X	X
		8.3.3	Advocate to raise the awareness on road safety rules, regulations and laws regarding the violence and abuse to school curriculum	X	X	X	X	X	X	X	X	
		8.3.4	Advocate to implement and enforce of laws: ban violent punishment at schools and workplaces, criminalizing sexual abuse and exploitation of children	X	X	X	X	X	X	X	X	X
		8.3.5	Strengthen parent and caregiver support through home visits, community approaches and comprehensive programmes	X	X	X	X	X	X	X	X	X
		8.3.6	Conduct like skill training programmes for adolescents and youth including anger management	X	X	X	X	X	X	X	X	X



		Strategic Direction / Strategies / Major activities	Responsibility	Time frame								
				2018	2019	2020	2021	2022	2023	2024	2025	
	8.3.7	Advocate to implement response and support services for adolescents and youth engaged in violence (e.g. screening and interventions, counselling and therapeutic approaches, programmes for juvenile offenders and foster care interventions)	FHB, NCD, PC (SLCCP, SLCP, SLCS, CCP)	X	X	X	X	X	X	X	X	X
8.4	8.4.1	Strengthen surveillance system and monitoring of accidents, other injuries and violence	FHB, NCD, PC (SLCCP, SLCP, SLCS, CCP)	X	X	X	X	X	X	X	X	X
	8.4.2	Establish a surveillance system for violence	FHB, NCD, PC (SLCCP, SLCP, SLCS, CCP)			X	X	X	X	X	X	X
	8.4.3	Conduct regular monitoring of accidents and violence	FHB, NCD, PC (SLCCP, SLCP, SLCS, CCP)			X	X	X	X	X	X	X



	Strategic Direction / Strategies / Major activities	Responsibility	Time frame									
			2018	2019	2020	2021	2022	2023	2024	2025		
	10.3.2	Strengthen community based psychosocial support for marginalized groups of adolescents and youth	X	X	X	X	X	X	X	X	X	X
10.4	10.4.1	Improve recreational and educational facilities to support psychosocial wellbeing of the adolescents and youth in humanitarian and fragile settings	X	X	X	X	X	X	X	X	X	X
10.5	10.5.1	Ensure provision of psychological first aid and first-line management of mental, neurological and substance-use conditions among adolescents and youth in humanitarian and fragile settings	X	X	X	X	X	X	X	X	X	X
	10.5.2	"Improve facilities available for psychological first aid and first line management of mental, neurological and substance-use conditions among adolescents and youth in humanitarian and fragile settings.	X	X	X	X	X	X	X	X	X	X



Strategy Direction	Strategic Direction / Strategies / Major activities	Responsibility	Time frame															
			2018	2019	2020	2021	2022	2023	2024	2025								
12.1	Strengthen research, monitoring and evaluation on adolescents and youth health services																	
12.1	Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	FHB	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	12.1.1	Strengthen the routine information systems and monitoring frameworks integrating adolescents and youth health indicators with necessary reviewing and revising to get correct data	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	12.1.2	Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gaps	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	12.1.3	Conduct periodic external evaluations of the adolescents and youth health services																
12.2	Strengthen research and develop an evidence based interventions on adolescents and youth health	FHB,PDHS, RDHS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	12.2.1	"Identify priority areas and advocate for conducting relevant research on adolescents	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	12.2.2	"Incorporate adolescents and youth health indicators to national health surveys (DHS) "	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X



			Strategic Direction / Strategies / Major activities	Responsibility	Time frame								
					2018	2019	2020	2021	2022	2023	2024	2025	
		12.2.3	Test interventions on parenting and peer group involvement	FHB, PDHS, RDHS	X	X	X	X	X	X	X	X	X





Annex 111

Technical Advisory Committee on Young persons' Health (2016/2017)

Ministry of Health

Dr. Anil Jasinghe	DGHS
Dr. J.M.W. Jayasundara Bandara	DGHS(2016)
Dr. L. Gamalath	DDG/PHS II
Dr. Nethanjalee Mapitigama	Director/MCH/FHB
Dr. Priyane Senadeera	Director/MCH/FHB(2017)
Dr. Sapumal Dhanapala	Director/MCH/FHB(2016)
Dr. Chithramali de Silva,	Director, Mental Health Unit
Dr. R.D.F.C. Kanthi	Director, Health Education Bureau
Dr. V.T.S.K. Siriwardhena	Director, NCD
Dr. Rasanjalee Hettiarachchi,	Director, Nutrition Coordination Division
Dr. Chiranthika Vithana	CCP, AYH Unit, FHB
Dr. Ayesha Lokubalasooriya	CCP, SH Unit, FHB
Dr. Sanjeewa Godakandage	CCP, FP Unit, FHB
Dr. Janaki Vidhanapathirana,	CCP, NSACP
Dr. Asanthi Fernando	CCP, HPB
Dr. Anoma Basnayaka,	CCP, Nutrition Division
Dr. Monika Wijerathne	CCP, PDHS office, Colombo
Dr. Manjula Danansuriya	CCP, Anti Malaria Campaign
Dr. Irosha Nilaweera	CCP, Maternal Care Unit, FHB
Dr. Kaushalya Kasturiaratchi	CCP, M & E Unit, FHB
Dr. Nethmini Thenuwara	CCP, Planning Unit, FHB
Dr. Ruwan de Silva	Consultant VOG, FHB
Dr. P.M.G. Gunasekara	AMOH, Maharagama

Other Ministries

Mrs. Ashoka Alawatte	Additional Secretary, Ministry of Social Empowerment and Welfare
Mr. Dinesha Vidanagamachchi	Ministry of National Policies and Economic Affairs
Mr. Wasantha Karunarathna	A/Director, National Youth Service Council



Mr. M.Ramamoorthy

Director/MSE & W, Ministry of Social Empowerment and Welfare

Mr. I.U. Wickramasooriya

Assistant Director, Nipunatha Piyasa,

Professional Colleges

Dr. S.G.De Silva

Ceylon College of physicians

Dr. H.Herath

Sri Lanka College of Consultant Community Physicians

Dr. Ruwanthi Perera

Sri Lanka College of Paediatricians

Dr. Ramya Pathiraja

Sri Lanka College of Obstetrician and Gynaecologist

UN agencies

Dr. N. Hemachandra

National Professional Officer (RMNCAH & Nutrition), WHO

Mr. Jayan

UNFPA

NGOs & Other Organizations

Dr. Vinya Ariyaratne

General Secretary Lanka Jathika Sarvodaya Shramadana Sangamaya

Dr. Harischandra Yakandawla,

Medical Director, FPA

Mr. Sampath D. Saram

Director Human Development and Administration, ADIC Sri Lanka

Youth Representatives

Ms. Sasindu Shamalka

Youth Parliament

Mr. A. D. Jayapadma

Youth Parliament

Mr. Sameera Prasad

Youth





