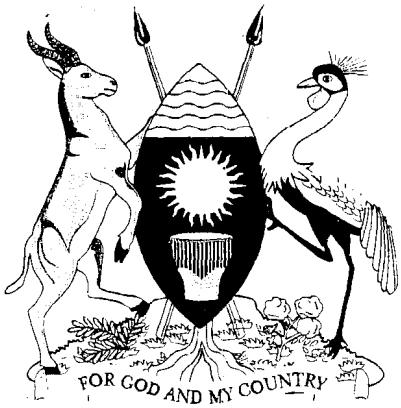

THE REPUBLIC OF UGANDA

NATIONAL ADOLESCENT HEALTH POLICY FOR UGANDA.

MINISTRY OF HEALTH
REPRODUCTIVE HEALTH DIVISION
P.O BOX 7272 KAMPALA- UGANDA.

October 2004

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Forward

The Health concerns of young children, adults and the elderly have hitherto taken precedence over the needs of Adolescents. This policy is an effort to highlight adolescent health issues and bring them into the mainstream of health and other social services. The Ministry of Health has identified Reproductive Health as a priority programme and increasing access to quality Adolescent Health services is one of the strategies to reduce the high maternal mortality in Uganda.

Young people are a critical national resource for today and their health is a worthwhile investment for future growth and development. They have great potential to contribute to the process of decision-making and implementation of programmes for their own benefit as well as the development of society at large. The understanding adoption and implementation of this policy will contribute positively to the efforts to emancipate young people and integrate them in the social development efforts. All persons and organisations with a stake to the lives and health of young people are urged to make special consideration of this policy and its ideals in their day-to-day work. I recommend this policy to all sector Ministries involved different activities that promote the health of young people. I also recommend it to districts health teams, local councils, NGOs and the private sector

Prof. F. G. Omaswa
Director General of Health Services
Ministry of Health

Acknowledgement

This policy has benefited from many individuals and organisations during the course of its development. Technical assistance and funding was received from WHO, AYA and the Population Secretariat for which the Ministry of grateful.

Representatives from the following organisations participated in the formulation of this policy WHO country Office, UNICEF Country Office, The Commonwealth Medical Association, African Youth Alliance, Uganda Medical Association, The Association of Uganda Women Medical doctors, Uganda Youth Development link, Uganda Reproductive Health Advocacy Network (URHAN), Association of Obstetricians and Gyanaecologists, Straight Talk Foundation, Naguru Teenage and Information Centre, Makerere Medical School, The Population Secretariat, The POLICY Project, Ministry of Gender, Labour and Social Development, Ministry of Internal Affairs, Ministry of Justice (Law Reform), Ministry of Education and Sports and Ministry of Health including Top Management. To all the above, the Ministry is very grateful. We are also grateful to the POLICY Project for providing funds to print this document.

Dr. Anthony K. Mbonye

Ag. Assistant Commissioner/Reproductive Health

ACRONYMS

BCC	:	Behaviour Change Communication
TACAH	:	Technical Advisory Committee on Adolescent Health
DICAH	:	District Committee on Adolescent Health
NASCAH	:	National Steering Committee on Adolescent Health
ICPD	:	International Conference on Population and Development
HIV	:	Human Immuno Deficience Virus
AIDS	:	Acquired Immuno Deficiency Syndrome
CBOS	:	Community based organisation
FBOS	:	Faith Based Organisations
ASRH	:	Adolescent Sexual and Reproductive Health
STI	:	Sexually Transmitted Infections
HC	:	Health Centre
HMIS	:	Health Management Information System
ARV	:	Anti Retrovial therapy
NGOS	:	Non Government Organisations
ARH	:	Adolescent Reproductive Health
YMCA	:	Young Men's Christian Association
YWCA	:	Young Women's Christian Association
UMA	:	Uganda Medical Association
FIDA	:	Federatin of women lawyers
RH	:	Reproductive Health
IACC	:	InterAgency Co-ordination Committee
WHO	:	World Health Organisation
UNICEF	:	United Nations Children's Education Fund
USAID	:	United States Agency for International Development

POP. SEC	:	Population Secretariat
CAO	:	Chief Administration Officer
DDHS	:	District Director of Health Services
MOH	:	Ministry of Health

CHAPTER 1: INTRODUCTION

The international Conference on Population and Development (ICPD) 1994 defined reproductive health as a state of complete physical, mental and social well being in all matters related to reproductive health system, its functions and processes. Adolescent health is one of the key components of reproductive health. This policy addresses the need to provide direction and focus in provision of adolescent health services by different stakeholders in Uganda. It provides a framework for planning, implementing and evaluating adolescent health services. It sets priorities for adolescent health and development and clarifies the roles of different stakeholders.

The National Adolescent Health Policy is an integral part of the National Development process and reinforces the commitment of the Government to integrate young people in the development process. The policy complements all sectoral policies and programmes and defines structures and key target areas for ensuring that adolescent health concerns are mainstreamed in all planning activities.

The policy recognizes the critical roles adolescents can play in promoting their own health and development and emphasizes the need for their participation in planning, implementation, monitoring and evaluation of programmes within the context of the economic, social, cultural, and spiritual realities of Uganda without giving in to those aspects that are harmful / dangerous to the health of adolescents.

The Policy further recognises the important roles played by parents and significant others (Teachers, Peers, Opinion leaders etc) in the life and development of adolescents and highlights the need for their active involvement and participation in adolescent health programmes. It seeks to promote and advance gender, equity and equality emphasising the elimination of all forms of gender bias, discrimination and violence using a multi-sectoral approach.

The policy further seeks to strengthen and promote an enabling social and legal environment for the provision of high quality, accessible adolescent health services.

Beneficiaries of the adolescent health policy

Implementation of this policy will benefit all people in Ugandan. The primary beneficiaries will be the young people of all ages.

For programmatic purposes, priority will be given to adolescents in and out of school of the following categories.

- Adolescents living in difficult circumstances -refugees, war zones, disaster areas, internally displaced, street children etc
- Adolescents without employment in both urban and rural areas
- Adolescents in hazardous employment including commercial sex
- Fishing communities
- Adolescents living with HIV/AIDS
- Adolescents with mental or physical disabilities & defects
- Adolescents with violent behaviour
- Adolescents under conviction of incarceration
- Orphaned adolescents
- Adolescents with substance abuse problems
- Pregnant adolescents and mothers
- Institutionalised adolescents

Parents are important beneficiaries of this policy and have the primary responsibility for proper up bringing of children and the young people. It is important to recognise the changes societies and families are undergoing, and the fact that children and adolescents of school age spend less quality time with their parents. This policy should enhance parents' efforts to foster their rightful roles and responsibilities in the up bringing of the young people despite the prevailing social and economic realities.

Service providers play critical roles in the efforts to improve access to adolescent health care. The quality of services and their utilisation by clients depends a great deal on both the technical competence and attitude of providers. The success of adolescent health programmes in Uganda will depend a lot to the extent to which service providers are willing to adopt new skills and attitudes towards adolescent inclusive health care.

School teachers remain pivotal in modelling the lives of young people. They are important role models and spend much time with the adolescents during the school term. With the incorporation of adolescent health needs in school curricula and environment, the teachers will become both a major beneficiary and benefactor of the new policy.

Extension workers in agriculture, health, education, community development etc. are important linkages between formal government programme and out of school rural young people. This policy recognises the value of such linkage and will utilise them positively.

Civil Society Organisations have played a pioneering role in adolescent programmes in Uganda. The policy enhances the contributions of CBOs, FBOs, traditional institutions and faith based groups in the promotion of adolescent health. In addition the partnership with the private sector will be strengthened to meaningfully contribute to ASRH.

Leaders at all levels, will be targeted through policy and advocacy programmes. Successful implementation of this policy and programmes will depend on the support of the leaders.

Development partners are necessary for adolescent health programmes in Uganda, given the prevailing economic constraints. This policy will make it easier for development partners to identify specific components for support.

CHAPTER 2: DEFINITIONS AND RATIONALE FOR HAVING AN ADOLESCENT HEALTH POLICY

What Is Adolescent Health?

The term "adolescent" refers to people aged between 10 – 19years, and "Youth" to those aged between 15 – 24years. "Young people" is a term that covers both age groups i.e. those aged between 10 – 24years.

Adolescence is defined as a period of physical, psychological and social transition from childhood to adulthood and may fall within either age group. Adolescence is characterized by dramatic physical, psychological and social changes that are often not well understood by adults. Adolescents also lack skills to cope with these changes. During this transition the adolescents face the dilemma of a desire to become socially acceptable adults. While adolescents feel capable of performing almost anything independently, adults still see them as children incapable of handling major responsibilities. What makes the adolescents particularly vulnerable is, on one hand, their dependency, inexperience and, lack of positive guidance. This is compounded by lack of clear legal structures and systems for the protection of adolescents, conflicting social value systems, social change and economic constraints.

The youth are believed to enjoy robust health since they are not expected to suffer childhood diseases and are not yet susceptible to the ailments of old age. This belief although true in some aspects, has led to serious neglect of adolescents by the health system. Although the overall burden of disease may be lower in adolescents compared to children and the older people, there are specific conditions that are much more common and have more devastating effects in adolescents. These include reproductive health problems such as early/unwanted pregnancy, unsafe abortion, STIs/HIV/AIDS, psycho-social problems such as substance abuse, delinquency, truancy, sexual abuse etc.

Why the adolescent health policy?

Uganda has a predominately young population with 47.3% being under 15 years. One in every four Ugandans (23.3%) is an adolescent; and one in every three (33.5%) is a young person. The population of Uganda, according to the 2002 population census was 24.7 million with an annual growth rate of 3.4%. The current population is estimated to be 24.8 million. The population is projected to reach, 28.4 million in the year 2010 and is expected double in 20 years. This rapid population growth rate has implication on adolescent since they comprise a big proportion of the population.

Adolescent females account for a significant proportion of maternal deaths, which are largely due to preventable causes like malnutrition, infections and haemorrhage coupled with inadequate health care and supportive services, particularly in the rural areas. Unsafe abortions contribute significantly to maternal morbidity and mortality among adolescents.

Adolescents start having sex at an early age. The median age at first intercourse in Uganda is 16.7 years and the median age at first marriage is 17.8 years. By age 15, 22.6% of females have had sexual intercourse and by 18 years 67% have had sexual intercourse whereas 53% are married by this age. It would appear that most of the sexual encounters in this age group are unprotected and they expose young girls to unwanted pregnancies and STIs including HIV. HIV/AIDS mainly affect individuals in the active reproductive age. The majority of cases (83%) are young adults aged between 15 – 40 years with 46 percent cases being 10-24 years. Stratification by age and sex reveal that a number of AIDS cases in the age group 15 – 19 years is four times higher among females than among males.

Gender biases that are reflected in later life start from early childhood. Young females and young males live in worlds that differ in access to education, economic opportunities, health, personal security and leisure time. In Uganda 45% of females aged ten and above are literate compared to 68% of males. This is a result of low enrolment and high drop out rates in schools for females.

Substance abuse is common in Uganda and is on the increase. The most commonly abused substances are tobacco and alcohol. The use of hard drugs is on the increase and can be expected to grow even faster given that the East African region is rapidly becoming a transit point for drugs. The use of cannabis sativa (marijuana), Khat (mairungi) and miira has its roots in some traditions, but has now obtained commercial proportion. Studies elsewhere

have documented the close relationship between drug abuse, crime, violence and risky sexual behaviour with consequences of unwanted pregnancies, STIs and HIV/AIDS. Habituation and drug addiction problems have had multiple devastating impacts on the young people, their health and social structure.

Young people are prone to all kinds of accidents by virtue of their level of activity and willingness to take risks. Many of these will lead to physical infirmity and even death. What the adult society sees as risks is perceived by young people to be both exciting and challenging.

Young people form a sizeable proportion of the workforce in Uganda. Because of limited employment opportunities, many are forced and subjected to inhuman conditions of work in both formal and informal sectors. Sometimes they are subjected to occupationally hazardous jobs by their employers with little regard to their health. Young girls become vulnerable to sexual exploitation by men who take advantage of their poor socio- economic status. Existing labour laws and industrial regulations need to be reviewed and implementation strengthened for the benefit of the young people.

The young people in difficult circumstances such as orphans, street children, refugees, single parents, and people with physical and mental disabilities, war veterans and those in war or conflict areas need special attention.

A policy is therefore necessary to spell out cost-effective interventions, coordination of adolescent health programmes and resource mobilization in order to improve adolescent health.

CHAPTER 3: POLICY GOAL, OBJECTIVES AND TARGETS

Goal

The overall goal of this policy is to mainstream adolescent health concerns in the national development process in order to improve the quality of life and standard of living of young people in Uganda.

Objectives

To provide policy makers and other key actors in the social and development fields, reference guidelines for addressing adolescent health concerns.

To create an enabling legal and social-cultural environment that promotes provision of better health and information services for young people.

To protect and promote the rights of adolescents to health, education, information and care.

To promote the involvement of adolescents in conceptualisation, design, implementation, monitoring and evaluation of adolescent health programmes.

To promote adequate development of responsible health related positive behaviour amongst adolescents including relations based on equity and mutual respect between genders and to sensitise them to such gender issues as they grow into adulthood.

To provide legal and social protections of young people especially the girl child against harmful traditional practices and all forms of abuse including sexual abuse, exploitation, trafficking and violence.

To train providers and reorient the health system at all levels to better focus and meet the special needs of adolescents

To advocate for increased resource commitment for the health of adolescents in conformity with their age, numbers, gender, needs and requirements at all levels

To improve the capacity of local institutions in research, monitoring and evaluation of adolescent health needs and programmes

To promote, disseminate and utilise relevant information to create awareness and influences behaviour amongst individuals, communities, leaders and service providers concerning adolescent health.

To promote co-ordination and networking between different sectors and among Non Government Organisation/Youth Serving NGOs working in the field of adolescent health.

To promote interventions built on capabilities and resourcefulness of young people.

Targets to monitor implementation of the policy

Reproductive health targets

- Contraceptive use rate among sexually active adolescents doubled from..... to.....%.
- First childbirth delayed-reduced by half from 59% to 30% (the proportion of women who have their first child below 20 years).
- Age at first sexual intercourse should be raised to 18 years from 16.7 in females and maintained for males.
- The proportion of adolescents abstaining from sex before marriage increased by 30%
- Practice of protected/safe sex among sexually active adolescent increased by 30%
- Practice of dual protection in sex (against both disease and pregnancy) among adolescents increased by 30%
- Post-abortion care integrated in all health centres HCIV, HCIII, HCII, HCI and arrange appropriate primary health care facilities with emphasis on post abortion family planning counselling and services.
- Pregnant school girls to continue with education system after they have delivered. (Adolescent mothers readmitted within the education system.)
- Abortion law reviewed with a view to improve the services.
- Lifetime risk of maternal death in age group 15-24years reduced by 50%
- Percentage of mothers below 20 years receiving at least two doses of Tetanus Toxoid during pregnancy increased (from 56% to 80%)
- Proportion of mothers below 20 years delivering in a health facility doubled (from 48% to 80%).
- HMIS desegregated data on immunization, and nutrition status or breastfeeding status obtained for children born to adolescent mothers in order to design appropriate interventions.

Proportion of adolescents that are knowledgeable about STIs and AIDS increased.

Perception of the risk of getting HIV *j* AIDS in adolescents increased in females (68-90%) males (48-90%).

- STI management and HIV *j* AIDS counselling integrated in all activities at all levels of care.
- Proportion of orphans with HIV accessing home based care and support increased.
- Proportion of HIV positive adolescent accessing ARVs increased.
- Use of emergency contraception integrated in family planning programmes targeting adolescents increased.
- Harmful traditional practices through appropriate policies, legislation and programmes reduced.
- Girl-child enrolment and retention in schools increased to match that of boys.
- Incorporate adolescent reproductive health in the curricula of all health training institutions and schools.
- Review, enact, enforce and implement legislation that will reduce harmful traditional practices.
- Establish psychosocial support.
- Increase the number of institutions providing psychosocial support services for adolescents.
- Number of adolescents accessing psychosocial support services for the assessment and management of mental/behavioural disorders increased.

Substance abuse and mental health targets

- Level of awareness about the problem of substance use and abuse amongst adolescents increased from.....to.....
- Establish psychosocial support services at district level to help in assessment and management of adolescents with mental behavioural disorders in the school system.
- Increase proportion of institution providing mental health services
- Increase the number of adolescents obtaining mental health services
- Support a pilot rehabilitation project for adolescents with substance abuse problems in Kampala
- Strengthen psychosocial support services in the national school health programme

Accidents and disabilities targets

- Desegregated data on accidents and disabilities by age, sex and type compiled.
- Design appropriate interventions for prevention and management of adolescents with disabilities
- The number of institutions catering for the physical and mentally disabled, commensurate with their numbers.
- Train enough teachers to provide special education for adolescents with disabilities within the regular education system
- Support community-based programmes for prevention of accidents and care for adolescents with disabilities
- Re-orient services to be sensitive to the needs of adolescent
- Proportion of health units that are designed to address the needs of disabled adolescent with focus on pregnant girls increased.

Nutrition and Oral Health targets

- The nutrition and oral health component in the national school health programme strengthened
- Community-based nutrition and oral health programmes of the Ministry of Health Strengthened
- Support a national nutritional survey on adolescents
- Increase public awareness on nutrition and oral health

Socio-economic Consequences/Occupation Health targets

- Review and address existing public health, labour and industrial laws, relevant to
- adolescent health
- The enforcement capability of the Ministry of Health and Ministry of Labour strengthened
- Collate data on occupational hazards and monitor the socio-economic
- consequences of adolescent ill health

CHAPTER 4: STRATEGIES TO IMPLEMENT THE POLICY

In order to realize the aforementioned goals, objectives and targets, the following strategies shall be employed by the different stakeholders:

- Advocacy
- Behaviour change and communication (BCC)
- Training
- Resource mobilisation
- Research
- Co-ordination
- Adolescent friendly services
- Monitoring & Evaluation
- Multi-sectoral approach

Advocacy for the policy

- Promoting the concept of adolescent health among policy makers, and leaders, (cultural, elected, religious etc), parents, service providers, teachers and the young people.
- Increasing resource commitments to adolescent health programmes by families, communities, local authorities, government ministries, private sector, development partners, charity organisations and Celebrities/goodwill ambassadors.
- Creating enabling and supporting legal and socio-cultural environment for the provision of the adolescent health services.
- Reviewing existing legal, medical and social barriers to adolescents' access to information and health services.
- Protecting the rights of adolescents to health information and services
- Promoting adolescent responsibility to the health information system
- Re-orienting the health care system to cater for the special needs of adolescents
- Providing legal and social protection for adolescents against all forms of abuse and harmful traditional practices.
- Promoting the understanding of gender issues and imbalance involved in the upbringing of children and adolescents in the context of culture, and socio-economic opportunities.
- Promoting networking between public, private and Civil Society organisations and among young people serving organisations

- Universal Education, enrolment and retention of children and adolescents in school with special emphasis on the girl child and those with disabilities
- Enhancing opportunities for adolescents to access health services.
- Review existing and enact laws to protect adolescent reproductive health services.
- Identify and review laws and policies that hinder establishment and utilisation of adolescent health services.
- Enhance the scaling up of adolescent friendly programmes.
- Strengthen and utilise the partnerships with the media for ASRH programmes
- Utilise evidence based ARH data for advocacy

Behavioural Change Communication (BCC)

- Increasing awareness for positive change on attitudes, beliefs, values and practices on ASRH at all levels (at individual, family, community and national levels).

- Sensitising policy makers, leaders, parents, the young people and the community on adolescent health, their special needs, rights and responsibilities.

- Reviewing the National BCC Strategy on Population and Development to emphasize activities relevant to adolescent health.

- Promote and integrate information on adolescent health BCC interventions in activities of the various sectors and institutions both formal and informal

- Increasing the scope, content and spatial coverage of adolescent health issues using appropriate and available communication channels including mobile film units within sector and NGOs.

- Promoting the use of traditional communication channels especially drama, folk dance and music.

- Create, strengthen and utilise existing young people and peer to peer networks to facilitate the sharing of accurate information on adolescent health.

- Sensitising law enforcement organs at all levels about the rights of adolescents and their responsibility in protecting adolescents from exploitation.

- Reviewing existing BCC materials on adolescent health and facilitating their adaptation and sharing among young people serving organisations and programmes.

Training of Services providers

- Pre-service and in-service training of service providers at all levels in all sectors in ASRH to meet the special needs of adolescents.

- Building the capacity of institutions (human and systems) in data collection, analysis, dissemination and utilization in ASRH programming in logistics and supplies etc.

- Reviewing training curricula in order to harmonise the content and approach in such areas of common need as advocacy, counselling, peer education and communication skills.

- Provide in-service training of extension workers in other relevant sectors such as education, community development, agricultural extension, sports, religion etc on the linkage between their work and adolescent health.

- Improving skills of young people in programme planning, implementation, monitoring and evaluation in order to enhance their participation in adolescent health programmes.

- Training of personnel to take care of the special needs of adolescents with disabilities and the rehabilitation of victims of substance abuse, violence and sexual exploitation.

- Identify and train teachers, parents and significant others in designing appropriate interventions.

- Promote and provide training in livelihood skills for adolescents in the formal and informal sector.

- Integrating life skills into formal education and informal training programmes for young people.

Service implementation

- Define and implement a minimum adolescent health package with adequate logistics and supplies at the different levels of care (in the different sectors)
- Establishing minimum facility and equipment standards for the delivery of quality adolescent health services
- Integrating adolescent health concerns into existing public, private and civil society services delivery.
- Ensuring equitable distribution and access to adolescent friendly services in both rural and urban areas.
- Ensure a critical mass of trained service providers in adolescent health at all levels of care and sectors
- Ensure the continuous provision of quality care of adolescent services at all levels of service delivery
- Development of appropriate job aids for delivery of adolescent health services
- To Identify, review and advocate for laws and policies that promote establishment and utilisation of adolescent health services.

- Ensuring the allocation of adequate funds in the annual budget of sector ministries, Local Government including urban authorities to adolescent health activities.

- Mobilising external resources to initiate and supplement innovative adolescent health interventions.

- Promoting community participation and subsidies in adolescent health programmes.

- Promoting adolescents' participation in their own health programmes.

- Linking adolescent health programmes and income generating activities at local levels to enhance sustainability.

- Promoting the addition of adolescent health component to existing youth programmes e.g. YMCA, YWCA, Girl Guides and Scouts etc.

- Encouraging charities, service organisations and clubs to invest in adolescent programmes, e.g. Rotary, Lion.

- Drawing on the expertise of professional groups, e.g., UMA, FIDA etc to provide support in adolescent health programmes.

- Encouraging sharing of expertise and experience between sectors, programmes and organisations.

- Identifying and optimally deploying available human resources for the benefit of adolescent health programmes

- Enhancing the capacity of institutions to undertake adolescent health interventions using personnel within the country.

Research

- Encouraging the compilation of age and gender of adolescent desegregated data.
- Promoting relevant policy-oriented and operational research on key adolescent health issues.
- Mainstreaming participatory research, monitoring and evaluation in all adolescent health programmes and promote the utilization of such data in programme design and re-direction.
- Facilitate user-friendly sharing and dissemination of research and programme evaluation data.
- Encouraging researchers and research institutions to focus on local critical issues and concerns of adolescent health in both urban and rural areas
- Encouraging the compilation of information packages on adolescent health based or research data to enhance public awareness.
- Build capacity of young people and communities to conduct of operational research
- Disseminate and utilise evidence based practices on adolescent health.

Co-ordination

- Establishing a national steering committee for co-ordination of adolescent health.
- Designating coordinating functions for adolescent health at district level to appropriate existing committees.
- Establishing and strengthening a functional network for youth-serving organisations for improved resource and information sharing.
- Encouraging linkages from within and outside the country.
- Promoting co-ordinated mobilisation, equitable distribution and optimal utilization of resources.

CHAPTER 5: INSTITUTIONAL FRAMEWORK FOR IMPLEMENTING THE POLICY

The institutional framework for implementing the policy and the roles of different Ministries, NGOs and other agencies are outlined below:

Ministry of Health will spearhead and coordinate adolescent health programmes. The Ministry of Health shall establish and chair a multisectoral committee called National Steering Committee on Adolescent Health (NASCAH)

Functions

i. Advocate, promote, monitor and co-ordinate the implementation of the Adolescent Health Policy.

ii. Review and recommend appropriate changes in the Adolescent Health policy in the country and advise the Government accordingly, taking into consideration the political, economic, socio-cultural and legal realities of Uganda.

iii. Advise Government on resource mobilization, allocation and monitoring their utilization to support the implementation of the Adolescent Health Policy.

iv. Undertake any other relevant activities that will promote sustainable adolescent health programmes in order to improve the well being of young people in Uganda.

Membership

The National Steering Committee on Adolescent Health shall be composed of Members with representation drawn from each of the following:

Government Ministries and Departments: Ministry of Health, Ministry responsible for youth, Ministry of Gender Labour and Social Development, Ministry of Finance, Planning and Economic Development, Ministry of Education & Sports, Ministry of Planning, Ministry of Local Government, Ministry of Justice and Constitutional Affairs and Ministry of Agriculture.

Representative of RH, Inter-Agency co-ordination committee IACC (WHO,UNICEF, UNFPA, USAID)	-	1 representative
Local NGOs	-	2 representatives
Bilateral development partners	-	I representative
National Youth Council for Children	-	I representative
Parliamentary Sessional Committee on Social Services	-	I representative
Chairperson Technical Advisory Committee on Adolescent Health	-	1 representative
National Youth Council	-	2 representatives (male and female)
Faith Based/Inter religious organisations	-	1 representative
Private Sector	-	1 representative

Membership shall be forwarded by the respective Ministries and Organisations.
This committee submits annual reports to the director general Ministry of Health.

Meetings

The Steering Committee shall meet at least bi-annually. Quorum shall be constituted by simple majority of membership with at least three sectoral ministries represented.

The Technical Committee for Adolescent Health (TACAH)

The Steering Committee for Adolescent Health (NASCAH) shall have a technical and advisory committee to re-enforce the technical base required for its decisions. This committee shall be known as the Technical Advisory Committee on Adolescent Health.

The Chairperson shall be selected by members and the secretariat shall be in the Ministry of Health (Reproductive Health Division).

Functions

i. The functions of the Technical Advisory Committee for Adolescent (TACAH) shall be to:

ii. Assist the Steering Committee and relevant Ministries to determine, appropriate programmes, tasks and working links among Ministries, districts, agencies, NGOs and institutions working in adolescent health and related fields in the country and also assist to sustain the links so established.

iii. Suggest, provide and review technical guidelines, which shall assist the Steering Committee and relevant Ministries, institutions and NGOs in carrying out their work efficiently in the field of Adolescent Health.

iv. Advise the Steering Committee on key and relevant technical matters relating to the implementation of adolescent health and development of related programmes in the country.

v. Provide technical assistance to the steering committee towards the achievement of the objectives.

Membership

The Technical Committee on Adolescent Health shall be composed of 19 members with a representative drawn from each of the following Ministries:

Ministries:

- Health (Reproductive Health)
- Gender, Labour and Social Development (Youth Dept./Occup.)
- Education (School Health)
- Planning (POPSEC – Family Health)
- Local Government (Urban & Rural Health)
- Justice (Law Reform commission)
- Agriculture (Food and nutrition)

United Nation Agencies:

	-	WHO (Focal person for Adolescent Health)
	-	UNICEF (Programme Officer)
	-	UNFP A (Programme Officer)
Youth serving NGOs	-	1 representative
International NGOs	-	1 representative
Research Institutions	-	1 representative
Bilateral donors	-	1 representative
Youth Network	-	1 representative
Professional Medical Body	-	1 representative
Local Youth Servicing Organisation	-	1 representative

MEETINGS

The National Technical Committee shall meet at least quarterly and submits bi-annual report to the steering committee.

District Committee on Adolescent Health (DICAH)

Within the framework of the District Local Government under the decentralisation status, the District Technical Planning Committee shall have a subcommittee on Adolescent Health for the purpose of spearheading, facilitating and coordinating Adolescent Health activities at the district level.

FUNCTIONS

The functions of the District Committee on Adolescent Health (DICAH) shall include the following:

i. Promotion, co-ordination, monitoring and evaluation of adolescent programmes and activities in the districts
ii. Advocate for greater appreciation and focus on adolescent health within the district
iii. Promote co-ordination
iv. Ensure integration of adolescent health issues in district development plans

v. Promote collaboration among departments and NGOs engaged in Adolescent Health Programmes and activities in the district

vi. Initiate and facilitate the formulation and review of district Adolescent Health plans of action.

vii. Advise the District Local Government on adequate resource mobilisation and utilization for Adolescent health activities and monitor their utilisation.

viii. Link district adolescent health activities with national level programmes.

ix. Compile bi-annual district situational reports on Adolescent health programmes, activities and submit to the national Technical Committee.

Composition

The membership of the District Committee Adolescent Health (DICAH) shall comprise of up to 10 members drawn as follows:

i. The CAO in charge of health shall be the chairperson

ii. DDHS - Secretariat

iii. Maximum of 5 Heads of department responsible for Gender issues, Education, Childcare and protection, population and, youth issues. Where any of the officers above is not a member of the Committee they shall be co-opted to the Adolescent Health and Development Committee

iv. Two members from relevant government NGOs operating in the district in the field of adolescent health

v. Two youth representatives male and female of age less than 25 years.

vi. The committee should meet quarterly and submit quarterly/annual report to the Director General (MOH).

ROLES OF VARIOUS MINISTRIES AND INSTITUTIONS IN POLICY IMPLEMENTATION

Roles of the Ministry of Health

i. Provide guidelines and technical assistance for the design and implementation of adolescent health programmes that are sensitive to gender, age, culture and religion.

ii. Strengthen and expand the existing Adolescent Health programmes

iii. Provide adolescent health services at all levels of health care delivery.

iv. In collaboration with relevant Ministries and Institutions, strengthen and expand training of all health care providers in the field of adolescent health.

v. Set standards and guidelines for provision of adolescent health services that are sensitive to gender age, culture and religion.

vi. Coordinate and monitor adolescent health programmes of all agencies in the country.

vii. Liaise with all agencies to integrate HIV / AIDS into Adolescent Health programmes.

viii. Expand and extend coverage and scope of adolescent health service delivery by increasing the numbers of health units with community based distribution and social marketing systems.

ix. Undertake operational research in adolescent health including methods of service delivery.

x. Liase with Curricula Development Institutions/ agencies to include Adolescent health issues in the training curricula of health workers.

xi. Promote and support operational research activities in adolescent health including alternative methods of service delivery.

xii. Integrate adolescent health into the Health Management Information

xiii. system and sentinel surveillance.

xiv. Promote the scaling up of ASRH.

Roles of Ministry of Gender Labour and Social Development

i. Disseminate widely and implement adolescent health and development of related

ii. policies.

iii. Implement the National Youth Policy that is responsive to Adolescent Health

iv. Issues.

v. Promote awareness and integrate Adolescent Health concerns among the youth and the different departments within the Ministry .

vi. Advocate for the elimination of customs and practices that violate rights of adolescents.

vii. Create public awareness on adolescent rights, responsibilities and needs.

viii. Build capacity of extension workers for effective implementation of adolescent health programmes.

ix. Ensure that Gender is mainstreamed in all programmes on adolescent health and development.

x. Advocate for increased resource allocation for Adolescent/Youth programmes at all levels.

xi. Provide disaggregated relevant age/gender data to the technical committee on adolescent health.

xii. Establish a management information system within the Ministry that will permit

xiii. regular collection of data.

xiv. Analysis and reporting of adolescent desegregated data concerning

xv. Employment.

xvi. Monitor the implementation of labour laws with reference to adolescents in

xvii. various sectors of the economy and ensure elimination of child labour.

xviii. Create awareness on the humanitarian, economic, social and cultural Implications of child labour and the development process.

xix. Main streaming programmes to support the development and integration of young people with disabilities.

xx. Ensure increased access to livelihood programmes and recreational facilities.

Ministry responsible for Education and Sports.

i. Integrate adolescent health responsive issues in the school education system sensitive to age and gender.

ii. Advocate for resource allocation and mobilisation in school Adolescent health programmes including nutrition and safe environment.

iii. Co-ordinate, facilitate and monitor with other collaborators activities of schools to ensure effective and efficient resource allocation and use in conformity with Adolescent health policy and strategies.

iv. Advocate, coordinate and monitor implementation of programmes for re-admission of adolescent mothers into school systems.

Roles of Ministry of Finance, Planning and Economic Development

i. Mobilise and allocate adequate resources for the implementation of adolescent health programmes.
ii. Promote and provide technical assistance to private, public and civil society agencies in the integration of adolescent health and demographic variables in development planning process.
iii. Provide technical assistance to develop tools, collect and analyse desegregated data (especially during census and surveys) with special emphasis on adolescent health issues.
iv. Participate in the co-ordination, evaluation and monitoring of adolescent
v. related programmes in collaboration with sectoral ministries, academic and research institutions.
vi. Determine patterns and trends in adolescent specific activity rates, through
vii. labour force sample surveys, in both rural and urban areas in collaboration with appropriate academic and research institutes and the Ministry concerned for labour and occupational health.
viii. Analyse, interpret and disseminate age and gender desegregated
ix. adolescent specific data of censuses and surveys.
x. Analyse, interpret and disseminate adolescent user friendly age and gender .
xi. district desegregated statistical data

Roles of Ministry of Justice and Constitutional Affairs

i. Revise and enact all the laws to protect adolescent health development, rights and needs.
ii. Amend existing laws and formulate legislative measures designed to be instrumental in: Eradicating all harmful customary practices such as those relating to female genital mutilation/cutting.
iii. Removing restrictions of adolescent development against enjoyment of civil rights such as access to information, education, employment, health services etc .
iv. Ratify, incorporate, and submit international and regional, instruments relevant

to adolescent health into domestic law as well as disseminate reports on implementation.

v. Ensure the protection of the rights of adolescents under the constitution as well as disseminate reports on the progress of the implementation of the respective laws.

Ministry of Agriculture
Food and Nutrition

i. Integrate adolescent health and development needs/concerns into ministerial programmes.

ii. Advocate and provide program technical assistance for the implementation of adolescent health programmes and policies for all adolescents with special consideration to vulnerable children and adolescents.

iii. Co-ordinate, monitor and evaluate child and adolescent nutrition programmes in collaboration with other sector ministries and civil organisations.

iv. Promote and support adolescent focused intervention to improve the agro-based livelihood skills.

LOCAL GOVERNMENT

- Design and ensure implementation of adolescent health programmes that are sensitive to gender, age, culture and religion.
- Expand/extend networks or coverage and scope of adolescent health service
- delivery by increasing the numbers of health units with community based distribution and social marking system offering adolescent services.
- Ensure recruitment, deployment and retention of skilled personnel for adolescent health programmes.
- Provide effective, committed and accountable leadership responsive to adolescent health programmes.
- Coordinate, Monitor and evaluate adolescent health programmes.
- Ensure adequate age and gender proportionate resource mobilisation and allocation.

- Provide technical and logistical support to the line ministries, public and private institutions and civil society organisations implementing adolescent health programmes and activities.
- Co-ordinate development partner technical and logistical support for implementing adolescent health services.
- Develop indicators and monitoring systems for evaluating efficiency and
- Effectiveness of development partner support to adolescent health.
- Monitor and evaluate impact of development partner support on Adolescent health.
- Advocate for adolescent health development at national and international levels.
- Provide support and technical assistance to document, disseminate and implement best practices relevant to adolescent health in the public, private and civil society organisations.

Civil Society Organisations

- Establish a national network/coalition for promoting Adolescent Health and development.
- Integrate Adolescent Health concerns within the framework of other ongoing
- Activities.
- Complement the role of sectoral ministries in the implementation of Adolescent Health priority programmes.
- Collaborate with the Technical Committee on Adolescent Health.
- Undertake operational research and disseminate information on Adolescent Health to stakeholders.
- Advocate for adolescent health development issues at national and international levels.

Research Institutions

- Carry out essential operational research in adolescent health and
- Disseminate user-friendly findings.
- Provide technical assistance/tools for the monitoring and evaluation on
- Programmes related to adolescent health.
- Assist in capacity building for research among institutions and with programmes
- of adolescent health.

MONITORING AND EVALUATION

Monitoring and evaluation is an important component for effective implementation of the Adolescent Health Policy, in order to ensure accomplishment of the objectives.

Monitoring and evaluation shall be the responsibility of the Ministry of Health, exercised through the National Steering Committee for Adolescent Health (NASCAH). The Technical Advisory Committee on Adolescent Health (TACAH) will develop guidelines for regular reporting of activities by implementing line ministries, districts, institutions and civil society organisations.

NASCAH shall prepare an annual report on policy implementation and undertake a comprehensive review of the policy after every five years. NASCAH shall also arrange special impact assessment and any other relevant studies from time to time

Sharing of experiences with other countries is an important way of gauging progress of national programme. NASCAH shall avail itself to such opportunities through regional and international meetings, and for publications.

The monitoring and evaluation frame work will be developed with multi-sectoral participatory approach.

COMMITMENT TO PROMOTING ADOLESCENT HEALTH

IN PERSUANCE of the goal to promote adolescent health within the context of national development;

GUIDED by the principles deriving from the constitution of Uganda, National Population Policy, The National Gender Policy, and Local Government Act, National Health Policy, the National Youth Policy and international conventions and declarations like; The Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, the International Conference on Social Development in the Fourth World Conference on the women of Action to the Youth to the year 2000 and beyond and other relevant statements of commitment to the health of young people.

ACKNOWLEDGING the interest of both local and international agencies in the promotion of the health and development of young persons in furtherance of the above commitments, and appreciating that the various programmes and projects planned or currently being implemented require to be co-ordinated, in accordance with the principles, priorities and strategies indicated in this policy.

CONFERRING upon the Ministry of Health, MOGLSD, MOFPED and Local Governments the mandate to mobilize the necessary resources from the health and other sectors to effect the re-orientation of existing and planned services, at all levels, to address the health and related needs of adolescents.

RECOGNISING the need for a specific policy framework to facilitate effective response, in terms of rearranging the nation's priorities to better address the needs of young people.

CONVINCED that optimal health of the adolescent population of Uganda will increase their productive capacity to contribute to the national development, the GOVERNMENT OF UGANDA hereby adopts this document as the NATIONAL ADOLESCENT HEALTH POLICY FOR UGANDA.