

Annex 1

UNICEF PROGRAMME GUIDELINES ON ADOLESCENT HEALTH, NUTRITION AND WELLBEING

1. About this document (1 page)

1.1 Why we are developing this document:

- To establish linkages between SDGs, UNICEF Strategic Plan/GAP/Goal area 1, and key reference documents on Adolescent Programming (i.e. Second Decade, AH-HA, Health Strategy): Rationale: Country Offices (COs) can better achieve existing targets/goals by improving coverage of multisectoral programming for adolescents
- To provide practical guidelines for developing and implementing an integrated adolescent program strategy (health, nutrition, HIV, WASH/MHM, gender) at the CO level

1.2 Who is the target audience:

- Deputy Representatives who will lead the planning and execution of the CO adolescent program strategy
- Sector Specialists who are responsible for implementing and monitoring adolescent programming

1.3 What it should contain:

- Overview of UNICEF's approach to improving health, nutrition, and well-being among adolescents (conceptual framework, determinants and consequences, program principles)
- Tools to guide the planning and execution of a CO adolescent program strategy: (Situation analysis, overview of actions (evidence based interventions) that country could undertake to support government and partners, implementing strategies, performance/indicator matrix)

1.4 What this document is not: A detailed guidance on specific interventions

1.5 How this document will be used: Operationalization of the approach -A management tool with linkages to some technical guidance for specific program areas.

2. Introduction (2 pages)

2.1 Rationale for addressing the health, nutrition and wellbeing of adolescents

a. *Window of opportunity for growth and development (evidence)*

- Growth spurt
- Biology
- Brain development
- Psycho-social
- Building gender equality by initiating change process from earlier ages to shape attitudes and behaviors on relationships/roles (some evidence available)?

b. *Burden*

- Health (including SRHR/HIV and mental health)
- Nutrition -Undernutrition, overweight and obesity, micronutrient deficiencies
- Injuries/Violence?
- Mortality and morbidity/ DALY

- Other Emerging factors, environment/air pollution?
- c. Causes: Start with conceptual framework (Lancet) to identify underlying, basic and immediate causes**
- d. Consequences of deprivations, impact on life course/intergenerational cycle/triple dividend**
 - Challenges
 - Investment case/Cost
- e. Building gender equity**

3. Existing global guidelines (repository of reference document in annex) (0.5 page)

- Health- AA-HA!, EWEC
- HIV (All in! Stayfree, ALIHV)
- Nutrition- Guidance on nutrition actions, Guidance on Overweight and Obesity
- MHM
- Others: TB, Malaria, NCDs

4. UNICEF's actions till date (guidelines and approaches) (1 page)

- a. Guidance/strategy documents/toolkits**
 - Second decade
 - GAP
 - Adolescent health and wellbeing
 - Mental health
 - Nutrition guidance
 - HIV Guidance
 - MHM
 - Etc. (TB, Emergency)
- b. Existing approaches (country examples¹)** (country selection based on ADAP, other sector mapping on adolescent programming)
 - Up-stream (country example) (Enabling environment)
 - Downstream (direct interventions)
 - Evidence generation (pilots, studies, surveys-MICS)
 - Countries with multi-sectoral comprehensive programming
- c. Programming Principles** (Considerations to inform programming)
 - Human rights based approach, HRBA
 - Equity - Which are our target groups? (girls, boys, LGBTI youth, adolescents with disabilities, Key populations, marginalized groups incl. indigenous populations, 10-14y, 15-19 y, rural/urban)
 - Gender responsive (annex tool)
 - Build on existing programs
 - Multi-sectoral programming
 - Life-course approach

¹ Annex1

6. Recommendations to operationalize these guidelines

6.1 Managerial (management tools) (1 page)

- Formation of taskforce in Country Office (formation of a multi-sectoral team focused on adolescents)
- Planning for co-location, convergence (considerations: Adolescent programming articulated in CPD, UNDAF and government buy-in)
- Monitoring Matrix, see monitoring section

6.2 Situation analysis for priority setting (1 page)

- Data on Adolescents (KAP survey, Adolescent Country Tracker/Data, MICS, DHS, School health surveys) – check list of key indicators
- Landscape analysis/ Desk review of existing approaches to reach adolescents within CO:
 - Critical questions to ask? Related but not limited to:
 - Target groups being reached with what services (adolescents, peers, parents, traditional/religious leaders, local/central government, Parliaments, private sector)
 - Partnerships that can be leveraged for adolescent programming (global, regional and national) – Governments, H6+ (UNFPA, WHO, UNAIDS, UNESCO, UNWomen, WB, PMNCH), NGOs, CSOs, Academia, Media, Private sector
 - Policy environment towards WHANT
 - Setting priorities considering the burden, equity considerations
 - Emergency context
 - Bottlenecks
 - Opportunities/entry points
 - Gender

6.3 Recommended Actions, Platforms, and Strategies (The focus should be on what interventions can be provided through these platforms): (7 page)

Have two tables for younger (10-14 years) and older adolescents (15-19 years):

a. Enabling Environment

- National adolescent health and nutrition policy/strategy/ies
- Regulations/ Taxation
- Budget allocation
 - *gender-sensitive

b. Supply/Service delivery (what about interventions in humanitarian/fragile settings?)

Table: Illustrative table of WHANT interventions by service delivery platform

<i>Service Delivery Platform</i>	SRHR/HIV	Nutrition	Infec. Dis.?	Mental Health/ Substance abuse	WASH and Menstrual Health	Violence?	NCDs/ Injuries?
<i>Health Facilities</i>							

Schools							
Community-based							
Information and communications technology (ICT)							
Other (private sector? pharmacy? Companies? /Media?)							

*draw from AH-HA/ WHO adolescent nutrition guidelines

c. Demand creation/Participation?

d. Implementation strategies

- Establishing enabling environment (Advocacy with government for adolescent centric policies)
- Systems strengthening (Capacity building, Governance, Financing/EQUIST)
- Adolescent participation
- Generate and use data
- Foster innovations
- Knowledge management
- Gender Responsive Tool
- Humanitarian context

e. Multi-sectoral WHANT Response: Roles and Responsibilities, by Sector

Considering the following levels: policy, service delivery, and generating demand/participation /uptake

- Advocacy and communication
- C4D
- Child Protection
- Health
- Nutrition
- Education
- Policy, program, monitoring and evaluation
- Social Policy
- Gender focal point
- Adolescent focal points

f. Partnerships and Multi-agency coordination

- Identifying partners and coordination platforms are contributing to WHANT matrix (for instance, NCDs may be led by WHO, SRHR by UNFPA, Life-skills by NGOs/Ministries)

- UNICEF can play a convening role in strengthening the adolescent platform and synergizing actions of various actions
- List of recommended/potential partnerships
- Private sector role
- Provide country examples

g. Monitoring and documentation

- Performance matrix reflecting WHANT framework and measuring domains 1) enabling environment 2) supply/service delivery 3) demand/uptake (gender sensitive indicators)
- Suggested indicator matrix in line with SP and global guidelines (optional vs. compulsory)
- Draw from SP, RAM, SMQ, Nutridash indicators
- (Impact/SDG indicators, Outcome, Outputs in SP 2018-2021/GAP, Country level)
- Adolescent MMR, NMR, pregnancies, contraception, ANC/skilled birth attendance/PNC, HIV incidence/prevalence, malnutrition/anemia/obesity, suicide rates, depression/anxiety, provision of health services, national adolescent health/wellbeing policies/strategies/plans/budget)

Annexes - TBD