

[Module 1: Introduction to adolescence and to adolescent health - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment](#)

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[World Bank. World Development Report 2007. Development and the next generation. Washington: World Bank; 2007.](#)

The above framework discusses the 5 transitions that young people experience and the consequences of well made or badly made decisions made during these periods. The transitions include continuing to learn; beginning to work; maintaining a wholesome lifestyle; starting a family; and exercising citizenship. Decisions made in these youth transitions are vital to the preservation, enhancement, and employment of human capital. The decisions made by these young people and their families are confined within the contexts of policies and institutions that affect the risks, opportunities and in due course the outcomes. The framework evaluates the strategies that structure the policies and programmes that affect the lives of young people by applying a youth lens. For instance do these strategies accommodate youth's life transitions and environments? And do they substantially meet or serve youth's needs?

The framework divides the youth lens into 3 equally supportive lenses that provide strategic directions for reform. The first lens not only centres on identifying gaps in *opportunities* for building human capital, but also on policies that facilitate the acquisition, advancement and application of young peoples' skills. The second lens narrows in on the *capabilities* of young people as they select among the opportunities available to them and on policies that disseminate the information and encouragement to assist good decision-making. Finally, the third lens focuses on providing solutions to detrimental outcomes and on policies offering *second chances* that put young people back on the path to building their human capital for the future.

[UNFPA. UNFPA framework for action on adolescents and youth. Opening doors with 4 keys. New York: UNFPA; 2007.](#)

UNFPA's vision on young people is "A world fit for adolescents and youth is one in which their rights are promoted and protected. It is a world in which girls and boys have optimal opportunities to develop their full potential, to freely express themselves and have their views respected, and to live free of poverty, discrimination and violence." In order to achieve this vision UNFPA proposes to strategically position itself in 4 key areas. Key 1 is *supportive policy making that applies the lens of population structure and poverty dynamics analyses*. The document proposes to centre public policy on young people in addition to integrating their issues in national MDG-based development and poverty reduction strategies. For social development policies and poverty reductions plans it will leverage data on young people; analyse population structure and advocate a "demographic bonus" argument for making social investments in young people; and carry out poverty diagnostics to plot social vulnerability profiles of young people based on the understanding that young people are not a homogeneous group. Key 2 is *gender-sensitive, life-skills-based sexual and reproductive health (SRH) education* which will be facilitated by the Fund in schools and community settings. In order to apply knowledge to practice a gender equality promotion and skills based approach will be employed, while pursuing policy dialogues and advocating the enhancement of quality education systems, postponing age

at marriage, and keeping girls in schools. Furthermore policy focus on the inclusion of SRH education in school curricula and informal education programmes within the context of sector-wide approaches (SWAs), poverty reduction strategies (PRSs), and education reforms will be pursued.

Under Key 3 ***sexual and reproductive health services***, a core package of SRH services and products including contraception, HIV prevention, and maternal health services will be promoted. While service provision will be within the context of reproductive health commodity security (RHCS) and will address issues of access and affordability of RH commodities. The projects will not be isolated as the Fund proposes to support service delivery models within the national programme context. Youth- and adolescent-friendly SRH services will be simultaneous with promoting universal access to HIV prevention, care and treatment, and support so as to accommodate socio-economically disadvantaged groups. The Fund will combine facility based service delivery with multiple channels and community activities while networking with non-governmental organisations (NGOs), community-based organisations and other sectors. Policy dialogue will centre on promoting costing an essential package of services for young people. In Key 4 ***young people's leadership and participation*** will be promoted through youth-adult partnerships. Institutional mechanisms that integrate young people's contributions to policy and programming processes will be recognized. While capacity building and leadership skills of young people will be invested in so that they may become promoters for their own rights and development issues. Peer educators will be developed and to act as agents for transmitting safe SRH messages, linking peers with services and assisting with young people's networks and coalitions.

[WHO. Strengthening the health sector response to adolescent health & development. Geneva: WHO; 2009.](#)

Health sector involvement in improving adolescent health is very crucial and can be achieved if all parties including government bodies, non-governmental organisations (NGO) and the private sector participate. The above mentioned 4-S framework uses 2 programmatic gateways to strengthen the health sector response to adolescent health and development: HIV prevention, care and support of those with HIV; and preventing early pregnancy and pregnancy-related mortality and morbidity. The first key element is gathering and using ***strategic information (S1)*** which addresses the lack of accurate and current information on adolescent health and ideally results in research-evidence based policy and programme formation. Key element 2 is developing ***supportive evidence-informed policies (S2)*** which addresses the lack of specificity regarding the actions that need to be taken to address the needs and problems identified in situation analyses conducted. These strategies should include enabling and guiding policy statements on the actions to be carried out and their implementation so as to specifically target specific needs and problems of adolescents.

Key element 3 is scaling up the provision of health ***services and commodities***, which concentrates on the barriers restricting adolescents from accessing health services despite the availability of the services by hospitals and clinics run by government, NGOs, individuals or organisations in the private sector. Ministries of health should pave a way in guiding the provision of health services to adolescents by setting up initiatives grounded in national HIV, SRH or other programmes, intended to extend the coverage and improve the quality of health services for adolescents. Finally ***S4 Strengthening other sectors*** focuses on other sectors (such as education) and civil society bodies (such as faith based institutions) and their inadequate

contributions to adolescent health. Although some are actively involved in providing certain services such as health information and life skills the majority of activities are not evidence-based; no assessment is carried out to determine the impact of activities; and there is no collaboration with other health sectors.