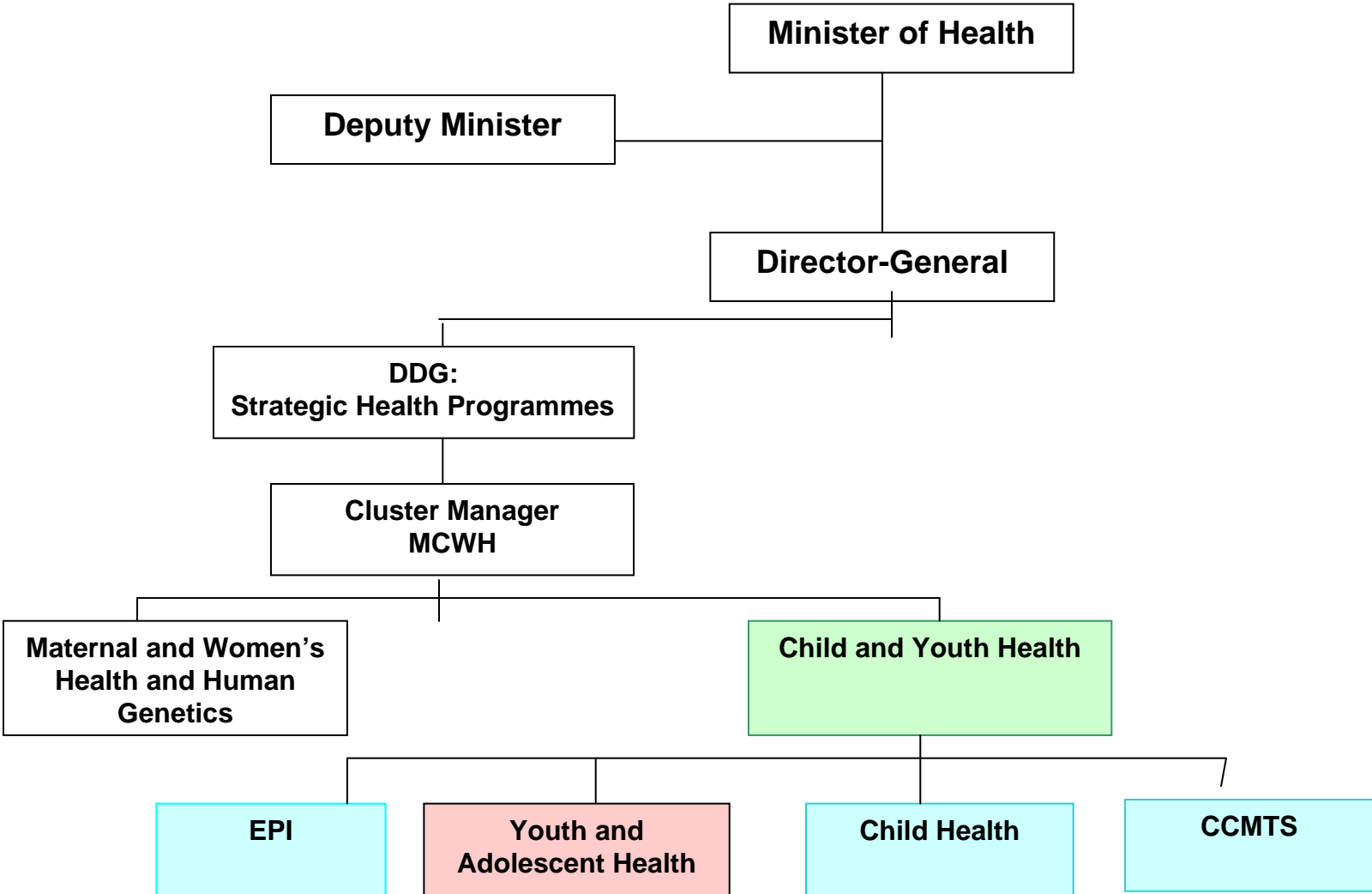




**YOUTH AND ADOLESCENT HEALTH
PROGRAMME: 2010/11**

National Dept of Health

ORGANOGRAM





Youth and Adolescent (Y&A) Health Outcome- based priorities: 2010-14

- Increase life Expectancy amongst Y&A
- Reduce Y&A Morbidity and Mortality rate
- Combat HIV and AIDS and decrease the burden of disease from tuberculosis
- Improve health system effective: Youth friendly services (YFS) in all PHC facilities



OBJECTIVES OF YOUTH AND ADOLESCENT HEALTH SERVICES

- To promote youth and adolescent friendly services: access and utilization
- To improve optimal health status of youth and adolescents in South Africa: address 8 key health priorities
- To build capacity of health care providers, to improve service performance, for the delivery of youth and adolescent services
- To promote services for HIV infected and expose Y&A for effective prevention, management , care and support



YOUTH AND ADOLESCENT HEALTH STRATEGIC INDICATORS

Objectives	Strategic Indicator	Target 2010/11	Target 2011/12	Target 2012/13
Accelerate the implementation of Youth and Adolescent friendly (YFS) health services	% of PHC facilities implementing YFS	50%	65%	70%
	Finalize the National Youth Health Promoting strategy	-	Finalize the strategy	-



WHO ARE YOUTH AND ADOLESCENT?

- Adolescent: aged 10 – 19 years
- Youth: aged 15 - 24 according to World Health Organisation (WHO), definition.
- Young people are all the people aged 10 – 24 years, both in and out of school.
- The Constitution covers youth up to the age of 35 years; however this does not mean that the Department of Health excludes any individual older than 24 years. The main focus is on the ages 10 – 24 years as high risk group based on health surveys.



YOUTH AND ADOLESCENT 10 – 24 YEARS

Priority Target Groups:

- Young Women
- Unemployed young men and women
- Out of school young women and men
- Rural young men and women
- Young men and women at risk through socio-economic factors
- Young men and women with disabilities
- Teenage mothers
- Young people living and working on the street
- Young men and women with HIV and AIDS



KEY SETTINGS FOR IMPLEMENTATION OF YOUTH AND ADOLESCENT PROGRAMMES

- Home
- School
- Health Facilities
- Workplace
- Community based organizations
- Residential centre
- Street



WHY FOCUS ON YOUTH AND ADOLESCENT?

- Special group with specific health needs including psycho-socio-economic needs that impact on health
- Vulnerability particularly in various sexual and reproductive health priorities e.g teenage pregnancy, STI's including HIV and AIDS.
- Exposure to various health risks: drug and substance abuse, violence, injuries, nutrition disorders, sexual and reproductive infections and illnesses.



KEY HEALTH PRIORITY AREAS:

(Youth and Adolescent Policy Guidelines 2001
and HIV and AIDS & STIs NSP 2007-2011)

- Sexual and Reproductive health [NSP-related]
- Mental Health [NSP-related]
- Violence and Abuse[NSP- related]
- Unintentional Injuries
- Drug and Substance Abuse[NSP-related]
- Nutrition
- Birth Defects, Genetic Disorders and Disabilities
- Oral Health



YOUTH AND ADOLESCENT HEALTH: PHC NORMS AND STANDARDS FOR IMPLEMENTING YFS

- Management System : support for effective provision of Youth programmes
- Policies and processes to support Youth & Adolescents Rights:
- Accessibility and availability of Youth and adolescents services
- Provision of Safe and supportive environment
- Adequate drug supplies and equipment
- Relevant Information, Education and Communication(IEC)
- Systems in place to train and develop Staff on Youth issues
- Accurate psycho-social and physical Assessment available
- Individualized Care : Privacy and confidentiality maintained
- Continuity of Care : Proper referral systems



Key challenges for implementing YFS

- No dedicated Youth programme Managers at the District and Sub-District level
- No dedicated budget for Y&A programme at the Provincial, District and Sub-District level
- National: Y&A units in different Directorates e.g Child and youth, HIV and AIDS , Mental health and substance abuse and Health promotion
- More funds allocated to Love-life and less to Y&A health programme in different levels
- Lack prioritization of Y&A in all levels
- Poor data management system



Key Priorities / Activities for Y&A Sub-Directorate:2010/11

- Finalize the review of the Policy Guidelines for Youth and Adolescent Health: 2001 (2010-14)
- Disseminate the Teenage pregnancy survey report and develop the Teenage Pregnancy Prevention Strategy in collaboration with Govt Depts, Civil society, NYDA, and UN Agencies
- Facilitate and monitor YFS training (orientation) of Health Care workers in collaboration with Love-life (Transfer of skills)
- Facilitate the dissemination of National Youth Risk Behaviour Survey (NYRBS) 2008 to all the provinces in collaboration with key stakeholders
- Support implementation of school health services in all Districts



Key activities For Y&A Sub-Directorate 2010/11 (cont)

- Develop an integrated Y&A : Sexual Reproductive Health strategy (SRHS) in collaboration with the Intra departmental committee (IDC) on youth affairs
- Collaborate with relevant Govt Dept,civil society,private sector and NYDA on Youth related priorities: Mass mobilization and Youth campaigns
- Facilitate finalization of the Health promotion Youth Health Strategy in collaboration with key stakeholders : Govt Depts, Civil society ,UN Agencies and NYDA



IDC ON YOUTH AFFAIRS:KEY PRIORITIES FOR 2010/11

Key Priorities / Activities 2010/11

- Integration of the Draft 9Traditional Circumcision Regulation into Draft Male Medical Circumcision Policy
- Roll out of the Peer-Education Programme in all Provinces
- Roll –out of HCT Campaign amongst Y&A in PHC Facilities , schools and Youth Centres
- Facilitate development and implementation of Ke-Moja Health strategy
- Promote and support the Provincial Youth Health Indabas :Youth dialogues
- Review of the family planning policy



EXTERNAL PARTNERS/ STAKEHOLDERS

- Management Sciences for Health (MSH)
- Love Life
- Centres for Disease Control (CDC)
- National Youth Development Agency
- National Youth Council
- Government Departments: Social ,Economic, Safe and security Clusters
- World Health Organization (WHO)
- United Nations European Children's Fund (UNICEF)
- European Union (EU)
- Human Development Cluster





WAY FORWARD

- Accelerate the implementation of YFS in all PHC facilities
- Expand access to quality HIV prevention services, including HCT, STI treatment and dual method contraception (via site-level and referral services)
- Strengthen clinical management systems that will facilitate effective ARV treatment programme for Y&A
- Strengthen community participation structures at the clinic level (integrated rather than a 'disease-oriented' approach)
- Support appropriate Y&A services throughout the health system by providing technical input into to training of Health workers and Peer- Educators
- Strengthen and facilitate intersectoral collaboration
- Expand Quality Assurance process to include additional research on Y&A sexual and reproductive health priorities
- Implement the National youth policy guidelines 2009-14



Conclusion

NDOH will always commit and strive:

- To provide accessible, caring ,high quality of services for youth and adolescent
- Strengthen effective coordination of all stakeholders in the implementation youth and adolescent Health services
- Provide mechanisms to reduce risky behaviors and promote Healthy life-style amongst Youth : Behavioral change
- Treat Youth and Adolescent with respect and dignity : Human right issue



THANK YOU!