

department of health

**national youth and adolescents health
policy 2014**

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Abbreviations

A&E	Accident & Emergency
AFHS	Adolescent Friendly Health Services
AFASS	Acceptable, feasible, affordable, safe and sustainable
AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-based Organization
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
FBO	Faith-based Organization
FHS	Family Health Services
HIV	Human Immunodeficiency Virus
HR	Human Resource
IEC	Information, Education, Communication
IGO	International Government Organization
KAP	Knowledge, Attitude and Practise
KRA	Key Results Area
LLG	Local Level Government
NDoH	National Department of Health
NGO	Non-government Organization
PICT	Provider Initiated Counselling and Testing
PNG	Papua New Guinea
SCET	Second Chance Education Training
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNGASS	United Nations General Assembly Special Sessions on HIV/AIDS
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YAH	Youth and Adolescent Health
YAHNPCG	Youth and Adolescent Health National Policy Coordination Group
YAHG	Youth and Adolescent Health Group

Foreword



Papua New Guinea has a young population with a median age of 20 years, and youth and adolescents (10 -24 years) constitute almost 31% of the total population of seven million. 25% of the male and 28% of the female population aged 10 to 14 has had no formal education, according to the Demographic and Health Survey conducted in 2006. The same survey revealed that PNG suffers from a very high maternal mortality ratio of 733 per one hundred thousand live births, and that a significant proportion of these occur in the adolescent age group.

The period of adolescence is a crucial time in the development of an individual where major risk-taking and experimenting occurs. Biologically, children become adults in a relatively short space of time. These rapid changes often leave them vulnerable because they lack the appropriate information, knowledge, skills and access to services that will assist them through their passage to adulthood.

It is also during early adolescence that many of them initiate sexual activity, thus exposing themselves to the associated risks of pregnancy and its complications, abortions and miscarriages, childbirth and its complications, puerperal infections, the social, economic, and mental challenges of young parenthood and the cultural obligations of forced marriages. Unplanned pregnancies and STIs including HIV/AIDS could result without basic education and proper knowledge of preventive measures.

To address these issues, NDoH has prioritized the improvement of sexual and reproductive health for adolescents through its National Health plan's KRA 5, Objective 5.4. In line with this objective, the NDoH has also recently created an adolescent health unit within the Family Health Services branch of its Public Health division. FHS will continue to nurture the adolescent health unit to specifically address the appalling maternal health indicators faced by our young women. FHS will also play a vital role in designing strategies to address the high maternal and infant mortality rates in PNG, continuing with the recommendations of the May 2009 Report on Maternal Health in PNG.

Adolescent health care needs integrated and holistic approach. Adolescents need protection and support to address many other health issues next to unwanted pregnancies and high prevalence of STI. These include for example abuse of drugs, smoking and drinking, involvement in crimes, mental health issues including suicides, gender inequity, abuse and many others.

This first policy on Adolescent Health aims to highlight adolescent health issues and guide the development and establishment of appropriate infrastructure and strategies to deal with those issues. It is hoped that this policy will encourage decision-makers, health service-providers and adolescents themselves to design and establish user-friendly services that are easily accessible by adolescents and accepted by the communities in which they live.

Hon. Michael B. Malabag, OBE, CBE, MP
MINISTER for HEALTH & HIV/AIDS

Acknowledgments



The National Department of Health appreciates and acknowledges all stakeholders: those who organized the initial and subsequent meetings and workshops, those that actively participated and contributed their ideas and those that critically reviewed earlier drafts of this policy.

The initial idea was born from a combined meeting of the country's specialist paediatricians and obstetrician/gynaecologists, who then formed a combined committee to begin work on formulating an adolescent health policy.

NDoH also acknowledges UNFPA and WHO for providing technical support towards the development of this policy.

Not the least, NDoH acknowledges the youths and adolescents who represented their peers at the stakeholder workshops and positively contributed their thoughts and ideas.

Mr. Pascoe Kase
Secretary for Health

Executive Summary

This is the first Youth and Adolescent Health Policy for Papua New Guinea (PNG). Much work needs to be done in establishing understanding the need for such a policy. This policy's first intent is to build awareness amongst sectors within and outside government, of the vulnerabilities of this critical population group upon which the future health and prosperity of the country depends. The second intent is to set out a range of strategies that will establish a Youth and Adolescent Health infrastructure through which the policy can be implemented.

Adolescents face many health problems such as early and unwanted pregnancies, early and unwanted marriages, high prevalence of STIs, abuse of alcohol, tobacco and other substances. They are often vulnerable to violence or involvement in criminal activities, are abused, and face mental health problems such as depression, leading to suicide, among other mental health issues that begin to manifest themselves during this period in human development. They are so often lacking access to health information and services. There is currently very limited capacity in the country to provide health services friendly to adolescents, so strengthening this capacity is a matter of high priority. The Policy response to these issues includes:

1. Strengthening coordination and building capacity to implement YAH activities.
2. Provision of services appropriate and friendly to adolescents.
3. Improving access to information and building awareness on YAH issues.
4. Prevention of risky behaviours of Youth and Adolescents and addressing its consequences.
5. Addressing abuse and neglect effecting physical and mental health of adolescents.
6. Reduction of early and unwanted pregnancies.

There is little strategic information in PNG concerning the health and development status of youths and adolescents. A range of research programmes will be established to fill this data gap.

The implementation of the YAH Policy will require building capacity to implement YAH programmes on national, provincial and district levels. A number of Core Groups will be established for coordination, management, technical input and youth participation. Standardised training programmes for health service staff and others involved in youth and adolescent health will be developed, to build capacity in delivering youth and adolescent-friendly health services.

The NDoH will be the lead agency for coordinating the management and implementation of this policy, through its Family Health Services branch, division of Public Health. The cost is incorporated into the National Health planning and budgetary process. Other stakeholders and development partners will also contribute to the implementation of the policy.

CHAPTER ONE - BACKGROUND

1.1 Intent of Policy

The intention of this policy is to:

1. Guide the development of integration and the establishment of sustainable youth and adolescent friendly health services in PNG.
2. Mainstream the coordination of Youth and Adolescent Health services by the NDoH with other departments, Development partners and other relevant stakeholders.

1.2 Historical Context

Globally, there are more adolescents alive today than ever before, the majority of these living in less developed countries. This has created significant impetus for a globally-supported emphasis on improving services for this age group, including health services. The concern about youth and the health risks they face resulted in the WHO 2011 World Health Assembly resolution 64.28, supported by member states including the Papua New Guinean Government. The document calls for member states to:

- Review policies and strategies in health and other sectors to include youth
- Collect data on young people's health
- Make health systems responsive to young people
- Provide sexual and reproductive health and other health services
- Provide information to protect health
- Ensure multi-sectoral collaboration
- Encourage youth participation

The emergence of new and re-emerging diseases (especially HIV/AIDS or TB) has had a disproportionate impact upon developing countries. It is often the case, particularly where HIV/AIDS and STIs are concerned, that adolescents are at the centre of these epidemics. High STI infection rates are now common within the 15-24 year old age group. Most countries are experiencing a lowering of the age of first sexual experience and rates of adolescent drug and alcohol use continue to cause concern. Teenage pregnancies contribute considerably to high maternal mortality. All these issues highlight the need for greater attention needing to be paid to adolescent health.

The Government of Papua New Guinea has recognized the need to protect and provide appropriate services for the country's youth and adolescent population. In order to address this need, an Adolescent Health Unit was established within the Family Health Services of the National Department of Health in 2013, and the Government of Papua New Guinea has commissioned the development of this Youth and Adolescent Health Policy and pledged its commitment for its implementation.

1.3 Audience

The Youth and Adolescent Health Policy targets the following institutions, partners, bodies, staff and groups:

- ☐ All health professionals;
- ☐ Youths and Adolescents;
- ☐ Governmental Department and Institutions:
 - National Department for Health,
 - National Department for Education,
 - National Youth Commission,
 - Department of Community Development,
 - Provincial and Local Level Governments,
 - Law and Justice Sector,
 - National Labour Department,
 - National Disability Commission;
- ☐ Non-Governmental Organisations;
- ☐ Faith Based Organisations;
- ☐ Development Partners;
- ☐ Media;
- ☐ Parents;
- ☐ Traditional Community Groups;
- ☐ Private Sector.

1.4 Policy Development Process

The Development of the YAH policy was initiated at a combined meeting of the Paediatric and the O&G societies in Port Moresby in 2007. In December 2008 the National Team attended international meeting on improving adolescent health outcomes in the Western Pacific Region. This supported revising of existing data and the regional strategic direction.

A Youth and Adolescent Health National Policy Core Group (YAHNPCG) was established in 2009. The core group comprised of senior representatives from the NDoH, University of Papua New Guinea (UPNG) Medical School, UN Agencies, national and international NGOs as well as representatives of youth and adolescents. The Group investigated the current status of adolescent health in the country and drew up the policy that addresses adolescent health and development needs.

CHAPTER TWO - POLICY CONTEXT AND DIRECTIONS

2.1 Goal

To protect and promote the rights and needs of youth and adolescent for their healthy growth and development by introducing concepts and principles of adolescent health into health care practices in PNG.

2.2 Vision and Mission

Vision:

For all PNG youth and adolescents to be able to live healthy and satisfying lives through making informed health choices within a safe and supportive environment that enables them to embrace Christian and traditional values and contribute meaningfully to nation building.

Mission:

Youth and adolescent have rights to health and health care, personal growth and social and economic development, through the creation of a culture of participation and empowerment of youth and adolescents and through the provision of health services friendly to adolescents.

2.3 Objectives

The policy objectives are:

1. To bring the health needs of youths and adolescents to the attention of government departments and agencies.
2. To build strong collaborative partnerships between the health sector and all relevant stakeholders to support improvement of YAH outcomes.
3. To build sustainable central coordination, networking and technical support arrangements to implement YAH programs.
4. To develop and coordinate research programmes on youth and adolescent health.
5. To provide quality integrated health services friendly to youths and adolescents that respond to their health needs and are delivered in a safe and supportive environment.
6. To encourage youth and adolescents (including marginalized and especially vulnerable groups) to participate in decision making at all levels of health policies development and implementation.
7. To provide a framework for continuous monitoring and evaluation of youth and adolescent health services.

8. To ensure gender balance and respond to abuse caused by gender inequality affecting youth and adolescents.

2.4 Principles

Health services for Youth and Adolescents shall be accessible, acceptable, affordable and appropriate to Youth and Adolescents. They should be attractive, user-friendly and respect human rights to break down barriers and encourage youth and adolescents to take control over their own health. The Youth and Adolescent health services shall be delivered with consideration of Christian and traditional values that put welfare of family and community in the centre of everyday life. They should cover not only the urban areas but also rural majority and marginalized ones. Youth and Adolescent shall be treated with respect and not to be judged by service providers who should conduct their duties with professionalism, confidentiality and loyalty. Therefore developing of Youth and Adolescent Health Policy was guided by the following principles:

1. **Rights to Health Care:** Where every young person and adolescent can use health care services to provide protection and treatment for any disease or disability.
2. **Equitable Access to Quality Health Care:** Where young person and adolescents regardless of social status, cultural background, education, tribal ethnicity, economical status, sexual orientation, geographical setting and urban or rural livelihood are given the same quality of health care services.
3. **Tolerance and Respect to Human Rights:** Where every young person and adolescent can receive health care services including sexual and reproductive health information and services in a confidential way and without discrimination, regardless of socioeconomic status, personal beliefs, health status, ethnicity, gender, or sexual identity.
4. **Holistic and Integrated Approach:** Where every young person and adolescent are receiving comprehensive care combining provisions of different preventive and curative health interventions at the same time when required.
5. **Safe and Supportive Environments:** Where young people and adolescents can receive unconditional care and support by health care providers and care givers who offer their services in empathetic, hospitable and fair manner with respect and protection of rights of youth and adolescents.
6. **Gender Equality:** Where every young person and adolescent regardless of their sex and gender, have equal access to quality health care services, are not discriminated, and allowed for their full and effective participation in life of families and communities.
7. **Appropriateness:** Where YAH programs and services are socially and culturally acceptable and respond to the needs of youth and adolescents.

8. **Evidence Based Services:** Where every young person and adolescent is receiving health interventions that are proved to be effective, documented and internationally recognized.
9. **Freedom of Choice:** Where youth and adolescents can make informed decisions, especially in the area of sexual, reproductive and maternal health.
10. **Cost Effectiveness:** Where allocated funds and other resources justify achieved results.
11. **Sustainability:** Where YAH programs and interventions after initial support of development partners can be successfully integrated into existing services, and continued with available resources and capacity.
12. **Accountability:** Where YAH programs are monitored and relevant stakeholders are held accountable for their implementation results
13. **Transparency:** Where information on YAH programs, activities and their outcomes are openly shared amongst all relevant stakeholders.
14. **Leadership and Ownership:** Where the National Government takes responsibility for the overall policy coordination and implementation of YAH programs.
15. **Good Governance:** Where implementation of YAH program and activities complies with relevant government processes and legislations.
16. **Partnership:** Where YAH programs and activities are implemented through effective dialogue and collaboration with all relevant YAH health stakeholders to ensure alignment to national priorities the best utilization of limited resources.
17. **Participation:** Where youth and adolescents have access to information and are actively involved in the decision making process on issues affecting their health, especially with regards to policymaking.

2.5 Core Government Legislations and Policies

The following PNG government legislation and policies refer to youth and adolescent health or are playing a key role in supporting the Youth and Adolescent Health Policy:

Acts, Laws and Legislations:

- ☐ Lukautim Pikinini Act 2012
- ☐ Provincial Health Authority Act 2007
- ☐ National Health Administration Act 1997
- ☐ Organic Law for Provinces and Local Level Government 1995
- ☐ Public Hospital Act 1994
- ☐ PNG Constitution 1975

Policies and Standards:

- ☐ Vision 2050 (Prime Minister and National Executive Council)
- ☐ Development Strategic Plan 2030 (Prime Minister and National Executive Council)
- ☐ School Health Policy -2015
- ☐ Sexual Reproductive Policy 2014
- ☐ Tobacco Control Policy 2014
- ☐ Health Sector Partnership Policy 2014
- ☐ Family Planning Policy -2014
- ☐ National Sexual and Reproductive Health Policy 2014
- ☐ Health Sector Gender Policy -2014
- ☐ National Disability Policy 2012
- ☐ National Health Plan 2011-2020
- ☐ National HIV and AIDS Strategy 2011-2015
- ☐ Education Plan 2010-2019
- ☐ Mental Health Policy 2010
- ☐ Child Health Policy – 2009-2020
- ☐ National Youth Policy 2007-2017
- ☐ National Health Promotion Policy 2003

CHAPTER THREE - POLICIES AND STRATEGIES

3.1 Current Situation on Youths and Adolescents.

PNG is in a state of transition, where traditional cultural values and practices are being challenged by the process of urbanization and increasing influences of western culture. Data from a variety of sources show that youth and adolescents are strongly affected by these changes, and are more vulnerable to certain health risks and health problems compared with children and older adults.

3.1.1 Coordination and Partnership

Some of the adolescent oriented health services are implemented in Papua New Guinea by NGOs and other partners. These are not properly coordinated with few opportunities for public sector, and IGO/NGO sectors to share their organizational work plans and experiences resulting with duplications of responsibilities and miscommunication.

3.1.2 Participation

In PNG, cultural norms and lack of understanding often mean that there are few opportunities for adolescents to participate meaningfully in important decisions regarding their health issues. It is generally agreed that adolescent are not adequately involved and consulted in establishing adolescent health services.

3.1.3 Strategic Youth and Adolescent Health Data in PNG.

There are limited data available on adolescent health. Most available data comes from the Demographic and Health Survey (DHS) conducted in 2006 and other surveys carried out by different partner organisations mainly at provincial level. Hospital annual reports and school entry immunization records serve as additional sources of information on adolescent health.

3.1.4 Teenage Pregnancy

The Demographic Health Survey 2006 found that 4% of youth aged 15-24 had sexual intercourse before age 15 and 16% of women gave birth to their first child before reaching age 18 years. Pregnancy occurring in a physically immature girl is frequently the cause for difficult prolonged labours resulting in stillbirths, obstetric fistulas and maternal deaths. Many pregnant and unmarried girls leave school due to stigma and lack of social support. Unwanted pregnancies results in putting adolescents in vulnerable situations, compromising their socio-economic status as well as mental and physical wellbeing.

3.1.5 Spread of STIs and HIV/AIDS

A substantial proportion of youth (26%-63% depending on the specific age group and place of the study) had more than one sexual partner in the last 12 months. According to PNG National AIDS Council Secretariat only about 27% of respondents reported to use a condom during their first sexual intercourse. Other survey revealed that around 25%

of adolescents reported symptoms of STIs. In 2007, HIV prevalence among youth aged 15-24 years was 0.6% for males and 0.7% for females.

3.1.6 Low Access and Usage of Contraceptives for Adolescent.

Available qualitative data suggests that adolescents are teased, discouraged, threatened, or refused information and contraception at health facilities. Health service providers lack knowledge and skills to cater for adolescent SRH needs. The use of modern contraceptives is being promoted in the context of marriage and birth spacing and fails to target unmarried adolescents. Peer pressure, religious, cultural and community beliefs and practises limit access and use of much-needed family planning services.

3.1.7 Unsafe Abortion

Termination of an unwanted pregnancy is illegal in PNG. There are very specific conditions under which an abortion can be performed in a public health system. Despite lack of official data, it is believed that unsafe abortions are being performed by uncertified 'abortionists' often leading to serious complications such as haemorrhage, septicemia and death.

3.1.8 High Level of Violence Against Women

Violence against females, including sexual violence is prevalent in Papua New Guinea. It is driven by a culture of mostly male dominance. Family violence seems to be a regular feature in the lives of women, children and adolescents. It is often triggered by alcohol or the use of other intoxicating substances. Polygamous relationships and coerced marriages are common in PNG, frequently leading to violence, family disruptions and can end in casualties including death.

3.1.9 High Incidences of Forced Sex and Rape

According to 2006 DHS, nearly 50% of unmarried 15-24 year old males reported forcing their partner to have sex. Surveys conducted by save the children (2007) and USAID & FHI (2011) reported that the majority of females had their first sexual experiences against their will. Rape is common and few rapes are reported to the police due to shame and fear. There are very few Family Support Centres providing psychosocial and medical services to victims of abuse, violence and rape nationwide.

3.1.10 Crime, Violence, Trauma and Injuries

Young people are the main perpetrators of crime and violence in Papua New Guinea. Adolescents involved in criminal activities are often out of school or unemployed due to social disadvantages. A report from Mt. Hagen hospital showed that 40% out admissions to Emergency Department were alcohol-related. Majority of victims in the mid 20's and were found to be involved in the consumption of homebrew. Males constituted of 60% of admissions.

3.1.11 Abuse Leading to Health Problems

Youth and Adolescents in PNG are exposed to various forms of emotional, physical, and verbal abuse. These include being witness to abuse, violence and crime. Young girls are often forced into sex work as a form of income earning activity to support their own or their family's daily needs. Many of these coerced relationships result in STI/HIV, unwanted pregnancies, and dropping out of school.

3.1.12 Alcohol, Tobacco and Other Substance Abuse.

It is observed that PNG adolescents drink alcohol (especially homebrew), use marijuana, smoke cigarettes and chew betel nut. According to Police statistics alcohol and drug-fuelled crime, violence, family disruptions and other social problems are often caused by young people. Though side effects of homebrewed alcohol have not been studied in Papua New Guinea, existing data and hospital records suggest a strong relationship between home-brew consumption with liver and mental health complications.

3.1.13 Nutritional Status

Appropriate nutrition during adolescence is essential for proper physical growth, mental development, health and wellbeing. The National Nutritional Survey conducted in 2005 found that anaemia is widespread in women of child-bearing age including adolescents. Processed foods become the main menu of young people in urban setting increasing the risk of non-communicable diseases.

3.1.14 Mental Health

The data on mental health in Papua New Guinea are limited. Information gathered by the Mental Health Unit points that adolescents feature among patients suffering from schizophrenia and schizoaffective disorder, bipolar disorder, organic psychosis, substance and alcohol abuse related disorders, anxiety, depression, stress related disorder and mental disorders related to: sexual abuse, physical abuse and violence. There are also recorded cases of suicides or attempts of suicides among adolescents.

3.1.15 Health Awareness

Youth and Adolescents have rights to health and should be protected against health risks and diseases. UNGASS 2010 report shows that preventative programmes are not reaching youth and adolescents. Only 21% of respondents aged 15-24 years that are at the centre of the HIV/AIDS epidemic in PNG could correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. According to SCET study, SRH programs for youths have been directed at raising awareness through Information Education and Communication (IEC) approaches rather than delivering services.

3.1.16 Access to Health Services

There are few adolescent friendly health services (AFHS) available in PNG. Those that do exist are frequently based on insecure project funding with little sustainability. The SCET study showed that SRH services for adolescents are limited and suffer from poor

access and underutilization. It is generally agreed that majority of the adolescent in Papua New Guinea do not have access or do not utilize any health services.

3.2 Analysis of Issues

Findings from surveys, studies and observations presented in chapter 3.1 identified number of challenges and problems affecting the health of adolescents. These challenges and problems need to be addressed and resolved to improve youth and adolescent health outcomes in the country.

3.2.1 Central Coordination

The Youth and Adolescent Health Program requires more centralized coordination and ownership by the National Department of Health. The program needs to be strengthened and supported with adequate funding and human resources. Central coordination is important for improving overall planning and implementation of YAH programs, collection and analysis of data and setting national research agenda on youth and adolescent health.

3.2.2 Partnership

Implementation of the YAH policy and programs requires effective involvement of all relevant stakeholders. NDoH as lead agency needs to coordinate, strengthen health systems and facilitate a comprehensive approach to the promotion of adolescent health and share information with its partners in line with the National Health Partnership Policy.

3.2.3 Participation

Youths and adolescents need to be involved in planning and implementing programs that seek to address their perceived needs. It is vital to involve communities, church and village leaders in adolescent-oriented health programs. Parents and care takers of youth and adolescents require education to understand the behaviours and practises of adolescents, in order to strengthen their support for youth and adolescent health programs.

3.2.4 Data Collection and Research on Adolescent Health

A lack of reliable, accurate, and appropriate data collection system, as well as the usage of any existing data or generation of new research in the area of adolescent health is a central problem at the root of the dearth of effective interventions targeting adolescents and young people at all levels of government. Without a database and research that measure the scope and specific nature of the needs of adolescents, informed, evidence-based interventions cannot be executed. In order to both design an effective strategy to address burning priorities in YAH for Papua New Guinea, as well as assess any progress, a systematized plan for routine data collection to include adolescents in health indicators (or better disaggregated data by age and sex) and in-depth research must be put into place and operationalised.

3.2.5 Sexual and Reproductive Health Services for Youths and Adolescents.

PNG adolescents lack knowledge and skills of using and access to contraceptives and other sexual and reproductive health services. This lack of access means adolescents are exposed to the negative consequences of risky behaviour, such as unprotected sex, which can potentially lead to transmission of STI/HIV or result in unwanted pregnancy. There

are few adolescent friendly health services (AFHS) available in PNG. Those that do exist frequently rely on insecure project funding with little sustainability. Acceptable and appropriate sexual and reproductive health services for youth and adolescents needs to be developed and their sustainability ensured.

3.2.6 SRH of Adolescents and Maternal Mortality.

Thirty percent of maternal deaths occur in women less than 20 years of age. Prevention services being provided in PNG are not being used or accessed-antenatal coverage rates are low, supervised delivery rates are low, little postpartum care is offered or used and contraceptive use is low.

The negative effect of unsafe abortion on maternal health is well researched and documented-including complications such as haemorrhage, infection, pain, infertility and death. The present laws regarding termination of pregnancy increase the risk for many women of unsafe and often fatal abortions, poor access to safe abortion and post-abortion care, and often confused health workers regarding the management of septic abortion-resulting in women's deaths and disability. (Ref: Ministerial Taskforce on Maternal Health Report 2009).

3.2.7 Gender Based Violence

PNG society is mainly patriarchal, where men influence decision making and play a dominant role at all levels and situations. Women generally lack self-esteem and confidence. This leads to female adolescents being forced to engage in sexual relations against their will and intention. Lack of negotiation skills, financial and economic insecurity and low social status adds to their vulnerability. They often become victims of abuse and rape. Some of the violence is influenced by social mass media and alcohol and substance abuse. Family violence is a regular feature in the lives of women, children and adolescents, often triggered by alcohol intoxication. Polygamous relationships or coerced marriages are generally common in PNG, frequently the cause for violence and abuse of women.

3.2.8 Crime, Violence, Trauma and Injuries.

High rate of school dropout, lack of employment and peer pressure lead to involvement of youths and adolescents in criminal activities. These together with alcohol and substance abuse result in violence, trauma and injuries. Family break-ups, lack of role model in society and being abused contributes to increases in inappropriate behaviour of youth and adolescents. It is recognized that involvement of youth and adolescents in crime and violence is one of the most important factors affecting youth and adolescent health outcomes.

3.2.9 Abuse Leading to Health Problems

Abuse leading to health problems is widespread across the country due to number of reasons including neglect and underreporting. Health care providers have to be properly instructed and inducted on procedures to be implemented in case of actual and suspected abuse of youth and adolescent. Development of guidelines and training of service providers on reporting and responding to abuse cases is a crucial element of the national response to abuse and violence.

3.2.10 Alcohol, Tobacco and Substance Abuse

Lack of information on dangers of alcohol and drug among adolescents, weak policies and regulations to protect young people as well as peer pressure lead to alcohol and substance abuse. Alcohol (including home-made brew characterised by increased toxicity) and substance abuse (especially marijuana) are associated with high prevalence of violence and injuries in young people.

3.2.11 Nutritional Status

Poverty, rising cost of living and the shift towards consuming processed food results in inadequate quantity and quality of daily food available. Lack of education on nutrition and other health issues related with diet as well as cultural taboos impact the nutritional status of communities and are leading to high prevalence of anaemia and delayed growth and development of youths and adolescents.

3.2.12 Mental Health and Personal Development

Abuse of alcohol and insecure social status, being victims or witnesses of abuse and crimes effects mental well-being of adolescents. The neglect of mental health can further result in aggravation of risky behaviours of adolescents including suicide. Improving mental health services will result in improved physical health, enhanced productivity and increased stability of youth and adolescents, vital for their healthy personal development.

3.2.11 Right to Health Services

All youths and adolescents have universal rights to health services. The PNG health delivery system lacks the appropriate and acceptable services which recognizes and respects the rights of youths and adolescents to seek the health care that they deserve. Lack of appropriately trained and sensitized personnel to deal with cultural barriers and the lack of knowledge by youths and adolescents about their right to access health services and to make informed choices, contributes to underutilization of health services by adolescents.

3.2.12 Right to Health Education

Youth and adolescents have a right to be provided with appropriate and accurate knowledge on how to protect themselves against illness and injury, including the consequences of drugs, sexual abuse, exploitation, and how to prevent pregnancy, STI

and HIV infection. Adolescents also need to be educated on attitudes and behaviours that will enable them to develop respect for themselves, sensitivity in gender relations, including respect of women's self-determination in matters of sexuality and reproduction.

3.3 Policy Response

3.3.1 Policy on Coordination

NDoH shall maintain central coordination of all Youth and Adolescent health services in PNG.

Strategies:

1. Every stakeholder and concerned parties have access to the YAH policy and operational guidelines.
2. Youth and Adolescent Health Services in PNG are supported by functional structure at national, provincial, district and local levels.
3. Activities relating to Youth and Adolescent in the country are properly planned and coordinated.
4. National YAH Data Base is part of the National Health Information System.
5. Implementation of YAH Policy is supported by research.

3.3.2 Policy on Partnership

NDoH to support the health sector to work in partnership with other sectors including line departments, government agencies, INGOs, NGOs, media and civil society in providing for the health needs and protection of the rights of young people.

Strategies:

1. All relevant YAH stakeholders involved in strengthening YAH programs are working in accordance with the Health Partnership Policy.
2. Every stakeholder and concerned parties have access to the YAH policy and operational guidelines.
3. Stakeholders activities and programs are reported on a regular basis to the NHIS or NDoH

3.3.3 Policy on Participation

Promote the meaningful participation of youth and adolescents in the design, development, implementation and monitoring of programs and policies related to YAH programs at the local, district and national level.

Strategies:

1. Youths and adolescents have access to information, education and services available for their specific needs.
2. Youth and Adolescents actively participate in local YAH programs and activities.
3. Parents and community members understand and actively support YAH outcomes.

3.3.4 Policy on SRH of adolescents and Prevention of Unplanned Pregnancy

Prevention of early and unwanted pregnancies and adverse reproductive outcomes through improved sexual and reproductive health of adolescents is an integral part of the national response to reduce maternal mortality.

Strategies:

1. Youths and adolescents have knowledge on sexual and reproductive health issues.
 - Collaboration between NDoH and NDoE.
 - Advocate for and plan review of the curricula on SRH topics in schools and teacher training institutions
 - Revise school and teacher training institution curricula to include or update topics on SRH.
 - Improve and maintain capacity of teachers to teach SRH topics through in-service and training workshops.
 - Advocacy and awareness programs on SRH to all districts targeting out of school teenagers.
 - Advocacy and awareness using mass media.
 2. Youths and adolescents have easy access to quality reproductive health services and commodities.
 - Access to adequately resource adolescent friendly health care facility.
 - Access to confidential SRH counselling and treatment of STIs including HIV.
 - Access to reliable and safe modern methods of family planning. E.g. implants, IUDs.
 - Pregnant adolescents have right and access to appropriate care and support.
 - Every pregnant adolescent has access to skilled antenatal, childbirth and post-natal care and follow up.
- Advocate for legislation to protect the SRH rights of adolescents.

- Legal age of marriage is increased from 16 to 18 years.
- Outlaw marked marriages and childhood marriages.

3.3.5 Policy on Gender Based Violence

Poor implementation and monitoring/enforcement of the laws relating to gender based violence create poor health outcomes for many women (and children), and violence in pregnancy is associated with many negative consequences for maternal and foetal health (Ref: Mat Health Report 2009)

Strategies:

1. Legislation, policing, social sanctions and community attitudes are critical to ending the violence.
2. Abandoning generalizations and negative attitudes, along with being open to providing support to perpetrators, is important in providing successful treatment.
3. Family and Community to nurture, protect, guide and provide refuge for all its members.

3.3.6 Policy on Abuse and Neglect

Considerations of abuse and neglect should be observed and appropriately responded to by all health care service providers and other relevant bodies, families and the community

Strategies:

1. All health workers have the skills to recognise and manage suspected and actual cases of abuse of youth and adolescents.
2. Ensure that referral protocols for abuse and neglect are available in each health facility in the country and in all institution that could be involved in providing care for cases of abuse and neglect of adolescents.
3. Every case of youth and adolescent abuse is responded to appropriately and reported.
4. Every youth and adolescent is aware of services that are dealing with adolescent health issues in their area.
5. Every youth and adolescent is protected by law against abuse, neglect and forced sex.

3.3.8 Policy on Alcohol, Tobacco and Substance Abuse

Information and education on the dangers of alcohol, tobacco and substance use and abuse is available and accessible to youths and adolescents.

Strategies:

1. Prevention and response to the dangers of alcohol, tobacco and substance use and abuse are part of the YAH programs.
2. Harmful and dangerous cultural practices affecting YAH are addressed and discouraged.
 - school cult activities are banned in all schools.
 - traditional initiation rites of passage based on healthy practices are encouraged.
 - educate and emphasise on positive aspects of peer group interactions.
3. Ensure appropriate and effective policies and regulations are in place to protect adolescents against alcohol, tobacco and substance abuse.

3.3.9 Policy on Nutrition

A holistic approach to providing YAH services must address the important value of nutrition on the development of the adolescent. Strengthening health education and information on nutrition is critical in promoting the general health of youths and adolescents, and adopting a life-course approach in the prevention of non-communicable diseases (NCDs) through healthy-eating behaviours
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Strategies:

1. Strengthen collaboration with DoE to incorporate nutrition education in schools to increase knowledge of adolescents on the value of nutrition on their general health status and in the prevention of nutrition-related NCDs.
2. Improve knowledge of health workers in addressing issues of under nutrition including anaemia and stunting, over nutrition and unhealthy eating behaviours to prevent adolescent obesity, a precursor of diabetes and other NCDs.
3. Collaborate with health programmes and health services to support an integrated approach to detect early nutritional risk factors that potentially cause childhood and adolescent obesity.
4. Integrate healthy nutrition in various Adolescent Health interventions to scale up the promotion of healthy diets and other healthy lifestyles – such as regular physical activity and avoid smoking, betel nut chewing and alcohol among youths and adolescents.

3.3.10 Policy on Mental Health

Promoting holistic psychosocial, emotional and intellectual development of adolescents minimizes their high-risk behaviours and enhances healthy personal development. Interventions in Adolescent Health should integrate mental health services in all settings- in homes, communities and schools.

Strategies:

1. Strengthen effective leadership for mental health that promotes effective integration of mental health in adolescent health programmes.
2. Provide integrated and responsive mental health and social support in community-based and school-based settings.
3. Collaborate with schools to strengthen early detection of mental health problems among students and adolescents, and provide appropriate counselling and referral if necessary.
4. Collaborate with Mental Health unit of hospitals (starting with Port Moresby General Hospital) to establish an outreach program that reaches out to schools and undertake annual mental health assessments for students.
5. Establish effective linkages between the antenatal clinics and the Mental Health Unit of hospitals so that young adolescent parents can be reached with counselling that helps their mental health status during pregnancy and after births.
6. Work with church based and community based institutions to minimise stigma and discrimination for young people with mental disability

3.3.11 Policy on Youth and Adolescent Health Services

Youth and Adolescent Health services must be appropriate and user-friendly.

Strategies:

1. Youths and adolescents are educated and informed of their rights to health services.
2. YAH services are strategically located to support access for youths and adolescents.
3. Provision of YAH services is done by appropriately trained and sensitized personnel.
4. All health training institutions in the country have NDoH-approved YAH curriculum incorporated in their training programs.
5. Implementation of YAH training is supported by provision of adequate funding and other resources at all levels.
6. Youth and adolescent health services responds to the needs of youths and adolescents:

3.3.12 Policy on Health Education and Awareness on YAH issues.

Health education and information on youths and adolescents shall be made available and accessible to the general population.

Strategies:

1. Education on Youth and Adolescent Health is provided in all schools.
2. Training aids and manuals on YAH are available in every school in PNG.
3. All communities have structures to provide education on YAH

There is evidence of youth and adolescent health services being carried out in the country but on a small scale, mainly by non-government stakeholders in areas not served by existing government health services. This policy is aimed at mainstreaming the coordination and delivery of YAH services into the public health service delivery system. NDoH, supported by its development partners, has taken a lead role in setting directions for YAH service through the development of this policy and will coordinate its implementation, monitoring and evaluation as well as provide ongoing technical support towards provinces and districts in implementing this policy.

Implementation of this Policy will be in a phased manner according to resources available and existing capacity. NDoH will develop guidelines for health managers on how to implement the YAH Policy at the provincial and district levels. The next step includes support in planning adolescent health activities and building capacity to improve adolescent health outcomes, and mobilizing and securing adequate resources. Standardised training programmes for health service staff and others involved in youth and adolescent health will be developed, to provide skills and knowledge to deliver youth and adolescent-friendly health services. Local Level Government (LLGs) will also play a crucial role in implementation of YAH Policy through support to establish YAH services at community health posts and conducting awareness on youth and adolescent health to local populations.

NDoH will be the lead agency for coordinating the management and implementation of this policy, through its Family Health Services branch, division of Public Health including coordination of activities of other adolescent health stakeholders such as education department, development partners or NGOs.

Following implementation of the health reforms in Papua New Guinea, primary focus on Youth and Adolescent Health will be given to provinces rolling out Provincial Health Authority Act and those that face the most serious issues affecting adolescents.

The list of responsibilities of activities related with implementation of this Policy at each level is presented in Annex one.

4.1 Resource implications on the YAH Policy

The National Government's Free Health Policy launched in 2012 will ensure constant provision of adequate resources in all health facilities to address health issues confronting adolescents. All provinces and districts are to integrate YAH services into existing health care delivery programs, whilst developing plans on establishing stand-alone youth-friendly services into the future. PNG's Development Partners and non-government stakeholders are required to collaborate with government at NDoH level in sharing resources and coordinating activities. Implementation of the YAH policy is estimated at 8.6 million kina over the next seven years from 2013 to 2020, however to fulfil all the obligation towards adolescents, the Government needs to mobilize

additional resources that has to be channelled through provinces and districts. The cost of implementation of the policy on SHR of adolescents and maternal mortality is reflected in the overall Sexual and Reproductive Health Strategic Plan 2014-2020.

4.2 Staffing Implications on the YAH Policy.

Proper implementation of the YAH policy will require the government's commitment to increase staffing levels at all points of health care delivery. The NDoH has established positions for a technical advisor, a technical officer a program officer and administration assistant.

In the longer term, all provincial and district administrations will also be required to create and fund staff positions for adolescent health officers who will be responsible for formulating and implementing YAH related activities, according to their local needs. An alternative to recruiting new staff is to up skill and support training of existing health staff to understand adolescent health issues and provide appropriate services.

4.3 Service Implications on the YAH Policy.

Implementation of this policy is expected to impact positively on the outcomes of adolescent health indicators in PNG. However, successful implementation will depend on the government's commitment to provide resources including infrastructure for YAH services. When established, YAH services will be more accessible to youths and adolescents. In terms of clinical care adolescents will be segregated from adults and children and accorded the specific services they require; this may, however cause shortage of manpower requiring further spending of money on recruitments. Existing health services will need to be reorganized and expanded to cater for implementation of the YAH policy. An opportunity exists also for current health care workers to be supported by training opportunities towards providing care for adolescents.

CHAPTER FIVE - MONITORING AND EVALUATION

Monitoring and evaluation of the Youth and Adolescent Health Policy will be done through the collection of age segregated (10-19 years) data for a series of health Performance Indicators, that will be routinely reported by the provincial hospitals and other health facilities through the NHIS. To further enhance accurate reporting of YAH indicators, adolescent specific indicators will be integrated into the NHIS reporting system.

Questionnaires used in collecting data for the DHS will be modified to capture the adolescents by specific age and sex/gender.

Findings and conclusions drawn from officially approved researches and surveys conducted will also serve as monitoring and evaluation tools.

Non-government stakeholders providing adolescent health care are expected to collaborate with NDoH in sharing information and resources.

Adolescent and Youth Health Indicator	Measure	Process
STI and HIV	% of adolescents and young people with STI and/or HIV	STI / HIV surveillance systems to include disaggregated data on adolescents and young people.
Sexual activity	Age of first sex	Disaggregated data by age and sex collected through newly developed research protocols
Sexual activity	% of adolescents and young people who have had sex in the last six months	Disaggregated data by age and sex collected through newly developed research protocols
Use of condoms for prevention of both pregnancy and HIV/AIDS and other STIs	% of adolescents and young people who use condoms during sexual intercourse	Disaggregated data by age and sex collected through newly developed research protocols
Rates of pregnancies in adolescent and young people age group (intended and unintended)	% of pregnancies	Age disaggregated data collected through newly developed research protocols
	% of married adolescents	Age disaggregated data collected thorough existing

		adapted to identify youth data
Youth and adolescent maternal death and disability for young mothers	% of youth and adolescent maternal mortality	Age disaggregated data collected thorough existing reporting mechanisms adapted to identify youth data
Rates of unsafe abortion for youth	% of reported referrals for unsafe abortion	Age disaggregated data collected thorough existing reporting mechanisms adapted to identify youth data
Use of health services	% of adolescents and young people who have used a health facility	Disaggregated data by age and sex collected through newly developed research protocols

ANNEX ONE: ROLES AND RESPONSIBILITIES

Implementation of this policy requires concerted support from all relevant stakeholders identified as audience in this policy. Each with defined roles and responsibilities as stipulated under the Organic Law on Provincial and Local Level Government Act 1995, National Health Administration Act of 1997, Provincial Health Authorities Act 2007 and the Public Hospitals Act 1994 will play their part in the operationalizing this policy.

1. National Level

Responsibilities of National Level agencies and officers are to:

- ☐ Provide leadership, advice and support on YAH service at all levels of the health delivery system.
- ☐ Develop and review policies, operational guidelines and standards on YAH service to guide implementers.
- ☐ Incorporate YAH reporting requirements into the NHIS.
- ☐ Negotiate for funding or other support for capacity building for YAH programs at all levels.
- ☐ Coordinate the implementation, monitoring and evaluation of the YAH policy and programs.
- ☐ Advocate for and facilitate review of existing training curricula on YAH for both in-service and pre-service
- ☐ Encourage and advocate for provinces, hospitals and provincial health authorities to create staff positions for YAH at all levels.
- ☐ Strengthen partnerships with all relevant stakeholders at the National Level
- ☐ Encourage and advocate for formal partnerships of existing registered YAH support groups to the provincial health offices, hospitals and health centres.
- ☐ Advocate for and provide technical support to health facilities and other service providers to introduce, strengthened and promote YAH services.
- ☐ Develop research agenda, coordinate and endorse research in YAH.
- ☐ Facilitate data base on YAH in PNG.
- ☐ Organize and facilitate national conferences, workshops and public events on YAH.
- ☐ Encourage and involve youth and adolescent in YAH activities at national level.
- ☐ Establish and coordinate National Adolescent Health Advisory Committee and Working Group.
- ☐ Advocate for political and financial support for YAH activities from local leaders and stake holders.

2. Provincial Level

- ☐ Coordinate implementation of the policy at the provincial level.
- ☐ Advocate and establish YAH services in the province according to approved NDOH standards and guidelines.

- ☐ Provide technical support to district, local levels, NGOs and other relevant partners.
- ☐ Maintain effective collaboration and liaison with all relevant stakeholders at the provincial, district and LLG levels.
- ☐ Coordinate planning and budgeting for YAH services at the provincial, district levels and local levels.
- ☐ Establish and provide YAH services in the district hospitals and community health posts.
- ☐ Advocate for and create YAH staff positions in district hospitals.
- ☐ Participate in, monitor and report on program activities to national level on a regular basis.
- ☐ Advocate for and create YAH coordinator positions in provinces.
- ☐ Support research activities on YAH.
- ☐ Support training of existing staff to provide YAH services.
- ☐ Encourage and involve youth and adolescent participation in YAH activities at provincial, district and local levels.
- ☐ Support organization of conferences, workshops and public events on YAH.
- ☐ Establish Provincial Adolescent Health Working Group according to provided guideline.
- ☐ Participate in activities organized by National Adolescent Health Working Group.
- ☐ Advocate for political and financial support from local communities.

3. Provincial Hospital Level

- ☐ Establish and provide adolescent-specific services.
- ☐ Advocate for YAH services to clients, patients and surrounding communities.
- ☐ Participate in, monitor and report on program activities to provincial and national level on a regular basis.
- ☐ Support research activities on YAH.
- ☐ Advocate for and create YAH coordinator positions in hospitals.
- ☐ Support training of staff to provide YAH services.
- ☐ Encourage and involve youth and adolescent in YAH activities at the hospital.

4. Provincial Health Authority Level

- ☐ Provide leadership, advocate and establish YAH services at all levels of the provincial health authority system according to approved NDOH standards and guidelines.
- ☐ Establish and provide YAH services in the provincial hospitals, district hospitals and community health posts.
- ☐ Advocate for and create YAH staff positions in provincial, district and local government levels.
- ☐ Coordinate implementation of the policy at the provincial, district and hospital facilities.
- ☐ Provide technical support to district, local levels, NGOs and other relevant partners.
- ☐ Maintain effective collaboration and liaison with all relevant stakeholders at the provincial, hospital, district and local levels.

- ☐ Coordinate planning and budgeting for YAH services at the provincial, district and local levels.
- ☐ Participate in, monitor and report on program activities to national level on a regular basis.
- ☐ Advocate for and create YAH staff positions in province, districts and local government levels.
- ☐ Advocate for YAH services to clients, patients and communities within the province.
- ☐ Support research activities on YAH.
- ☐ Support training of staff to provide YAH services.
- ☐ Encourage and involve youth and adolescent participation in YAH activities at provincial, district and local levels.
- ☐ Support organization of conferences, workshops and public events on YAH.
- ☐ Establish Provincial Adolescent Health Working Group according to their needs to provide operational guidelines.
- ☐ Participate in activities organized by National Adolescent Health Working Group.
- ☐ Advocate for political and financial support from local communities/political leaders.

5. District Level

- ☐ Establish and provide YAH services at the district hospitals and community health posts according to approved NDOH standards and guidelines.
- ☐ Advocate for and create YAH staff positions in district hospitals.
- ☐ Conduct awareness on YAH activities to local population.
- ☐ Participate in, monitor and report on program activities to provincial level on a regular basis.
- ☐ Support training of staff to provide YAH services.
- ☐ Support research activities on YAH.
- ☐ Participate in planning and budgeting for YAH services at the provincial, district and local levels.
- ☐ Maintain effective collaboration and liaison with all relevant stakeholders at the district and local levels.
- ☐ Provide technical support to local level government, NGOs and other relevant partners.
- ☐ Encourage and involve youth and adolescent participation in YAH activities at district and local levels.
- ☐ Support organization of conferences, workshops and public events on YAH.
- ☐ Participate in YAH activities organized by National and Provincial Adolescent Health Working Groups.
- ☐ Advocate for political and financial support from local communities and political leaders.

6. Local Level Government

- ☐ Establish and provide YAH services at community health posts according to approved NDOH standards and guidelines.
- ☐ Conduct awareness on YAH activities to local population.
- ☐ Report on program activities to district level on a regular basis.
- ☐ Support training of staff to provide YAH services.
- ☐ Advocate for political and financial support from local communities and political leaders.
- ☐ Participate in YAH activities organized by National and Provincial Adolescent Health Working Groups.
- ☐ Support research on YAH and evaluation of the YAH programs.
- ☐ Maintain effective collaboration and liaison with all relevant stakeholders at the local level government.
- ☐ Provide organizational support to local NGOs and other relevant local partners.
- ☐ Encourage and involve youth and adolescent participation in YAH activities.
- ☐ Support organization of public events concerning youth and adolescents.

7. Non-Government Organizations

- ☐ Conduct awareness on YAH activities to local population.
- ☐ Support training of local communities to provide YAH services.
- ☐ Advocate for political and financial support from local communities and political leaders.
- ☐ Participate in YAH activities organized by National and Provincial Adolescent Health Working Groups.
- ☐ Support research and evaluation of the YAH programs and activities.
- ☐ Maintain effective collaboration, liaison and organizational support amongst all relevant stakeholders at all levels.
- ☐ Monitor and report on program activities to provincial level at quarterly intervals.

ANNEX TWO: DEFINITIONS

Age definitions	The UN definition of adolescents covers the ages of 10-19 years. A further definition used by the UN is of young people who are 10 – 24 years and youth who are 15-24 years.
Abuse	Intimidation or manipulation of another person or an intrusion into another's emotional or social state; the purpose is to control another person. It can be physical, sexual, emotional and verbal.
Level and context of sexual activity	Term referring to the age, extent of and situation in which sexual activity amongst young people and adolescents occurs. This includes consensual and non-consensual or forced sex, unsafe or unprotected sexual activity (sex without using a condom) or while using alcohol or other substances, ritualised intercourse, pre or post marital sex, sex work, men who have sex with men, under age sex.

One stop shops	A facility set up to provide many services in one place on a temporary basis and at specific times, such as once a week. Through targeted publicity and social networking, information on the times the “one stop shop” is open and range of services it provides can be designed so that the groups the facility is intended to serve are informed of its activities.
Risky Behaviours	Behaviours and actions taken directly or indirectly are leading to increase chance of illness or disability. These include for example early sexual activity, truancy or alcohol and drug abuse.

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