

SITUATIONAL ANALYSIS: ADOLESCENT HEALTH AND DEVELOPMENT PROGRAM (AHDP)

Administrative Order No.34-A, s 2000, the Adolescent and Youth Health Policy was issued in April 2000. It created the Adolescent and Youth Health Sub- Program under the Family Health Program. It envisioned well-informed empowered, responsible and healthy adolescents and youth. The mission was to ensure that all adolescents and youth have access to quality comprehensive health care and services in an adolescent and youth-friendly environment.

Due to a rise in the number of adolescents and increase in risky behaviors among Filipino adolescents over the years, AO 34-A was revised and aligned with the goals of Kalusugan Pangkalahatan (KP) thus Administrative Order 2013- 0013 was issued. It aims to achieve the following health outcomes among adolescents: (1) Healthy Development (2) Healthy Nutrition (3) Sexual and Reproductive Health (4) Reduction of Substance Use (5) Reduction of Injuries and Mortality, Morbidity and Psychosocial Consequences of Injuries (6) Reduction of all Forms of Violence and Mortality, Morbidity and Psychosocial Consequences of Violence and (7) Mental Health.

The 2008 and 2013 National Demographic Health Survey showed that the percentage of women age fifteen (15) - nineteen (19) who had a live birth or is pregnant with first child had increased from 9.9% - 10.1% in the country. In the Cordillera Administrative Region, the percentage of women age fifteen (15) - twenty four (24) who have begun childbearing also increased from 26% - 29%. This was attributed to the following risky behaviors identified by the adolescents during the Regional Adolescent Congress which was conducted last year: Early sex, Substance abuse, Pornography, VAWC (rape case), Fraternities (bad gangs) & Prostitution.

The program strategies to be implemented include 1) Health promotion and behavior change for adolescents to utilize health services, practice healthy behaviors, avoid risks 2) Improving access to quality and adolescent-friendly health care services and information 3) Expanding health insurance 4) Enhancing skills of service providers, families and adolescents to protect their health and development 5). Strengthening partnerships among adolescent groups, government agencies, civil society, the private sector, families and communities for the achievement of MDG IV & V 6) Strengthening policy at all levels to ensure that all adolescents have access to information and services 7) Ensuring sufficient resources to implement a sustainable adolescent health program 8) Resource mobilization.

2015 PROGRAM HIGHLIGHTS:

DOH-CAR conducted these activities to address the prevailing situation in the area:

1. Peer Education Trainings of high school students in Abra last April, 2015.
2. Strengthened partnership through regular conduct of Adolescent Health & Development Program Technical Working Group which is composed of the following: Chairman - CAHDC, Head, Vice Chair - NYC, Members - Gov't. Line Agencies, NGOS & Development Partners like Luzon Health, JICA & UNFPA.

3. Developed local IEC material in the form of a brochure on the prevention of teenage pregnancy has been allocated to the city/ provinces in CAR as well as during the Universal Health Care caravans and Buntis Congress.

4. Distributed Target Client Lists (TCLs) to the different provinces/ city in CAR. This is to record the number of adolescent availing of services at the rural health units as well as the leading health concerns of adolescents.

5. Developed and used a reporting form to gather data on the number of teenage pregnancies in CAR.

6. Advocacy to local officials & health workers in Abra on the development of local ordinance based on the AHDP policy.

7. Monitoring of health workers assigned at Adolescent Friendly facilities was done to identify issues needing immediate action. The provision of technical assistance in the establishment of Adolescent Friendly Centers was subsequently conducted as well.

8. School- based immunization was implemented in all the province/ city in CAR for two months wherein Td and MR were given to Grades 1 and 7.

9. Monitoring of the implementation of the School-based Immunization activity was conducted in close coordination with the Provincial/ City DOH Offices and EPI as well as AHDP point persons.

10. Post immunization evaluation was also conducted to assess the overall implementation and to identify good practices that can be replicated in other areas of the region.

11. Awarding of municipalities with the at least 98% immunization coverage will be done wherein commodities which could boost further implementation of the AHDP and EPI program will be given such as the provision of NBS kits to teen mothers of these municipalities.

12. The first Regional Adolescent Health and Development Congress was conducted which was actively participated by adolescents, health workers, Regional Adolescent Technical Working Group, NGOs, local officials & development partners. Lectures on the different adolescent friendly services both for non-pregnant and pregnant adolescents were conducted to update them on the prevention of risky behaviors that will contribute in the reduction of morbidity and mortality. There were also sharing of good practices done by the Volunteer Youth Leaders for Health and Peer Educators of Lagangilang, Peñarrubia and Bucay, Abra on the prevention of teenage pregnancy and promotion of newborn screening among teen mothers in their respective communities. A cultural show was staged during the activity and this provided an avenue for the participants to showcase their talents and culture. An awarding ceremony was one of the highlights of the activity on the last day to make the Peer Educators and Volunteer Youth Leaders for Health fully aware with the different capable health facilities in providing quality health services. Facilities/health workers/LGUs with exemplary and outstanding performances in providing adolescent friendly services, best newborn screening facilities and Mother-Baby Friendly certified facilities were recognized.

13. Provision of adolescent kits containing toothbrush, toothpaste and Ferrous Sulfate were given to adolescents during the Universal Health Care (UHC) Caravan and Buntis Congress.

14. DOH-CAR together with our partners from FPOP, Luzon Health and POPCOM also provided adolescents and teen mothers with lectures regarding pressing issues such as teenage pregnancy, drugs, alcohol and sound decision making during the UHC Caravan and Buntis Congress.

15. Presentation for critiquing and finalization of the KAP Survey on Adolescent Reproductive Health and Sexuality Issues as conducted by the University of the Cordilleras with funding by DOH-CAR.

16. Procurement of Expanded Newborn Screening (ENBS) kits for the babies of teenage mothers.

It is hoped that in 2016, these activities conducted under the Adolescent Health and Development Program will be maintained and innovative interventions will be implemented for better program management.

ISSUES & CONCERNS:

1. Some health workers untrained on the use of the Adolescent Job Aid Manual (AJA) and adolescents on Peer Education in Baguio City, Benguet and Mountain Province.
2. No prototype IEC material provided by DOH Central Office for parents and adolescents.
3. Adolescents are not fully informed about the different adolescent health services including newborn care and where to avail these services.
4. Recording & reporting not in place in the FHSIS.
5. Limited number of Adolescent Friendly Facilities.
6. Poor level of awareness of parents/ adolescents on the prevention of risky behaviors.
7. Increasing number of neonatal deaths among teenage mothers.
8. Most teenage mothers are not delivering in CEMONC facilities.

What else can be done in 2016?

1. Train peer educators in areas with high cases of teenage pregnancy (La Trinidad, Benguet, Paracelis, Mountain Province and Baguio City).
2. Scale up capacity building of adolescent-friendly health services on the use of Adolescent Job Aid Manual in Benguet, Baguio City and Mountain Province.
3. Advocacy meetings on the establishment of Adolescent Friendly Centers in Kalinga & Apayao.
4. Formulation of local ordinances in other provinces/ city in CAR aside from Abra such as in Baguio City and Benguet.

5. Provision of necessary logistics like family planning commodities, toothbrushes, herbal soaps and FeSO₄ for the use in the implementation of Adolescent Health Program.
6. Development of IEC material like Adolescent Handbook or guide for parents who have teenagers based on the results of KAP Survey on Adolescent Reproductive Health & Sexuality Issues.
7. Establishment of Adolescent Service Delivery Network in Baguio City and Benguet.
8. Strengthen partnership with GOs, NGOs & Development Partners for the harmonization of programs, plans for the adolescents.
9. Regular monitoring and evaluation at various levels.
10. Procurement of ENBS kits for babies of teenage mothers.
11. Strengthen awareness of teenage mothers on MNCHN services for the prevention of maternal and neonatal deaths. Hence, a teen mom summit is planned to be conducted.

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