

Framework for Convergence of National Programs on NCDs & Adolescent Health

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National Adolescent Health Programme

RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK)

- Launched in 2014 to reach out to 253 million adolescents (10-19 years) with universal coverage.
- Scope expanded from Sexual & Reproductive Health to focus on life skills, nutrition, injuries (including gender based violence), non-communicable diseases, mental health and substance abuse.
- Key strategy is health promotion approach.
- Paradigm shift from clinic-based services to promotion and prevention through community based interventions strategies

Facility based interventions

Adolescent Friendly Health Clinics (AFHCs) established at public health system (PHCs, CHCs, SDH, DH and Medical Colleges) to provide following services:

1. IEC and Interpersonal Communication on six thematic areas: S&RH, NCDs, Nutrition, Mental Health, Substance abuse, Injuries & violence
2. Provision of IFA tablets, contraceptives, sanitary napkins etc.
3. Screening: BMI, Hb, diabetes and hypertension
4. Management of common adolescent health problems
5. Referrals and linkage to speciality services.

Community based interventions

Peer educators:

- Selected from among the adolescents in the community.
- A group of 15-20 boys/ girls are formed to conduct weekly sessions on the six thematic components under RKSK
- Play a key role in linking adolescents with the existing health systems.

Adolescent Health Day:

- Organized in every village once every quarter on a convenient day
- Offers health services to all adolescent target groups
- Sensitize stakeholders including parents, school teachers and PRI members on adolescent health needs.

School based interventions

(Government and government-aided schools)

- Weekly Iron and Folic Acid Supplementation (WIFS): Supervised administration of blue IFA tablets using a fixed day approach in all schools for in-school adolescents and AWC for out-of-school girls.
- Biannual de-worming using Albendazole
- Training of ANMs and school teachers to screen adolescents for anaemia and provide prompt referral for moderate and severe anaemia cases.
- Nutrition and Health education to encourage healthy food habits to prevent anaemia.

Rationale for convergence of NCD programmes with RKSK

- Adolescence is the time when vast majority of risk factors of NCDs set in
- Increasing sedentary lifestyles and obesity in adolescents
- Unhealthy dietary patterns: more consumption of junk food and processed food
- Increasing risk of tobacco use, alcohol & drugs.
- Low physical activity both in school and home

Rationale.....

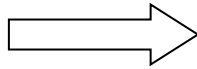
- A life-course approach is cornerstone to effectively prevent NCDs in adults.
- Adolescence provides an opportune time for positive behaviour modification, to mitigate the emergence of risk factors of NCDs: tobacco/alcohol use, unhealthy diet, sedentary lifestyle and stress
- Need to educate adolescents, youth and parents on ways to prevent lifestyle diseases
- Opportunity to enable adolescents to make 'informed choices'

Behavioral risk factors & social determinants

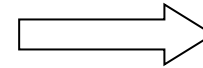
Behavioral risk factor	Key Social determinants
Tobacco and Alcohol use	<ul style="list-style-type: none">• Desire for experimentation• Peer Pressure• Imitating parents• Self-expression & perceived indicator of style
Unhealthy diet (rich in salt, sugar, saturated/ trans-fats)	<ul style="list-style-type: none">• Changing dietary patterns• Easy availability of junk/ processed foods at low cost• Aggressive marketing/advertisement
Physical Inactivity	<ul style="list-style-type: none">• Technological advancement• Use of computers, laptop, mobile, TV• Poor availability of outdoors sporting facilities
Stress	<ul style="list-style-type: none">• To excel in academics• Parental pressure• Forming new relationships• Maintain good physical appearance

PROPOSED NCD- RSKK CONVERGENCE FRAMEWORK

Inputs



Processes



Output

- Promotion activities
- Institutional strengthening
- Capacity building of RSKK staff on NCDs and NCD staff on adolescent specific issues
- Capacity building of school teachers
- Evidence generation on NCDs among adolescents based on NFHS 4 data and other data sources

Institutional strengthening

- Inclusion of State/District NCD Nodal Officer in State/District committee on Adolescent health
- Participation of teachers in Adolescent health day celebrations & Village Health Nutrition & Sanitation Committee

Capacity Building

- Training manuals & guidelines for diagnosis and treatment of NCDs among adolescents for teachers/health staff
- Develop questionnaire for screening and referral of adolescents

Involvement of schools

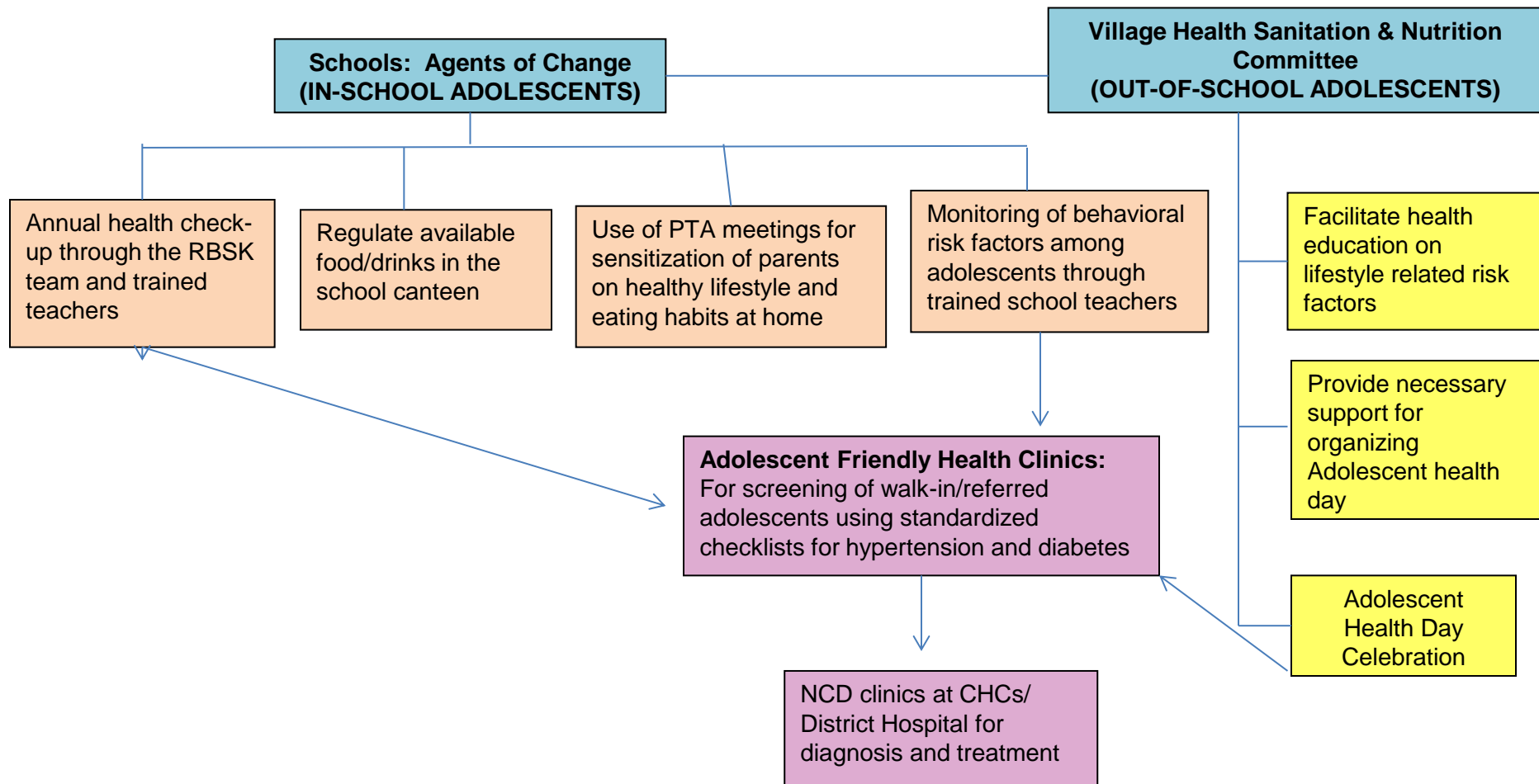
- Training of teachers on risk assessment related to NCDs among adolescents
- Guidelines for school canteen

Evidence generation

- Behavior change for NCD related risk factors

- Provision of continuum of care for adolescents at school, homes and health facility level
- Trained teachers and healthcare personnel on risk assessment for lifestyle diseases
- Improved information sharing through available IEC material on NCDs
- Evidence of risk reduction for NCD amongst adolescents

Continuum of care for adolescents in schools, community and health facilities



Thankyou

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