WORK IN PROGRESS

National Accelerated Investment Agenda for Adolescent Health & Wellbeing

UPDATES TO NAIA_AHW

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Adolescent account for a fourth of the total population, but have been largely ignored as a unique segment

Tanzania needs to pursue positive development and health outcomes for its adolescent population

- Tanzania Mainland has a **population of 6,743,218 between the ages of 10-14 years and 5,696,459 between the ages of 15-19 years, which account for a fourth of the total population**
- **Adolescents have largely been ignored as a unique segment** of the population, while the importance of this age group has been acknowledged**, the health and wellbeing of this group has received very little special attention**
- This **large cohort presents significant potential for the country's social and economic development** by making the necessary investments improve health, wellbeing, and productivity
- Evidence shows that **investments in adolescent health, particularly reproductive health, can triple dividends**

MoHCDGEC with the support of the Gates Foundation developed an accelerated agenda for adolescent health and wellbeing

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National Accelerated Investment Agenda for Adolescent Health and Wellbeing (NAIA_AHW)

Vision

Accelerate the improvement of adolescent health and wellbeing to support the growth and development of healthy, educated, and empowered adolescents as they transition into adulthood

Objectives

The National Accelerated Investment Agenda for Adolescent Health and Wellbeing (NAIA_AHW) was developed with the objective of **focusing the country on gaps in adolescent health and wellbeing that need to be addressed in the immediate term.** This framework will enable key stakeholders to:

1. Define the highest priority issues and key enablers
2. Set specific, measurable, assignable, realistic & time manageable program objectives
3. Determine the minimal (achievable) package of interventions required for each pillar
4. Describe the current landscape of activities by funder/implementer/geography
5. Define the highest priority actionable gaps and the funding required

NAIA_AHW was developed through four key phases;

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Phase	Phase I – Inception	Phase II– Data Collection and Analysis	Phase III – Intervention Design Costing and M&E	Phase IV – Validation and Finalization
Activities	• Design and develop pillars to anchor the NAIA_AHW • Determine rationales to support each of the pillars	• Develop a gaps analysis and hypothesized interventions for each of the pillars • Design and hold initial stakeholder convening to pressure test the interventions • Conduct stakeholder outreach and hold one-on-one meetings with donors, implementing partners and government*	• Finalize draft interventions and activities • Conduct follow-up meetings with stakeholders • Develop draft costing model, coordination mechanism, and M&E framework • Continue engaging the taskforce to socialize and pressure test the various components of NAIA_AHW	• Develop draft full report for NAIA_AHW • Coordinate validation workshop • Finalize report, executive summary, and support materials

*Stakeholder engagement is critical to the success of this work, although it started in phase II, it is an ongoing effort spanning across phases II, III and IV

Six pillars were selected to anchor NAIA_AHW; each is critical to adolescent health and wellbeing and is defined by a specific objective

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Six pillars were selected to anchor this work because they represent:

1. **Issues where adolescents are disproportionately affected**

+

2. **Areas where interventions are limited in their specific targeting of adolescents, and/or are not at scale**

Adolescent participation is central to the success of NAIA_AHW and will continue through to implementation

Adolescent Participation

- **There were several mechanisms of consultation including focus groups, an adolescent workshop, and online surveys which** included opinions for a diverse set of adolescents, including marginalized and most vulnerable groups
- Adolescents provided input into 1) the design of NAIA_AHW specifically by **confirming the issues** that hinder adolescent health and wellbeing and 2) **determining how to they can be optimally reached through the interventions** to ensure that there this is maximal impact
- **Post the design phase of NAIA_AHW, adolescents will continue to be meaningfully consulted** through established, relevant, and appropriate governance mechanisms

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Furthermore, broad stakeholder consultations were critical in helping to inform the NAIA_AHW

Snapshot of Stakeholder consultations

- **One-on-one meetings with over 70 stakeholders** across various phases of the development
- **Broad stakeholder meeting to prioritize interventions** – held in Dar with *over 65 participants* representing both government and development partners
- **Expanded taskforce meeting to detail activities** – held in Dar with *over 35 attendees* representing both government and development partners
- **Taskforce meeting to discuss costing model** – held in Dodoma with members of the taskforce

We held over 150 consultations with various government and non-government stakeholders through the development of NAIA_AHW

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We identified a broad range of interventions which are important for advancing adolescent health and wellbeing

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Priority

- Several programs are being implemented but there is room to increase the focus
- High potential for impact, outcomes are anticipated in the immediate term

NAIA_AHW focus – increase resources

Supporting

- Several programs are being implemented
- Success is either already seen and reaching the max, or outcomes are anticipated in the medium-long terms

Status quo – continue pursuing

Emerging and Evolving

- Little work that is currently being done, but potential to garner more interest
- Outcomes are anticipated in the long-term once the programs pick up

Status quo– continue pursuing

NAIA_AHW focuses on prioritized interventions for the immediate term, but it is essential for stakeholders to continue implementing interventions in other categories which are necessary for long-term impact

Focusing on priority interventions, we further classified them into three categories

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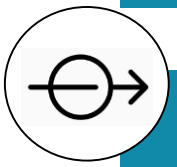
Pillar-specific interventions

Pillar-specific interventions are those which **only impact one, or in some cases two pillars**

These are **selected based on the evidence-base to show that they are both high impact and high feasibility.**



Cross-cutting interventions/ themes

Cross-cutting interventions touch on all or most pillars and have been assessed for their **potential to make a catalytic impact**
These can fall under two sub-categories:

- ***Standalone*** – those which need to be designed as standalone interventions
- ***Integrated*** – critical elements that can be integrated into existing prioritized interventions

Enablers

Enablers are areas that are not directly related to our desired outcome but are **necessary to achieve our goal**

There are several pillar-specific interventions which we prioritized based on their feasibility for implementation and impact (1/3)

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Pillar-specific interventions

Preventing HIV

- 1.1 [Aged 15-19] Biomedical: **Increase access to community-based HIV testing and relevant linkages to prevention and care** for 1) adolescent boys and girls 2) male partners of AGYW
- 1.2 [Aged 15-19] Empower adolescent boys and girls and male partners of AGYW to proactively **use protective measures against HIV infection**
- 1.3 [Aged 10-19] Biomedical: **Promote access and usage of VMMC** to adolescent boys and male partners of AGYW

Preventing Teenage Pregnancies

- 2.1 [Aged 10-19]: **Expand access to comprehensive SRH information and education** through innovative programs and revision of in and out-of-school SRH curriculum
- 2.2 [Aged 15-19]: **Expand access and promote use of evidence-based methods** for teenage pregnancy prevention to community-based settings

[1] SBCC will be integrated into each of these interventions to address social norms that drive violence

There are several pillar-specific interventions which we prioritized based on their feasibility for implementation and impact (1/3)

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Pillar-specific interventions

Preventing Violence[1]

- 3.1 [Aged 10-19]: **Scale and strengthen peer support groups** to increase awareness on what constitutes as violence, and to serve as platform for peer-to-peer support
- 3.2 [Aged 10-19]: **Strengthen protection systems to increase awareness on violence** prevention and to improve response and support services

Improving Nutrition

- 4.1 [Aged 10-19]: **Scale Weekly Iron Folic Acid Supplementation (WIFAS)** to adolescent girls aged 10-19

[1] SBCC will be integrated into each of these interventions to address social norms that drive violence

There are several pillar-specific interventions which we prioritized based on their feasibility for implementation and impact (3/3)

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Pillar-specific interventions

Keeping boys and girls in school

- 5.1 [Aged 10-19]: **Improve WASH infrastructure in schools** with a strong focus on MHM and national hygiene campaigns
- 5.2 [Aged 10-19]: **Support and strengthen the IAE & PO-RALG to implement Integrated Program for Out of School Adolescents (IPOSA)** with an emphasis on providing formal schooling opportunities through the Post-Primary Technical Centres (PPTCs)

Developing soft skills for employment

- 6.1 [Aged 10-19]: **Strengthen VETA and PPTC soft skills programs** in partnership with private sector
- 6.2 [Aged 10-19]: **Strengthen the "Stadi za Kazi" subject in primary schools and expand to secondary schools** to holistically address adolescent health and well being and soft-skills for employment

Furthermore, there are a select number of cross-cutting interventions

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Cross-cutting interventions

- 7.1 [Aged 10-19] Behavioral/Structural: **Expand access and improve quality of "adolescent-friendly comprehensive services"**
- 7.2 [Aged 10-19]: Offer **cash transfers for in and out of school students from disadvantaged communities**

Cross-cutting themes

- **Promote positive social, gender, and cultural norms** - expand the quality and effectiveness of Social Behaviour Change Communication (SBCC
- **Gender-responsive programming** – **mainstream gender into programming by taking into account the specific needs of men, women, girls and boys** with respect to both biological/sex differences and social cultural gender norms and practices
- **Adolescent participation and dialogue** – mainstream adolescent participation to ensure continuous involvement throughout implementation

[1] Lower priority for this work session given that the discussion will be more practical and useful once interventions and activities are finalized

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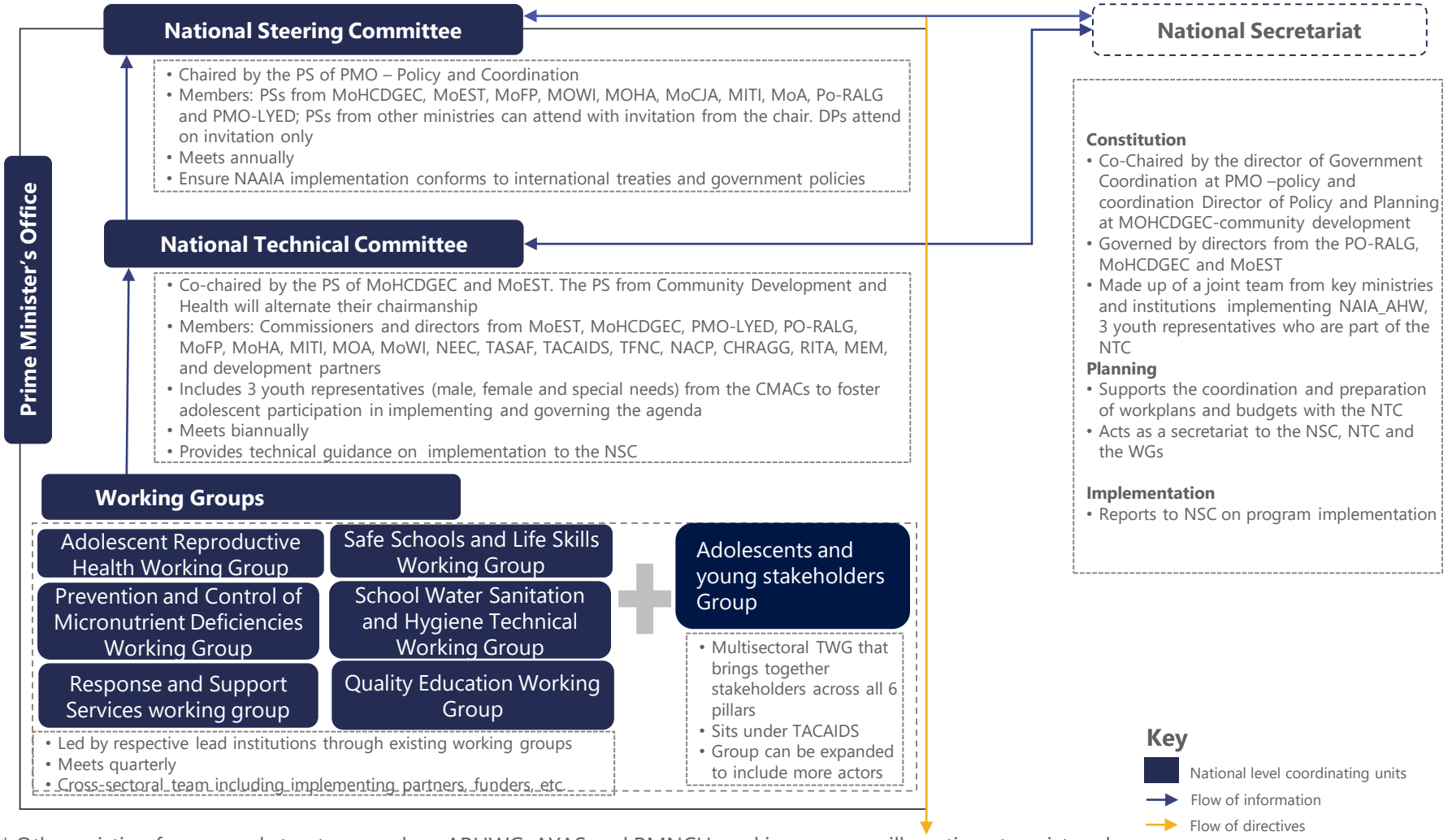
Coordination, and M&E are enablers needed to achieve our overarching objective

Enablers

- **Coordination – Develop and integrate a coordination mechanism to execute the NAIA_AHW** (both national and sub-national levels) building on existing coordination mechanisms instead of developing new and parallel systems
- **Data** – **collection, utilization, analysis** to (1) to identify what specific issues are impacting adolescents, (2) to develop specific targets and (3) to track progress

[1] Lower priority for this work session given that the discussion will be more practical and useful once interventions and activities are finalized

The proposed coordination structure will sit within PMO – Policy and Coordination, and the National Secretariat will support coordination of the NAIA_AHW



* Other existing forums and structures such as ARHWG, AYAS and RMNCH working groups will continue to exist and will feed into this coordination structure as the pillar working groups and as part of the national technical committee

The PO-RALG will lead the implementation and coordination NAIA_AHW activities at the sub-national levels

National Secretariat

Constitution
- Co-chaired by the director of Government Coordination at PMO –policy and coordination Director of Policy and Planning at MOHCDGEC-community development
- Governed by directors from the PO-RALG, MoHCDGEC and MoEST
- Made up of a joint team from key ministries and institutions implementing NAIA_AHW, 3 youth representatives who are part of the NTC

Planning
- Supports the coordination and preparation of workplans and budgets with the NTC
- Acts as a secretariat to the NSC, NTC and the WGs

Implementation
- Reports to NSC on program implementation

Prime Minister's Office

National level coordinating units

President's Office – Regional Administration and Local Government

Regional Administrative Secretariat
- Support planning and provide technical advice at regional level

District Executive Director
- Support planning and provide technical advice at district level
- Implementation oversight
- Youth in the CMAC will feed back to AAB on implementation of the NAAIA based on consultations with adolescents

Ward Executive Officer
- Support planning and provide technical advice at ward level
- Implementation oversight

Village Executive Officer
- Support planning at village level
- Implementation oversight

Key:
- National level coordinating units
- Sub-national level coordinating units
- Flow of information
- Flow of directives

Monitoring and Evaluation will be conducted by district M&E officers, while the M&E coordination committee will track progress at the national level

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National

M&E Coordination Committee

- Co-chaired by M&E Officers of MoHCDGEC and MoEST
- Members: 1) Existing multisectoral government M&E officers (e.g. M&E Officers of MoHCDGEC, MoEST, PO-RALG) 2) Selected implementing partners' M&E officers
- Meets quarterly
- Approves annual M&E workplan and budget and tracks progress

Regional

Implementing Partners' M&E Officers

- Provides secondary source of M&E data to NAIA_AHW
- Members: Implementing partners' M&E officers
- Meets monthly with district and regional M&E officers
- Provides M&E data to district and regional levels as secondary support

Regional and District M&E Officers

- Provides primary source of M&E data to NAIA_AHW
- Members: Existing district and regional M&E officers

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A summary of major changes

- Name of the document from NAAIA to NAIA_AHW
- Document ownership from MOHCDGEC to GOT, PM's to sign off and statement of commitment from all key Ministries and institutions
- Age harmonisation across all pillars to only 10-19 years and not 10-24 years
- Soften/broaden the language on contraceptives and condoms for 15-19yrs
- Rewording of several activities on Pillar 3 (preventing violence)
- PREP – was removed as part of key intervention in Pillar 1 with a rationale of GOT waiting for results on ongoing trials
- Nutritional education and counselling activities were added as support activities for pillar 4

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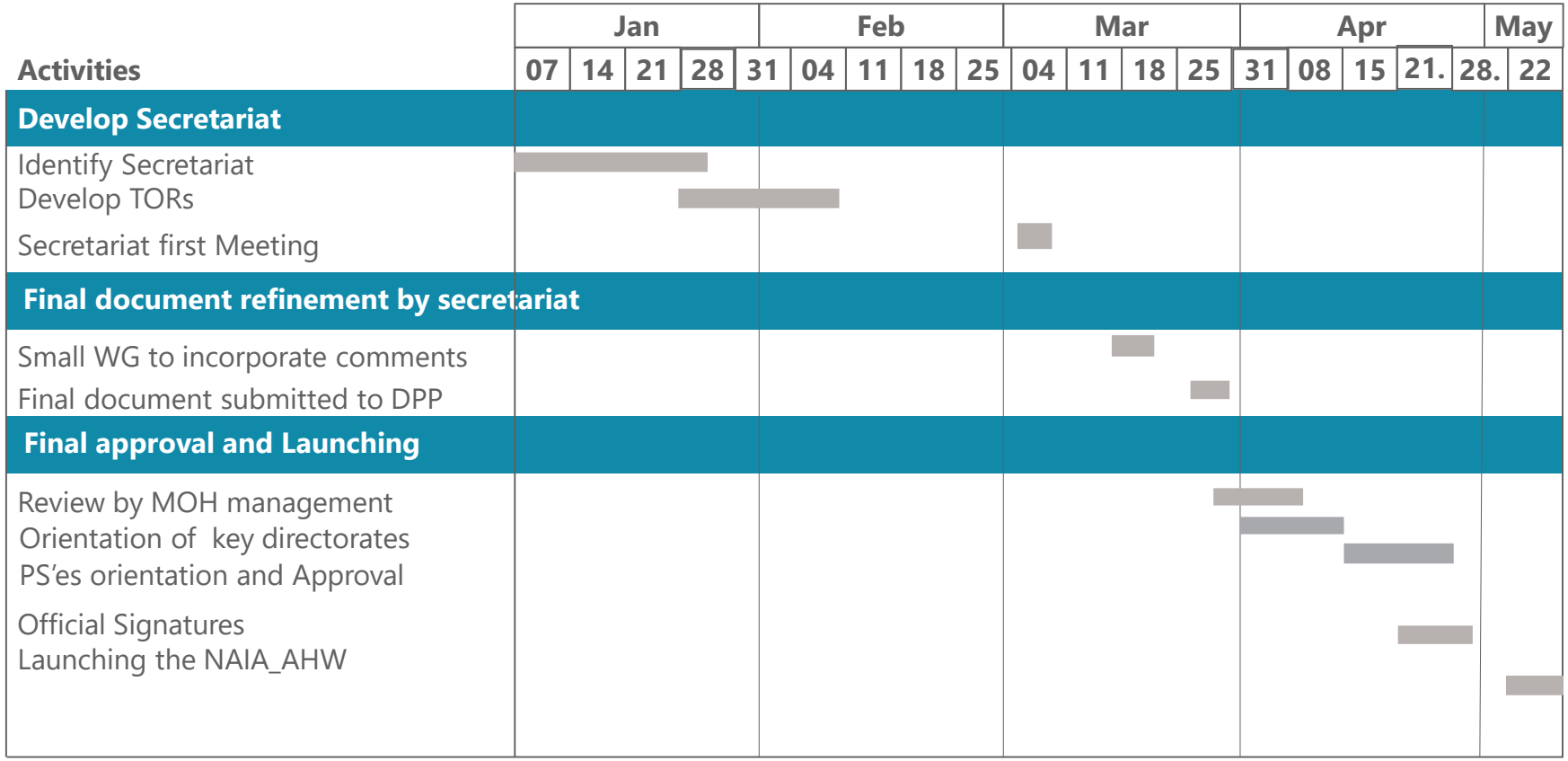
A series of activities are ongoing to support the final approval and take up of the document



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Continued advocacy and sensitization is required to ensure the document is taken up and used by all the actors

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Next steps

- Official approval of the document by the responsible Ministries and Institution
- Launching and Implementation of the action plan

What we are asking

- Participating in and supporting the secretariat
- Continued advocacy and sensitization of the document at different platforms as opportunity arises
- Alignment of the action plan with ongoing initiatives
- Participate and support the launching