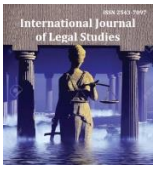

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BANGLADESH NATIONAL ADOLESCENT HEALTH STRATEGY, A STEP TO ACHIEVE SUSTAINABLE DEVELOPMENT GOALS BY 2030: A POLICY ANALYSIS AND LEGAL BASIS

BANGLADESKA NARODOWA STRATEGIA ZDROWIA MŁODZIEŻY – KROK DO OSIĄGNIĘCIA ZRÓWNOWAŻONEGO ROZWOJU DO 2030 ROKU: ANALIZA POLITYKI I PODSTAWA PRAWNA

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Abstract:
This paper aims to critically assess the adolescent focused policies and plans of Bangladesh of the last two decades. Another aim of this article is to check how the latest National Adolescent Health Strategy (NAHS) is compatible with the global strategy and to suggest some ways to achieve Sustainable Development Goals by 2030 using policy analysis triangle framework. Authors reviewed all relevant policy documents introduced by the Government of Bangladesh during 1998-2017. This framework allows the analysis of the contextual factors that influenced the policy, the process and the entities involved in the decision making. Findings suggest Bangladesh strategy is comprehensive and aligned with global strategies but only regarding the key strategies. Thus identifying key activities including implementation and monitoring plan

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with a specific timeline is the urgently required. A tentative Plan of Action has been proposed and it is expected that the policy community will be benefitted to take their future actions to implement the strategy successfully.
Keywords: Adolescent health, health policy, mental health, policy triangle framework, policy analysis, sustainable development goals

Streszczenie:
Niniejszy artykuł ma na celu krytyczną ocenę polityki państwa Bangladesz i strategicznych planów ukierunkowanych na młodzież w ciągu ostatnich dwóch dekad. Kolejnym celem tego artykułu jest sprawdzenie, w jaki sposób najnowsza Narodowa Strategia Zdrowia Młodzieży (NAHS) jest zgodna ze strategią globalną i zaproponowanie pewnych sposobów osiągnięcia Celów Zrównoważonego Rozwoju do 2030 r. przy użyciu trójkąta analizy polityki. Autorzy przejrzeli wszystkie istotne dokumenty dotyczące polityki wprowadzone przez rząd Bangladeszu w latach 1998–2017. Umożliwiło to analizę czynników kontekstowych, które miały wpływ na politykę, proces i podmioty zaangażowane w podejmowanie decyzji. Wyniki sugerują, że strategia Bangladeszu jest kompleksowa i dostosowana do globalnych standardów, ale tylko w odniesieniu do strategii kluczowych. Dlatego też pilnie potrzebne jest określenie działań, w tym planu wdrożenia i monitorowania z określonym harmonogramem. Zaproponowano wstępny plan działania i oczekuje się, że społeczność polityczna będzie mogła skorzystać z przyszłych działań w celu pomyślnego wdrożenia strategii.
Słowa kluczowe: zdrowie młodzieży, polityka zdrowotna, zdrowie psychiczne, ramy trójkąta polityki, analiza polityki, zrównoważone cele rozwoju

Statement of the problem in general outlook and its connection with important scientific and practical tasks.

Adolescence (10-19 years of age) is the most critical stage of a human being as it is a transitional phase from childhood to adulthood. This is a dynamic period of cognitive and physical development, which brings opportunities, but also upheavals. Despite the possibility of full opportunity, various mental disorders such as substance use, self-harm, and suicidal tendency emerge at this time. Even a portion of this group starts having children before they are emotionally or physically ready (Gates, 2016). Therefore, this is a vulnerable stage for the human being as the mental, physical, emotional changes have taken places, which affect the overall health behavior.

Globally, adolescents had been getting priority in the health sector as an outcome of the International Conference on Population and Development, held in 1994 in Cairo. This Cairo conference addressed the need for adolescents' wellbeing, which results in a good investment for the future generation. In the present context, Bangladesh is enjoying the opportunity of demographic dividend. It is defined by the United Na-

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tions Population Fund as, "the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older)." Adolescents are the largest human resource to swift the process of accomplishing SDG goals by 2030, as well as would play the key role in the economic growth of the country. Therefore, the investment in the wellbeing of the adolescents will bring a triple dividend of benefits for today, for decades to come, and for the next generation (Patton et al., 2016). Bangladesh Government is keen to capacitate them to attain their full potential as adults by helping them to realize their own rights to health, wellbeing, education and equal participation in society (Barkat, 2003 & Global Strategy 2017). In Bangladesh, the Ministry of Health and Family Welfare (MoHFW) is performing the major role to provide health care services to its citizen by taking various policies, strategies or action plans. Simultaneously, many research organizations, development partners, NGOs is engaged with conducting operations research, action research, evaluation research to provide a direction to the government. In that context, the Government is currently implementing the National Adolescent Health Strategy (NAHS) 2017 to 2030 preceded by the Adolescent Reproductive Health Strategy (ARHS) 2006-2016. The new strategy is focusing not only on the Sexual and Reproductive Health (SRH) issue but also focuses on the holistic approach for the adolescent group, therefore it is termed as a "comprehensive strategy" (NAHS, 2017). Previously, adolescent health meant for married adolescents, confined with SRH problem or menstrual hygiene practice (Nahar, 1999; Barkat 2003). In addition, adolescent reproductive health issue has occupied a prime place in the design and implementation of reproductive health strategies, policies, and programs in Bangladesh (BMMS, 2010). However, a current study (Alam et al, 2017) revealed a critical gap in SRH information and services for unmarried adolescents, especially among the school girls. That study reported that 64 % of girls had no knowledge of menstruation before reaching menarche; the rest of them received information from their female relatives or teachers. Thirty-two percent of the respondents stated that menstrual problems interfere with school performance. Another study (Barkat 203) found majority (almost 70%) of the adolescent girls were aware of the importance of maintaining cleanliness (e.g. a clean pad or cloth) during the menstrual period, but this understanding develops after two to three years of the onset of menstruation. Comparing these two findings it is revealed that over the last 14 years, the situation of Bangladeshi adolescents girls do not improve at the ex-

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pected level. Still, 30% of adolescents (15-19) either is pregnant with their first child or have already given birth (NIPORT, 2013). However, many policies and plans regarding adolescent health have initiated but they made little impact on the adolescent's health. Therefore, the implementation of the current NAHS is a crucial step to achieve the SDGs by 2030. Many operation research, papers, evaluation have been conducted on adolescent health issue (Portney, 1996, Collins, 2005 and UN, 2015); however, there is a paucity of data regarding the policy analysis that would likely to provide a future direction for the relevant stakeholders to attain the desired SDGs. Therefore, this paper aims to assess the adolescent focused policies and plans of Bangladesh evolved in the last two decades. Additionally, it examines the compatibility of the latest adolescent strategy with the global strategy, as well as suggests a way forward to achieve adolescent related SDGs by 2030.

Analysis of latest research where the solution of the problem was initiated.

Design. The study examined the adolescent health-specific plans and policies through policy tracing techniques that covered a period of 20 years from 1998 to 2017. The study employed a qualitative research design using document review, fact checks interviews with relevant stakeholders and listing of stakeholders through stakeholder analysis technique.

Policy Framework. To conduct this study, policy analysis triangle framework has been used in understanding existing policies. The policy analysis triangle framework by Walt and Gilson (1994) incorporates context, content, actors, and process in analyzing policies. This framework allows the analysis of the contextual factors-social, economic, political and international that influenced the policy, the process by which the policy was initiated, formulated, developed, implemented and evaluated, and the actors involved in the decision making. It presents a simplified approach to a complex set of interrelationships; hence, the substance of each policy is listed out under the content. Under actors, all the relevant stakeholders are listed out who are involved in the policy-making based on reviewed policy documents. In the process section, implementation-related issues of each policy are discussed. Moreover, legal and policy coherence is an important issue which is enshrined in SDG targets under the goal of the global partnership (Elena, 2018).

Aims of paper. **Methods.**

Data Source and Search Strategy. Documents published between 1998 and 2018 were identified through searches of websites of the Government of Bangladesh

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(GoB), organizations/institutions operating in the country, donor agencies, government and non-government organizations and health-related professional associations. Some newspaper report and article, as well as information, were collected from the social media network regarding an adolescent health issue. A number of documents including GoB policies country health plans, strategies, laws and acts, and GoB reports were reviewed. Different search engines such as PubMed and Google Scholar were also used to identify relevant documents. The key terms used in the website searches were 'adolescent health,' 'reproductive and sexual health,' 'sexuality education,' 'mental health,' 'nutrition for adolescents,' 'violence against adolescents,' 'triangle framework', combined with 'policy,' 'action plan,' 'strategy,' and 'guideline.'

Data extraction. At first, a detailed and extensive review of existing policies and laws was performed to identify relevant laws and policies that potentially have a direct or indirect impact on addressing adolescent health. Later, a data display matrix was developed using different codes relevant to the contents of the selected documents.

Data Management and Analysis. For data analysis, the data display matrices were used in the excel file. After literature and document review, the relevant documents were separated and key information from each relevant document was identified using the matrix. The authors themselves conducted the document review and analysis. Once the key points regarding the adolescent health from the policies and acts were identified, the authors went for further analysis by synthesizing the key findings to identify the limitations and weaknesses of the analyzed acts and policies related to adolescent health. The first author very closely supervised and monitored all the steps of the analysis to ensure quality. Thematic coding was applied as the codes were a context of policy, policy content, policy process, and policy actors. The themes were organized as the evolution of adolescent health policy or the calendar of events and the alignment of current adolescent health strategy with the global strategy to achieve SDGs.

Exposition of main material of research with complete substantiation of obtained scientific results. **Discussion.**

Evolution of Adolescent Focused GoB Policies and Strategies

This policy analysis finding revealed that Bangladesh Adolescent Health Program evolved through a series of development phases that took place during the last 20

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years. Adolescent health efforts in this country began in the early 1990s. The categorical adolescent focused program emerged during 1998 with the objective to prioritize adolescent wellbeing as a strategy of development. From the first sector-wide approach (SWAp), Health and Population Sector Program (HPSP, 1998-2003), the adolescent is the prime concern of the Bangladesh health sector. Since then, GoB has been taken many initiatives for the betterment of adolescents and given priority concern in the country health plans, different policies, and strategies. Adolescent focused separate Operational Plan (OP) was developed in the 2nd SWAp of Health Nutrition and Population Sector Program (HNPSP) 2003-2011. However, the adolescent issue was getting priority in two different OPs of 3rd SWAp under Director-General of Health Services (DGHS) and Director General of Family Planning (DGFP). Additionally, the national nutrition program also focused on adolescents' wellbeing. In the current health plan of Health, Population, Nutrition Sector Program (HPNSP- 2017-2022), MoHFW has been bifurcated in two divisions – Health Services Division and Medical Science and Family Welfare Division and both the divisions give emphasis on adolescent issue (Ahsan et al., 2015, MoHFW, 2010, and MoHFW, 2017).

GoB has recognized the importance of ensuring adolescent health and has incorporated this issue in several of its policies. The rights to life, food, health, shelter, basic necessities of life, speech, education are enshrined in the Bangladesh Constitution and participated in almost all major international conferences related to human rights. This prime segment of the population is also addressed the National Education Policy 2010, Child Labor Elimination Policy 2010, National Children Policy 2011, National Skill Development Policy 2011 and National Immunization Policy (Draft) 2013. Moreover, many other policies such as Health Policy 2011, Population Policy 2012, and Nutrition Policy 2015 were developed to serve all citizens of Bangladesh. Additionally, a number of acts and laws are also developed focusing on the adolescent health issues to protect them from any sort of vulnerabilities as well as to maintain their life with full potentials. However, GoB took the first initiative to implement a 10 year long Bangladesh Adolescent Reproductive Health Strategy (BARHS) from 2006-2016 to align with Millennium Development Goals (MDG) targets. Key strategies of ARHS was to improve knowledge on ARH; creating positive change in the behavior and attitude of adolescents' gatekeepers; reducing incidence of early marriage and pregnancy; reducing the incidence and prevalence of STI, including HIV and AIDS; provision of easy access of all adolescents to ARH and other related services and creating favorable conditions to discourage risk-taking behaviors among

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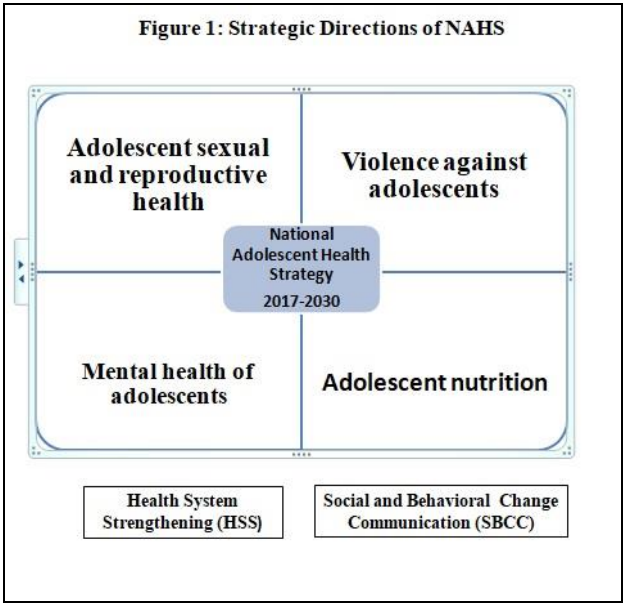
adolescents (BARHS, 2006). After completing the duration of the 1st adolescent focused strategy, an evaluation of adolescent focused interventions by GoB or NGOs was conducted and revealed that adolescents' SRH programs were unevenly distributed across Bangladesh. ASRH programs focused predominantly on girls, with little specific attention to boys; and awareness-raising approaches remain the most common, without a strong base of evaluation and evidence (Ainul et al, 2017). Therefore, the new strategy, NAHS 2017-2030 has been developed with the lesson learned from the previous one with the alignment of SDGs. Though, SRH was the one and only area of previous adolescent health strategy but adolescent sexual and reproductive health (ARHS), violence against adolescents (VAA), adolescent nutrition and mental health are identified as four strategic thematic areas of NAHS including two cross-cutting issues of Social and Behavioral Change Communication (SBCC) and Health Systems Strengthening (HSS) (Figure 1).

Figure 1. Strategic Directions of NAHS.



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Compatibility of Current Adolescent Health Strategy with Global Strategies.
The adolescent Program in Bangladesh has undergone a number of transitional phases. Bangladesh was the signatory the UN Millennium Declaration, with the vision to achieve a total of eight MDG by 2015. Among which, three goals were directly linked with the health outcomes i.e. improving maternal health, reducing child mortality along with combating HIV and AIDS. Therefore, the objectives of all the policies, strategies related to health were developed to align with MDGs. After the completion of the MDG period in 2015, SDGs were developed to replace the MDGs targeting to achieve 17 goals by 2030. Consequently, SDGs are aligned in the 7th five-year plan (7th FYP 2016-2020) of Bangladesh as well as SDG targets are included in the Annual Performance Agreement. From September 2015, Every Woman, Every Child agenda has become the Global Strategy for Women's, Children's and Adolescents' Health, where, adolescents are identified as the central to everything to achieve SDGs by 2030 (The Global strategy, 2015). Adolescent health issue lies on the SDG 3 of Good Health and Wellbeing with specific targets and indicators (UN, 2015). However, the current strategy and running country health plan has developed to be aligned with SDG targets and guided by Bangladesh's Vision 2021. The following table (Table 1) shows the link of NAHS with SDG indicators on health and education as health and education is a cross-cutting issue, therefore some of the indicators of two separate goals have linkage with the strategic directions of NAHS.

Table 1. Compatibility of NAHS with SDG Indicators

NAHS	Indicators of SDG 3	Indicators of SDG 4
ASRH	Maternal mortality/ Adolescent birth rate / Family planning/ HIV incidence	
Violence	Intimate partner violence against women/ Population subject to violence	Eliminate gender disparities in education
Nutrition	Stunting among children/Wasting and overweight among children	
Mental health	Mortality due to NCD/ Tobacco use/ Treatment for substance use disorders/Alcohol use	Access to quality early childhood/ Prepared for primary education
HSS	Health workers/Skilled birth attendance/UHC coverage index/Essential medicine	Vocational training for the vulnerable
SBCC	Knowledge of Family planning/ HIV /nutrition/violence	
Adolescents in a challenging situation (disability/street living)	Homicide/Violence/Tobacco use	Persons with disabilities, indigenous peoples and children in vulnerable situations

Source: Compiled by the authors.

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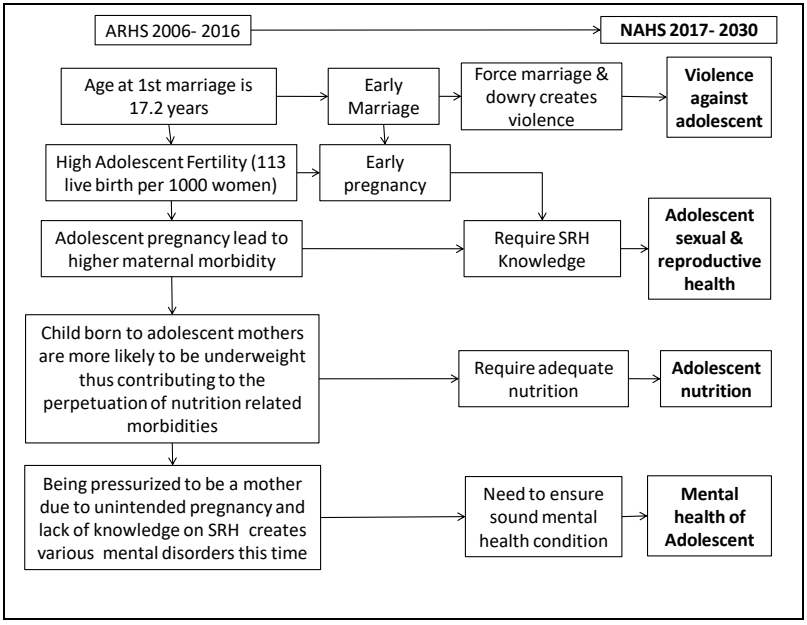
Therefore, the current strategy mentioned that "The National Adolescent Health Strategy 2017-2030 is based on human rights principles, and highlights the right of all adolescents, those between the ages of 10 and 19 years, to attain the highest standard of health" (NAHS 2017). Moreover, the following framework ((Figure 2) has been developed based on desk review to show the dimensions of the shift from ARHS to NAHS as the current strategy is more comprehensive than the previous one and covering all aspects of married/unmarried, boy/girl adolescents' wellbeing.

Figure 2. Shift from ARHS to NAHS.



Source: Compiled by the authors.

MoHFW is the leading authority to implement NAHS; however, many other ministries have to play an active role to implement this strategy in full scale. Inter-ministerial collaboration and partnership with other development organizations, civil society organization, and private sector support is the key step to ensure adolescents' wellbeing. Ministry of Local Government, Rural Development and Cooperatives

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(MoLGRD&C) is the main responsible authority for providing health care services for the urban living poor community through City Corporation and municipalities. Shornokishoree Network Foundation (SKNF), an adolescent health network of Bangladesh, a development organization has implemented its activity nationwide since 2012. It addresses SRH behavior of adolescent boys and girls, malnutrition, early marriage, gender discrimination, a healthy lifestyle including empowerment of adolescents (http://www.shornokishoree.org/about-us/).

The second strategic direction of the strategy is violence against adolescent, which is very common in Bangladesh such as child marriage, rape, acid attack, physical and sexual harassment. Global evidence showed that children and women faced more vulnerability than men during disasters. Child marriage and child labor became an option for parents to reduce their own household vulnerabilities (UNICEF, 2015). Adolescents are vulnerable during the disaster period as there was a chance of experiencing sexual harassment in the disaster support center (Oxfam 2011). To guard the violence against adolescent in family or workplace, various acts and laws have been implemented by the Ministry of Social Welfare (MoSW). Ministry of Women and Children Affairs (MoWCA) has the provision of services and skills training for adolescent girls. The Child Marriage Restraint Act 2017 as well as Women and Children violence Protection Law 2000; Domestic Violence Prevention and Protection Rules 2013; Domestic Violence Act 2010 are also being operated from this ministry. Ministry of Home Affairs (MoHA) has played an important role in this regard.

Adolescent Nutrition is the third strategic direction as this is the period of development which begins at puberty and ends in early adulthood. Nutrition influences growth and development throughout infancy, childhood, and adolescence, however, during the period of adolescence that nutrient needs are the greatest. During this adolescent period, they gain up to 50% of their adult weight, 20% or more adult height and 50% of their adult skeletal mass (WHO, 2005). Total nutrient needs are higher during adolescence than at any other time in the lifecycle. Nutrition and physical growth are integrally related; optimal nutrition is a requisite for achieving full growth potential. In Bangladesh, the prevalence of overweight and obesity among married adolescents have been increased by 4 % in seven years interval from 3% in 2007 to 7% in 2014 (BDHS 2014). Bangladesh has to start addressing the double burden of undernutrition/malnutrition and overweight/ obesity among adolescents – among both those who are married and unmarried.

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As the rate of adolescent fertility is very high, therefore, nutrition needs for the adolescent mothers play a very significant role due to the higher frequency of early marriage and early pregnancy in the country. This issue is addressed in the 4th SWAp of the health sector. Besides this, MoPME is strongly involved in ensuring adolescent nutrition through school health clinic program, school feeding program, immunization program. Ministry of Food (MoF), Ministry of Fisheries and Livestock (MoFL) has been playing important role in this regard to ensure proper nutrition for the adolescents as protein deficiency is one of the rising health concerns for the adolescents (Das et. al. 2017).

Ensuring the stable mental health condition of adolescents is another strategic direction of the current strategy. Mental health-related problem constitutes a major public health problem globally with a higher burden in low and middle-income countries like Bangladesh. According to the draft Mental Health Act 2016, it is the "state of mind when an individual can realize his/her own potential; can cope with typical societal pressure and maintain life; engage himself/herself in productive work, and can contribute for the well-being of other population." Despite the possibility of full opportunity, various mental disorders stemming from habits such as substance use, self-harm, and suicidal tendencies emerge during adolescence due to frustration, depression, and anxiety. The alarming rate of use of narcotic substances among adolescents, dependency on electronic devices, and stress from school and family can all lead to mental breakdowns. Recently WHO identified "Gaming Disorder" as a mental health problem which is also the aftermath of excessive dependency on electronic devices (WHO, 2018).

Therefore, the Ministry of Youth and Sports (MoYS) can play a significant role to divert the interest of adolescents from electronic devices to outdoor games. In spite of GoB interest on ensuring sound mental health for adolescents but research finding revealed that mental health services are absent from primary care services and mostly concentrated around tertiary care hospitals in big cities in Bangladesh (Hossain et al., 2014). Moreover, only 0.5% of the total health budget is allocated to mental health, and 67% of it is spent on long-term patients in mental hospitals (WHO, 2007 and Islam 2015). Ministry of Law including other ministries play an active role to create a congenial environment for the adolescents to enjoy sound mental health condition. Other than the role from different ministry level, developing partners including local consultative group (LCG) members (the highest decision making body for the health, nutrition and population forum), civil society organizations, local NGOs, health care

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service providers, teachers, parents/guardians, adolescents as peer educator all of them play active role in this regard.

Policy Triangle Framework to Analyze Adolescent Health Strategies.

As the state is solely responsible to provide the basic health care service for its citizen, MoHFW formulates various national-level policy, planning, and strategies for the provision of healthcare of Bangladesh with the technical assistance of development partners. The national-level policies, plans, and decisions are translated into actions by various implementing authorities and healthcare delivery systems across the country from national to the community level (Health Bulletin 2011). However, study findings revealed that adolescent girls are still unaware of ARH issue; a significant number of girl children experience sexual molestation, abuse, rape, etc.; experiencing the menarche without prior knowledge of menstruation cycle; still face difficulties to share their reproductive health needs as they do not know where to share and get the services; experiencing social stigma or taboos to discuss reproductive health needs with elders; facing problem to continue regular school class during menstruation as the school facilities are not girl children friendly; facing difficulties to reach school during rainy season; scarcity of liberal teachers or relatives to discuss the issue freely etc (Nahar 1999; Barkat 2003; Alam 2017 and Elena 2018). They are still in need of adequate societal, educational, emotional, medical, legal and cultural support in a comprehensive manner. However, to give more emphasis on vulnerable adolescents, most plans and programs are designed focusing on girls and in some cases, boy adolescents are not getting adequate and proper attention, therefore it makes them vulnerable.

Another important thing identified from research findings that health facilities are seen exclusively as "family planning clinics" (Ainul et.al, 2017), which creates a major barrier for unmarried adolescents to visit these centers. In that context, the recent GoB order of establishing Adolescent Friendly Health Corners in all GoB facilities is a milestone. However, implementation level gap is very much focused as many of the plans are already existed in the policy but are not in practice which is described in the following Policy Analysis Triangle Framework (Figure 3). For example, there is a critical gap of providing emotional or psychological support to the students at the educational institutes as stated in the National Children Policy 2011. However, the current adolescent strategy only shared the strategic objectives along with the key strategies of each dimension without delineating the proper implementa-

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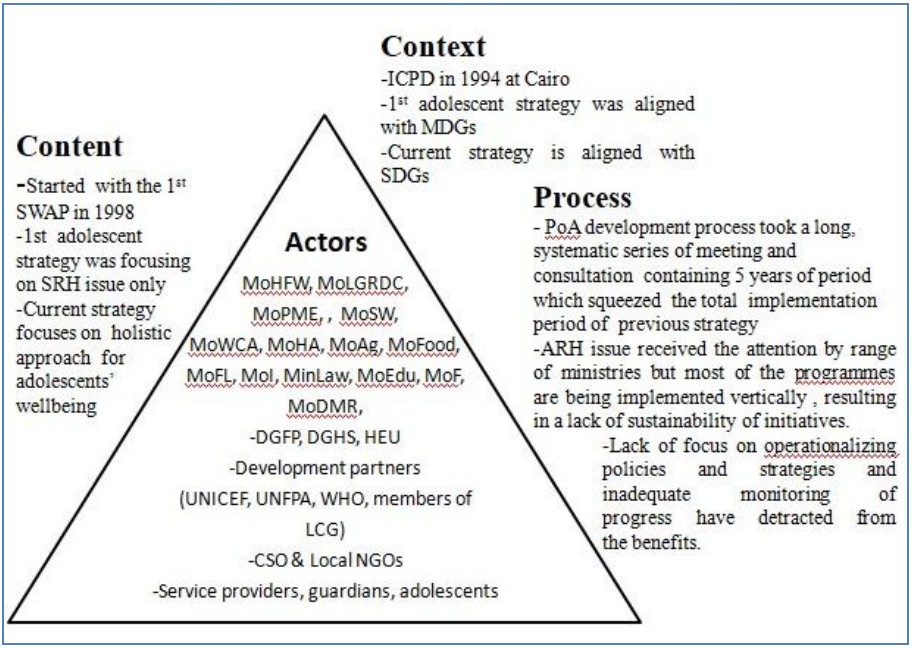
tion plan. Therefore, figure 3 delineates the overall adolescent health-related policies and strategies of Bangladesh in terms of context, content, actors, and process.

Figure 3. Results within Walt and Gilson's policy analysis triangle framework.



Source: Compiled by the authors.

The implementation plan shows the exact direction or key actions to be done with a specific timeline, the authority to perform the actions as well as the monitoring and evaluation plan. But, unfortunately, we are yet to develop any plan of action (PoA) to start implementing this strategy though already almost two years have passed. Findings also revealed that the previous ARHS was developed in 2006 but the PoA for implementation came to the light on 2013 for the period 2011-2016 which was middle of the timeline to implement the strategy. Additionally, research findings suggested that the development process of PoA took a long, systematic series of meeting and consultation as well as the ARH issue was not adequately prioritized in the 2nd

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SWAp whereas the HPNSDP 2011-2016 has renewed attention to this important issue (NPoA, 2013). Therefore, the national PoA for ASRH was developed to align with the 3rd SWAp to require funding source from the development partners. Finally, it can be said that it is not possible to implement all the activities of a 10-year long plan in five years span as well as achieve the desired outcome. Therefore, a tentative PoA (Table 2) has been proposed here to align with the objective of each strategic dimension of NAHS based on the results from policy analysis triangle framework and a desk review.

Table 2. Proposed Action plan/Implementation strategy for the NAHS.

ARHS	Violence against adolescent	Nutrition of Adolescent	Mental health of adolescent	HSS	SBCC
Key activities (Implementation Plan)					
- Incorporating the concepts of human rights and gender equality in comprehensive sexuality education in school curricula and in non-school settings	- Preventing VAA using a human rights-based approach	- Provision of health education including nutrition and hygiene in school curricula from pre-primary to secondary school	-Arrange training for the school teachers and parents about the importance of stable and sound mental health for all	- Give special attention to the needs of the poor, particularly poor women through a pilot program like voucher schemes	- Fostering positive behavioral change through Government, Private sector and Civil Society
- Introducing competency training system for teachers, educators and health professionals, including peer education in comprehensive sexuality education and life-skills education	-Preventing the recurrence of violence (preventing adolescent from being re-victimized and perpetrator from further perpetrating)	-Training for health service providers and school teachers about nutrition counseling	- Reduce unnecessary study pressure from school and family level	- Organize and mobilized evidence-based advocacy campaigns for policymakers, program managers religious leaders, parliamentarians, local level leaders	- Mobilization of community

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ARHS	Violence against adolescent	Nutrition of Adolescent	Mental health of adole-scent	HSS	SBCC
-Establishing training and awareness-raising for religious leaders on SRH to enhance their knowledge and skills for providing compre-hensive sexuality education and counsel-ing	-Preventing or limiting the impacts of VAA, through the provision of short- and long-term care and support	-Arrange community-based aware-ness program and health education for out of school adolescents	-Provision of life skill-based education at the school level through national curricula for types of educational institutes	- Continue support to improve the capacity of service providers	- Strengthen-ing commu-nity based campaigns and advoca-cy system
-Strengthening RH services in the MCWCs, selected UHCs and Urban Clinics	- Enactment of relevant laws and policies to reduce child labor and child marriage	-Create awareness about the importance of protein-based food at the community level	- Arrange life skill education for non-school goers at the community level through the youth club	-Special campaigns and advocacy on RH issues targeting poor will be organized in the selected districts as a pilot basis. Poor will be identified following a set of established criteria.	- Produce necessary BCC materials
-Expanding RH services UHFWCs with the provision of obstetric care and referral linkages	-Strengthening the capacity of men and boys to reduce gender-based violence, through training on legislation, human rights and communi-cation/ nego-tiation skills.	- Provide iron folate to the girl adoles-cent at the community level	-Recruit student counselor at the school level to provide counseling service to the adoles-cents and parents	-Creating demand for appropriate infor-mation and services to enhance the RH/RR of adolescent girls	

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ARHS	Violence against adolescent	Nutrition of Adolescent	Mental health of adole-scent	HSS	SBCC
- Introduce male adolescent specific health corner at UHCs and urban clinics	-Training on Positive Life Style and Mind-set Changing' workshops	- Perform nutrition program and immunization service for the girl adolescents simultaneous-ly -Continuing the ongoing program of deworming week at school and community level	- Include Mental Health Service provision in the primary health care	- Strengthening union level SDPs/UHFWCs to provide preventive and curative care	
-Addressing services for urban areas includ-ing slum dwellers through Urban Clinics	- Provision of performing Post Exposure Prophylaxis (PEP) to reduce the chances of HIV infection; treatment for the possibility of STD's and pregnancy as well as coun-seling	-Impose regulation on advertising non nutrition reach food which creates health hazard		-Advocacy activities will remain as a crosscutting issue and will focus on SRH and Rights issues, adolescents' rights, HIV/AIDS and other RH issues and gender.	
-Involving a wide range of relevant partners, including parents, young people, and professionals with educational and SRH and human rights expertise in content development, delivery and evaluation of comprehensive sexuality education programs		-Give empha-sis on physi-cal activities/ exercises at school/youth club		-Increasing male involvement in selected SDPs to increase men's responsibility for their own reproductive health as well as that of their partners	

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ARHS	Violence against adolescent	Nutrition of Adolescent	Mental health of adolescent	HSS	SBCC
Performance Indicators					
-Review of school curricula -No. of school teachers, service providers, peer educators, religious teachers are trained in importance on sexuality education -No. of patients receiving obstetric care -No. of referred cases -Patients' satisfaction regarding RH services	-No. of training conducted on Positive Life Style -No of institutions provide services for victims of violence -Ratio of service providing institutions and victims of violence	- Review of school curricula -No. of teachers are trained on nutrition counseling method -No. of adolescents receiving iron tablet -No. of awareness program performed in each school/ community	-No. of training held for life skill education -No of participants receive training on life skill education -No of student counselor recruited -No of student receiving counseling service		
Responsible parties					
1st Tier -MoHFW/MoLGRD -Reforms and Coordination unit, Cabinet Division 2nd Tier -MoPE -MoSW -MoF Development Partners NGOs	1st Tier -MoHFW/ MoLGRD&C 2nd Tier -MoWCA -MoDMR -MoSW -MoHA Development Partners NGOs	1st Tier -MoHFW/ MoLGRD&C 2nd Tier -MoFood -MoPE -MoFL Development Partners NGOs	1st Tier -MoHFW 2nd Tier -MoSW -MoPE -MoL -MoYS Development Partners NGOs	- MoHFW/MoLGRD&C	-MoHFW/ MoL-GRD&C -MoI

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ARHS	Violence against adolescent	Nutrition of Adolescent	Mental health of adolescent	HSS	SBCC
Timeline					
-Implement along with the timeframe of 4th SWAp (2017-2022) - Implement along with the 7th five year plan (2016-2020) -Activities will be carried forward to the next country health plans and next five year plans until 2032 (timeline to achieve SDGs and Universal Health Coverage)					
Monitoring Process					
National Level -Integrated with HMIS (MoHFW) -Annually review the results of DQA -Bi-annually administrative data quality assurance -Bi-annually service delivery data validation exercise	**Divisional /City Corporation level** -Bi-annual supervision of data validation exercises at district level and below (Service statistics)	**District level/Municipality** -Quarterly exercises of service delivery data validation (Service Statistics) -Two monthly service delivery data sharing between health and FP service providers - District Coordination Meeting	**Health Facility level (Rural/Urban)** -Quarterly administrative data quality assurance -Monthly service delivery data validation exercises -Monthly meeting at upazila level/ward level at urban are		

Source: Compiled by the authors.

Moreover, a log frame has been proposed to implement the activities (Table 3).

Table 3. Proposed Log Frame for Implement NAHS.

Input	Process	Output	Outcome/objective
-Invest in the SRH needs of Adolescents -Introducing sexuality education through national curricula for both boys and girls	-Introduce life skill training by using school/youth/clinic-based model in coordination with MoHFW/MoYS/MoE -Training for the teachers to provide RH and FP related counseling -Policy advocacy engaging a range of evidence-based and effective interventions	-Increase knowledge on SRHR -Make informed decisions about SRH including desired number of children/use of modern family planning methods/ birth spacing Ensure data availability -Increase CPR -Reduce the unmet need of FP -Increase facility-based delivery/ antenatal care services	Achieving objectives of ASRH

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Input	Process	Output	Outcome/objective
-Focused interventions for addressing and reducing domestic violence -Make policy or act for domestic workers	-Advocacy and communication age and gender-based discrimination -Advocacy for stopping child marriage -Awareness about the consequence of child marriage	-Reduce gender-based violence - Reduce Child Marriage	Achieving objectives of VAA
- Promoting nutrition and hygiene education at school level - Incorporating nutrition and hygiene education at health care facility -Promoting physical exercise based education system -Creating awareness about the importance of protein based food at the community level - Provide iron folate to the girl adolescent at the community level	-Training for health service providers and school teachers about nutrition counseling - Strengthening school feeding and school health clinic program -Arrange community-based awareness program and health education for out of school adolescents	-Adolescents get proper nutrition	Achieving objectives of adolescents nutrition
-Include Mental Health Service provision in the primary health care -Recruit student counselor at school level - Reduce unnecessary study pressure from school and family level	-Engage school teacher/guardians/ service providers in the mental health counseling process -Arrange life skill education for non-school goers at community level through youth club	-Adolescents receive mental health support and service at school/hospital	Achieving objectives of adolescents' mental health

Source: Compiled by the authors

Discussions.

The analysis of the adolescent health-focused strategies and plans revealed that GoB has shown its utmost importance for ensuring the adolescents' wellbeing through various plans and strategies. However, a clear implementation plan of the current strategy is yet to develop. For that reason, it is necessary to develop the PoA of any strategy to align with the given timeline of that strategy for getting the desired outcome. Based on the above findings based on the reviewed literature, a series of implementation level gaps have been identified, therefore a tentative action plan has been proposed through this paper. This proposed PoA may give direction to the poli-

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cy community to realize existing gaps in implementing key activities of NAHS 2017-2030.

Though school-based interventions such as SKNF are a popular strategy for reaching adolescents, research finding showed that school facilities itself are not well structured to cater to the needs of girl students within the school premises. A recent study showed that 82% of schools had an improved toilet for girls, but only 28% of schools had more than one improved toilet, though 82% of girls opined that school facilities are inappropriate for managing menstrual hygiene (Alam et al., 2017). This review finds suggested that SRH issue needs to be included in the national curriculum of grade 6 instead of existing grade 8 including for boy adolescents. Moreover, special emphasis should be given to providing sexuality education for both boys and girl adolescent through the school education system as well as for the teachers, service providers and parents.

It is needless to say that though the student counselor post is available in many of the private university, their role is mainly confined with the academic or administrative purpose. Therefore, recruitment of student counselors in the schools under NAHS is instrumental as well. Moreover, the initiative for curative measures is required to be introduced at all Upazila Health Complexes (UHCs) to extend mental health care services along with appropriate referral services. However, research focusing on nutritional effects on adolescent boys is not common in Bangladesh. The after-effects of malnutrition on adolescent boys are still not known.

Moreover, if the GoB along with its development partners and other stakeholders including teachers and guardians can work together, then it is expected that the proper implementation of this NAHS is possible. Therefore, the focus should be given to preventive interventions, not only curative actions. Engagement of family members and school teachers in sorting out adolescent members' mental health is a must as well.

As the research findings showed a strong positive association between community-level acceptance of physical punishment of adolescents and any physical violence against unmarried female adolescents (VanderEnde et al. 2014); therefore, it should be reduced with the proper application of current laws and acts. In that case, the qualitative research approach needs to be applied to find out the root causes of violence and will require exact solution thereby.

Another important thing is the absence of long term plan in the PoA as the duration of ARHS was 10 years but its implementation plan was for 2011-2016. Therefore,

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the implementation plan should be aligned with subsequent country health plans, the country's 5-year plan without taking any further step or delay between the time of existing and subsequent health plans. Moreover, Program Management and Monitoring Unit under MoHFW should give more concentration to avoid any kinds of duplication of works, rather it can develop a robust mechanism to integrate all activities under the Health Management Information System.

After analyzing the existing adolescent focused policies and plans of Bangladesh it suggests that Bangladesh is in line with international standard to prioritize adolescent health. In the present global context, adolescents' wellbeing is not only dependent on the sound knowledge and access to SRH, rather it requires ensuring nutrition, mental health matter, and violence-free social life. Bangladesh NAHS has tried to cover all aspects of an adolescent's life.

Conclusions.

The policy analysis findings suggest that though Bangladesh, adolescent health program evolved through a series of development phases to align with the global agenda as well as contextual factors within the country that took place in the last 20 years. However, it is also revealed that an appropriate implementation plan and monitoring mechanism are not thought of and validated a priori when formulating the plans/policy/strategies, resulting in the failure of getting desired success. Thus, identifying major activities to operationalize the adolescent strategy 2017-2030 is very key for achieving SDGs. Therefore, defining and operationalizing of these key activities, continuous monitoring and evaluation are essential to redefine the activities with necessary changes. The utmost importance of this strategy is to reach the optimum result through social, cultural, administrative engineering and reengineering of the operation plan. Therefore, a tentative PoA has been proposed here along with implementation and monitoring plan including performance indicators and log frame with a specific timeline and key implementers. Finally, it can be said that focusing on implementing key activities under the proposed PoA, GoB and other stakeholders may help successfully implement all the dimensions of current national adolescent health strategy to achieve the related SDGs by 2030.

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