Costed Implementation Plan on Adolescent and Youth Health Sri Lanka

(2020-2025)

Costed Implementation Plan on Adolescent and Youth Health Sri Lanka (2020-2025)

Published in 2020 by
Family Health Bureau,
Ministry of Health,
231, De Seram Place,
Colombo 10,
Sri Lanka.
Web site: www.familyhealth.gov.lk

ISBN: 978-624-5990-04-7

Suggested citation:

Gunawardane, D. A., Vithana, P. V. S. C., Danansuriya, M. N., Jayasekara, H., Mataraarachchi, D., Nazeer, I., Nupehewa, S., Gunathilake, I., Jayasundara, C. J., Gunasoma, A., Jayakody, H., Lokubalasooriya, A., & Silva, C. de. (2020). *Costed Implementation Plan on Adolescent and Youth Health Sri Lanka (2020-2025)*. Colombo, Sri Lanka : Family Health Bureau, Ministry of Health.

Costed Implementation Plan on Adolescent and Youth Health Sri Lanka (2020-2025) of the National Strategic Plan on Adolescent and Youth Health Sri Lanka

Foreword

Adolescents and Youth comprises twenty five percent of the population in Sri Lanka. The Ministry of Health is taking all efforts to ensure the health and well-being of the Sri Lankan youth by strengthening the curative and preventive health care delivery system.

In the year 2018 the Family Health Bureau launched the National Strategic Plan on Adolescent and Youth Health for 2018-2025 with the collaboration of young person, professional groups and departments within and outside the Ministry of Health. Family Health Bureau identified the need for a costed implementation plan for adolescent and youth health, for the purpose of identifying the national priorities for adolescent and youth health, to identify the resource needed for the implementation of the strategic plan and to provide guidance at national and district levels on evidence-based programing for the well-being of adolescents and youth.

The costed implementation plan (2020-2025) was prepared based on the National strategic plan (2018-2025). It was developed with inputs of the experts in different fields including specialists in adolescent and youth health, health economics, planning and evaluation and external experts.

The document provides a guidance for the implementation of adolescent and youth health activities at country level for 2020-2025. It also provides a basis for advocating of funds to meet specific goals. This will also enable monitoring of expenditure and program performance that would lead to the re-focus of investments with better planning of the lower performing areas in future.

Dr. Chithramalee de Silva
Director Maternal and Child Health
Family Health Bureau
Ministry of Health Sri Lanka

Dr. Chiranthika Vithana
Consultant Community Physician
NPM/Adolescent and Youth Health
Family Health Bureau
Ministry of Health Sri Lanka

Acknowledgement

The costed implementation plan on adolescent and youth health (2018-2025) was developed with the opinion from experts in adolescent and youth health, health economics and the field health staff. We are very much thankful to the Director General of Health Services, Dr. Asela Goonawardhane for the constant support extended to upgrade the quality of adolescent and youth health services in Sri Lanka. It is with great gratitude we remind the leadership and guidance of Dr. Sussie Perera, the DDG-PHS II. We express our gratitude to Dr. Damitha Gunawardhane, the consultant community physician, Central Province who has done costing component for Family Health Bureau. Moreover, we value the contribution from Dr. Manjula Danansuriya, the National professional officer, World Health Organization.

The formulation of the cost-implementation plan on Adolescent and Youth health was supported by World Health Organization, Sri Lanka. We express a big thank you to the health and non-health staff who were involved in the development of the Cost-implementation plan for adolescent and youth health 2018-2025. We would like to acknowledge the resolute and tireless work of all those involved, especially the experts from other public health programs, provincial, district and divisional level public health officers and academia. The contributions made by the developmental partners specially WHO, UNFPA, and UNICEF and non-governmental organizations are also acknowledged. All the efforts taken by the staff of adolescent and youth health unit are very much appreciated.

We hope this cost-implementation plan for Adolescent and Youth health (2018-2025) will provide direction to manage adolescent and youth health in the country more efficiently and effectively.

Dr. Chiranthika Vithana
Consultant Community Physician
National Programme Manager Adolescent & Youth Health
Family Health Bureau

Costed Implementation Plan on Adolescent and Youth Health Sri Lanka (2020-2025)

Working Committee

Dr Damitha Gunawardane	Consultant Community Physician, Central Province
Dr P.V.S.Chiranthika Vithana	Consultant Community Physician, National Programme Manager, Adolescent & Youth Health Programme, Family Health Bureau
Dr. Ayesha Lokubalasooriya	Consultant Community Physician, National Programme Manager, School Health Programme, Family Health Bureau
Dr.Manjula Danansuriya	National Professional Officer, World Health Organization
Dr Hemali Jayakody	Consultant Community Physician, Planning Unit, Family Health Bureau
Dr Hemali Jayasekara	Senior Registrar in Community Medicine, Family Health Bureau
Dr Isrha Nazeer	Senior Registrar in Community Medicine, Family Health Bureau
Dr Dilini Matararachchi	Registrar in Community Medicine, Family Health Bureau
Dr Samanthi Nupehewa	Registrar in Community Medicine, Family Health Bureau
Dr Indumini Gunathilake	Registrar in Community Medicine, Family Health Bureau
Dr Chamanthi Jayasundara	Medical Officer, Family Health Bureau
Dr Ayesha Gunasoma	Medical Officer, Family Health Bureau

Resource Group

Development of Implementation Plan

Dr P.V.S.Chiranthika Vithana	Consultant Community Physician, National Programme Manager, Adolescent & Youth Health Programme, Family Health Bureau
Dr. Ayesha Lokubalasooriya	Consultant Community Physician, National Programme Manager, School Health Programme, Family Health Bureau
Dr.Manjula Danansuriya	National Professional Officer, World Health Organization
Dr Damitha Gunawardane	Consultant Community Physician, Central Province
Dr Hemali Jayakody	Consultant Community Physician, Planning Unit, Family Health Bureau
Dr Hemali Jayasekara	Senior Registrar in Community Medicine, Family Health Bureau
Dr Ishra Nazeer	Senior Registrar in Community Medicine, Family Health Bureau
Dr Dilini Matararachchi	Registrar in Community Medicine, Family Health Bureau
Dr Samanthi Nupehewa	Registrar in Community Medicine, Family Health Bureau
Dr Indumini Gunathilake	Registrar in Community Medicine, Family Health Bureau
Dr Chamanthi Jayasundara	Medical Officer, Family Health Bureau
Dr Ayesha Gunasoma	Medical Officer, Family Health Bureau

Costing Consultant

Costing Consultant: Dr.Damitha Gunawardane, Consultant Community Physician, Central Province

Resource Persons & Contributors

Ministry of Health

Dr. Chithramalee de Silva, Director, Maternal and Child Health

Dr. B. K. R. Butuwanthudawe, Deputy Director, Family Health bureau

Dr. P. V. S. C. Vithana, Consultant Community Physician, National Programme Manager, Adolescent & Youth Health Programme, Family Health Bureau

Dr. N. Thalagala, Consultant Community Physician, Family Health Bureau

Dr. Ayesha Lokubalasooriya, Consultant Community Physician, National Programme Manager, School Health Programme, Family Health Bureau

Dr. K. Kasturiaratchchi, Consultant Community Physician, Family Health Bureau

Dr. Damitha Gunawardane, Consultant Community Physician, Central Province

Dr. A.C. M. Basnayake - Consultant Community Physician, Nutrition Division

Dr. Asanthi Fernando, Consultant Community Physician, Health Promotion Bureau

Dr. Hemali Jayakody, Consultant Community Physician, Family Health Bureau

Dr Hemali Jayasekara, Senior Registrar in Community Medicine, Family Health Bureau

Dr. Chithranganee Perera, Senior Registrar in Community Medicine, NCD Unit

Dr. Dilini Matararachchi, Senior Registrar in Community Medicine, Family Health Bureau

Dr. G. Pragasan, Registrar in Community Medicine, Family Health Bureau

Dr. I. S. Nupehewa, Registrar in Community Medicine, Family Health Bureau

Dr Idumini Gunathilake, Registrar in Community Medicine, Family Health Bureau

Dr. Chamanthi Jayasundara, Medical officer, Family Health Bureau

Dr. Ayesha Gunasoma, Medical officer, Family Health Bureau

Dr. K. Nanayakkara, Medical officer, Family Health Bureau

Dr. Kanchana Mahagamage, Medical officer, Family Health Bureau

Dr. Priyani Karunarathne, Medical Officer, Maternal and Child Health, Kalutara

Dr. Heshani Karunathilaka, Medical Officer, AYFHS, Base Hospital Panadura

Dr. K. A. D. N. S Jayarathna, MOH Dehiovita

Dr. J.R.S. Amarasekara, MOH Battaramulla

Mr. R.P. Nuwan Sameera, PHI, Family Health Bureau

Other Ministries

Ms. Renuka Peiris, Director, Education, Ministry of Education

Mr. P.W.N.P. Gunasekara, DDE, Ministry of Education

UN Organizations

Dr.Manjula Danansuriya - National Professional Officer ,WHO

Dr. Padmal de Silva - National Professional Officer, WHO

Ms.Sarah Soysa, National Programme Analyst, SRH and Rights, UNFPA

Dr. Kalana Peiris, Project Manager, SRHR and SGBV, UNFPA

Adolescents and Youth

Mr. Rahul Prasan

Mr. H.M.B.L. Handagiri

Miss. M. Sneha

Mr. Imesh Achalith

Mr. Prasad Senaka

Mr. Ruchira Madushan

Ms. Sasanka Dharmasena

Table of contents

List of Tables

List of Abbreviations

AA-HA!	Accelerated Action for the Health of Adolescents
ADIC	Alcohol and Drug Information Centre
AIDS	Acquired Immune Deficiency Syndrome
AMOH	Additional Medical Officer of Health
ASRH	Adolescent Sexual and Reproductive Health
AYFHS	Adolescent and youth Friendly health services
AYH	Adolescent and youth Health
BMI	Body Mass Index
CCP	Consultant Community Physician
DDG	Deputy Director Generals
DDGPHS	Deputy Director General Public Health Services
DGHS	Director General of Health Services
DS	District Secretariat
FHB	Family Health Bureau
GP	General practitioner
GSHS	Global School Health Survey
GYTS	Global Youth Tobacco Survey
HIV	Human Immunodeficiency Virus
HPB	Health Promotion Bureau
IEC	Information, education and communication
KAP	Knowledge attitude practices
MCH	Maternal and Child Health
MO	Medical Officer
MOH	Medical Officer of Health
MoHSL	Ministry of Health Sri Lanka
MOMCH	Medical Officer, Maternal and Child Health
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organizations
NYHS	National Youth Health Survey
PDHS	Provincial Director of Health Services
PDHS	Provincial Director of Health Services
PH	Public Health
PHI	Public Health Inspector
PHM	Public Health Midwife
PHNS	Public Health Nursing Sister
RDHS	Regional Director of Health Services
RHMIS	Reproductive Health Management Information System
RMV	Registration of Mother Vehicles
SDGs	Sustainable Development Goals
SDGs	Sustainable Development Goals
SMI	School Medical Inspection
SPHI	Supervisory Public Health Inspector
SPHM	Supervisory Public Health Midwife
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TOT	Training of Trainer
UMO	University Medical
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund

WHO	World health organization
WIFS	Weekly Iron Folate Supplementation

Executive Summary

Countries can only thrive and prosper if they invest in early childhood and adolescence and optimize support for the key formative moments for a child's future health. Although the improvement of adolescent and youth health has largely been the mandate of the Ministry of Health, improving adolescent and youth health cannot be thought of as purely a matter of the health sector. Policies, services and information must be put in place as part of whole-of-government and whole-of-society solutions.

This implementation plan for 2020-2025 was developed based on the national strategic plan for adolescent and youth health 2018-2025 and the major activities envisaged under this strategic plan. The implementation plan was developed following multiple stakeholder meetings to identify priority areas and evidence-based interventions that have been effective in similar settings that could be applied with the available resources in the local setting. Activities in the implementation plan have been stated under each of the major strategic directions and activities of the National strategic plan on adolescent and youth health (2018- 2025). Activities that need to be implemented at a national level and district level were also identified. Plan of action for the activities for each year during which the action plan is expected to be rolled out have been stated.

Activities in the implementation plan were differentiated based on whether they need to be costed or not. For costing purposes, all planned activities were categorized under the strategic directions. This allowed the process to identify resource intensive areas, which will guide future planning accordingly. The costing process estimated expected expenditure for the implementation of each strategic direction defined in the National strategic plan on adolescent and youth health in Sri Lanka. Finally, the cost of implementing planned activities at different levels of the health system (i.e., national and district) were estimated.

The estimates revealed that the cost of implementing the National strategic plan for adolescent and youth health 2018- 2025 for the six years from 2020- 2025 would cost LKR 366,335,860. Approximate annual costs ranged from LKR 48,200,000 to LKR 72,283,000. These total costs are composed of costs at National and District level. The total cost for implementation of actions at the national level LKR 271,470,860 to while the district level costs account for LKR 94,865,000.

Introduction

Adolescents comprise of nearly one fourth of the Sri Lankan population. Adolescents and youth are considered as an apparently healthy group. Yet, it is a time where they undergo rapid emotional, physical and intellectual transition from childhood to adolescence and to independent adulthood. Although physical maturation begins early at 10-14 years, maturation of the brain continues up to mid-twenties. Both individual and environmental characteristics influence changes taking place during adolescence. Increased autonomy during this period, willingness to experiment and peer influence/pressure create an environment encouraging high-risk decisions and behaviours which influence adolescents' health, such as substance abuse and smoking. The interest in experimenting new opportunities and experiences is common although they are unable to perceive or fully comprehend the consequences of their actions. This nature of adolescent and youth accounts for premature deaths due to accidents, suicide, violence, pregnancy related complications and other illnesses that are preventable and/or treatable. Healthy as well as unhealthy lifestyles established within this period will be continued throughout their life span. Effects of these will extend even beyond adulthood into the next generation. Unhealthy lifestyles such as tobacco and alcohol use, poor dietary habits and sedentary lifestyles, lead to premature morbidity and mortality later in life.

Despite youth being considered a fairly healthy group of the population, adolescent mortality was 45 per 100 000 population and youth mortality was reported as 75 per 100 000 population in Sri Lanka (1). The leading causes of hospital admissions and deaths included injury, poisoning and other external causes. Global School Health Survey (GSHS) conducted in 2016 as a school-based survey among 3,262 students in grades 8-13 showed that among 13–17-year age group, 43.8% of students engaged in a physical fight once or more times during the 12 months before the survey and 35.6% of students were seriously injured once or more times during the 12 months before the survey (2).
According to the national youth health survey conducted in 2012/2013 among 8820 youth, around 30% reported to have engaged in some sexual activity within past one year (3). The national figure for teenage pregnancy rate was 4.1% in 2020(4).

In the national youth health survey, percentages of ever smoked and ever used alcohol, were at high levels of 16% and 20%, respectively with 16% having tried other additive substances (3). Results from the Global school health survey of 2016 indicates that the prevalence of current alcohol, smoking, smokeless tobacco consumption, and substance abuse, 30 days before the survey, was 3.4% (95% CI 2.6 - 4.3), 3.6% (95% CI 2.5-5.0), 2.3% (95% CI 1.5-3.7), and 2.7% (95% CI - 1.7-4.2%) (2).

Violence among schooling adolescents has been identified as a global phenomenon which demonstrates considerable cultural diversity. A descriptive cross-sectional study design was carried out among schooling adolescents aged 13-15 years (n=1770) in government schools in district of Gampaha, revealed that involvement of adolescents in violence is through victimization, perpetration, or both. The prevalence of being an overall victim for any violent activity at least once within preceding six months was 85.1% (5). The GSHS shows that a significant proportion of students among 13-17 years (39%) in Sri Lanka had reported being bullied on one or more days in the past 30 days. In general, boys (49%) were more likely to being bullied than girls (29%). Within the group, 6.8% had attempted suicide within the past 12 months and 6.5% had made plans about how they would attempt suicide. Percentage of students who seriously considered attempting suicide during the 12 months before the survey was 9.4% (2). Online violence and harassment too is a recent phenomenon with the prevalence of lifetime cyberbully victimization among a group of school going adolescents in the Colombo district reported to be 17.6% within their lifetime and 30 day victimization at 4.4% (6). These online and offline forms of violence can have both physical and mental health consequences in this vulnerable population.

A nationally representative cross-sectional study conducted on 6,264 adolescents 10 to 15 years of age in 2002 showed that prevalence rates of underweight, stunting and overweight were 47.2%, 28.5%, and 2.2% respectively. Prevalence rates of anemia and vitamin A deficiency were 11.1% and 0.4% respectively. During the previous 6 months, 10.4% of the study group had usually not eaten breakfast before going to school. In the preceding week of the interviews, 24.4% of the children had not consumed green leafy

vegetables, 26.6% had not consumed fruits, 19.0% had not participated in physical activities, and 27.5% had watched television for more than two hours per day (7).

National strategy on adolescent and youth health

Developing youth as human capital is a top priority towards the country's future and its recovery as well as towards social justice and equality both between and within generations. The state is expected to empower youth and deliver services to ensure their health and well-being to develop and to make full use of their potential. The National strategic plan on adolescent and youth health for 2018-2025 was developed over 2016-2017. The goals of the strategic plan were based on ending preventable deaths (survive), ensuring health and well-being (thrive) and expanding, and creating enabling environments (transform)(8).

Guiding principles of the National strategy on adolescent and youth health

The Strategic plan for adolescent and youth health (2018-2025), was prepared based on the Maternal and Child Health (MCH) Policy, Reproductive Health Policy, National Youth Policy, National Policy of Health of Young Persons, School Health Policy and the National Nutrition Policy. The strategic framework for adolescents and youth (2018-2025) ensures implementation of the adolescent and youth health strategies identified in the National Youth Policy, the National Policy of Health of Young Persons and School Health Policy of Sri Lanka. Guidance for the development of this plan was provided by the Technical Advisory Committee on Young Persons' Health and National Coordinating Committee on School Health provided guidance for this activity.

The strategic plan for adolescent and youth health (2018-2025), as is this implementation plan of it is built on the following guiding principles.

- Right-based approach
- Gender sensitivity and equality
- Equity and non-discrimination
- Participation and empowerment of adolescents and youth
- Non-judgmental approach, respect and dignity of all beneficiaries
- Privacy and confidentiality

- Respect for law and order and policies
- Optimal service delivery to adolescents and youth with universal coverage

Strategic directions

Twelve strategic directions were identified in the adolescent and youth health strategic plan for 2018 –2025(8).

1. Ensure leadership, governance, financing and accountability for adolescent and youth health
2. Strengthen positive development of adolescents and youth
3. Strengthen health system to cater for adolescent and youth health
4. Promote psychosocial well-being of adolescents and youth
5. Ensure optimal level of nutrition, physical activity, hygiene and sanitation
6. Ensure access to sexual and reproductive health (SRH) education and services
7. Prevent adolescents and youth from substance abuse
8. Prevent accidents, injuries and violence among adolescents and youth
9. Enhance community involvement to improve health of adolescents and youth
10. Enhance service provision in humanitarian and fragile settings
11. Strengthen capacity, partnership and networking among all stakeholders
12. Strengthen research, monitoring and evaluation

The implementation plan for the strategic plan and a costing analysis was felt as a need to streamline AYFHS activities, to identify the activities to be carried out at national and district level for finding resources for the activities planned and allocation of appropriate resources.

Section 1: Implementation Plan on Adolescent and Youth Health Sri Lanka (2020-2025)

Section 1: Implementation plan

Process for developing implementation plan

The implementation plan on adolescent and youth health (2020-2025) was based on strategic directions and sub strategies of the national strategic plan on adolescent and youth health 2018-2025. Four meetings were held with stakeholders, experts of the field and young persons and under the guidance of the technical advisory committee on adolescent and youth health implementation plan was formulated.

Existing strategies and activities, best practices in the field of adolescent and youth health were reviewed and discussed prior to finalizing the relevant activities for the implementation plan. All activities were grouped under each of the strategic directions and sub strategies and priority action areas were determined. Levels at which they needed to be implemented for maximum success rates, duration and timelines for their implementation were also discussed and streamlined during consultative meetings and by the development committee.

Strategic direction 1: To ensure leadership, governance, financing and accountability for adolescent and youth health

Investment in adolescent and youth health is an investment that can reap many benefits in terms of development of a country. However, there is a strong need of getting adequate commitment towards addressing youth health issues and less priority given to financing youth health has been a major drawback. The critical role of multiple government stakeholders, civil society organizations, academia, the business community, media, funders and other stakeholders in holding each other and governments to account for adolescent and youth health outcomes, in the path to ensure youth health has been identified and needs to be strengthened. Ensuring the necessary allocation of funds and streamlining the flow of funds from national, provincial, district and divisional levels and the revisions to policies and laws that directly and indirectly impact youth health requires advocacy to leaders and stakeholders. Effective planning, reviewing and monitoring and evaluation of the progress made on the aspects of policy revisions is key to identifying gaps in advocacy and further strengthen them.

Strategy 1.1: Ensure the mechanisms to provide policy guidance to adolescent and youth health programme at all levels

Strategy 1.2: Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth

Strategy 1.3: Ensure evidence-based planning and implementation and adequate funding for adolescent and youth health programme at all levels

Strategy 1.4: Ensure mechanisms to understand and find effective ways to address social factors that contribute to adolescent and youth health

Strategy 1.5: Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes

Implementation plan for strategic direction 1

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
1. To ensure leadership, governance, financing and accountability for adolescent and youth health									
1.1 Ensure the mechanisms to provide policy guidance to adolescent and youth health programme at all levels									
1.1.1 Advocate for a high-level steering committee chaired by President's Secretary/ prime minister to strengthen the multi-sectoral coordination to improve adolescent and youth health	No	National							
1.1.2 Continue the conduction of National Steering Committee/ Technical Advisory Committee for Young Persons' Health regularly	Yes	National	1.1.2.1Conduction of Technical Advisory Committee Meetings	3 meetings with 40 persons each	3 meeting s with 40 persons each	3 meeting with 40 persons each	3 meeting with 40 persons each	3 meeting with 40 persons each	
1.1.3 Establish district level coordinating committees on young persons' health	No	District	1.1.3Upgrade existing district level coordinating committees to cover adolescent and youth health	Upgrade existing district level coordinating committees to cover adolescent and youth health	Upgrade existing district level coordinating committees to cover adolescent and youth health	Upgrade existing district level coordinating committees to cover adolescent and youth health	Upgrade existing district level coordinating committees to cover adolescent and youth health	Upgrade existing district level coordinating committees to cover adolescent and youth health	Upgrade existing district level coordinating committees to cover adolescent and youth health
1.1.4 Advocate for a single inter-ministerial plan, budget and monitoring and evaluation framework for adolescent and youth health	No	National	1.1.4 Advocacy to develop inter-ministerial plan, monitoring and evaluation framework for adolescent and youth health				Advocacy to develop inter-ministerial plan, monitoring and evaluation framework for	Advocacy to develop inter-ministerial plan, monitoring and evaluation	

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
							adolescent and youth health	framework for adolescent and youth health	
1.1.6 Review/ Revise Young persons' Health Policy & Develop National Strategic Plan on AYFHS for -2026-2030	Yes	National						Two Consultative meetings with 40 participants	
1.2 Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth									
1.2.1 Advocate and support for reviewing and updating existing policies and regulations to ensure that they are supportive and promotive for adolescent and youth health programme	No	National	1.2.1 Reviewing and updating existing policies and regulations to ensure that they are supportive and promotive for adolescent and youth health programme				Prepare advocacy brief		

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
1.2.2 Advocate and assist the implementation of the recommendations of the report on "Review of Laws, Regulations and Policies of Adolescent Sexual and Reproductive Health"	Yes	National	1.2.2.1Advocacy programmes on need of ASRH for judicial officers				One programme for 150 officers (one day)		One programme for 150 officers
	Yes	National	1.2.2.2 Advocacy programmes on need of ASRH for police officers	One day programmes in three provinces (100 police officers for one programme)	6 one day programmes in three provinces (100 police officers for one programme)	3 one day programmes in three districts100 police officers for one programme)	3 one day Programmes for 100 officers per district in three districts	3 One day programmes for 100 Police officers per district in three districts	3 One day programmes for100 Police officers per district in three districts
	Yes	District	1.2.2.3 Advocacy programmes on need of ASRH for police officers		One day programme per district for 50 Police officers on ASRH -26 programmes	one day programme per district for 50 Police officers on ASRH -26 programmes	one day programme per district for 50 Police officers on ASRH -Total 26		one day programme per district for 50 Police officers on ASRH -Total 26

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
1.2.3 Advocate, revise and assist in implementation of child protection laws and policies including laws on abuse, corporal punishment, bullying and violence	No	National	1.2.3.1 Advocacy for law enforcement authorities to review, revise and to assist in implementation of child protection laws and policies including laws on abuse, corporal punishment, bullying and violence				Advocacy for law enforcement authorities to review, revise and to assist in implementation of child protection laws and policies including laws on abuse, corporal punishment, bullying and violence	Advocacy for law enforcement authorities to review, revise and to assist in implementation of child protection laws and policies including laws on abuse, corporal punishment, bullying and violence	Advocacy for law enforcement authorities to review, revise and to assist in implementation of child protection laws and policies including laws on abuse, corporal punishment, bullying and violence
1.2.4 Advocate and assist the implementation of the existing laws and regulations on substance use including tobacco, alcohol and illicit drugs	No	National	1.2.4.1 Advocacy for law enforcement authorities to assist the implementation of the existing laws and regulations on substance use including tobacco, alcohol and illicit drugs			Advocacy for law enforcement authority to assist the implementation of the existing law and regulations on substance use including tobacco, alcohol and illicit drugs	Advocacy for law enforcement authority to assist the implementation of the existing law and regulations on substance use including tobacco, alcohol and illicit drugs	Advocacy for law enforcement authority to assist the implementation of the existing law and regulations on substance use including tobacco, alcohol and illicit drugs	Advocacy for law enforcement authority to assist the implementation of the existing law and regulations on substance use including tobacco, alcohol and illicit drugs

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
1.3 Ensure evidence-based planning and implementation and adequate funding for adolescent and youth health programme at all levels									
1.3.1 Develop tools with sensitive indicators to review the implementation status and achievements related to adolescent and youth health	Yes	National	1.3.1.1Translation and printing of standards, assessment tools and supervisory check list into Sinhala and Tamil					Reprinting of standards, assessment tools and check lists on AYFHS -750	
	Yes	National	1.3.1.2 Develop implementation assessment tool and assess implementation plan		Development of implementation assessment tool: Two consultative meetings with 30 participants	Assessment			Assessment

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
1.3.2 Incorporate the planning for adolescent and youth health programmes to annual plans	Yes	National	1.3.2.1 Costing of five-year implementation plan	Development of Costing Component of implementation plan on AYFHS - Four consultative meetings	Making the PDF of the costed implementation plan available in FHB Web) & one advocacy programme for 100 participants				
	Yes	National	1.3.2.2 Develop capacity of district and provincial officers on district level planning of AYFHS activities		One two-day TOT for 40 middle level managers	One two-day TOT for 40 middle level managers	One two-day TOT for 40 middle level managers	One two-day TOT for 40 middle level managers	One two-day TOT for 40 middle level managers
	No	District	1.3.2.3 Incorporate AYFHS activities in district level plan	Incorporate AYFHS activities in district level plan	Incorporate AYFHS activities in district level plan	Incorporate AYFHS activities in district level plan	Incorporate AYFHS activities in district level plan	Incorporate AYFHS activities in district level plan	Incorporate AYFHS activities in district level plan
	Yes	National	1.3.2.4 Advocacy meeting to provincial & regional authorities on adolescent & youth health prioritizing activities		One advocacy programme for 100 participants			One advocacy programme for 100 participants	
1.3.3 Advocate for relevant policy makers and higher administrative authorities to get adequate funds for adolescent and youth health initiatives through a separate	No	National	1.3.3.1Advocacy to relevant policy makers and higher administrative authorities to get	Develop advocacy brief					

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
budget line including national and provincial level			adequate funds for adolescent and youth health initiatives through a separate budget line including national and provincial level						
1.4 Ensure mechanisms to understand and find effective ways to address social factors that contribute to adolescent and youth health									
1.4.1 Identify the most risk groups of young persons with regard to social factors affecting health	Yes	National	1.4.1.1Qualitative research			Qualitative research			
1.4.2 Develop and implement targeted programs based on evidence with regard to vulnerable adolescents and youth	Yes	National	1.4.2.1Develop minimal care package for vulnerable adolescents and youth			Two consultative meetings with 30 participants each	Development of minimal care package of AYFHS for vulnerable adolescents and youth with the support of an external consultant		
	Yes	National & District	1.4.2.2 Develop minimal care package for vulnerable adolescents and youth				Two consultative meetings with 30 participants each for developing minimal care package for vulnerable adolescents and youth at national level	Training of trainers for district level teams (At TOT AYFHS) One day training of MOHs on minimal care package on AYFHS for vulnerable adolescent	One day training of MOHs on minimal care package on AYFHS for vulnerable adolescents and youth in all 13 districts

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
								s and youth in all 13 districts	
1.4.3 Advocate to conduct a career guidance for school leavers of adolescents & youth	No	National	1.4.3.1 Advocacy to conduct career guidance for school leavers			Advocacy to conduct career guidance for school leavers	Advocacy to conduct career guidance for school leavers		
1.5 Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, donors, other stakeholders and young persons on adolescent and youth health outcomes									
1.5.1 Include adolescent and youth health indicators into routine RHMIS and monitoring mechanism	No	National	1.5.1.1Develop indicators with the collaboration of all stakeholders		1Develop indicators with the collaboration of all stakeholders				
1.5.2. Ensure participation of all stakeholders and adolescent and youth in developing plans programming, monitoring and evaluation of implementation	Yes	National	1.5.2.1Conduct working group meetings for youth with youth participation	4 working group meetings with 50 participants each	4 working group meetings with 50 participants each	4 working group meetings with 50 participants each	4 working group meetings with 50 participants each	4 working group meetings with 50 participants each	4 working group meetings with 50 participants each
working group meetings -national and district	Yes	District	1.5.2.2Conduct regular meetings with relevant non-health staff involved with adolescents and youth health		Three working group meetings of youth and non-health officers working with youth in each MOH (20 participants) for all MOH areas	Three working group metings of youth and non-health officers working with youth in each MOH (20 participants) for all MOH areas	Three working group meetings of youth and non-health officers working with youth in each MOH (20 participants) for all MOH areas	Three working group meetings of youth and non-health officers working with youth in each MOH (20 participants) for all MOH areas	Three working group meetings of youth and non-health officers working with youth in each MOH (20 participants) for all MOH areas

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
1.5.3 Establish a monitoring system to review the incidences related to adolescent and youth, reported in mass media	No	National	1.5.3.1 Develop a registry to trace and collect information on incidence related to adolescent and youth					Develop a registry to trace and collect information on incidence related to adolescent and youth	

Strategic direction 2: Strengthen positive development of adolescent and youth

Positive development of youth, building their capacity and skills to improve their own health while ensuring an enabling environment for health promotive behaviour are cornerstones for improving health outcomes for youth. Although the Ministry of Health and Ministry of Education have for decades worked together to create supportive environments to promote adolescent and youth health, many gaps still exist in the implementation. Though, school health programmes are catering school going adolescents, there are barriers in addressing issues of youth who are out of school or are beyond school years and engaged in work or training. Addressing such issues requires initiating and streamlining activities in schools and training centers that cater to youth with an accreditation program which will ensure the expected standards are met. Further, the increasing use of online platforms by youth increases their vulnerability to different forms of violence and abuse, which needs to be addressed by developing resource material that are suitable for the use of parents and youth. Given the increasing interest and enthusiasm of youth to use online platforms, the potential of utilizing this mode to improve health outcomes through use of m health and e health interventions needs to be explored.

Strategy 2.1: Ensure health promotion at schools and training centers

Strategy 2.2: Ensure online protection of adolescents and youth

Strategy 2.3: Ensure adolescents and youth participation in all levels of AYFHS programme

Strategy 2.4: Establish e health and m health intervention for health education for adolescents and youth

Implementation plan for strategic direction 2

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
Strengthen positive development of adolescent and youth									
2.1 Ensure health promotion at schools and training centers									
2.1.1 Evaluate all the schools and other educational institutions for status of health promotion and accredited based on evaluation	Yes	National	2.1.1.1 Develop health promotion setting a few selected youth training centers, pilot it and scale up				Develop health promotion settings in selected youth training centers-Two consultative meetings with 25 participants	Pilot it	Submission to Youth Ministry for scaling up
	No	National	2.1.1.2 Incorporate component on health setting to the training of trainers for youth instructors					Incorporate component on health setting to the training of trainers for youth instructors	
	Yes	National	2.1.1.3Prepare a method for accreditation for centers					Develop guidelines- 4 consultative meetings with 20 participants	Develop assessment tools, Advocate for Accreditation
	No	National	2.1.1.4 Conduct supervision visits and evaluate the centers by Ministry of Health			Conduct supervision visits and evaluate the centers by Family	Conduct supervision visits and evaluate the centers by Family	Conduct supervision visits and evaluate the centers by Family	Conduct supervision visits and evaluate the centers by Family

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
						Health Bureau	Health Bureau	Health Bureau	Health Bureau
2.2 Ensure online protection of adolescent and youth									
2.2.1 Advocate for enacting regulations on restricting certain web sites	No	National	2.2.1.1Development of a policy brief on restricting certain web sites			Development of a policy brief on restricting certain web sites			
	No	National	2.2.1.2Conduct advocacy programs for relevant stakeholders /law enforcement authorities to restrict certain web sites and promote useful websites for adolescents & youth				Conduct advocacy programmes for relevant stakeholders /law enforcement authorities to restrict certain web sites and promote useful websites for adolescents & youth		
2.2.2 Educate parents on online protection of the adolescent and youth	Yes	National	2.2.2.1Online training module for parents on online protection of adolescents and youth			On line training module on parenting for adolescents with online protection as one component			

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
	Yes	National	2.2. 2..2Developing IEC materials for parenting including online protection				Conduct 2 consultative meetings with 25 participantso develop IEC materials	Develop leaflets and print 500000	Distribution of IEC materials for parents
	Yes	National	2.2.2.3Conduct awareness programmes for parents through media seminar for media personals		Media seminar targeting parenting and online protection-70 participants		Media seminar targeting parenting and online protectio-70 participants		Media seminar targeting parenting and online protection-70 participants
2.3 Ensure adolescent and youth participation in all levels of AYFHS Programme									
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	Yes	National	2.3.1.1Experience sharing of AYFHS with adolescent and youth participation	Experience sharing of AYH (150 participants)	Experience sharing of AYH (150 participants)	Experience sharing of AYH (150 participants)	Experience sharing of AYH (150 participants)	Experience sharing of AYH (150 participants)	Experience sharing of AYH (150 participants)
	Yes	District	2.3.1.2Conduct youth initiated innovative projects	Three consultative meetings for 50 participants in all 26 districts	Three consultative meetings for 50 participants in all 26 districts	Three consultative meetings for 50 participants in all 26 districts	Three consultative meetings for 50 participants in all 26 districts	Three consultative meetings for 50 participants in all 26 districts	Three consultative meetings for 50 participants in all 26 districts
	Yes	National	2.3.1.3 Allocate funds & implement the projects	Implementation of four innovative projects on AYH	Implementation of four innovative projects on AYH	Implementation of four innovative projects on AYH	Implementation of four innovative projects on AYH	Implementation of four innovative projects on AYH	Implementation of four innovative projects on AYH

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
	No	District	2.3.1.4 Strengthen youth participation in health promotional activities at MOH	Strengthen youth participation in health promotional activities at MOH	Strengthen youth participation in health promotional activities at MOH	Strengthen youth participation in health promotional activities at MOH	Strengthen youth participation in health promotional activities at MOH	Strengthen youth participation in health promotional activities at MOH	Strengthen youth participation in health promotional activities at MOH
2.4 Establish e health and m health intervention for behaviour change for adolescents and youth									
2.4.1 Explore the potential of adolescent e-health and m-health interventions focused on particular issues such as mental wellbeing, management, tobacco cessation and sexual reproductive health with a variety of approaches	Yes	National	2.4.1.1Making Yowun Piyasa web site more interactive and other e health options updated and upgraded every two years	Conduct five consultative meetings for 30 participants	Conduct five consultative meetings for 30 participants	Four consultative meetings for 20 participants	Four consultative meetings for 30 participants	Four consultative meetings for 20 participants	Four consultative meetings for 20 participants
	Yes	National	2.4.1.2 Content development of new components for Yowun Piyasa web site	Content development of new components	Content development of new components	Content development of new components	Content development of new components	Content development of new components	Content development of new components
	Yes	National	2.4.1.3 Renewal of hosting of website and video development		Renewal of hosting of the web site		Development of two fifteen-minute video clips on development of positive behaviour	Development of half an hour documentary on development of positive behaviour	Telecast documentary on positive development on TV

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
	Yes	National	2.4.1.4 Development of e module on AYH		Development of an e health module for youth trainees -2. consultative meetings &. Material development, web application				
	Yes	National	2.4.1.5Telecast documentary on positive development on Nutrition and physical activity		Telecast Jeevithaya Manarum documentary on TV		Telecast Jeevithaya Manarum documentary on TV		
	No	National	2.4.1.6 Devolopment of You tube videos based on healthy lifestyles and life skills			Development of 5 You tube videos by youth and telecast	Development of 5 You tube videos by youth and telecast	Development of 5 You tube videos by youth and telecast	Development of 5 You tube videos by youth and telecast
	Yes	National	2.4.1.7 Carry out surveys in different settings to identify the potential to carry out e health and m health interventions			3 Qualitative studies in 3 districts among youth			

Strategic direction 3: Strengthen health system to cater for adolescents and youth

AYFHS were initiated in Sri Lanka as early as 2005. However, at present there are 35 hospital-based centers (Yowun Piyasa) providing AYFHS. MOHs are expected to conduct at least one AYFHS (Yowun Piyasa) clinic per month in their area. The reduced uptake and access of AYFHS by youth and adolescents has been due to multiple reasons. A general lack of commitment towards AYFHS services, lack of visibility and inadequacy of trained staff have contributed to this issue. Increasing the visibility of AYFHS services and addressing the health system deficiencies needs to be accompanied by regular supervisions, monitoring, evaluation and review of AYFHS services provided by individual centers and districts. These activities need to be carried out simultaneous to expansion of centers providing AYFHS services and provision of necessary logistical and resource allocations, to ensure the health system is adequately strengthened to cater to the growing demands of youth and adolescents for AYFHS services.

Strategy 3.1: Streamline the AYFHS

Strategy 3.2: Improve the capacity of health staff to deal with health issues among adolescents and youth

Strategy 3.3: Improve the capacity of non-health staff to deal with health issues among adolescents and youth

Strategy 3.4: Strengthen the health promotion at schools by including school health services to cater for adolescents and youth

Strategy 3.5: Strengthen the services for adolescents and youth with chronic diseases and behavioral problems

Implementation plan for strategic direction 3

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
Strengthen health system to cater for adolescents and youth									
3.1 Streamline the AYFHS									
3.1.1 Strengthen all health care provision points for adolescents and youth for adolescent and youth friendly service provision	Yes	National	3.1.1.1In-service training to health staff at BH/DH and MOH level on AYFHS	3 Training of trainer on AYFHS -3-day programme with 40 participants	3 Training of trainer on AYFHS -3-day programme with 40 participants	3 Training of trainer on AYFHS -3-day programme with 40 participants	3 Training of trainer on AYFHS -3-day programme with 40 participants	3 Training of trainer on AYFHS -3-day programme with 40 participants	3 Training of trainer on AYFHS -3-day programme with 40 participants
			3.1.1.2Conduct refresher trainings for Public Health & hospital staff awareness programmes on AYFHS in phased out basis	Three hospital awareness programmes (40 per each) & three awareness programmes for non-health sector(50 each)	Three hospital awareness programmes (40 per each) & three awareness programmes for non-health sector(50 each)	Three hospital awareness programmes(40 per each) & three awareness programme for non-health sector(50 each)	Three hospital awareness programmes (40 per each) & three awareness programme for non-health sector(50 each)	Three hospital awareness programmes (40 per each) & three awareness programmes for non-health sector(50 each)	Three hospital awareness programmes (40 per each) & three awareness programmes for non-health sector(50 each)
	No	National	3.1.1.3 Advocacy of all medical specialties and sub specialties on provision of quality AYFH services through professional colleges		Development of a guideline/circular on provision of AYFHS, translation and printing				

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
	Yes	District	3.1.1.4 Carry out awareness among the General Practitioners			Session on AYFHS for 100 General Practitioners in 3 districts	Session on AYFHS for 100 GPs n 3 districts	Session on AYFHS for 100 GPs n 3 districts	Session on AYFHS for 100 GPs n 3 districts
	No	District	3.1.1.5 Awareness programs to GPs at regional level		Awareness programs to GPs at regional level		Awareness programs to GPs at regional level		
	Yes	District	3.1.1.6 Transform hospital setting to cater youth. Hospital awareness and TOTs to all MO public health /MO Mental health / MO HE/ HE nursing officer on AYHS		Two TOTs with 60 participants each for MO public health/MO mental health/ NO Health education/ MO HE/ on AYFH S provision at hospital level			Five TOTs with 60 participants each for MO public health/MO mental health/ NO Health education/ MO HE on AYFHS provision at hospital level	TOTs for MO public health/MO mental health/ NO Health education/ MO HE on AYFHS provision at hospital level- one TOT with 60 participants in 5 district s
3.1.2 Establish the AYFHS centers using appropriate models in selected locations and implement according to the standards and protocols on AYFHS	Yes	National	3.1.2.1 Strengthening MOH based AYFHS centers in phased out basis providing necessary logistics and technical support	Strengthen 10 MOH based centers-supported with furniture and IT facilities	Strengthen 10 MOH based centers-supported with furniture and IT facilities	Strengthen 10 MOH based centers-supported with furniture and IT facilities	Strengthen 10 MOH based centers-supported with furniture and IT facilities	Strengthen 15 MOH based centers-supported with furniture and IT facilities	Strengthen 15 MOH based centers-supported with furniture and IT facilities

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
	Yes	National	3.1.2.2 Strengthening Hospital based AYFHS centers in phased out basis providing necessary logistics and technical support	Strengthen 5 Hospital based centers with necessary logistics and technical support	Strengthen 5 Hospital based centers with necessary logistics and technical support	Strengthen 5 Hospital based centers with necessary logistics and technical support	Strengthen 5 Hospital based centers with necessary logistics and technical support	Strengthen 5 Hospital based centers with necessary logistics and technical support	Strengthen 5 Hospital based centers with necessary logistics and technical support
	Yes	National	3.1.2.3 Establish model AYFHS center at a community setting			Advocacy to establish model AYFHS center at a community setting			
3.1.3 Create demand for the AYFHS through school health programme, outreach and other relevant activities	No	National	3.1.3.1Advocate relevant authorities by displaying posters on existing AYFH services in schools, youth centers, adventure parks and other relevant places to create a service demand		1Advocate relevant authorities by displaying posters on existing AYFH services in schools, youth centers, adventure parks and other relevant places to create a service demand				
	Yes	National	3.1.3.2 Advocacy on AYFHS for social service ministry officials and DS officers		one day advocacy programme on AYFHS for social service				

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
					ministry officials and DS officers (50 officers)				
	Yes	District	3.1.3.3 Advocacy programmes on AYFHS for other stakeholders		One district level awareness programme on AYFHS for district /, divisional secretariat officers in all districts (40 per each)		One district level awareness programme on AYFHS for district/, divisional secretariat officers in all districts (40 per each)	One district level awareness programme on AYFHS for district /, divisional secretariat officers in all districts (40 per each)	level awareness programme on AYFHS for district/, divisional secretariat officers in all districts (40 per each)
	Yes	National	3.1.3.4 Awareness raising through media	Developing social media videos	Developing short videos on AYFHS for social media	Developing short videos on AYFHS for social media	Developing mobile app connected youth web site as interactive platform on AYFHS		
	Yes	National	3.1. 3..5Advocacy programmes on AYFHS for other stakeholders		Two one day awareness programme on AYFHS for 50 youth leaders	One day awareness programme on AYFHS for District Secretariat &social service ministry officials (50 officers) Two one day awareness programme on	Two one day awareness programme on AYFHS for Social service ministry officials (40 officers) Two one day awareness	One day awareness programme on AYFHS for Social service ministry officials (50 officers) Two one day awareness	Two one day awareness programme on AYFHS for District Secretariat officials (50 officers) Two one day awareness programme on AYFHS

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
						AYFHS for 50 youth leaders	programme on AYFHS for 50 youth leaders	programme on AYFHS for 50 youth leaders	for 50 youth leaders
	No	National	3.1.3.5 Create Yowun Piyasa website more attractive & interactive		New programmes uploaded/ active participation by youth	New programmes uploaded/ active participation by youth	New programmes uploaded/ active participation by youth	New programmes uploaded/ active participation by youth	New programmes uploaded/ active participation by youth
3.1.4 Strengthen referral system for adolescent and youth health issues	No	National	3.1.4.1 Introduce an appointment-based system for all referrals of adolescent and youth health issues to minimize the waiting time		Advocate relevant colleges, hospital authorities on the requirement of an appointment -based system when referring adolescent and youth to specialist care				
3.1.5 Conduct regular review to strengthen AYFHS at institutional, district and national level	Yes	National	3.1.5.1 Conduct national review on AYH	Conduct national review on AYFHS- one day program with 150 participants	One National review -One day programme for 150 participants	One National review -One day programme for 150 participants	One National review -One day programme for 150 participants	One National review -One day programme for 150 participants	One National review -One day programme for 150 participants
	No	District	3.1.5.2 Carry out annual Supervisory visits to all AYFHS centers in hospitals and MOHs	Supervisory visits to 5 AYFHS centers	Supervisory visits to 5 AYFHS centers	Supervisory visits to 5 AYFHS centers	Supervisory visits to 5 AYFHS centers	Supervisory visits to 5 AYFHS centers	Supervisory visits to 5 AYFHS centers

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
	No	National	3.1.5.3Inclusion of AYFHS clinic return into e-HRMIS	Inclusion of AYFHS clinic return into e-HRMIS					
	No	National	3.1.5.4Ensure reception of monthly returns from all AYFHS centers including hospitals and MOHs		Ensure reception of monthly returns from all AYFHS centers including hospitals and MOHs				
	Included in 12 1.2.2 So not costed here	District	3.1.5.5Conduction of district reviews on AYFHS	District reviews all districts- One programme with 50 officers 1day	District reviews all districts- One programme with 40 officers 1day	District reviews all districts- One programme with 40 officers 1day	District reviews all districts- One programme with 40 officers 1day	District reviews all districts- One programme with 40 officers 1day	District reviews all districts- One programme with 40 officers 1day
3.2 Improve the capacity of health staff to deal with health issues among adolescents and youth									
3.2.1 Review and revise basic and post basic curricula for medical officers, nurses, PHMs, PHIs, to incorporate the knowledge, attitudes and skills for identification and management of adolescent and youth health issues	No	National	3.2.1.1Review curricula and do necessary revisions		Review curricula and do necessary revisions				
3.2.2 Adopt new methodologies to teach sensitive subject areas related to adolescents and youth health for young persons	Yes	National	3.2.2.2 Develop package on ASRH for boys targeting life skill development			Need assessment - focus group discussions with male youth on SRH issues and	Three consultative meetings with participation of 25	Print 15000 copies & Translation of package into Sinhala and Tamil based on Worst case-	10 one day TOTs to health staff on providing SRH

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
						health requirement - 5 focus group discussions with 10 youth requirements-		based scenarios	services for boys
	Yes	National	3.2.2.3 Develop a video series to support CSE in schools and youth training institutes			Three consultative meetings with 25 participants & Qualitative components with youth involvement	Develop a video series to be shared with education authorities	Incorporate into the school/youth training center curriculum	
	Yes	National	3.2.2.4 Printing of the revised trainer manual	Printing of 500 copies of trainer manual- English	Printing of 1000 copies of trainer manual (500 in Sinhala & 500 in Tamil)	Printing of 500 copies of trainer manual (500 in English)	Printing of 1000 copies of trainer manual (500 in Sinhala & 500 in Tamil)		
	Yes	National	3.2.2.5 Development of revised trainer package on AYFHS- development of video presentations to cover 23 sessions in trainer manual	Finalize revised trainer package on AYFHS	Development of video presentations on 23 sessions of trainer manual on AYFHS Rs 4				
	No	National	3.2.2.6 Advocacy to law enforcement officers to prevent child abuse						
3.2.3 Strengthen the training of health care workers using orientation program on AYH	Yes	National	3.2.3.1TOT programs for health staff on ASRH package and sexual abuse	One, two-day TOT for 40 health care	One, two-day TOT for 40 health care	One, two-day TOT for 40 health care providers on ASRH	One, two-day TOT for 40 health care	One, two-day TOT for 40 health care	One, two-day TOT for 40 health care

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
			prevention among adolescents	providers on ASRH	providers on ASRH		providers on ASRH	providers on ASRH	providers on ASRH
	Yes	District	3.2.3.2TOT programs for health staff on ASRH package and sexual abuse prevention among adolescents		Two-day TOT for 40 health care providers on ASRH 26 districts	Two-day TOT for 40 health care providers on ASRH 26 districts	Two-day TOT for 40 health care providers on ASRH 26 districts	Two-day TOT for 40 health care providers on ASRH 26 districts	Two-day TOT for 40 health care providers on ASRH 26 districts
	Yes	National	3.2.3.3 TOT programs for health staff on AYH package for boys and sexual abuse prevention among adolescents	Two- three-day TOT for 40 health care providers on AYH	Two- three-day TOT for 40 health care providers on AYH	Two -three-day TOT for 40 health care providers on AYH	Two- three-day TOT for 40 health care providers on AYH	Two- three-day TOT for 40 health care providers on AYH	Two- three-day TOT for 40 health care providers on AYH
3.3 Improve the capacity of non-health staff to deal with health issues among adolescents and youth									
3.3.1 Incorporate adolescent and youth health module into the curriculum of youth training centers and vocational training centers	Yes	National	3.3.1.1 Refresher training for teachers and instructors on teaching AYH module	Two three-day programs with 50 participants	Two three-day programs with 50 participants	Two three-day programs with 50 participants	Two three-day programs with 50 participants	Two three-day programs with 50 participants	Two three-day programs with 50 participants
	No	National	3.3.1.1Advocate relevant authorities to ensure that AYH module is being carried out at all training centers		Advocate relevant authorities to ensure that AYH module is being carried out at all training centers				
3.3.2 Review and revise curricula incorporating AYH for the training curriculum of teaching instructors	No	National	3.3.2.1Identify areas that need further modification and revise curricula accordingly	Revise curriculum based on research					

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
				among youth and youth training instructors attached to youth training institutes					
3.3.3 Strengthen the training of non-health workers working with adolescents and youth using orientation programme	Yes	National	3.3.3.1 Capacity building of non-health officers of district secretariat & social services		One Two-day TOT for 40 non-health officers of district secretariat & social services	One Two-day TOT for 40 non-health officers of district secretariat & social services	One Two-day TOT for 40 non-health officers of district secretariat & social services	One Two-day TOT for 40 non-health officers of district secretariat & social services	One Two-day TOT for 40 non-health officers of district secretariat & social services
	No	District	3.3.3.2Advocate officers at social services to ensure adolescent health at rehabilitation and probation centers	Advocate officers at social services to ensure adolescent health at rehabilitation and probation centers	Advocate officers at social services to ensure adolescent health at rehabilitation and probation centers	Advocate officers at social services to ensure adolescent health at rehabilitation and probation centers	Advocate officers at social services to ensure adolescent health at rehabilitation and probation centers	Advocate officers at social services to ensure adolescent health at rehabilitation and probation centers	Advocate officers at social services to ensure adolescent health at rehabilitation and probation centers
3.5 Strengthen the services for adolescents and youth with chronic diseases and behavioral problems									
3.5.1 Strengthen the identification, appropriate referral, treatment, follow up and rehabilitation of adolescents and youth with congenital abnormalities and disabilities, chronic diseases (NCDs),	No	National	3.5.1.1Advocate officers at social services to ensure adolescent health at rehabilitation and probation centers	Advocate officers at social services to ensure adolescent health at rehabilitation	Advocate officers at social services to ensure adolescent health at rehabilitation	Advocate officers at social services to ensure adolescent health at rehabilitation	Advocate officers at social services to ensure adolescent health at rehabilitation	Advocate officers at social services to ensure adolescent health at rehabilitation	Advocate officers at social services to ensure adolescent health at rehabilitation

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
learning difficulties and behavioral problems				and probation centers	and probation centers	and probation centers	and probation centers	and probation centers	and probation centers

Strategic direction 4: Promote psychosocial well-being of adolescents and youth

Psychosocial well-being is an important aspect of adolescent health, yet its importance tends to be underestimated by parents and caregivers. While adolescents need to develop life skills to overcome the psychosocial issues they encounter, appropriate services also need to be developed to cater to these demands. Service providers need to be adequately trained in early identification and provision of services and programmes appropriately streamlined to ensure quality of service provision. However, considering the stigma surrounding psycho social issues, adolescents and youth need to be provided with multiple options for seeking care, ensuring confidentiality and privacy.

Strategy 4.1: Strengthen the life skills among adolescents and youth

Strategy 4.2: Ensure early identification and appropriate management of adolescents and youth with physical, mental and psychosocial issues

Strategy 4.3: Empower parents, teachers and students to promote psychosocial well-being

Strategy 4.4: Ensure safe, supportive environment at home, school, community and other institutions free from bullying, violence and abuse

Implementation plan for strategic direction 4

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
Strategic direction 4: Promote psychosocial well-being of adolescents and youth									
4.1. Strengthen the life skills among adolescents and youth									
4.1.1 Advocate ministry of education for active participation of students in school extracurricular activities e.g., health clubs, team games, spiritual and other activities	No	National	4.1.1.1Advocate Ministries of Vocational and Skill Development and Youth Affairs for conduction of extracurricular activities e.g., health clubs, team games, spiritual and other activities			Advocate Ministries of Vocational and Skill Development and Youth Affairs to conduct extracurricular activities e.g., health clubs, team games, spiritual and other activities	Advocate Ministries of Vocational and Skill Development and Youth Affairs to conduct extracurricular activities e.g., health clubs, team games, spiritual and other activities		
4.1.2 Incorporate life skill development to school and other curricula (e.g., higher education, youth and vocational training)	No	National	4.1.2.1Incorporate life skill development to school and higher education curricula (e.g., higher education, youth and vocational training)			Advocate for incorporating life skill development to school and higher education curricula (e.g., higher education, youth and vocational training	Advocate for incorporating life skill development to school and higher education curricula (e.g., higher education, youth and vocational training		
	Yes	National	4.1.2.2Advocacy meeting with youth and vocational training ministries to ensure the incorporation and	One advocacy meeting (40 participants)	One advocacy meeting (40 participants)				

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
			implementation of adolescent & youth health module incorporate into the curriculum						
4.1.3 Promote positive social interactions within all school communities and training centers	No	National	4.1.3.1Social media campaign with youth involvement to develop anti ragging and anti-violence policies among relevant stake holders			Social media campaign with youth involvement to develop anti ragging and anti-violence policies among relevant stake holders	Social media campaign with youth involvement to develop anti ragging and anti-violence policies among relevant stake holders	Social media campaign with youth involvement to develop anti ragging and anti-violence policies among relevant stake holders	Social media campaign with youth involvement to develop anti ragging and anti-violence policies among relevant stake holders
4.2 Ensure early identification and appropriate management of adolescents and youth with physical, mental and psychosocial issues									
4.2.2 Strengthen counseling services in schools and other settings	Yes	National	4.2.2.1TOT for the counselors attached to Youth Ministry and DS offices		One TOT for the counselors attached to Youth Ministry and DS offices (40 officers two day)	One TOT for the counselors attached to Youth Ministry and DS offices (40 officers two day)	One TOT for the counselors attached to Youth Ministry and DS offices (40 officers two day)	One TOT for the counselors attached to Youth Ministry and DS offices (40 officers two day)	One TOT for the counselors attached to Youth Ministry and DS offices (40 officers two day)
4.2.3 Streamline the referral pathways for identified issues	Yes	National	4.2.3.1Develop guidelines for medical inspection of youth trainees			Develop guidelines for medical inspection of youth trainees-two consultative meetings			

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
						with 20 participants			
	Yes	National	4.2.3.2Training of public health staff on medical inspection of youth				One- two-day TOT for public health staff on medical on inspection of youth public health staff including clinical examination and Job aid (40 participants)	One two-day TOT on medical inspection of youth trainees public health staff including clinical examination and Job aid (40 participants)	One two-day TOT on medical inspection of youth trainees public health staff including clinical examination and Job aid (40 participants)
4.2.4 Establish a hot line/ web-based platform to help adolescents and youth	Yes	National	4.2.4.1 Incorporation of content targeting psychosocial well-being of adolescents and youth into Yowun Piyasa web site	Content writing, designing and uploading to web site	Content writing, designing and uploading to web site	Content writing, designing and uploading to web site	Content writing, designing and uploading to web site	Content writing, designing and uploading to web site	
4.2.5 Advocacy to strengthen care for adolescents and youth with identified developmental delays/disability	No	National	4.2.5.1Advocacy to strengthen care for adolescents and youth with identified developmental delays						
	No	National	4.2.5.2Design a care pathway for disabled adolescents and youth						
	No	National	4.2.5.3Design a home-based care package for adolescents with disability				Advocacy to design a home-based care package for adolescents with disability-		

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
							Two Consultative meetings with 30 participants		
4.3 Empower parents, teachers and students to promote psychosocial wellbeing									
4.3.2 Educate community on parenting at suitable parent teacher gatherings/ using audio visual aids	Yes	National	4.3.2.1Consultative meeting to develop audio visual aids		Two consultative meetings with 25 participants	Develop two three-minute video clips	Develop two three-minute videos	Develop two three-minute videos	
4.3.3 Introduce parenting skills training, as appropriate, for managing behavioral disorders in adolescents through health and educational sectors	Yes	National	4.3.3.1TOT on parenting skills for managing behavioral disorders in adolescents for health, social service and other sectors			TOT for health staff 40 participants two days	TOT for health staff 40 participants two days	TOT for health staff 40 participants two days	
	Yes	District	4.3.3.2TOT on parenting skills for managing behavioral disorders in adolescents for health, social service and other sectors		One day TOT with 60 participants in six districts	One day TOT with 60 participants in six districts	One day TOT with 60 participants in six districts	One day TOT with 60 participants in six districts	One day TOT with 60 participants in six districts
4.3.4 Promote Publishing positive case studies on good parenting	Yes	District	4.3.4.1Develop a system to share positive case studies on good parenting from the field through social media			Consultative meetings with 25 participants per district for five districts			

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
	Yes	National	4.3.4.2Development of parenting platform into Yowun Piyasa web site		Two consultative meetings	Development of parenting platform	Disseminate positive case through Yowun Piyasa web site through incorporation of parenting platform		
4.3.5 Develop information education and communication (IEC) material on parenting for adolescents and youth	Yes	National	4.3.5.1Develop communication material on adolescent-parent communication on ASRH		Two consultative meeting with 20 experts	Translation of the IEC Material into Sinhala and Tamil			
4.3.6 Develop material for adolescents and youth on how to manage stress, time, critical thinking, decision making and carrier guidance (audio visual aids, Instagram posts etc.)	No	National	4.3.6.1Develop short videos to manage stress, time, critical thinking, decision making and carrier guidance (audio visual aids, Instagram posts etc.)	Develop two three-minute videos	Develop two three-minute videos	Develop two three-minute videos	Develop two three-minute videos	Develop two three-minute videos	
4.4 Ensure safe, supportive environment at home, school, community and other institutions free from bulling, violence and abuse									
4.4.2 Advocate for adolescents and youth friendly school and training center with supportive and safe environment, free from bullying, violence and abuse	No	National	4.4.2.1Advocacy for adolescents and youth friendly school and training center with supportive and safe environment, free from bullying, violence and abuse	Advocacy for adolescents and youth friendly school and training center with supportive and safe environment, free from	Advocacy for adolescents and youth friendly school and training center with supportive and safe environment, free from	Advocacy for adolescents and youth friendly school and training center with supportive and safe environment, free from	Advocacy for adolescents and youth friendly school and training center with supportive and safe environment, free from	Advocacy for adolescents and youth friendly school and training center with supportive and safe environment, free from	Advocacy for adolescents and youth friendly school and training center with supportive and safe environment, free from

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
				bullying, violence and abuse	bullying, violence and abuse	bullying, violence and abuse	bullying, violence and abuse	bullying, violence and abuse	bullying, violence and abuse
4.4.3 Advocate for no bulling and no violence policies and regulations and procedures to prevent bulling, violence and abuse in schools and institutions	No	National	4.4.3.1Advocacy for no bulling and no violence policies and regulations and procedures to prevent bulling, violence and abuse in schools and institutions	Advocacy for no bulling and no violence policies and regulations and procedures to prevent bulling, violence and abuse in schools and institutions	Advocacy for no bulling and no violence policies and regulations and procedures to prevent bulling, violence and abuse in schools and institutions	Advocacy for no bulling and no violence policies and regulations and procedures to prevent bulling, violence and abuse in schools and institutions	Advocacy for no bulling and no violence policies and regulations and procedures to prevent bulling, violence and abuse in schools and institutions	Advocacy for no bulling and no violence policies and regulations and procedures to prevent bulling, violence and abuse in schools and institutions	Advocacy for no bulling and no violence policies and regulations and procedures to prevent bulling, violence and abuse in schools and institutions
4.4.4 Train teachers to recognize and counsel students regarding bulling, violence and abuse	Yes	National	4.4.4.1Adopt psychosocial training package into training centers			Two consultative meeting with 25 participants			
	No-(Included in TOT for youth instructors)	National	4.4.4.2Training teaching instructors of youth training institutes on psychosocial training						
4.5 Streamline interventions for suicide prevention, anxiety and stress management									
4.5.1 Advocate for legislation to restrict the access to pesticides, medications and other commonly used modes of attempting suicide and safe storage and disposal of pesticides	No	National	4.5.1.1 Advocacy to relevant stake holders to restrict the access to pesticides, firearms, medications and other commonly used modes of attempting suicide and safe	Advocacy meetings with the stake holders					

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
			storage and disposal of pesticides						
	No	National	4.5.1.2 Parental awareness through online parenting package and social media	Parental awareness through online parenting package and social media	Parental awareness through online parenting package and social media	Parental awareness through online parenting package and social media	Parental awareness through online parenting package and social media	Parental awareness through online parenting package and social media	Parental awareness through online parenting package and social media
4.5.2 Establish sustainable and long-term surveillance system on deliberate self-harm and attempting suicide in order to strengthen prevention, intervention and treatment	No	National	4.5.2.1Advocacy to establish to collect information on deliberate self-harm and attempting suicide in order to strengthen prevention, intervention and treatment			Advocacy to establish to collect information on deliberate self-harm and attempting suicide in order to strengthen prevention, intervention and treatment	Advocacy to establish to collect information on deliberate self-harm and attempting suicide in order to strengthen prevention, intervention and treatment		
4.5.3 Establish adequate, prompt and accessible treatment for substance use and mental disorders with the objective of reducing the risk of suicidal behavior	Yes	National	4.5.3.1Publish service availability, develop poster/print		Two consultative meetings with 25 participants Print 10000 posters				
4.5.4 Establish guidelines for media highlighting the importance of avoiding detailed descriptions of suicidal acts, sensationalism, glamorization and oversimplification and use of	Yes	National	4.5.4.1 Media seminar on responsible reporting of suicides by implementation of guidelines for media highlighting the				Media workshop on responsible reporting for 100 officers		

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
responsible language media ethics			importance of avoiding detailed descriptions of suicidal acts, sensationalism, glamorization and oversimplification and use of responsible language						
4.5.6 Conduct awareness campaigns to reduce stigma, promote help-seeking and access to care with special focus on vulnerable groups	No	National	4.5.6.1Develop media messages, short videos to reduce stigma, promote help-seeking and access to care with special focus on vulnerable groups for youth, parent & community with the involvement of youth		Develop media messages, short videos to reduce stigma, promote help-seeking and access to care with special focus on vulnerable groups for youth, parent & community with the involvement of youth	Develop media messages, short videos to reduce stigma, promote help-seeking and access to care with special focus on vulnerable groups for youth, parent & community with the involvement of youth	Develop media messages, short videos to reduce stigma, promote help-seeking and access to care with special focus on vulnerable groups for youth, parent & community with the involvement of youth	Develop media messages, short videos to reduce stigma, promote help-seeking and access to care with special focus on vulnerable groups for youth, parent & community with the involvement of youth	Develop media messages, short videos to reduce stigma, promote help-seeking and access to care with special focus on vulnerable groups for youth, parent & community with the involvement of youth
	No-included in TOT	National	4.5.6.2Empower service providers for service provision for vulnerable youth						
4.5.7 Capacity building of the gate keepers on identifying adolescents and youth at risk and referring at-risk individuals for treatment	No-included in TOT of non-health sector	National	4.5.7.1TOT for gate keepers on identifying adolescents and youth at risk and referring at-risk individuals for treatment						
4.5.8 Establish helplines that adolescents and youth can	No	National	4.5.8.1Publish the available helplines that adolescents and youth	Publish the available helplines	Publish the available helplines	Publish the available helplines	Publish the available helplines	Publish the available helplines	Publish the available helplines

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
access in crisis e.g., with peer assistance.			can access in crisis e.g., with peer assistance.	that adolescents and youth can access in crisis e.g., with peer assistance.	that adolescents and youth can access in crisis e.g., with peer assistance.	that adolescents and youth can access in crisis e.g., with peer assistance.	that adolescents and youth can access in crisis e.g., with peer assistance.	that adolescents and youth can access in crisis e.g., with peer assistance.	that adolescents and youth can access in crisis e.g., with peer assistance.
4.5.9 Capacity building of primary health-care workers to recognize depression, suicide risk, substance use disorders and other mental health issues	No-included in TOT	National	4.5.9.1TOT's for primary health-care workers to recognize depression, suicide risk, substance use disorders and other mental health issues						
4.5.10 Establish a strong follow-up system and support for adolescents and youth discharged after suicide attempts in the community	No	National	4.5.10.1Advocacy with the relevant stake holders to establish a strong follow-up system and support for adolescents and youth discharged after suicide attempts in the community		Advocacy with the relevant stake holders to establish a strong follow-up system and support for adolescents and youth discharged after suicide attempts in the community	Advocacy with the relevant stake holders to establish a strong follow-up system and support for adolescents and youth discharged after suicide attempts in the community	Advocacy with the relevant stake holders to establish a strong follow-up system and support for adolescents and youth discharged after suicide attempts in the community	Advocacy with the relevant stake holders to establish a strong follow-up system and support for adolescents and youth discharged after suicide attempts in the community	Advocacy with the relevant stake holders to establish a strong follow-up system and support for adolescents and youth discharged after suicide attempts in the community
	Yes	National	4.5.10.2Capacity building of health staff to deal with mentally disturbed adolescents	One awareness programme per district with 60 participants in 5 districts	One awareness programme per district with 60 participants in 5 districts	One awareness programme per district with 60 participants in 5 districts	One awareness programme per district with 60 participants in 5 districts	One awareness programme per district with 60 participants in 5 districts	One awareness programme per district with 60 participants in 5 districts

Strategic direction 5: Ensure optimal level of nutrition, physical activity, hygiene and sanitation

Although students are routinely made aware of healthy diets, physical activity, hygiene and sanitation within the school curriculum, the environment at schools, homes and communities do not adequately provide an enabling environment for adolescents and youth to exercise these healthy options. The media plays an important role in influencing behaviour of adolescents and youth and thus, they and other stakeholders need to be made aware of the importance of healthy diet, physical activity, hygiene, and sanitation so that an enabling and supportive environment is created. Youth also need to have more streamlined programs which will help in identifying nutrition related problems early so that the growing burden of non-communicable diseases in the country can be addressed at a primordial and primary prevention level.

Strategy 5.1: Create an enabling environment to promote healthy eating

Strategy 5.2: Improve knowledge and skills of adolescents and youth on healthy eating

Strategy 5.3: Strengthen comprehensive school nutrition services

Strategy 5.4: Strengthen early identification and management of nutritional issues

Strategy 5.5: Create enabling environment to promote physical activity

Strategy 5.6: Improve hygiene and sanitation

Implementation plan for strategic direction 5

Major activities	Need for costing	Levels	Activities	2020	2021	2022	2023	2024	2025
Ensure optimal level of nutrition, physical activity, hygiene and sanitation									
5.1 Create an enabling environment to promote healthy eating									
5.1.2 Advocate for improving food labelling to facilitate healthy choices e.g., Front of pack labelling, traffic light systems, healthy logos, etc.	No	National	5.1.2.1Awareness programmes for youth how to read food labelling and develop life skills to select healthy diet		Awareness programmes for youth how to read food labelling and develop life skills to select healthy diet	Awareness programmes for youth how to read food labelling and develop life skills to select healthy diet	Awareness programmes for youth how to read food labelling and develop life skills to select healthy diet	Awareness programmes for youth how to read food labelling and develop life skills to select healthy diet	Awareness programmes for youth how to read food labelling and develop life skills to select healthy diet
	No	National & District	5.1.2.2Social media campaign among young persons	Social media campaign among young persons	Social media campaign among young persons	Social media campaign among young persons	Social media campaign among young persons	Social media campaign among young persons	Social media campaign among young persons
5.1.4 Advocate for implementation of the healthy canteen policy in schools and extend the implementation to universities, vocational training centers, etc.	Yes	National	5.1.4.1Advocacy meeting for implementation of the healthy canteen policy in universities & vocational training centers		One Advocacy meetings 50 participants			One Advocacy meetings 50 participants	
5.2 Improve knowledge and skills of adolescents and youth on healthy eating									
5.2.1 Develop social marketing campaign to promote healthy eating, physical activity and healthy life styles targeting both young persons and parents	No	National	5.2.1.1Social media campaign among young persons			Social media campaign among young persons	Social media campaign among young persons	Social media campaign among young persons	

Major activities	Need for costing	Levels	Activities	2020	2021	2022	2023	2024	2025
	No	National & District	5.2.1.2Advocacy meetings with NCD unit & other relevant stakeholders to develop & launch social marketing campaign to promote healthy eating, physical activity and healthy lifestyles	Advocacy meetings with NCD unit & other relevant stakeholders to develop & launch social marketing campaign to promote healthy eating, physical activity and healthy lifestyles	Advocacy meetings with NCD unit & other relevant stakeholders to develop & launch social marketing campaign to promote healthy eating, physical activity and healthy lifestyles	Advocacy meetings with NCD unit & other relevant stakeholders to develop & launch social marketing campaign to promote healthy eating, physical activity and healthy lifestyles	Advocacy meetings with NCD unit & other relevant stakeholders to develop & launch social marketing campaign to promote healthy eating, physical activity and healthy lifestyles	Advocacy meetings with NCD unit & other relevant stakeholders to develop & launch social marketing campaign to promote healthy eating, physical activity and healthy lifestyles	Advocacy meetings with NCD unit & other relevant stakeholders to develop & launch social marketing campaign to promote healthy eating, physical activity and healthy lifestyles
5.3 Strengthen comprehensive school nutrition services									
5.3.2 Strengthen implementation of healthy canteen policy at schools, sport facilities, training centers and youth work places	No	National	5.3.2.1 Conduct advocacy meetings with stake holders to implement healthy canteen policy at schools, sport facilities, training centers			Conduct advocacy meetings with stake holders to implement healthy canteen policy at schools, sport facilities, training centers			
5.4 Strengthen early identification and management of nutritional issues									
5.4.1 Scale up the establishment of facilities at schools, universities and vocational	Yes	National	5.4.1.1 Review facilities at universities to measure BMI (UMO offices)				One consultative meeting with		Conduct survey/ research

Major activities	Need for costing	Levels	Activities	2020	2021	2022	2023	2024	2025
training centers for enabling nutritional self- assessment							20 participants		
5.4.2 Introduce yearly medical assessments adolescents and youth at universities and other training centers	Yes	National	5.4.2.1Develop guidelines to conduct medical inspection at universities and training centers				One consultative meeting with 20 participants	Developing guideline and printing	
5.4.4 Strengthen nutrition clinics at MOH offices and hospitals as referral centers	Yes	National	5.4.4.1Training of MO nutrition and MOHs on nutrition of adolescents and youth				Two-day Training of MO nutrition and MOHs on nutrition of adolescents and youth- 40 participants	Two-day Training of MO nutrition and MOHs on nutrition of adolescents and youth- 40 participants	Two-day Training of MO nutrition and MOHs on nutrition of adolescents and youth- 40 participants
5.4.5 Establish family-based, multi-component, lifestyle and weight management services for adolescents and youth with the involvement of multi-professional teams	No	National	5.4.5.1Advocate for establishing family-based, multi-component, lifestyle and weight management services for adolescents and youth with the involvement of multi-professional teams			Advocate for establishing family-based, multi-component, lifestyle and weight managemen t services for adolescents and youth with the involvement of multi-professional teams	Advocate for establishing family-based, multi-component, lifestyle and weight managemen t services for adolescents and youth with the involvement of multi-professional teams		
5.5 Create enabling environment to promote physical activity									
5.5.3 Advocate to have adequate facilities at school premises,	No	National	5.5.3.1Advocate relevant stake holders				Advocate for establishing	Advocate for establishing	Advocate for establishing

Major activities	Need for costing	Levels	Activities	2020	2021	2022	2023	2024	2025
youth training centers, workplaces and public spaces for enabling physical activity during recreational time for all adolescents and youth including disabled			to improve infrastructure for doing physical activity in schools, training centers, public places (Such as open gym)				family-based, multi-component, lifestyle and weight management services for adolescents and youth with the involvement of multi-professional teams	family-based, multi-component, lifestyle and weight management services for adolescents and youth with the involvement of multi-professional teams	family-based, multi-component, lifestyle and weight management services for adolescents and youth with the involvement of multi-professional teams
5.5.4 Increase the awareness among adolescents and youth, their parents, caregivers, teachers and health professionals on BMI, physical activity, correct sleeping behaviours, sedentary behaviours and appropriate use of screen-time	Yes	National	5.5.4.1Telecast Documentary drama on nutrition in TV		Telecast nutrition documentary in TV in three TV channels		Telecast nutrition documentary in TV in three TV channels		Telecast nutrition documentary in TV in three TV channels
	Yes	National	5.5.4.2 One day workshop for media				One day workshop for 50 media personnel		One day workshop for 50 media personnel
	Yes	National	5.5.4.3 Conduct social media campaign among adolescents, youth, parents and caregivers on healthy life styles		Conduct social media campaign among adolescents and youth, parents, caregivers on healthy lifestyles	Conduct social media campaign among adolescents and youth, parents, caregivers on healthy lifestyles			

Strategic direction 6: Ensure access to sexual and reproductive health (SRH) education and services

A key barrier in implementation of providing age appropriate SRH education is the deficiencies in skills that teaching staff have in imparting knowledge to students. The provision of SRH services thus requires working with all stakeholders including those from the Ministry of education and advocating for their sustained commitment. Available services need to be strengthened through continuous training and education of medical officers providing services to this group. Disadvantaged and socially vulnerable groups also need to have more focused and targeted interventions as they are especially prone to negative SRH outcomes.

Strategy 6.1: Streamline the age appropriate SRH education through school and other curricula

Strategy 6.2: Strengthen the SRH services for adolescents and youth

Strategy 6.3: Ensure formal education for teenage pregnant mothers

Implementation plan for strategic direction 6

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
Ensure access to SRH education and services									
6.1 Streamline the age appropriate SRH education through school and other curricula									
6.1.4 Develop and implement educational package through media and other means of communication used by adolescents and youth	Yes	National	6.1.4.1 Development of a video series to support comprehensive sexual education in higher education settings			Develop 3 video clips	Develop 3 video clips	Develop 3 video clips	
	No Included under strategy	National	4 Refresher trainings for health staff on ASRH		3 two-day TOT on ASRH for 40 health staff	3 two-day TOT on ASRH for 40 health staff	3 two-day TOT on ASRH for 40 health staff	3 two-day TOT on ASRH for 40 health staff	3 two-day TOT on ASRH for 40 health staff
6.1.5. Introduce educational material on SRH in sign language and brail language	Yes	National	6.1.5.2 Conduct meetings with relevant stake holders to develop educational material on SRH in sign and brail language		Conduction of two consultative meeting for 20 participants	Conduction of two consultative meeting for 20 participants			
6.2 Strengthen the SRH services for adolescents and youth.									
6.2.1 Review and revise the existing laws and regulations to remove barriers for adolescent and youth to access SRH services	No	National	6.2.1Advocacy meeting for implementation of existing laws and regulations to remove barriers for adolescent and youth to access SRH services			Advocacy meeting for implementation of existing laws and regulations to remove barriers for	Advocacy meeting for implementation of existing laws and regulations to remove barriers for		

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
						adolescent and youth to access SRH services	adolescent and youth to access SRH services		
6.2.2 Empower health workers to deal with SRH issues and provision of family planning for adolescents and youth with the assurance of privacy, confidentiality and dignity	No(refresher training for health staff on ASRH)	National	6.2.2.1Included under strategy 4		3 two-day TOT on ASRH for 40 health staff	3 two-day TOT on ASRH for 40 health staff	3 two-day TOT on ASRH for 40 health staff	3 two-day TOT on ASRH for 40 health staff	3 two-day TOT on ASRH for 40 health staff
	Yes	National	6.2.2.2 Evaluate ASRH package- Qualitative research			Evaluate ASRH package- Qualitative research			
	Yes	National	6.2.2.3 Reprinting of ASRH package -Flash card sets and guide			Reprinting of 3000 copies(two sets of flash cards & guide)		Reprinting of 3000 copies- Sinhala Two flash card sets and guideline book	
6.2.3 Continue provision of quality care on pre-pregnancy, pregnancy, child-birth, post-partum and post-abortion as relevant to adolescents.	No	National	6.2.3.1Advocate social service department on having quality safe homes for teenage mothers At least one per district			Advocate social service department on having quality safe homes for teenage mothers At least one per district			
	No	National	6.2.3.2Training of health staff on providing sexual health			3-day TOTs to 50 health	3-day TOTs to 50 health		

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
	(Included in TOT AYFHS)		services and pregnancy related care to adolescents			staff 50 each	staff 50 each		
6.2.4 Strengthen prevention, detection and treatment services for STI and HIV	No (Included in TOT AYFHS)	National	6.2.4.1Training of health staff on providing sexual health services including HIV/STI prevention, detection and treatment to adolescents			3-day TOTs to 50 health staff 50 each	3-day TOTs to 50 health staff 50 each		
	No	National	6.2.4.2Train MO STI on communication with adolescents and youth		Session at their review, TOT		Session at their review, TOT		Session at their review, TOT
6.2.5 Establish facilities for SRH specific counselling and guidance at health facilities for adolescents and youth REPEAT	Yes	National	6.2.5.1Develop capacity of Mos involved in hotlines		One programme Training on ASRH 2 day for 30 MOs in hotline				
6.2.6 Advocate law-implementing authorities and child care officials on the need of respectful care and the confidentiality maintenance in issues related to adolescents and youth	No	National	6.2.6.1Advocate law-implementing authorities and child care officials on the need of respectful care and the confidentiality maintenance in issues related to adolescents and youth			Advocate law-implementing authorities and child care officials on the need of respectful care and the confidentiality maintenance in issues related to adolescents and youth		Advocate law-implementing authorities and child care officials on the need of respectful care and the confidentiality maintenance in issues related to adolescents and youth	
6.2.8 Strengthen SRH services for youth with special needs and socially deprived	Yes	National	6.2.8.1Advocate authorities at prison and rehabilitation				Two meetings		

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
			centers on adolescent SRH				with 20 participants		
	Yes	National	6.2.8.2 Awareness programme for prison officers		Two-day training for 30 officers		Two-day training for 30 officers	Two-day training for 30 officers	
	Yes	National	6.2.8.3Train MOHs to conduct health screening among adolescents living in orphanages	Training of MOHs on the screening tool- with AYFHS in a TOT for three districts (2 day for 45 officers)	Training of MOHs on the screening tool- with AYFHS in a TOT for three districts (2 day for 45 officers)	Training of MOHs on the screening tool- with AYFHS in a TOT for three districts (2 day for 45 officers)	Training of MOHs on the screening tool- with AYFHS in a TOT for three districts (2 day for 45 officers)	Training of MOHs on the screening tool- with AYFHS in a TOT for three districts (2 day for 45 officers)	Training of MOHs on the screening tool- TOT for three districts (2 day for 45officers)
6.2.9 Strengthen services for child abuse cases	Yes	National	6.2.9.1Coordinate with the social service department to streamline a referral pathway for child abuse cases and at risk cases of child abuse (When to refer to MOH)		Consultative meetings with 20 experts	Advocacy meeting with social service department (20 participants)		Review meeting with social service department (20 participants)	
	No	National	6.2.9.2Regular visits by MOH staff to safe home facilities to ensure health of victims of child abuse		Developmen t of a guideline	Include into HRMIS			
6.2.10 Advocate child protection authority `to prevent perpetrators having chances of engaging in abusing children continuously by having registry of perpetrators	No	National	6.2.10.1Advocate child protection authority			Advocate child protection authority			

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
and keeping them away from jobs related to children									
	No	National & District	6.2.10.2Establish peer groups and list down all the peer groups according to MOH area	Establish peer groups and list down all the peer groups according to MOH area	Establish peer groups and list down all the peer groups according to MOH area	Establish peer groups and list down all the peer groups according to MOH area			
6.3 Ensure formal education for teenage pregnant mothers									
6.3.1 Advocacy to prepare legislations and policies enabling pregnant adolescents to continue education	No	National	6.3.1.1Advocacy meeting to law enforcing authorities and education ministry officials.		Advocacy meeting to law enforcing authorities and education ministry officials.				

Strategic direction 7: Prevent adolescents and youth from substance abuse

Peer pressure and lack of life skills are the main reasons for adolescents and youth becoming addicts. Empowering adolescents and youth with life skills to prevent them from initiation of smoking and alcohol addiction as well as to support their peers is an important step in preventing adolescents and youth from substance abuse. The lack of support services and rehabilitation services for youth who are addicted to such substances is also a deficiency observed in the current health system. Thus, it is important to review the existing services and strengthen them to cater to the needs of the youth.

Strategy 7.1: Empower adolescents and youth to "say no" to tobacco, alcohol and addictive substances

Strategy 7.2: Reduce the affordability of tobacco and alcohol

Strategy 7.3: Ensure banning of advertising tobacco and alcohol

Strategy 7.4: Strengthen services available for quitting and rehabilitation from tobacco, alcohol and addictive substances

Implementation plan for strategic direction 7

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
Prevent adolescents and youth from substance abuse									
7.1 Empower AY to "say no" to tobacco, alcohol and addictive substances									
7.1.1 Establish peer groups and train them with relevant skills	No	District	7.1.1.1 Establish peer groups and list down all the peer groups according to MOH area	Establish peer groups and list down all the peer groups according to MOH area	Establish peer groups and list down all the peer groups according to MOH area	Establish peer groups and list down all the peer groups according to MOH area	Establish peer groups and list down all the peer groups according to MOH area	Establish peer groups and list down all the peer groups according to MOH area	Establish peer groups and list down all the peer groups according to MOH area
	Yes	National	7.1.1.2Conduction of skill development workshops for youth leaders	One training programmes for 30 youth three day	One training programmes for 30 youth three day	One training programmes for 30 youth three day	One training programmes for 30 youth three day		
	Yes	District	7.1.1.3Empower peer groups to say no to alcohol, tobacco and addictive substances	Two peer group training programme one day at ten MOH with Newly established Yowun Piyasa centers (30 participant)	Two peer group training programme one day at ten MOH with Newly established Yowun Piyasa centers (30 participant)	Two peer group training programme one day at ten MOH with Newly established Yowun Piyasa centers (30 participant)	Two peer group training programme one day at ten MOH with Newly established Yowun Piyasa centers (30 participant)	Two peer group training programme one day at ten MOH with Newly established Yowun Piyasa centers (30 participant)	Two peer group training programme one day at ten MOH with Newly established Yowun Piyasa centers (30 participant)
7.1.2 Conduct regular and effective social-media campaigns to raise the awareness of the hazards of addictive substances	No	National	7.1.2.1Awareness campaign on special days through social media			Awareness campaign on special days through social media	Awareness campaign on special days through social media		

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
	No	District	7.1.2.2Develop messages to be telecast in media, social media by involving youth	Develop messages to be telecast in media, social media by involving youth	Develop messages to be telecast in media, social media by involving youth	Develop messages to be telecast in media, social media by involving youth			
7.1.4 Advocate for implementation of policies, laws and regulations on tobacco, alcohol and other addictive substances	No	National	7.1.4.1Advocacy to law enforcement authority for implementation of policies, laws and regulations on tobacco, alcohol and other addictive substances	Advocacy to law enforcement authority for implementation of policies, laws and regulations on tobacco, alcohol and other addictive substances		Advocacy to law enforcement authority for implementation of policies, laws and regulations on tobacco, alcohol and other addictive substances			
7.1.5 Educate the parents, teachers and public on addictive substances	No	National	7.1.5.1Educate parents through mother support groups		Educate parents through mother support groups	Educate parents through mother support groups	Educate parents through mother support groups	Educate parents through mother support groups	Educate parents through mother support groups
	No	District	7.1.5.2 Educate parents through mother support groups				Educate parents through mother support groups	Educate parents through mother support groups	Educate parents through mother support groups
	No	National	7.1.5.3Develop messages to be telecast in, social media by involving youth	Develop messages to be telecast in social media by involving youth	Develop messages to be telecast in, social media by involving youth	Develop messages to be telecast in, social media by involving youth	Develop messages to be telecast in, social media by involving youth	Develop messages to be telecast in, social media by involving youth	Develop messages to be telecast in social media by involving youth

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
	No	District	7.1.5.4 Develop messages to be telecast in media, social media by involving youth	Develop messages to be telecast in s, social media by involving youth	Develop messages to be telecast in social media by involving youth	Develop messages to be telecast in social media by involving youth	Develop messages to be telecast in social media by involving youth	Develop messages to be telecast in social media by involving youth	Develop messages to be telecast in, social media by involving youth
7.2 Reduce the affordability of tobacco and alcohol									
7.2.2 Advocate restricting alcohol availability and affordability by reducing demand through taxation and pricing	No	National	7.2.2.1Advocacy to law enforcement authority for restricting alcohol availability and affordability by reducing demand through taxation and pricing		Advocacy to law enforcement authority for restricting alcohol availability and affordability by reducing demand through taxation and pricing	Advocacy to law enforcement authority for restricting alcohol availability and affordability by reducing demand through taxation and pricing			
7.3 Ensure banning advertising tobacco and alcohol									
7.3.2 Advocate to regulate the marketing of alcohol to adolescents; raise awareness and support for policies; and implement interventions for the harmful use of alcohol	No	National	7.3.2.1Advocate to regulate the marketing of alcohol to adolescents; raise awareness and support for policies; and implement interventions for the harmful use of alcohol		Advocate to regulate the marketing of alcohol to adolescents; raise awareness and support for policies; and implement interventions for the harmful use of alcohol	Advocate to regulate the marketing of alcohol to adolescents; raise awareness and support for policies; and implement interventions for the harmful use of alcohol			

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
7.4 Strengthen services available for quitting and rehabilitation from tobacco, alcohol and addictive substances									
7.4.1 Establish medical services to support quitting and rehabilitation from tobacco, alcohol and addictive substances	No (Included in TOT AYFHS)	National	7.4.1.1Strengthening the existing system to support quitting and rehabilitation from tobacco, alcohol and addictive substances	Advocated for strengthening the existing system to support quitting and rehabilitation from tobacco, alcohol and addictive substances	Capacity building of MH service providers and MO Yowun Piyasa at TOT	Capacity building of MH service providers and MO Yowun Piyasa at TOT	Capacity building of MH service providers and MO Yowun Piyasa at TOT	Capacity building of MH service providers and MO Yowun Piyasa at TOT	Capacity building of MH service providers and MO Yowun Piyasa at TOT
	Yes	National	7.4.1.2Review the current status of the rehabilitation centers, (gaps, cadre)			Consultative meetings with 20 participants to develop an assessment tool	Qualitative Component		
7.4.2 Educate all non-smokers not to start smoking; strongly advise all smokers to stop smoking and support them in their efforts; and advise individuals who use other forms of tobacco to quit (eg. Toolkit for delivering the 5A's and 5R's in brief tobacco interventions in primary care for more specific guidance)									
	Yes	National	7.4.2.1 Counselling training on AYH for health staff of Yowun Piyasa	Two TOTs on Counselling on AYH	Two TOTs on Counselling on AYH	Two TOTs on Counselling on AYH	Two TOTs on Counselling on AYH	Two TOTs on Counselling on AYH	Two TOTs on Counselling on AYH

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
				(40 officers three days) Rs 400 000	(40 officers three days) Rs 400 000	(40 officers three days) Rs 400 000	(40 officers three days) Rs 400 000	(40 officers three days Rs 400 000	(40 officers three days Rs 400 000

Strategic direction 8: Prevent accidents, injuries and violence among adolescents and youth

External causes are the leading causes of morbidity and mortality among adolescents and youth in Sri Lanka. These include accidents and injuries. Violence and injury prevention needs to take a comprehensive approach which includes empowering youth with life skills to prevent them from engaging in violence and risky behaviours while also developing their skills in first aid following an injury.

Strategy 8.1: Ensure accidents and injury free environment for adolescents and youth

Strategy 8.2: Ensure proper management of injuries and accidents

Strategy 8.3: Ensure reduction of violence among adolescents and youth

Strategy 8.4: Strengthen surveillance system and monitoring of accidents, other injuries and violence

Implementation plan for strategic direction 8

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
Prevent accidents, injuries and violence among adolescents and youth									
8.1 Ensure accidents and injury free environment for adolescents and youth									
8.1.1 Advocate for education of laws and regulations to reduce road traffic accidents among adolescents and youth e.g., Helmet policy, policies related to three-wheeler driving, etc.	No	National	8.1.1.1Conduct awareness programmes on laws & regulations to reduce RTA among adolescents and youth at youth training centers and universities			Awareness programme/ update on laws & regulations for health and non-health workers			
8.1.2 Advocate for setting the legal age for allowing alcohol consumption to 21 years	No	National	8.1.2.1 Advocate relevant stake holders to increase the legal age of alcohol consumption up to 21 years	Advocate relevant stake holders to increase the legal age of alcohol consumption up to 21 years	Advocate relevant stake holders to increase the legal age of alcohol consumption up to 21 years				
8.1.3 Advocate for a graduated licensing system such as first an extended learner period involving training and low-risk, supervised driving; then a license with temporary restrictions; and finally, a full license	No	National	8.1.3.1Conduct advocacy for a graduated licensing system, and on training with RMV		Conduct advocacy for a graduated licensing system and on training with RMV	Conduct advocacy for a graduated licensing system, and on training with RMV			
8.1.4 Advocate for infrastructural engineering measures for road network (e.g., speed humps, mini-roundabouts, designated	No	National	8.1.4.1 Conduct Advocacy for infrastructural		Conduct Advocacy for infrastructur	Conduct Advocacy for infrastructur	Conduct Advocacy for infrastructur		

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
pedestrian crossings, road lighting or surface treatment and one-way street and traffic calming measures)			engineering measures for road network		al engineering measures for road network	al engineering measures for road network	al engineering measures for road network		
8.1.5 Advocate for setting vehicle safety standards	No	National	8.1.5.1 Conduct Advocacy for setting vehicle safety standards	Conduct Advocacy for setting vehicle safety standards					
8.1.6 Use case studies to educate adolescents and youth regarding accident and injury	Yes	National	8.1.6.1 Compile research data/ surveys on adolescent and youth injuries		Compile data by research assistant	Prepare advocacy brief			
	Yes	National	8.1.6.2Disseminate research data for relevant stake holders to educate adolescents and youth regarding accident and injury prevention		Advocacy meeting for 100 participants				
	No (Included in other consultative meetings on AYFHS	National	8.1.6.3Develop social media clips	Consultative meeting to develop video clips (25 participants two meetings)	Consultative meeting to develop video clips (25 participants two meetings)	Consultative meeting to develop video clips (25 participants two meetings)	Consultative meeting to develop video clips (25 participants two meetings)	Consultative meeting to develop video clips (25 participants two meetings)	
8.1.7 Set standards on play grounds, swimming pools and sports complexes at schools and strengthen the implementation	No	National	8.1.7.1Conduct advocacy meeting with Sports Ministry to Set standards on play grounds, swimming pools and sports complexes at schools			Advocacy meeting for Sports Ministry			
	No	National	8.1.7.2Raise awareness programmes to						Through social media,

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
			disseminate standards on play grounds, swimming pools and sports complexes at schools						website and via district level trainers
8.1.9 Implement community campaigns to ensure road safety and prevent other accidents such as drownings and falls	No	National	8.1.9.1Raise awareness programmes to ensure road safety, drowning & falls Province at youth training institutions and for peer leaders		Through social media website and via district level trainers				
8.2 Ensure proper management of injuries and accidents									
8.2.1 Introduce compulsory training on First Aid for adolescents and youth through schools, universities and vocational training centers using Red cross, St. Johns, Scouting etc.	yes	District	8.2.1.1Conduct TOT programmes on first aid for adolescents with primary care health workers		Training of first aid care for school children, university and training center students by MOH staff (50 students and three programmes per district	Training of first aid care for school children, university and training center students by MOH staff (50 students and three programmes per district	first aid care for school children university and training center students by MOH staff (50 students and three programmes per district	Training of first aid care for school children university and training center students by MOH staff (50 students and three programmes per district	Training of first aid care for school children university and training center students by MOH staff (50 students and three programmes per district
8.2.2 Strengthen the emergency management services at hospitals	No	National	8.2.2.2.1Conduct advocacy programme to improve emergency management services at youth training centers				Conduct advocacy programme to improve emergency management services at youth training centers	Conduct advocacy programme to improve emergency management services at youth training centers	Conduct advocacy programme to improve emergency management services at youth training centers

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
8.3 Ensure reduction of violence among adolescents and youth									
8.3.2 Advocate for deploying police resources in areas where crime is prevalent	No	National	8.3.2.1Advocate for deploying police resources in areas where crime is prevalent	Advocate for deploying police resources in areas where crime is prevalent	Advocate for deploying police resources in areas where crime is prevalent				
8.3.4 Advocate to implement and enforce of laws: ban violent punishment at schools and workplaces, criminalizing sexual abuse and exploitation of children	No	National	8.3.4.1Conduct advocacy for law enforcement officers	Conduct advocacy for law enforcement officers	Conduct advocacy for law enforcement officers	Conduct advocacy for law enforcement officers			
8.3.5 Strengthen parent and caregiver support through home visits, community approaches and comprehensive programmes	No Included in TOT AYFHS	National	8.3.5.1Conduct TOT programmes with primary care health workers to strengthen parental support and care giver support		TOT programmes completed for primary care health workers				
	No included under 3.3	National	8.3.5.2Conduct awareness programmes for Mothers Support Group to strengthen parent or care reiver support Included under 3.3:	Conduct awareness programmes for Mothers Support Group to strengthen parent or care reiver support Included under 3.3	Conduct awareness programmes for Mothers Support Group to strengthen parent or care reiver support Included under 3.3	Conduct awareness programmes for Mothers Support Group to strengthen parent or care reiver support Included under 3.3	Conduct awareness programmes for Mothers Support Group to strengthen parent or care reiver support Included under 3.3	Conduct awareness programmes for Mothers Support Group to strengthen parent or care reiver support Included under 3.3	Conduct awareness programmes for Mothers Support Group to strengthen parent or care reiver support Included under 3.3
	Yes	National	8.3.5.3 Training of trainers on AYFHS for health staff on AYFHS	Two 3day TOT on AYFHS for 40 health staff	Two 3day TOT on AYFHS for 40 health staff	Two 3day TOT on AYFHS for 40 health staff	Two 3day TOT on AYFHS for 40 health staff	Two 3day TOT on AYFHS for 40 health staff	Two 3day TOT on AYFHS for 40 health staff

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
8.3.6 Conduct life skill training programmes for adolescents and youth including anger management	Yes	National	8.3.6.1TOT in building life skills for youth instructors		One Three-day TOT for 50 youth instructors	One Three-day TOT for 50 youth instructors	One Three-day TOT for 50 youth instructors	One Three-day TOT for 50 youth instructors	One Three-day TOT for 50 youth instructors
8.3.7 Advocate to implement response and support services for adolescents and youth engaged in violence (e.g., screening and interventions, counselling and therapeutic approaches, programmes for juvenile offenders and foster care interventions	No	National	8.3.7.1Conduct advocacy programmes for foster care interventions for youth engage in violence				Conduct advocacy programmes for foster care interventions for youth engage in violence	Conduct advocacy programmes for foster care interventions for youth engage in violence	
8.4 Strengthen surveillance system and monitoring of accidents, other injuries and violence									
8.4.1 Advocate strengthening injury surveillance	No	National	8.4.1.1Conduct advocacy to improve injury surveillance with relevant stake holders	Conduct advocacy to improve injury surveillance with relevant stake holders	Conduct advocacy to improve injury surveillance with relevant stake holders				

Strategic direction 9: Enhance community involvement to improve adolescent and youth health

Community involvement to improve health is a strategy that has been adopted in many settings to improve health and well-being. In terms of youth, ensuring a supportive and safe community can only be achieved through active participation and collaboration of all stakeholders which includes service providers and parents of youth.

Strategy 9.1: Ensure availability of recreational and sport activities

Strategy 9.2: Ensure responsive media exposure

Strategy 9.3: Enhance parenting to improve health of adolescents and youth

Strategy 9.4 Ensure supportive, safe environment in the community

Implementation plan for strategic direction 9

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
Enhance community involvement to improve health of adolescents and youth									
9.1 Ensure availability of recreational and sport activities									
9.1.1 Advocate for providing recreational and sport activities at community level	No	National	9.1.1.1Advocacy to officials at ministry of youth affairs, road development authorities for providing recreational and sport activities at institutional level and community level			Advocacy to officials at ministry of youth affairs, road development authorities for providing recreational and sport activities at institutional level and community level	Advocacy to officials at ministry of youth affairs, road development authorities for providing recreational and sport activities at institutional level and community level		
9.2 Ensure responsive media exposure									
9.2.1 Support in establishing responsible media behavior that facilitate in reducing adolescent and youth risk behavior	Yes	National	9.1.1Advocacy to media personal on responsive media behavior responsible media reporting				Advocacy meeting to media personal (50 participants)		
	No	National	9.1.1.2Advocate media ministry on Drafting a policy to ensure adolescent and youth health			Prepare concept paper			

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
9.3 Enhance parenting to improve health of adolescents and youth									
9.3.1 Strengthen the parental knowledge on improving health of adolescents and youth REPEAT	No In web site consultative Meetings	National	9.3.1.1Expand youth health website with inclusion of a component for parents		Two consultative meetings for 25 participants	Development of web platform targeting increasing knowledge on parenting	Three consultative meetings for 25 participants		
	Yes	National	9.3.1.2Implement a work site based SRH communication including sexual abuse prevention program targeted at parents		Consultative meetings, Development of IEC material -25 participants two meetings	Pilot the program	3 TOT programs for the public health staff on implementation of the program (40 participants one day)		
9.3.2 Improve capacity of parents on parenting adolescents and youth	No included earlier	National	9.3.2.1 Development of a program to enhance parents' knowledge in parenting of adolescents						9.3.2 Improve capacity of parents on parenting adolescents and youth
	No included earlier in AYFHS TOT	National	9.3.2.2 Training of trainer programs to public health staff and health staff working with adolescents on parenting of adolescents						
9.4 Ensure supportive, safe environment in the community									
9.4.1 Ensure environment is free of bullying violence and abuse	No included earlier		9.4.1.1Awareness programs for parents on prevention of			Awareness programs for parents on	Awareness programs for parents on	Awareness programs for parents on	

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
			sexual abuse among adolescents			prevention of sexual abuse among adolescents	prevention of sexual abuse among adolescents	prevention of sexual abuse among adolescents	
	No		9.4.1.2Advocate to have an anti-bullying and violence prevention policy at school, university and youth training center level		Advocate to have an anti-bullying and violence prevention policy at school, university and youth	Advocate to have an anti-bullying and violence prevention policy at school, university and youth	Advocate to have an anti-bullying and violence prevention policy at school, university and youth	Advocate to have an anti-bullying and violence prevention policy at school, university and youth	Advocate to have an anti-bullying and violence prevention policy at school, university and youth
	No		9.4.1.3Social media and you tube posts on prevention of violence, bullying in schools/ universities and youth training centers	Social media and you tube posts on prevention of violence, bullying in schools/ universities and youth training centers	Social media and you tube posts on prevention of violence, bullying in schools/ universities and youth training centers	Social media and you tube posts on prevention of violence, bullying in schools/ universities and youth training centers	Social media and you tube posts on prevention of violence, bullying in schools/ universities and youth training centers	Social media and you tube posts on prevention of violence, bullying in schools/ universities and youth training centers	Social media and you tube posts on prevention of violence, bullying in schools/ universities and youth training centers
	No		9.4.1.4 Advocate relevant stake holders on having rag- free environment in universities and schools			Advocate relevant stake holders on having rag-free environment in universities and schools	Advocate relevant stake holders on having rag-free environment in universities and schools	Advocate relevant stake holders on having rag-free environment in universities and schools	Advocate relevant stake holders on having rag-free environment in universities and schools
9.4.2 Strengthen relationships and social well-being through community activities	No	National	9.4.2.1Advocate relevant authorities on the importance of having youth sport clubs in schools,		Advocate relevant authorities on the importance				

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
			universities, youth training centers and community		of having youth sport clubs in schools, universities, youth training centers and community				
	Yes	National	9.4.2.2Develop a platform to ensure continuous collaboration of youth health clubs with the MOH of the area			To develop a guideline and disseminate among MOHs	Training of trainers programs (one day 35 officers)		
	No	District	9.4.2.3Develop a platform to ensure continuous collaboration of youth health clubs with the MOH of the area	Develop a platform to ensure continuous collaboration of youth health clubs with the MOH of the area	Develop a platform to ensure continuous collaboration of youth health clubs with the MOH of the area	Develop a platform to ensure continuous collaboration of youth health clubs with the MOH of the area			
	No	District	9.4.2.4 Implementation of health interventions targeting youth groups in schools, universities and youth training centers through youth clubs via MOH	Implementation of health interventions targeting youth groups in schools, universities and youth training centers through youth clubs via MOH	Implementation of health interventions targeting youth groups in schools, universities and youth training centers through youth clubs via MOH	Implementation of health interventions targeting youth groups in schools, universities and youth training centers through youth clubs via MOH	Implementation of health interventions targeting youth groups in schools, universities and youth training centers through youth clubs via MOH	Implementation of health interventions targeting youth groups in schools, universities and youth training centers through youth clubs via MOH	Implementation of health interventions targeting youth groups in schools, universities and youth training centers through youth clubs via MOH

Strategic direction 10: Enhance service provision for adolescents and youth in humanitarian and fragile settings

Universal health care coverage including preventive, promotive, curative and rehabilitative health care without discrimination have to be ensured for adolescents and youth. Taking into consideration the various axes of inequity and disempowerment that exist among youth and adolescents in Sri Lanka, it is apparent that there are some groups who are more disadvantaged than others and are at higher risk of poor health outcomes. Such vulnerable populations need more focused interventions. The adolescents and youth living in humanitarian and fragile settings are also more likely to require emergency assistance and essential interventions during crisis to ensure their physical and psychological well-being.

Strategy 10.1: Strengthen identification of priority needs and focused interventions for adolescents and youth in humanitarian and fragile settings

Strategy 10.2: Ensure deployment of essential health interventions for adolescents and youth in an emergency in humanitarian and fragile settings

Strategy 10.3: Streamline the provision of health services for adolescent and youth in humanitarian and fragile settings

Strategy 10.4: Improve recreational and educational facilities to support psychosocial well-being of the adolescents and youth in humanitarian and fragile settings

Strategy 10.5: Ensure provision of psychological first aid and first-line management of mental, neurological and substance-use conditions among adolescents and youth in humanitarian and fragile settings

Implementation plan for strategic direction 10

Major activities	Need for costing	Levels	Activities	2020	2021	2022	2023	2024	2025
Enhance service provision for adolescents and youth in humanitarian and fragile settings									
10.1 Strengthen identification of priority needs and focused interventions for adolescents and youth in humanitarian and fragile settings									
10.1.1 Develop and use a health and humanitarian risk assessment approach for adolescents and youth in humanitarian and fragile settings	Yes	National	10.1.1.1Conduct research among adolescents and youth living at children's homes				Research among adolescents and youth living in orphanages		
10.2 Ensure deployment of essential health interventions for adolescents and youth in an emergency in humanitarian and fragile settings									
10.2.1 Adapt, implement and coordinate the use of minimal initial service package in an emergency (E.g., In the fields of nutrition, disability, violence, SRH, sanitation and hygiene and mental health)	Yes	National	10.2.1.1Discussion to add ASRH in minimal service package			Conduct one consultative meeting with 25 participants			
	No	National	10.2.1.2Discussion to include ASRH in minimal initial care package on emergency			Discussion to develop minimal initial care package on AYH in an emergency			
10.3 Streamline services for adolescents and youth in humanitarian and fragile settings									
10.3.1 Establish medical screening of adolescents and youth of vulnerable populations including shelters	No (Included earlier in TOT)	National	10.3.1.1Develop a medical screening tool				Two consultative meetings	Development of a screening tool for	3day TOT programs for50 health staff on

Major activities	Need for costing	Levels	Activities	2020	2021	2022	2023	2024	2025
								medical screening, Translation and printing	implementation
	Yes	National	10.3.1.2Training of public health staff on psychological first aid for substance misuse and mental health support for addiction				one TOT for 50 public health staff in 5 districts50 participant)		
10.3.2 Strengthen community based psychosocial support for adolescents and youth in vulnerable setting (urban slums)	Yes	National	10.3.2.1Adaptation of the psychosocial package to cater vulnerable population			Two Consultative meeting to adopt psychosocial intervention, train PH staff (25 participants per one meeting)	Development and printing of an implementation guide (500 copies of book with 40 pages) to be used for marginalized population		
10.4 Improve recreational and educational facilities to support psycho-social well-being of the adolescents and youth in humanitarian and fragile settings									
10.4.1 Advocate for promotion of recreational activities and restarting of formal or informal education and carrier development among adolescents and youth in vulnerable settings prison,	No	National	10.4.1.1Carry out advocacy programs for the officials at prison, social service department on recreational activities and restarting of formal or informal education and carrier development among marginalized adolescents and youth			Advocate			

Major activities	Need for costing	Levels	Activities	2020	2021	2022	2023	2024	2025
10.5 Ensure provision of psychosocial first aid and first-line management of mental, neurological and substance use conditions among adolescents and youth in humanitarian and fragile settings									
10.5.1 Strengthen capacity building of health staff on psychological first aid and first line management of neurological, mental and substance use conditions youth in vulnerable setting	Yes	National	10.5.1.1Training of public health staff on psychological first aid for substance misuse and mental health support for addiction				1 TOTs with 50 participants one day	1 TOTs with 50 participants one day	1 TOTs with 50 participants one day
	Yes	District				Training of public health staff on psychological first aid for substance misuse and mental health support for addiction in three districts	Training of public health staff on psychological first aid for substance misuse and mental health support for addiction in three districts	Training of public health staff on psychological first aid for substance misuse and mental health support for addiction in three districts	
10.5.2 Improve facilities available for psychological first aid and first line management of mental, neurological and substance use conditions in humanitarian and fragile settings	No	National	10.5.2.1Advocate to improve counselling and a supportive environment at all rehab centers and safe homes		Advocate to improve counselling and a supportive environment at all rehab centers and safe homes	Advocate to improve counselling and a supportive environment at all rehab centers and safe homes	Advocate to improve counselling and a supportive environment at all rehab centers and safe homes	Advocate to improve counselling and a supportive environment at all rehab centers and safe homes	

Strategic direction 11: Strengthen the capacity, partnership and networking among all stakeholders working on adolescents and youth

Activities related to adolescent and youth needs to be conducted through the partnerships and networking of all stakeholders including policy makers, health care workers, social workers and most importantly the youth.

Strategy 11.1: Strengthen capacity, partnership and networking among all stakeholders and adolescents and youth

Implementation plan for strategic direction 11

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
Strengthen capacity, partnership and networking among all stakeholders, adolescents and youth									
11.1 Strengthen capacity, partnership and networking among all stakeholders and adolescents and youth									
11.1.1. Advocate to establish and develop a single inter- ministerial plan, budget, monitoring and evaluation framework for adolescents and youth	No	National	11.1.1Conduct advocacy programme to establish and develop a single inter-ministerial plan, budget, monitoring and evaluation framework for adolescents and youth			Advocate to establish and develop a single inter-ministerial plan, budget, monitoring and evaluation	Conduct advocacy programme to establish and develop a single inter-ministerial plan, budget, monitoring and evaluation		
11.1.2Strengthen the intra and inter sectoral committees including private sector, professional and non-government organizations, media and adolescent and youth groups	No	National	11.1.2.1Through technical advisory committee meetings to strengthen intra and inter sectoral committees including	Through technical advisory committee meetings to strengthen	Through technical advisory committee meetings to strengthen	Through technical advisory committee meetings to strengthen	Through technical advisory committee meetings to strengthen	Through technical advisory committee meetings to strengthen	Through technical advisory committee meetings to strengthen

Major activities	Need for costing	Level	Activities	2020	2021	2022	2023	2024	2025
			private sector, professional and non-government organizations, media and adolescent and youth groups	intra and inter sectoral committees including private sector, professional and non-government organizations, media and adolescent and youth groups	intra and inter sectoral committees including private sector, professional and non-government organizations, media and adolescent and youth groups	intra and inter sectoral committees including private sector, professional and non-government organizations, media and adolescent and youth groups	intra and inter sectoral committees including private sector, professional and non-government organizations, media and adolescent and youth groups	intra and inter sectoral committees including private sector, professional and non-government organizations, media and adolescent and youth groups	intra and inter sectoral committees including private sector, professional and non-government organizations, media and adolescent and youth groups
11.1.4 Involve young persons in all steps of planning and implementation	No Included in 3.2	National	11.1.4.1Conduction of youth initiated innovate projects	Three consultative meetings for 50 participants	Three consultative meetings for 50 participants	Three consultative meetings for 50 participants	Three consultative meetings for 50 participants	Three consultative meetings for 50 participants	Three consultative meetings for 50 participants
	No Included in 3.2	National	11.1.4.1 Implementation of four innovative projects on AYH	Implementation of four innovative projects on AYH	Implementation of four innovative projects on AYH	Implementation of four innovative projects on AYH	Implementation of four innovative projects on AYH	Implementation of four innovative projects on AYH	Implementation of four innovative projects on AYH

Strategic direction 12: Strengthen research, monitoring and evaluation on adolescents and youth health services

A key component identified in enhancing services and implementing the strategic plan includes strengthening the routine information systems and monitoring frameworks integrating adolescents and youth health indicators with necessary reviewing and revising to get correct data. An effective monitoring and evaluation system requires internal and external monitoring and reviewing of service delivery to improve the services offered.

Strategy 12.1: Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring

Strategy 12.2: Strengthen research and develop evidence-based interventions on adolescent and youth health

Implementation plan for strategic direction 12

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
Strengthen research, monitoring and evaluation on adolescents and youth health services									
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring									
12.1.1 Strengthen the routine information systems and monitoring frameworks integrating adolescents and youth health indicators with necessary reviewing and revising to get correct data	No	National	12.1.1.1Reviewing and revising the routine information systems and monitoring frameworks integrated to adolescents and youth health indicators		Reviewing and revising the routine information systems and monitoring frameworks integrated to adolescents and youth health indicators	Reviewing and revising the routine information systems and monitoring frameworks integrated to adolescents and youth health indicators			
12.1.2 Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gaps	No-Included earlier	National	12.1.2.1Conduction of national review on AYFHS	One National review -One day programme for 150 participants	One National review -One day programme for 150 participants	One National review -One day programme for 150 participants	One National review -One day programme for 150 participants	One National review -One day programme for 150 participants	One National review -One day programme for 150 participants
	Yes	District	12.1.2.2Conduct of district reviews	District reviews all districts-One programme with 40 officers 1day	District reviews all districts-One programme with 40 officers 1day	District reviews all districts-One programme with 40 officers 1day2	District reviews all districts-One programme with 40 officers 1day	District reviews all districts-One programme with 40 officers 1day	District reviews all districts-One programme with 40 officers 1day

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
	Yes	National	12.1.2.3 Field visits to the Yowun Piyasa centers & Assessment of AYFHS & reviews at centers	Five field visits & assessment of AYFHS and Five review meetings with participation of 20	Five field visits & assessment of AYFHS and Five review meetings with participation of 20	Five field visits & assessment of AYFHS and Five review meetings with participation of 20	Five field visits & assessment of AYFHS and Five review meetings with participation of 20	Five field visits & assessment of AYFHS and Five review meetings with participation of 20	
12.1.3 Conduct periodic external evaluations of the adolescents and youth health services	Yes	National	12.1.3.1Conduction of an external evaluation						Conduction of an external evaluation
	No	District	12.1.3.2Assessment of AYFHS services using assessment tools (District level CCP/MOMCH)				Assessment of AYFHS services using assessment tools (District level CCP/MOMCH)	Assessment of three Yowun Piyasa centers using assessment tools	Assessment of three Yowun Piyasa centers using assessment tools
12.2 Strengthen research and develop an evidence-based interventions on adolescents and youth health									
12.2.2 Identify priority areas and advocate for conducting relevant research on adolescents	yes	National	12.2.2.1Conduction of National Youth Health Survey			Conduction of National Youth Health Survey			
	Yes	National	12.2.2.2Translation and printing of standards on AYFHs (Three volumes into Sinhala and Tamil)	Translation and printing of 500 copies of each volume of standards on AYFHs					

Major activities	Need for costing	level	Activities	2020	2021	2022	2023	2024	2025
				(Three volumes into Sinhala and Tamil)					
	Yes	National	12.2.2.2.3Assessment of AYFHS services using assessment tools		Assessment of three Yowun Piyasa centers using assessment tools	Assessment of three Yowun Piyasa centers using assessment tools	Assessment of three Yowun Piyasa centers using assessment tools	Assessment of three Yowun Piyasa centers using assessment tools	Assessment of three Yowun Piyasa centers using assessment tools
	No	District	12.2.2.2.4Assessment of AYFHS services using assessment tools (District level CCP)				Assessment of AYFHS services using assessment tools (District level CCP)	Assessment of three Yowun Piyasa centers using assessment tools	Assessment of three Yowun Piyasa centers using assessment tools
	Yes	National	12.2.2.2.5Assessment at youth training institutions			Three field visits and review		Three field visits and review	
	Yes	National	12.2.2.2.6Assessment on youth with special needs			Assessment on KAP on AYH among Youth trainees		Assessment on KAP on AYH among Youth trainees	
	Yes	National	12.2.2.2.7Assessment on youth drug addiction			Three Focus group discussions with training instructors		Three Focus group discussions with training instructors	
12.2.3 Test interventions on parenting and peer group involvement	No (Included early	National	12.2.3.1Best practice sharing		Four youth initiated innovative projects	Four youth initiated innovative projects	Four youth initiated innovative projects	Four youth initiated innovative projects	

Section 2: Cost of the implementation plan of the national strategic plan on adolescent and youth health in Sri Lanka (2020-2025)

Costing methodology and assumptions

The national strategic plan on adolescent and youth health (2018-2025) cost estimation was achieved through a participatory, iterative process using an input-based costing approach. The cost estimates were disaggregated by strategic direction, level of implementation, year of implementation and sub activity.

Aims and scope of costing

This report aimed to estimate the financial cost to the government of Sri Lanka in ensuring the implementation of the strategies of the national adolescent and youth health strategic plan for the period 2018-2025. Health system costs that are exclusively devoted to adolescent and youth health services were focused on. The scope of costing was limited to the following items considering the policy relevance of cost information and feasibility of data collection within available time and resources. The costing was facilitated by an excel framework developed explicitly for this purpose.

For costing purposes, all planned activities were categorized under the strategic directions. This allows the process to identify resource intensive areas, which will guide future planning accordingly. The costing process estimated expected expenditure for the implementation of each strategic direction defined in the national strategic plan on adolescent and youth health in Sri Lanka. Finally, the cost of implementing planned activities at different levels of the health system (i.e., national and district) was estimated.

The scope of the costing did not include:

The costs of health system inputs such as human resources, general logistics, general infrastructure, financing systems etc., were considered as ongoing expenditures of Ministry of Health, Sri Lanka (MoHSL). Therefore, this analysis focused on the incremental financial cost to the MoHSL for implementing the activities related to the

strategic directions under the national strategic plan on adolescent and youth health in Sri Lanka.

Methodology for costing

Process

As mentioned above, this costing was accomplished through a consultative process. To start with; Entry and briefing meetings were held with stakeholders, including MoHSL, Family Health Bureau, World Health Organization, UNICEF, national program managers of adolescent and youth health and school health programme, provincial and district level programme officers and others. These meetings were utilized to discuss the process, obtain further insights and guidance, and receive the draft of the action plan for the National strategic plan on adolescent and youth health. The costing approach was also discussed with this broader audience.

The draft action plan for the National strategic plan on adolescent and youth health was extensively reviewed, and inputs/activities were envisioned under each strategic direction for delivering planned activities identified by the consultative group, including all stakeholders. Each input was simplified into milestones with unit costs, quantities, and frequency. Structured in an excel spreadsheet, the milestones activity plan was shared with core team members for feedback. Data was also derived from program managers, the previous programme costing files, standard government expenditure rates for items such as per diems, accommodation, travel etc. Members of the core team reviewed milestones, unit costs, quantities, or frequency and provided comprehensive input. The costing consultant subsequently completed data cleaning.

Main assumptions

The national strategic plan on adolescent and youth health of Sri Lanka, cost estimation was projected based on the current market value rates, government spending guidelines and inputs from program experts familiar with similar activities. The inflation rate was not included due to the significant uncertainty over the inflation rate for the next few years.

The deliverables from the above process are:

Microsoft Excel with an aggregate computation of cost estimates in different strategic directions aligns with the costing scope. It has the following worksheets:

- Breakdown of strategic interventions into milestones, unit costs of each activity
- Aggregated cost estimate by strategic directions per year; and a corresponding summary
- Detailed and aggregated cost estimate by program implementation level per year (National and District level); and a corresponding summary.

Outputs derived from the above analysis are presented under the following tables.

Table 01 - Estimated cost of strategic directions

Table 02 - Estimated cost of strategic directions across the implementation level of the health system

Table 03 - Estimated cost of strategic directions across the strategic plan period

Table 04 - Estimated cost of strategic directions across the strategic plan period - National

Table 05 - Estimated cost of strategic directions across the strategic plan period - District

Table 06 – Estimated cost of activity plan 2020 - National level

Table 07 – Estimated cost of activity plan 2020 - District level

Table 08 – Estimated cost of activity plan 2021 - National level

Table 09 – Estimated cost of activity plan 2021 - District level

Table 10 – Estimated cost of activity plan 2022 - National level

Table 11 – Estimated cost of activity plan 2022 - District level

Table 12 – Estimated cost of activity plan 2023 - National level

Table 13 – Estimated cost of activity plan 2023 - District level

Table 14 – Estimated cost of activity plan 2024 - National level

Table 15 – Estimated cost of activity plan 2024- District level

Table 16 – Estimated cost of activity plan 2025 - National level

Table 17 – Estimated cost of activity plan 2025 - District level

The entire national strategic plan on adolescent and youth health in Sri Lanka is projected to cost LKR 366.3 million for the six years (2020 -2025). The base year (2020) takes up

the least share of the projected cost, possibly because interventions for this period are already budgeted in the current operational plans. The cost is projected to increase in the coming years, and the highest estimate was recorded for 2024. Implementation of strategic direction 3 (Strategic area 3 - Strengthen health system to cater to adolescent and youth health) is projected to account for the most significant share (36.5 %) of the total cost. Strategic direction 11 does not have a separate cost projection since activities related to this go in other strategic directions because of their relevance. Tables 1-3 below respectively provide cost projection by strategic direction and the level of health system annually

Estimated cost of the implementation plan

Table 1. Estimated cost of strategic directions

Strategic Directions	Total Cost Estimate Rs.	%
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	Rs. 61,185,000	16.7%
2.Strengthen positive development of adolescent and youth	Rs. 57,565,000	15.7%
3.Strengthen health system to cater for adolescent and youth health	Rs. 133,636,880	36.5%
4.Promote psychosocial wellbeing of adolescents and youth	Rs. 13,760,000	3.8%
5.Ensure optimal level of nutrition, physical activity, hygiene and sanitation	Rs. 9,363,000	2.6%
6.Ensure access to SRH education and services	Rs. 25,560,000	7.0%
7.Prevent adolescents and youth from substance abuse	Rs. 9,320,000	2.5%
8.Prevent accidents, injuries and violence among adolescents and youth	Rs. 9,460,000	2.6%
9.Enhance community involvement to improve health of adolescents and youth	Rs. 1,105,000	0.3%
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings	Rs. 4,135,000	1.1%
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	Rs. 41,245,980	11.3%
Grand Total	**Rs. 366,335,860**	

Table 2. Estimated cost of strategic directions by the level of implementation

Strategic Directions	Total Cost Estimate Rs.
National	**Rs. 271,470,860**
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	Rs. 27,830,000
2.Strengthen positive development of adolescent and youth	Rs. 34,165,000
3.Strengthen health system to cater for adolescent and youth health	Rs. 111,476,880
4.Promote psychosocial wellbeing of adolescents and youth	Rs. 11,835,000
5.Ensure optimal level of nutrition, physical activity, hygiene and sanitation	Rs. 9,363,000
6.Ensure access to SRH education and services	Rs. 25,560,000
7.Prevent adolescents and youth from substance abuse	Rs. 5,720,000
8.Prevent accidents, injuries and violence among adolescents and youth	Rs. 9,085,000
9.Enhance community involvement to improve health of adolescents and youth	Rs. 1,105,000
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings	Rs. 1,885,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	Rs. 33,445,980
District	**Rs. 94,865,000**
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	Rs. 33,355,000
2.Strengthen positive development of adolescent and youth	Rs. 23,400,000
3.Strengthen health system to cater for adolescent and youth health	Rs. 22,160,000
4.Promote psychosocial wellbeing of adolescents and youth	Rs. 1,925,000
7.Prevent adolescents and youth from substance abuse	Rs. 3,600,000
8.Prevent accidents, injuries and violence among adolescents and youth	Rs. 375,000
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings	Rs. 2,250,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	Rs. 7,800,000
Grand Total	**Rs. 366,335,860**

Table 3. Estimated cost of strategic directions across the strategic plan period

Strategic Directions	2020	2021	2022	2023	2024	2025
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	1,820,000	9,285,000	10,875,000	10,475,000	13,865,000	14,865,000
2.Strengthen positive development of adolescent and youth	5,500,000	11,425,000	8,350,000	10,820,000	12,250,000	9,220,000
3.Strengthen health system to cater for adolescent and youth health	14,220,000	25,410,000	19,370,000	24,947,500	25,478,750	24,210,630
4.Promote psychosocial wellbeing of adolescents and youth	805,000	3,205,000	2,792,000	3,249,000	2,249,000	1,460,000
5.Ensure optimal level of nutrition, physical activity, hygiene and sanitation		2,300,000	275,000	2,750,000	1,010,000	3,028,000
6.Ensure access to SRH education and services	1,350,000	2,010,000	9,450,000	3,110,000	8,290,000	1,350,000
7.Prevent adolescents and youth from substance abuse	1,450,000	1,450,000	1,470,000	2,950,000	1,000,000	1,000,000
8.Prevent accidents, injuries and violence among adolescents and youth	1,200,000	2,160,000	1,525,000	1,525,000	1,525,000	1,525,000
9.Enhance community involvement to improve health of adolescents and youth		50,000	255,000	800,000		
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings			825,000	2,460,000	800,000	50,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	17,475,000	3,160,500	6,751,550	3,551,205	5,815,825	4,491,900
Grand Total	**43,820,000**	**60,455,500**	**61,938,550**	**66,637,705**	**72,283,575**	**61,200,530**

Table 4. Estimated cost of strategic directions across the strategic plan period – National

Strategic Directions	2020	2021	2022	2023	2024	2025
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	1,820,000	2,510,000	4,100,000	3,700,000	8,000,000	7,700,000
2.Strengthen positive development of adolescent and youth	1,600,000	7,525,000	4,450,000	6,920,000	8,350,000	5,320,000
3.Strengthen health system to cater for adolescent and youth health	14,220,000	21,370,000	16,070,000	20,607,500	19,638,750	19,570,630
4.Promote psychosocial wellbeing of adolescents and youth	805,000	2,845,000	2,307,000	2,889,000	1,889,000	1,100,000
5.Ensure optimal level of nutrition, physical activity, hygiene and sanitation		2,300,000	275,000	2,750,000	1,010,000	3,028,000
6.Ensure access to SRH education and services	1,350,000	2,010,000	9,450,000	3,110,000	8,290,000	1,350,000
7.Prevent adolescents and youth from substance abuse	850,000	850,000	870,000	2,350,000	400,000	400,000
8.Prevent accidents, injuries and violence among adolescents and youth	1,200,000	2,085,000	1,450,000	1,450,000	1,450,000	1,450,000
9.Enhance community involvement to improve health of adolescents and youth		50,000	255,000	800,000		
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings			75,000	1,710,000	50,000	50,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	16,175,000	1,860,500	5,451,550	2,251,205	4,515,825	3,191,900
Grand Total	**38,020,000**	**43,405,500**	**44,753,550**	**48,537,705**	**53,593,575**	**43,160,530**

Table 5. Estimated cost of strategic directions across the strategic plan period – District

Strategic Directions	2020	2021	2022	2023	2024	2025
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	-	6,775,000	6,775,000	6,775,000	5,865,000	7,165,000
2.Strengthen positive development of adolescent and youth	3,900,000	3,900,000	3,900,000	3,900,000	3,900,000	3,900,000
3.Strengthen health system to cater for adolescent and youth health	-	4,040,000	3,300,000	4,340,000	5,840,000	4,640,000
4.Promote psychosocial wellbeing of adolescents and youth	-	360,000	485,000	360,000	360,000	360,000
7.Prevent adolescents and youth from substance abuse	600,000	600,000	600,000	600,000	600,000	600,000
8.Prevent accidents, injuries and violence among adolescents and youth	-	75,000	75,000	75,000	75,000	75,000
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings	-	-	750,000	750,000	750,000	-
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000
Grand Total	**5,800,000**	**17,050,000**	**17,185,000**	**18,100,000**	**18,690,000**	**18,040,000**

Table 6- Estimated cost of activity plan 2020 - National level

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	**Rs. 1,820,000**
1.1 Ensure the mechanisms to provide policy guidance to adolescent and youth health programme at all levels	**Rs. 120,000**
1.1.2 Continue the conduction of National Steering Committee/ Technical Advisory Committee for Young Persons' Health regularly	Rs. 120,000
3 meetings with 40 persons each	Rs. 120,000
1.2 Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth	**Rs. 900,000**
1.2.2 Advocate and assist the implementation of the recommendations of the report on "Review of Laws, Regulations, and Policies of Adolescent Sexual and Reproductive Health	Rs. 900,000
One day programmes in three provinces (100 police officers for one programme)	Rs. 900,000
1.3 Ensure evidence-based planning and implementation and adequate funding for adolescent and youth health programme at all levels	**Rs. 600,000**
1.3.2 Incorporate the planning for adolescent and youth health programmes to annual plans	Rs. 600,000
Development of Costing Component of implementation plan on AYFHS -Four consultative meetings	Rs. 600,000
1.5 Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes	**Rs. 200,000**
1.5.2. Ensure participation of all stakeholders and adolescents and youth in developing plans programming, monitoring and evaluation of implementation	Rs. 200,000
4 working group meetings with 50 participants each	Rs. 200,000
2.Strengthen positive development of adolescent and youth	**Rs. 1,600,000**
2.3 Ensure adolescent and youth participation in all levels of AYFHS programme	**Rs. 1,150,000**
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	Rs. 1,150,000
Implementation of four innovative projects on AYH	Rs. 1,000,000
Experience sharing of AYH (150 participants)	Rs. 150,000
2.4 Establish e health and m health intervention for behaviour change for adolescents and youth	**Rs. 450,000**
2.4.1 Explore the potential of adolescent e-health and m-health interventions focused on particular issues such as mental wellbeing, management, tobacco cessation and sexual reproductive health with a variety of approaches	Rs. 450,000
Conduction of five consultative meetings for 30 participants	Rs. 150,000
Content development of new components	Rs. 300,000

Table 6- Estimated cost of activity plan 2020 - National level Continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.
3.Strengthen health system to cater for adolescent and youth health	**Rs. 14,220,000**
3.1 Streamline the AYFHS	**Rs. 10,320,000**
3.1.1 Strengthen all health care provision points for adolescents and youth for adolescent and youth-friendly service provision	Rs. 2,070,000
3 Training of trainer on AYFHS (3-day programme with 40 participants per each)	Rs. 1,800,000
Three hospital awareness programmes(40 *partcipants per each) & three awareness programme for non-health sector(50 participants per each)	Rs. 270,000
3.1.2 Establish the AYFHS centers using appropriate models in selected locations and implement them according to the standards and protocols on AYFHS	Rs. 6,750,000
10 MOH based AYFHS centers supported with furniture and other equipment	Rs. 4,750,000
5 hospital based AYFHS centers supported with necessary equipment and furniture	Rs. 2,000,000
3.1.5 Conduct regular review to strengthen AYFHS at institutional, district and national level	Rs. 1,500,000
Conduction of national review on AYFHS(one day program with 150 participants)	Rs. 1,500,000
3.2 Improve the capacity of health staff to deal with health issues among adolescents and youth	**Rs. 2,700,000**
3.2.2 Adopt new methodologies to teach sensitive subject areas related to adolescents and youth health for young persons	Rs. 1,500,000
Printing of 500 copies of trainer manual (English)	Rs. 1,500,000
3.2.3 Strengthen the training of the health care workers using orientation program on AYH	Rs. 1,200,000
Two three day TOT for health care providers on AYH (40 participants for each)	Rs. 1,200,000
3.3 Improve the capacity of non-health staff to deal with health issues among adolescents and youth	**Rs. 1,200,000**
3.3.1 Incorporate adolescent and youth health module into the curriculum of youth training centers and vocational training centers	Rs. 1,200,000
Two three-day programs with 50 participants	Rs. 1,200,000

Table 6- Estimated cost of activity plan 2020 - National level Continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs. Rs.
4.Promote psychosocial wellbeing of adolescents and youth	**Rs. 805,000**
4.1 Strengthen the life skills among adolescents and youth	**Rs. 200,000**
4.1.2 Incorporate life skill development into school and other curricula (eg-Higher education youth and vocational training)	Rs. 200,000
One advocacy meeting (40 participants)	Rs. 200,000
4.2 Ensure early identification and appropriate management of adolescents and youth with physical, mental and psychosocial issues	**Rs. 305,000**
4.2.4 Establish a hotline/ web-based platform to help adolescents and youth	Rs. 305,000
Content writing, designing and uploading to web site	Rs. 305,000
4.5 Streamline interventions for suicide prevention, anxiety and stress management	**Rs. 300,000**
4.5.10 Establish a strong follow-up system and support for adolescents and youth discharged after suicide attempts in the community	Rs. 300,000
One awareness programme per district with 60 participants per each in 5 districts	Rs. 300,000
6.Ensure access to SRH education and services	**Rs. 1,350,000**
6.2 Strengthen the SRH services for adolescents and youth.	**Rs. 1,350,000**
6.2.8 Strengthen SRH services for adolescents and youth with special needs and socially deprived	Rs. 1,350,000
Training of MOHs on the screening tool on AYFHS through two day TOTs for three districts (each programme for 45 officers)	Rs. 1,350,000
7.Prevent adolescents and youth from substance abuse	**Rs. 850,000**
7.1 Empower AY to "say no" to tobacco, alcohol and addictive substances	**Rs. 450,000**
7.1.1 Establish peer groups and train them with relevant skills	Rs. 450,000
One three-day training programe for 30 youth leaders	Rs. 450,000
7.4 Strengthen services available for quitting and rehabilitation from tobacco, alcohol and addictive substances	**Rs. 400,000**
7.4.2 Educate all non-smokers not to start smoking; strongly advise all smokers to stop smoking and support them in their efforts; and advise individuals who use other forms of tobacco to quit (e.g., Toolkit for delivering the 5A's and 5R's in brief tobacco interventions in primary care for more specific guidance)	Rs. 400,000
Two TOTs on counselling on AYH (each programme for 40 officers three days)	Rs. 400,000

Table 6- Estimated cost of activity plan 2020 - National level Continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.
8.Prevent accidents, injuries and violence among adolescents and youth	**Rs. 1,200,000**
8.3 Ensure reduction of violence among adolescents and youth	**Rs. 1,200,000**
8.3.5 Strengthen parent and caregiver support through home visits, community approaches and comprehensive programmes	Rs. 1,200,000
Two 3-day TOT on AYFHS for 40 health officers	Rs. 1,200,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	**Rs. 16,175,000**
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	**Rs. 500,000**
12.1.2 Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gap	Rs. 500,000
Five field visits & assessment of AYFHS and five review meetings with participation of 20	Rs. 500,000
12.2 Strengthen research and develop an evidence-based interventions on adolescents and youth health	**Rs. 15,675,000**
12.2.1 Identify priority areas and advocate for conducting relevant research on adolescents	Rs. 15,675,000
Translation and printing of 500 copies of each volume of standards on AYFHs (Three volumes into Sinhala and Tamil)	Rs. 15,675,000
Grand Total	**Rs. 38,020,000**

Table 7- Estimated cost of activity plan 2020 – District level

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.
2.Strengthen positive development of adolescent and youth	**Rs. 3,900,000**
2.3 Ensure adolescent and youth participation in all levels of AYFHS programme	**Rs. 3,900,000**
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	Rs. 3,900,000
Three consultative meetings for 50 participants per district in all 26 districts	Rs. 3,900,000
7.Prevent adolescents and youth from substance abuse	**Rs. 600,000**
7.1 Empower AY to "say no" to tobacco , alcohol and addictive substances	**Rs. 600,000**
7.1.1 Establish peer groups and train them with relevant skills	Rs. 600,000
Two peer group training programme (one day) at ten MOH with newly established Yowun Piyasa centers(30 participants per each)	Rs. 600,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	**Rs. 1,300,000**
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	**Rs. 1,300,000**
12.1.2 Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gap	Rs. 1,300,000
District reviews all districts- One day programmes with 40 officers each in all districts	Rs. 1,300,000
Grand Total	**Rs. 5,800,000**

Table 8- Estimated cost of activity plan 2021 – National level

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	**2510000**
1.1 Ensure the mechanisms to provide policy guidance to adolescent and youth health programme at all levels	**120000**
1.1.2 Continue the conduction of National Steering Committee/ Technical Advisory Committee for Young Persons' Health regularly	120000
3 meetings with 40 persons each	120000
1.2 Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth	**1800000**
1.2.2 Advocate and assist the implementation of the recommendations of the report on "Review of Laws, Regulations and Policies of Adolescent Sexual and Reproductive Health"	1800000
6 one day programmes in three provinces (100 police officers for each programme)	1800000
1.3 Ensure evidence-based planning and implementation and adequate funding for adolescent and youth health programme at all levels	**390000**
1.3.1 Develop tools with sensitive indicators to review the implementation status and achievements related to adolescent and youth health	60000
Development of implementation assessment tool: Two consultative meetings with 30 participants each	60000
1.3.2 Incorporate the planning for adolescent and youth health programmes to annual plans	330000
Making available e version (PDF) of the costed implementation plan in FHB Web	150000
One advocacy programme for 100 participants	100000
One two-day TOT for 40 middle-level managers	80000
1.5 Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes	**200000**
1.5.2. Ensure participation of all stakeholders and adolescents and youth in developing plans programming, monitoring and evaluation of implementation	200000
4 working group meetings with 50 participants each	200000
2.Strengthen positive development of adolescent and youth	**7525000**
2.2 Ensure online protection of adolescent and youth	**70000**
2.2.2 Educate parents on online protection of the adolescent and youth	70000
Media seminar targeting parenting and online protection-70 participants	70000
2.3 Ensure adolescent and youth participation in all levels of AYFHS programme	**1150000**

Table 8- Estimated cost of activity plan 2021 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	1150000
Implementation of four innovative projects on AYH	1000000
Experience sharing of AYH(150 participants)	150000
2.4 Establish e health and m health intervention for behaviour change for adolescents and youth	**6305000**
2.4.1 Explore the potential of adolescent e-health and m-health interventions focused on particular issues such as mental wellbeing, management, tobacco cessation and sexual reproductive health with a variety of approaches	6305000
Conduction of three consultative meetings for 30 participants	150000
Content development of new components	300000
Development of an e health module for youth trainees -2. consultative meeting &. material development, web	1805000
Renewal of hosting of the website	50000
Telecast Jeevithaya Manarum documentary in TV	4000000
3.Strengthen health system to cater for adolescent and youth health	**21370000**
3.1 Streamline the AYFHS	**11070000**
3.1.1 Strengthen all health care provision points for adolescents and youth for adolescent and youth-friendly service provision	2070000
3 Training of trainer on AYFHS -Each 3 day programme with 40 participants	1800000
3 hospital awareness programmes(40 per each) & three awareness programme for non-health sector(50 each)	270000
3.1.2 Establish the AYFHS centers using appropriate models in selected locations and implement them according to the standards and protocols on AYFHS	6750000
10 MOH based AYFHS centers supported with furniture and other equipment	4750000
5 hospital based AYFHS centers supported with necessary equipment and furniture	2000000
3.1.3 Create demand for the AYFHS through school health programme, outreach and other relevant activities	750000
One day advocacy programme on AYFHS for social service ministry officials and DS officers (50 officers)	250000
Two one day awareness programme on AYFHS for 50 youth leaders	500000
3.1.5 Conduct regular review to strengthen AYFHS at institutional, district and national level	1500000
Conduction of national review on AYFHS- one-day program with 150 participants	1500000

Table 8- Estimated cost of activity plan 2021 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.
3.2 Improve the capacity of health staff to deal with health issues among adolescents and youth	**8700000**
3.2.2 Adopt new methodologies to teach sensitive subject areas related to adolescents and youth health for young persons	7500000
Development of video presentation on 23 sessions of trainer manual on AYFHS	4500000
Printing of 1000 copies of trainer manual (500 in Sinhala & 500 in Tamil)	3000000
3.2.3 Strengthen the training of the health care workers using orientation program on AYH	1200000
Two three-day TOTs for 40 health care providers per each on AYH	1200000
3.3 Improve the capacity of non-health staff to deal with health issues among adolescents and youth	**1600000**
3.3.1 Incorporate adolescent and youth health module into the curriculum of youth training centers and vocational training centers	1200000
Two three-day programs with 50 participants per each	1200000
3.3.3 Strengthen the training of the non-health workers working with adolescents and youth using orientation programme	400000
One Two-day TOT for 40 non-health officers of district secretariat & social service	400000
4.Promote psychosocial wellbeing of adolescents and youth	**2845000**
4.1 Strengthen the life skills among adolescents and youth	**200000**
4.1.2 Incorporate life skill development to school and other curricula (e.g.-Higher education youth and vocational training)	200000
One advocacy meeting (40 participants)	200000
4.2 Ensure early identification and appropriate management of adolescents and youth with physical, mental and psychosocial issues	**705000**
4.2.2 Strengthen the counseling services in schools and other settings	400000
One TOT for the counselors attached to Youth Ministry and DS offices (40 officers two day)	400000
4.2.4 Establish a hotline/ web-based platform to help adolescents and youth	305000
Content writing, designing and upload to website	305000
4.3 Empower parents, teachers and students to promote psychosocial wellbeing	**490000**
4.3.2 Educate community on parenting at suitable parent-teacher gatherings/ using audio-visual aids	250000
Two consultative meetings with 25 participants per each	250000
4.3.4 Promote Publishing positive case studies on good parenting	200000
Two consultative meetings	200000

Table 8- Estimated cost of activity plan 2021 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.
4.3.5 Develop information education and communication (IEC) material on parenting for adolescents and youth	40000
Two consultative meetings with 20 experts	40000
4.5 Streamline interventions for suicide prevention, anxiety and stress management	**1450000**
4.5.3 Establish adequate, prompt and accessible treatment for substance use and mental disorders with the objective of reducing the risk of suicidal behavior	1450000
Two consultative meetings with 25 participants	1150000
. Print 10000 posters	
One awareness programme per district with 60 participants each in 5 districts	300000
5.Ensure optimal level of nutrition, physical activity, hygiene, and sanitation	2300000
5.1 Create an enabling environment to promote healthy eating	250000
5.1.4 Advocate for implementation of the healthy canteen policy in schools and extend the implementation to universities, vocational training centers, etc.	250000
One Advocacy meetings 50 participants	250000
5.5 Create enabling environment to promote physical activity	**2050000**
5.5.4 Increase the awareness among adolescents and youth, their parents, caregivers, teachers and health professionals on BMI, physical activity, correct sleeping behaviours, sedentary behaviours and appropriate use of screen-time	2050000
Conduct social media campaign among adolescents and youth, parents, caregivers on healthy lifestyles - development of posters	250000
Telecast nutrition documentary in three TV channels	1800000
6.Ensure access to SRH education and services	**2010000**
6.1 Streamline the age appropriate SRH education through school and other curricula	**200000**
6.1.5 Introduce educational material on SRH in sign language and brail language	200000
Conduction of two consultative meetings for 20 participants per each	200000
6.2 Strengthen the SRH services for adolescents and youth.	**1810000**
6.2.5 Establish facilities for SRH specific counseling and guidance at health facilities for adolescents and youth	300000
One programme on ASRH 2 day for 30 medical officers of hotlines	300000
6.2.8 Strengthen SRH services for adolescents and youth with special needs and socially deprived	1350000
Training of MOHs on the screening tool on AYFHS for three districts (2 days for 45 officers)	1350000
6.2.8 Strengthen SRH services for youth with special needs and socially deprived	60000
Two-day training for 30 officers	60000

Table 8- Estimated cost of activity plan 2021 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.
6.2.9 Strengthen services for child abuse cases	100000
Consultative meeting with 20 experts	100000
7.Prevent adolescents and youth from substance abuse	**850000**
7.1 Empower AY to "say no" to tobacco, alcohol and addictive substances	**450000**
7.1.1 Establish peer groups and train them with relevant skills	450000
One three-day training programe for 30 youth leaders	450000
7.4 Strengthen services available for quitting and rehabilitation from tobacco, alcohol and addictive substances	**400000**
7.4.2 Educate all non-smokers not to start smoking; strongly advise all smokers to stop smoking and support them in their efforts; and advise individuals who use other forms of tobacco to quit (e.g., Toolkit for delivering the 5A's and 5R's in brief tobacco interventions in primary care for more specific guidance)	400000
Two TOTs on counselling on AYH (40 officers three days per each programme)	400000
8.Prevent accidents, injuries and violence among adolescents and youth	**2085000**
8.1 Ensure accidents and injury free environment for adolescents and youth	**635000**
8.1.6 Use case studies to educate adolescents and youth regarding accident and injury	635000
Advocacy meeting for 100 participants	500000
Compile data by research assistant	135000
8.3 Ensure reduction of violence among adolescents and youth	**1450000**
8.3.5 Strengthen parent and caregiver support through home visits, community approaches and comprehensive programmes	1200000
Two 3-day TOT on AYFHS for 40 health staff	1200000
8.3.6 Conduct life skill training programmes for adolescents and youth including anger management	250000
One 3-day TOT for 50 youth instructors	250000
9.Enhance community involvement to improve health of adolescents and youth	**50000**
9.3 Enhance parenting to improve health of adolescents and youth	**50000**
9.3.1 Strengthen the parental knowledge on improving health of adolescents and youth	50000
2 Consultative meetings with 25 participants per each	50000

Table 8- Estimated cost of activity plan 2021 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	**1860500**
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	**500000**
12.1.2 Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gap	500000
12.1.3 Field visits to the Yowun Piyasa centers & assessment of AYFHS & reviews at centers	500000
12.2 Strengthen research and develop an evidence-based interventions on adolescents and youth health	**1360500**
12.2.1 Identify priority areas and advocate for conducting relevant research on adolescents	1360500
Assessment of three Yowun Piyasa centers using assessment tools	1360500
Grand Total	**43405500**

Table 9- Estimated cost of activity plan 2021 – District level

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	**Rs**	**6,775,000**
1.2 Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth	**Rs.**	**1,300,000**
1.2.2 Advocate and assist the implementation of the recommendations of the report on “Review of Laws, Regulations and Policies of Adolescent Sexual and Reproductive Health”	Rs.	1,300,000
One day programme per district for 50 Police officers on ASRH (Total 26 programmes)	Rs.	1,300,000
1.5 Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes	**Rs.**	**5,475,000**
1.5.2. Ensure participation of all stakeholders and adolescents and youth in developing plans programming, monitoring and evaluation of implementation	Rs.	5,475,000
Three meetings working group of youth and non-health officers working with youth in each MOH (20 participants each) for all MOH areas	Rs.	5,475,000
2.Strengthen positive development of adolescent and youth	**Rs.**	**3,900,000**
2.3 Ensure adolescent and youth participation in all levels of AYFHS programme	**Rs.**	**3,900,000**
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	Rs.	3,900,000
Three consultative meetings with 50 participants each in all 26 districts	Rs.	3,900,000
3.Strengthen health system to cater for adolescent and youth health	**Rs.**	**4,040,000**
3.1 Streamline the AYFHS	**Rs.**	**1,640,000**
3.1.1 Strengthen all health care provision points for adolescents and youth for adolescent and youth friendly service provision	Rs.	600,000
Two TOTs with 60 participants each for MO public health/MO mental health/ NO Health education on AYFHS provision at hospital level	Rs.	600,000
3.1.3 Create demand for the AYFHS through school health programme, outreach, and other relevant activities	Rs.	1,040,000
One district level awareness programme on AYFHS for district, divisional secretariat officers in all districts (40 per each)	Rs.	1,040,000

Table 9- Estimated cost of activity plan 2021 – District level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
3.2 Improve the capacity of health staff to deal with health issues among adolescents and youth	**Rs.**	**2,400,000**
3.2.3 strengthening the training of health care workers using orientation program on AYH	Rs.	2,400,000
Two-day TOT for 40 health care providers per each district on ASRH for 26 districts	Rs.	2,400,000
4.Promote psychosocial wellbeing of adolescents and youth	**Rs.**	**360,000**
4.3 Empower parents, teachers and students to promote psychosocial wellbeing	**Rs.**	**360,000**
4.3.3 Introduce parenting skills training, as appropriate, for managing behavioural disorders in adolescents through health and educational sectors	Rs.	360,000
One day TOT with 60 participants per district in six districts)	Rs.	360,000
7.Prevent adolescents and youth from substance abuse	**Rs.**	**600,000**
7.1 Empower AY to "say no" to tobacco, alcohol and addictive substances	**Rs.**	**600,000**
7.1.1 Establish peer groups and train them with relevant skills	Rs.	600,000
Two one day peer group training programme at ten MOH with newly established Yowun Piyasa centers (30 participants each)	Rs.	600,000
8.Prevent accidents, injuries and violence among adolescents and youth	**Rs.**	**75,000**
8.2 Ensure proper management of injuries and accidents	**Rs.**	**75,000**
8.2.1 Introduce compulsory training on First Aid for adolescents and youth through schools, universities and vocational training centers using Red cross, St. Johns, Scouting and etc.	Rs.	75,000
One day training program on first aid care for 50 school children, university and training center students by MOH staff- 3 programs in one district	Rs.	75,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	**Rs.**	**1,300,000**
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	**Rs.**	**1,300,000**
12.1.2 Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gap	Rs.	1,300,000
District reviews all districts- One programme one day with 40 officers per district	Rs.	1,300,000
Grand Total	**Rs.**	**17,050,000**

Table 10 -Estimated cost of activity plan 2022 – National level

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	**Rs.**	**4,100,000**
1.1 Ensure the mechanisms to provide policy guidance to adolescent and youth health programme at all levels	**Rs.**	**120,000**
1.1.2 Continue the conduction of National Steering Committee/ Technical Advisory Committee for Young Persons' Health regularly	Rs.	120,000
3 meetings with 40 persons each	Rs.	120,000
1.2 Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth	**Rs.**	**900,000**
1.2.2 Advocate and assist the implementation of the recommendations of the report on "Review of Laws, Regulations and Policies of Adolescent Sexual and Reproductive Health"	Rs.	900,000
3 one day programmes in three districts (100 police officers for one programme)	Rs.	900,000
1.3 Ensure evidence-based planning and implementation and adequate funding for adolescent and youth health programme at all levels	**Rs.**	**1,280,000**
1.3.1 Develop tools with sensitive indicators to review the implementation status and achievements related to adolescent and youth health	Rs.	1,200,000
A community assessment on KAP on AYH among Adolescent and Youth	Rs.	1,200,000
1.3.2 Incorporate the planning for adolescent and youth health programmes to annual plans	Rs.	80,000
One two-day TOT for 40 middle-level managers	Rs.	80,000
1.4 Ensure mechanisms to understand and find effective ways to address social factors that contribute to adolescent and youth health	**Rs.**	**1,600,000**
1.4.1 Identify the most risk groups of young persons with regard to social factors affecting health	Rs.	1,500,000
Full qualitative research	Rs.	1,500,000
1.4.2 Develop and implement targeted programs based on evidence with regard to vulnerable adolescent and youth	Rs.	100,000
Two consultative meetings with 30 participants each	Rs.	100,000
1.5 Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes	**Rs.**	**200,000**
1.5.2. Ensure participation of all stakeholders and adolescents and youth in developing plans programming, monitoring and evaluation of implementation	Rs.	200,000
4 working group meetings with 50 participants each	Rs.	200,000

Table 10 -Estimated cost of activity plan 2022 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs. .	
2.Strengthen positive development of adolescent and youth	**Rs.**	**4,450,000**
2.2 Ensure online protection of adolescent and youth	**Rs.**	**2,000,000**
2.2.2 Educate parents on online protection of the adolescent and youth	Rs.	2,000,000
Online training module on parenting for adolescents with online protection as one component	Rs.	2,000,000
2.3 Ensure adolescent and youth participation in all levels of AYFHS programme	**Rs.**	**1,150,000**
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	Rs.	1,150,000
Implementation of four innovative projects on AYH	Rs.	1,000,000
Experience sharing of AYH (150 participants)	Rs.	150,000
2.4 Establish e health and m health intervention for behaviour change for adolescents and youth	**Rs.**	**1,300,000**
2.4.1 Explore the potential of adolescent e-health and m-health interventions focused on particular issues such as mental wellbeing, management, tobacco cessation and sexual reproductive health with a variety of approaches	Rs.	1,300,000
3 Qualitative studies with 15 participants in 3 districts among youth	Rs.	900,000
Content development of new components	Rs.	300,000
Three consultative meetings for 20 participants per each	Rs.	100,000
3.Strengthen health system to cater for adolescent and youth health	**Rs.**	**16,070,000**
3.1 Streamline the AYFHS	**Rs.**	**11,895,000**
3.1.1 Strengthen all health care provision points for adolescents and youth for adolescent and youth friendly service provision	Rs.	2,070,000
3 Training of trainer on AYFHS -3-day programme with 40 participants per eah	Rs.	1,800,000
3 hospital awareness programmes(40 per each) & three awareness programme for non-health sector(50 each)	Rs.	270,000
3.1.2 Establish the AYFHS centers using appropriate models in selected locations and implement them according to the standards and protocols on AYFHS	Rs.	7,425,000
10 MOH based AYFHS centers supported with furniture and other equipment	Rs.	5,225,000
5 hospital-based AYFHS centers supported with necessary equipment and furniture	Rs.	2,200,000
3.1.3 Create demand for the AYFHS through school health programme, outreach and other relevant activities	Rs.	750,000
One day awareness programme on AYFHS for District Secretariat &social service ministry officials (50 officers)		
Two one day awareness programme on AYFHS for 50 youth leaders	Rs.	750,000

Table 10 -Estimated cost of activity plan 2022 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
3.1.5 Conduct regular review to strengthen AYFHS at institutional, district and national level	Rs.	1,650,000
One National review -One day programme for 150 participants	Rs.	1,650,000
3.2 Improve the capacity of health staff to deal with health issues among adolescents and youth	**Rs.**	**2,575,000**
3.2.2 Adopt new methodologies to teach sensitive subject areas related to adolescents and youth health for young persons	Rs.	1,375,000
Need assessment - focus group discussions with male youth on SRH issues and health requirement (5 focus group discussions with 10 youth per each on requirements	Rs.	250,000
Printing of 500 copies of trainer manual (in English)	Rs.	750,000
Three consultative meetings with 25 participants per each & qualitative component with youth involvement	Rs.	375,000
3.2.3 Strengthen the training of the health care workers using orientation program on AYH	Rs.	1,200,000
Two three-day TOT for 40 health care providers per each on AYH	Rs.	1,200,000
3.3 Improve the capacity of non-health staff to deal with health issues among adolescents and youth	**Rs.**	**1,600,000**
3.3.1 Incorporate adolescent and youth health module into the curriculum of youth training centers and vocational training centers	Rs.	1,200,000
Two three-day programs with 50 participants per each	Rs.	1,200,000
3.3.3 Strengthen the training of the non-health workers working with adolescents and youth using orientation programme	Rs.	400,000
One two-day TOT for 40 non-health officers of district secretariat & social service	Rs.	400,000
4.Promote psychosocial wellbeing of adolescents and youth	**Rs.**	**2,307,000**
4.2 Ensure early identification and appropriate management of adolescents and youth with physical, mental and psychosocial issues	**Rs.**	**755,000**
4.2.2 Strengthen the counseling services in schools and other settings	Rs.	400,000
One two-day TOT for the counselors attached to Youth Ministry and DS offices counselors (40 officers)	Rs.	400,000
4.2.3 Streamline the referral pathways for identified issues	Rs.	50,000
Develop guidelines for medical inspection of youth trainees (Two consultative meetings with 20 participants per each)	Rs.	50,000
4.2.4 Establish a hotline/ web-based platform to help adolescents and youth	Rs.	305,000
Content writing, designing and uploading to web site	Rs.	305,000

Table 10 -Estimated cost of activity plan 2022 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
4.3 Empower parents, teachers and students to promote psychosocial wellbeing	Rs.	1,002,000
4.3.2 Educate community on parenting at suitable parent-teacher gatherings/ using audio visual aids	Rs.	84,000
Develop two three-minute videos	Rs.	84,000
4.3.3 Introduce parenting skills training, as appropriate, for managing behavioural disorders in adolescents through health and educational sectors	Rs.	400,000
TOT for health staff 40 participants two days	Rs.	400,000
4.3.4 Promote Publishing positive case studies on good parenting	Rs.	500,000
Development of parenting platform	Rs.	500,000
4.3.5 Develop information education and communication (IEC) material on parenting for adolescents and youth	Rs.	18,000
Translation of the IEC Material into Sinhala and Tamil	Rs.	18,000
4.4 Ensure safe, supportive environment at home, school, community and other institutions free from bullying, violence and abuse	**Rs.**	**250,000**
4.4.4 Train teachers to recognize and counsel students regarding bullying, violence and abuse	Rs.	250,000
Two consultative meetings with 25 participants per each	Rs.	250,000
4.5 Streamline interventions for suicide prevention, anxiety and stress management	**Rs.**	**300,000**
4.5.10 Establish a strong follow-up system and support for adolescents and youth discharged after suicide attempts in the community	Rs.	300,000
One awareness programme per district with 60 participants in 5 districts	Rs.	300,000
5.Ensure optimal level of nutrition, physical activity, hygiene and sanitation	**Rs.**	**275,000**
5.5 Create enabling environment to promote physical activity	**Rs.**	**275,000**
5.5.4 Increase the awareness among adolescents and youth, their parents, caregivers, teachers and health professionals on BMI, physical activity, correct sleeping behaviours, sedentary behaviours and appropriate use of screen-time	Rs.	275,000
Conduct social media campaign among adolescents and youth, parents, caregivers on healthy lifestyles	Rs.	275,000
6.Ensure access to SRH education and services	**Rs.**	**9,450,000**
6.1 Streamline the age appropriate SRH education through school and other curricula	**Rs.**	**1,700,000**
6.1.4 Develop and implement educational package through media and other means of communication used by adolescents and youth	Rs.	1,500,000
Develop 3 video clips	Rs.	1,500,000
6.1.5 Introduce educational material on SRH in sign language and brail language	Rs.	200,000
Conduction of two consultative meeting for 20 participants per each	Rs.	200,000

Table 10 -Estimated cost of activity plan 2022 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
6.2 Strengthen the SRH services for adolescents and youth.	**Rs.**	**7,750,000**
6.2.2 Empower health workers to deal with SRH issues and provision of family planning for adolescents and youth with the assurance of privacy, confidentiality, and dignity	Rs.	1,500,000
Evaluate ASRH package-Qualitative research	Rs.	1,500,000
6.2.5 Establish facilities for SRH specific counseling and guidance at health facilities for adolescents and youth	Rs.	4,800,000
Reprinting of 3000 copies (two sets of flash cards & guide)	Rs.	4,800,000
6.2.8 Strengthen SRH services for adolescent and youth with special needs and socially deprived	Rs.	1,350,000
Training of MOHs on the screening tool- with AYFHS in a TOT for three districts (2 day programme for 45 officers per district)	Rs.	1,350,000
6.2.9 Strengthen services for child abuse cases	Rs.	100,000
Advocacy meeting with social service department (20 participants)	Rs.	100,000
7.Prevent adolescents and youth from substance abuse	**Rs.**	**870,000**
7.1 Empower AY to "say no" to tobacco, alcohol and addictive substances	**Rs.**	**450,000**
7.1.1 Establish peer groups and train them with relevant skills	Rs.	450,000
One three-day training programe for 30 youth leaders	Rs.	450,000
7.4 Strengthen services available for quitting and rehabilitation from tobacco, alcohol and addictive substances	**Rs.**	**420,000**
7.4.1 Establish medical services to support quitting an rehabilitation from tobacco, alcohol and addictive substances	Rs.	20,000
Consultative meeting with 20 participants to develop an assessment tool	Rs.	20,000
7.4.2 Educate all non-smokers not to start smoking; strongly advise all smokers to stop smoking and support them in their efforts; and advise individuals who use other forms of tobacco to quit (e.g. Toolkit for delivering the 5A's and 5R's in brief tobacco interventions in primary care for more specific guidance)	Rs.	400,000
Two TOTs on Counselling on AYH (40 officers three days per each)	Rs.	400,000
8.Prevent accidents, injuries and violence among adolescents and youth	**Rs.**	**1,450,000**
8.3 Ensure reduction of violence among adolescents and youth	**Rs.**	**1,450,000**
8.3.5 Strengthen parent and caregiver support through home visits, community approaches and comprehensive programmes	Rs.	1,200,000
Two 3-day TOT on AYFHS for 40 health staff per each	Rs.	1,200,000

Table 10 -Estimated cost of activity plan 2022 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost	Estimate Rs.
8.3.6 Conduct life skill training programmes for adolescents and youth including anger management	Rs.	250,000
One three-day TOT for youth instructors	Rs.	250,000
9.Enhance community involvement to improve health of adolescents and youth	**Rs.**	**255,000**
9.3 Enhance parenting to improve health of adolescents and youth	**Rs.**	**255,000**
9.3.1 Strengthen the parental knowledge on improving health of adolescents and youth	Rs.	180,000
Pilot the program	Rs.	180,000
9.4.2 Strengthen relationships and social wellbeing through community activities	Rs.	75,000
To develop a guideline and disseminate among MOHs	Rs.	75,000
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings	**Rs.**	**75,000**
10.2 Ensure deployment of essential health interventions for adolescents and youth in an emergency in humanitarian and fragile settings	**Rs.**	**25,000**
10.2.1 Adapt, implement, and coordinate the use of minimal initial service package in an emergency (E.g., In the fields of nutrition, disability, violence, SRH, sanitation and hygiene and mental health)	Rs.	25,000
Conduct one consultative meeting with 25 participants	Rs.	25,000
10.3 Streamline services for adolescents and youth in humanitarian and fragile settings	**Rs.**	**50,000**
10.3.2 Strengthen community based psychosocial support for adolescents and youth in vulnerable settings (urban slums)	Rs.	50,000
Two Consultative meetings to adopt psychosocial intervention, train PH staff (25 each)	Rs.	50,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	**Rs.**	**5,451,550**
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	**Rs.**	**550,000**
12.1.2 Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gap	Rs.	550,000
12.1.2.3 Field visits to the Yowun Piyasa centers & assessment of AYFHS & reviews at centers	Rs.	550,000
12.2 Strengthen research and develop an evidence based interventions on adolescents and youth health	**Rs.**	**4,901,550**
12.2.1 Identify priority areas and advocate for conducting relevant research on adolescents	Rs.	4,901,550
assessment of three Yowun Piyasa centers using assessment tools	Rs.	1,496,550
Assessment of KAP on AYH among Youth trainee	Rs.	655,000
Conduction of National Youth Health Survey	Rs.	1,700,000
Three field visits and review	Rs.	750,000
Three Focus group discussions with training instructors	Rs.	300,000
Grand Total	**Rs.**	**44,753,550**

Table 11- Estimated cost of activity plan 2022 – District level

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	**Rs.**	**6,775,000**
1.2 Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth	**Rs.**	**1,300,000**
1.2.2 Advocate and assist the implementation of the recommendations of the report on "Review of Laws, Regulations and Policies of Adolescent Sexual and Reproductive Health"	Rs.	1,300,000
One day programme per district for 50 Police officers on ASRH(Total 26 programmes)	Rs.	1,300,000
1.5 Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes	**Rs.**	**5,475,000**
1.5.2. Ensure participation of all stakeholders and adolescents and youth in developing plans programming, monitoring and evaluation of implementation	Rs.	5,475,000
Three meetings working group of youth and non-health officers working with youth in each MOH (20 participants per each) for all MOH areas	Rs.	5,475,000
2.Strengthen positive development of adolescent and youth	**Rs.**	**3,900,000**
2.3 Ensure adolescent and youth participation in all levels of AYFHS programme	**Rs.**	**3,900,000**
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	Rs.	3,900,000
Three consultative meetings for 50 participants per each in all 26 districts	Rs.	3,900,000
3.Strengthen health system to cater for adolescent and youth health	**Rs.**	**3,300,000**
3.1 Streamline the AYFHS	**Rs.**	**900,000**
3.1.1 Strengthen all health care provision points for adolescent and youth-friendly service provision	Rs.	900,000
Session on AYFHS for 100 general practitioners per district in 3 districts	Rs.	900,000
3.2 Improve the capacity of health staff to deal with health issues among adolescents and youth	**Rs.**	**2,400,000**
3.2.3 strengthening the training of health care workers using orientation program on AYH	Rs.	2,400,000
Two-day TOT for 40 health care providers on ASRH per district in 26 districts	Rs.	2,400,000
4.Promote psychosocial wellbeing of adolescents and youth	**Rs.**	**485,000**
4.3 Empower parents, teachers and students to promote psychosocial wellbeing	**Rs.**	**485,000**
4.3.3 Introduce parenting skills training, as appropriate, for managing behavioural disorders in adolescents through health and educational sectors	Rs.	360,000
One day TOT with 60 participants per district in six districts	Rs.	360,000
4.3.4 Promote Publishing positive case studies on good parenting	Rs.	125,000
Consultative meetings with 25 participants per district for five districts	Rs.	125,000

Table 11- Estimated cost of activity plan 2022 – District level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
7.Prevent adolescents and youth from substance abuse	**Rs.**	**600,000**
7.1 Empower AY to "say no" to tobacco, alcohol and addictive substances	**Rs.**	**600,000**
7.1.1 Establish peer groups and train them with relevant skills	Rs.	600,000
Two peer group training programme one day at ten MOH with newly established Yowun Piyasa centers(30 participants per each)	Rs.	600,000
8.Prevent accidents, injuries and violence among adolescents and youth	**Rs.**	**75,000**
8.2 Ensure proper management of injuries and accidents	**Rs.**	**75,000**
8.2.1 Introduce compulsory training on First Aid for adolescents and youth through schools, universities and vocational training centers using Red cross, St. Johns, Scouting and etc.	Rs.	75,000
One day training program on first aid care for 50 school children, university and training center students by MOH staff- 3 programs in one district	Rs.	75,000
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings	**Rs.**	**750,000**
10.5 Ensure provision of psychosocial first aid and first-line management of mental, neurological and substance use conditions among adolescents and youth in humanitarian and fragile settings	**Rs.**	**750,000**
10.5.1 Strengthen capacity building of health staff on psychological first aid and first-line management of neurological, mental and substance use conditions youth in vulnerable setting	Rs.	750,000
Training of public health staff on psychological first aid for substance misuse and mental health support for addiction in three districts	Rs.	750,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	**Rs.**	**1,300,000**
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	**Rs.**	**1,300,000**
12.1.2 Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gap	Rs.	1,300,000
District reviews all districts- One programme with 40 officers 1day	Rs.	1,300,000
Grand Total	**Rs.**	**17,185,000**

Table 12 -Estimated cost of activity plan 2023 – National level

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	**Rs.**	**3,700,000**
1.1 Ensure the mechanisms to provide policy guidance to adolescent and youth health programme at all levels	**Rs.**	**120,000**
1.1.2 Continue the conduction of National Steering Committee/ Technical Advisory Committee for Young Persons' Health regularly	Rs.	120,000
3 meetings with 40 persons each	Rs.	120,000
1.2 Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth	**Rs.**	**1,700,000**
1.2.2 Advocate and assist the implementation of the recommendations of the report on "Review of Laws, Regulations and Policies of Adolescent Sexual and Reproductive Health"	Rs.	1,700,000
3 one day Programme for 100 officers per district in three districts	Rs.	900,000
One programme for 150 officers (one day)	Rs.	800,000
1.3 Ensure evidence-based planning and implementation and adequate funding for adolescent and youth health programme at all levels	**Rs.**	**80,000**
1.3.2 Incorporate the planning for adolescent and youth health programmes to annual plans	Rs.	80,000
One two-day TOT for 40 middle-level managers	Rs.	80,000
1.4 Ensure mechanisms to understand and find effective ways to address social factors that contribute to adolescent and youth health	**Rs.**	**1,600,000**
1.4.2 Develop and implement targeted programs based on evidence with regard to vulnerable adolescent and youth	Rs.	1,600,000
Development of minimal care package of AYFHS for vulnerable adolescents and youth with the support of an external consultants	Rs.	1,600,000
Two consultative meetings with 30 participants each for developing minimal care package for vulnerable adolescents and youth at national level		
1.5 Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes	**Rs.**	**200,000**
1.5.2. Ensure participation of all stakeholders and adolescents and youth in developing plans programming, monitoring and evaluation of implementation	Rs.	200,000
4 working group meetings with 50 participants each	Rs.	200,000
2.Strengthen positive development of adolescent and youth	**Rs.**	**6,920,000**
2.1 Ensure health promotion at schools and training centers	Rs.	250,000
2.1.1 Evaluate all the schools and other educational institutions for status of health promotion and accredited based on evaluation	Rs.	250,000
Develop health promotion settings in selected youth training centers-Two consultative meetings with 25 participants per day	Rs.	250,000

Table 12 Estimated cost of activity plan 2023 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs. Rs.	
2.2 Ensure online protection of adolescent and youth	**Rs.**	**120,000**
2.2.2 Educate parents on online protection of the adolescent and youth	Rs.	120,000
Conduct 2 consultative meetings with 25 participants to develop IEC materials	Rs.	50,000
Media seminar targeting parenting and online protection-70 participants	Rs.	70,000
2.3 Ensure adolescent and youth participation in all levels of AYFHS programme	**Rs.**	**1,150,000**
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	Rs.	1,150,000
Implementation of four innovative projects on AYH	Rs.	1,000,000
Experience sharing of AYH (150 participants)	Rs.	150,000
2.4 Establish e health and m health intervention for behaviour change for adolescents and youth	**Rs.**	**5,400,000**
2.4.1 Explore the potential of adolescent e-health and m-health interventions focused on particular issues such as mental wellbeing, management,tobacco cessation and sexual reproductive health with a variety of approaches	Rs.	5,400,000
Content development of new components	Rs.	300,000
Development of two fifteen minutes video clips on development of positive behaviour	Rs.	1,000,000
Telecast jeevithaya Manarum documentary in TV	Rs.	4,000,000
Two consultative meetings for 20 participants per each	Rs.	100,000
3.Strengthen health system to cater for adolescent and youth health	**Rs.**	**20,607,500**
3.1 Streamline the AYFHS	**Rs.**	**12,932,500**
3.1.1 Strengthen all health care provision points for adolescents and youth for adolescent and youth-friendly service provision	Rs.	2,070,000
3 Training of trainer on AYFHS -3-day programme with 40 participants per programme	Rs.	1,800,000
Three hospital awareness programmes(40 per each) & three awareness programme for non-health sector(50 each)	Rs.	270,000
3.1.2 Establish the AYFHS centers using appropriate models in selected locations and Implement them according to the standards and protocols on AYFHS	Rs.	8,147,500
10 MOH based AYFHS centers supported with furniture and other equipment	Rs.	5,747,500
5 hospital based AYFHS centers supported with necessary equipment and furniture	Rs.	2,400,000
3.1.3 Create demand for the AYFHS through school health programme, outreach and other relevant activities	Rs.	900,000
Two one day awareness programme on AYFHS for social service ministry officials (40 officers) -Rs 400 000	Rs.	900,000
Two one day awareness programme on AYFHS for 50 youth leaders -Rs 500 000		

Table 12 -Estimated cost of activity plan 2023 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
3.1.5 Conduct regular review to strengthen AYFHS at institutional, district and national level	Rs.	1,815,000
One National review -One day programme for 150 participants	Rs.	1,815,000
3.2 Improve the capacity of health staff to deal with health issues among adolescents and youth	**Rs.**	**6,075,000**
3.2.2 Adopt new methodologies to teach sensitive subject areas related to adolescents and youth health for young persons	Rs.	4,875,000
Develop a video series to be shared with education authorities	Rs.	3,000,000
Printing of 1000 copies of trainer manual (500 in Sinhala & 500 in Tamil)	Rs.	1,500,000
Three consultative meetings with participation of 25 per each	Rs.	375,000
3.2.3 Strengthen the training of the health care workers using orienattion program on AYH	Rs.	1,200,000
Two three-day TOT for 40 health care providers on AYH	Rs.	1,200,000
3.3 Improve the capacity of non-health staff to deal with health issues among adolescents and youth	**Rs.**	**1,600,000**
3.3.1 Incorporate adolescent and youth health module into the curriculum of youth training centers and vocational training centers	Rs.	1,200,000
Two three-day programs with 50 participants per each	Rs.	1,200,000
3.3.3 Strengthen the training of the non-health workers working with adolescents and youth using orientation programme	Rs.	400,000
One two-day TOT for 40 non-health officers of district secretariat & social service	Rs.	400,000
4.Promote psychosocial wellbeing of adolescents and youth	**Rs.**	**2,889,000**
4.2 Ensure early identification and appropriate management of adolescents and youth with physical, mental and psychosocial issues	**Rs.**	**1,105,000**
4.2.2 Strengthen the counseling services in schools and other settings	Rs.	400,000
One TOT for the counselors attached to Youth Ministry and DS office counselors (40 officers two day)	Rs.	400,000
4.2.3 Streamline the referral pathways for identified issues	Rs.	400,000
One two days TOT on medical inspection of youth trainees public health staff including clinical examination and Job aid (40 participant)	Rs.	400,000
4.2.4 Establish a hotline/ web-based platform to help adolescents and youth	Rs.	305,000
Content writing, designing and upload to web site	Rs.	305,000
4.3 Empower parents, teachers and students to promote psychosocial wellbeing	**Rs.**	**984,000**
4.3.2 Educate community on parenting at suitable parent-teacher gatherings/ using audio visual aids	Rs.	84,000
Develop two three-minute videos	Rs.	84,000
4.3.3 Introduce parenting skills training, as appropriate, for managing behavioural disorders in adolescents through health and educational sectors	Rs.	400,000
TOT for health staff 40 participants two days	Rs.	400,000
4.3.4 Promote Publishing positive case studies on good parenting	Rs.	500,000
Disseminate positive case through Yowun Piyasa web site through incorporation of parenting platform	Rs.	500,000

Table 12- Estimated cost of activity plan 2023 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
4.5 Streamline interventions for suicide prevention, anxiety and stress management	**Rs.**	**800,000**
4.5.10 Establish a strong follow-up system and support for adolescents and youth discharged after suicide attempts in the community	Rs.	300,000
One awareness programme per district with 60 participants per each in 5 districts	Rs.	300,000
4.5.4 Establish guidelines for media highlighting the importance of avoiding detailed descriptions of suicidal acts, sensationalism, glamorization and oversimplification and use of responsible language media ethics	Rs.	500,000
Media workshop on responsible media reporting with 100 participants	Rs.	500,000
5.Ensure optimal level of nutrition, physical activity, hygiene and sanitation	**Rs.**	**2,750,000**
5.4 Strengthen early identification and management of nutritional issues	**Rs.**	**520,000**
5.4.1 Scale up the establishment of facilities at schools, universities and vocational training centers for enabling nutritional self- assessment	Rs.	100,000
One review meeting with 20 participants	Rs.	100,000
5.4.2 Introduce yearly medical assessments adolescents and youth at universities and training centers	Rs.	20,000
One consultative meeting with 20 participants	Rs.	20,000
5.4.4 Strengthen nutrition clinics at MOH offices and hospitals as referral centers	Rs.	400,000
Two-day training of MO nutrition and MOHs on nutrition of adolescents and youth-40 participants	Rs.	400,000
5.5 Create enabling environment to promote physical activity	**Rs.**	**2,230,000**
5.5.4 Increase the awareness among adolescents and youth, their parents, caregivers, teachers and health professionals on BMI, physical activity, correct sleeping behaviours, sedentary behaviours and appropriate use of screen-time	Rs.	2,230,000
One day workshop for 50 media personals	Rs.	250,000
Telecast nutrition documentary in TV in three TV channels	Rs.	1,980,000
6.Ensure access to SRH education and services	**Rs.**	**3,110,000**
6.1 Streamline the age appropriate SRH education through school and other curricula	**Rs.**	**1,500,000**
6.1.4 Develop and implement educational package through media and other means of communication used by adolescents and youth	Rs.	1,500,000
Develop 3 video clips	Rs.	1,500,000
6.2 Strengthen the SRH services for adolescents and youth.	**Rs.**	**1,610,000**
6.2.8 Strengthen SRH services for adolescents and youth with special needs and socially deprived	Rs.	1,350,000
Training of MOHs on the screening tool- with AYFHS in a TOT for three districts (2 days for 45 officers per district)	Rs.	1,350,000
6.2.8 Strengthen SRH services for youth with special needs and socially deprived	Rs.	260,000
Two-day training for 30 officers	Rs.	60,000
Two meetings with 20 participants per each	Rs.	200,000
7.Prevent adolescents and youth from substance abuse	**Rs.**	**2,350,000**
7.1 Empower AY to "say no" to tobacco, alcohol, and addictive substances	**Rs.**	**450,000**
7.1.1 Establish peer groups and train them with relevant skills	Rs.	450,000
One three-day training programe for 30 youth leaders	Rs.	450,000

Table 12- Estimated cost of activity plan 2023 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
7.4 Strengthen services available for quitting and rehabilitation from tobacco, alcohol and addictive substances	**Rs.**	**1,900,000**
7.4.1 Establish medical services to support quitting a rehabilitation from tobacco, alcohol and addictive substances	Rs.	1,500,000
Qualitative component	Rs.	1,500,000
7.4.2 Educate all non-smokers not to start smoking; strongly advise all smokers to stop smoking and support them in their efforts; and advise individuals who use other forms of tobacco to quit (e.g., Toolkit for delivering the 5A's and 5R's in brief tobacco interventions in primary care for more specific guidance)	Rs.	400,000
Two TOTs on Counselling on AYH (40 officers three days)	Rs.	400,000
8.Prevent accidents, injuries and violence among adolescents and youth	**Rs.**	**1,450,000**
8.3 Ensure reduction of violence among adolescents and youth	**Rs.**	**1,450,000**
8.3.5 Strengthen parent and caregiver support through home visits, community approaches and comprehensive programmes	Rs.	1,200,000
Two 3-day TOT on AYFHS for 40 health staff per each	Rs.	1,200,000
8.3.6 Conduct life skill training programmes for adolescents and youth including anger management	Rs.	250,000
One three-day TOT for youth instructors	Rs.	250,000
9.Enhance community involvement to improve health of adolescents and youth	**Rs.**	**800,000**
9.2 Ensure responsive media exposure	**Rs.**	**25,000**
9.2.1 Support in establishing responsible media behavior that facilitates in reducing adolescent and youth risk behavior	Rs.	25,000
Advocacy meeting to media personals (50 participants)	Rs.	25,000
9.3 Enhance parenting to improve health of adolescents and youth	**Rs.**	**775,000**
9.3.1 Strengthen the parental knowledge on improving health of adolescents and youth	Rs.	600,000
3 TOT programs for the public health staff on implementation of the program (40 participants one programme)	Rs.	600,000
9.4.2 Strengthen relationships and social wellbeing through community activities	Rs.	175,000
Training of trainers programs (one day 35 officers)	Rs.	175,000
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings	**Rs.**	**1,710,000**
10.1 Strengthen identification of priority needs and focused interventions for adolescents and youth in humanitarian and fragile settings	**Rs.**	**610,000**
10.1.1 Develop and use a health and humanitarian risk assessment approach for adolescents and youth in humanitarian and fragile settings	Rs.	610,000
Research among adolescents and youth living in orphanages	Rs.	610,000
10.3Streamline services for adolescents and youth in humanitarian and fragile settings	**Rs.**	**1,050,000**
10.3.1 Establish medical screening of adolescents and youth of vulnerable populations including shelters	Rs.	250,000
one TOT for 50 public health staff in 5 districts (50 participants per each)	Rs.	250,000

Table 12- Estimated cost of activity plan 2023 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs. Rs.	
10.3.2 Strengthen community based psychosocial support for adolescents and youth in vulnerable setting (urban slums)	Rs.	800,000
Development and printing of an implementation guide (500 copies of book with 40 pages) to be used for marginalized population	Rs.	800,000
10.5 Ensure provision of psychosocial first aid and first-line management of mental, neurological and substance use conditions among adolescents and youth in humanitarian and fragile settings	**Rs.**	**50,000**
10.5.1 Strengthen capacity building of health staff on psychological first aid and first line management of neurological, mental and substance use conditions youth in vulnerable setting	Rs.	50,000
1 TOTs with 50 participants one day	Rs.	50,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	**Rs.**	**2,251,205**
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	**Rs.**	**605,000**
12.1.2 Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gap	Rs.	605,000
Field visits to the Yowun Piyasa centers & assessment of AYFHS & reviews at centers	Rs.	605,000
12.2 Strengthen research and develop an evidence based interventions on adolescents and youth health	**Rs.**	**1,646,205**
12.2.1 Identify priority areas and advocate for conducting relevant research on adolescents	Rs.	1,646,205
Assessment of three Yowun Piyasa centers using assessment tools	Rs.	1,646,205
Grand Total	**Rs.**	**48,537,705**

Table 13 -Estimated cost of activity plan 2023 – District level

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	**Rs.**	**6,775,000**
1.2 Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth	**Rs.**	**1,300,000**
1.2.2 Advocate and assist the implementation of the recommendations of the report on "Review of Laws, Regulations and Policies of Adolescent Sexual and Reproductive Health"	Rs.	1,300,000
One day programme per district for 50 Police officers on ASRH(Total 26 programmes	Rs.	1,300,000
1.5 Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes	**Rs.**	**5,475,000**
1.5.2. Ensure participation of all stakeholders and adolescents and youth in developing plans programming, monitoring and evaluation of implementation	Rs.	5,475,000
Three meetings working group of youth and non-health officers working with youth in each MOH(20 participants per each) for all MOH areas	Rs.	5,475,000
2.Strengthen positive development of adolescent and youth	**Rs.**	**3,900,000**
2.3 Ensure adolescent and youth participation in all levels of AYFHS programme	**Rs.**	**3,900,000**
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	Rs.	3,900,000
Three consultative meetings for 50 participants per each in all 26 districts	Rs.	3,900,000
3.Strengthen health system to cater for adolescent and youth health	**Rs.**	**4,340,000**
3.1 Streamline the AYFHS	**Rs.**	**1,940,000**
3.1.1 Strengthen all health care provision points for adolescent and youth friendly service provision	Rs.	900,000
Session on AYFHS for 100 general practitioners in 3 districts	Rs.	900,000
3.1.3 Create demand for the AYFHS through school health programme, outreach and other relevant activities	Rs.	1,040,000
One district level awareness programme on AYFHS for district, divisional secretariat officers in all districts all districts(40 per each)	Rs.	1,040,000
3.2 Improve the capacity of health staff to deal with health issues among adolescents and youth	**Rs.**	**2,400,000**
3.2.3 strengthening the training of health care workers using orientation program on AYH	Rs.	2,400,000
Two-day TOT for 40 health care providers on ASRH per district in 26 districts	Rs.	2,400,000
4.Promote psychosocial wellbeing of adolescents and youth	**Rs.**	**360,000**
4.3 Empower parents, teachers and students to promote psychosocial wellbeing	**Rs.**	**360,000**
4.3.3 Introduce parenting skills training, as appropriate, for managing behavioural disorders in adolescents through health and educational sectors	Rs.	360,000
One day TOT with 60 participants per district in six districts	Rs.	360,000

Table 13 -Estimated cost of activity plan 2023 – District level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
7.Prevent adolescents and youth from substance abuse	**Rs.**	**600,000**
7.1 Empower AY to "say no" to tobacco , alcohol and addictive substances	**Rs.**	**600,000**
7.1.1 Establish peer groups and train them with relevant skills	Rs.	600,000
Two peer group training programme one day at ten MOH with newly established Yowun Piyasa centers(30 participants)	Rs.	600,000
8.Prevent accidents, injuries and violence among adolescents and youth	**Rs.**	**75,000**
8.2 Ensure proper management of injuries and accidents	**Rs.**	**75,000**
8.2.1 Introduce compulsory training on First Aid for adolescents and youth through schools, universities and vocational training centers using Red cross, St. Johns, Scouting and etc.	Rs.	75,000
One day training program on first aid care for 50 school children, university and training center students by MOH staff- 3 programs in one district	Rs.	75,000
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings	**Rs.**	**750,000**
10.5 Ensure provision of psychosocial first aid and first-line management of mental, neurological and substance use conditions among adolescents and youth in humanitarian and fragile settings	**Rs.**	**750,000**
10.5.1 Strengthen capacity building of health staff on psychological first aid and first-line management of neurological, mental and substance use conditions youth in vulnerable setting	Rs.	750,000
Training of public health staff on psychological first aid for substance misuse and mental health support for addiction in three districts	Rs.	750,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	**Rs.**	**1,300,000**
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	**Rs.**	**1,300,000**
12.1.2 Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gap	Rs.	1,300,000
District reviews all districts- One programme with 40 officers 1day	Rs.	1,300,000
Grand Total	**Rs.**	**18,100,000**

Table 14- Estimated cost of activity plan 2024 – National level

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	**Rs.**	**8,000,000**
1.1 Ensure the mechanisms to provide policy guidance to adolescent and youth health programme at all levels	**Rs.**	**220,000**
1.1.2 Continue the conduction of National Steering Committee/ Technical Advisory Committee for Young Persons' Health regularly	Rs.	120,000
3 meetings with 40 persons each	Rs.	120,000
1.1.6 Review/ Revise Young person's Health Policy & Develop National Strategic Plan on AYFHS for -2026-2030	Rs.	100,000
Two consultative meetings with 40 participants per each	Rs.	100,000
1.2 Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth	**Rs.**	**900,000**
1.2.2 Advocate and assist the implementation of the recommendations of the report on "Review of Laws, Regulations and Policies of Adolescent Sexual and Reproductive Health"	Rs.	900,000
3 one day programme 100 Police officers per district in three districts	Rs.	900,000
1.3 Ensure evidence-based planning and implementation and adequate funding for adolescent and youth health programme at all levels	**Rs.**	**6,680,000**
1.3.1 Develop tools with sensitive indicators to review the implementation status and achievements related to adolescent and youth health	Rs.	6,500,000
Reprinting of standards, assessment tools and checklists on AYFHS	Rs.	6,500,000
1.3.2 Incorporate the planning for adolescent and youth health programmes to annual plans	Rs.	180,000
One advocacy programme for 100 participants	Rs.	100,000
One two-day TOT for 40 middle-level managers	Rs.	80,000
1.5 Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes	**Rs.**	**200,000**
1.5.2. Ensure participation of all stakeholders and adolescents and youth in developing plans programming, monitoring and evaluation of implementation	Rs.	200,000
4 working group meetings with 50 participants each	Rs.	200,000

Table 14- Estimated cost of activity plan 2024 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
2.Strengthen positive development of adolescent and youth	**Rs.**	**8,350,000**
2.1 Ensure health promotion at schools and training centers	**Rs.**	**1,400,000**
2.1.1 Evaluate all the schools and other educational institutions for status of health promotion and accredited based on evaluation	Rs.	1,400,000
Develop guidelines- 4 consultative meetings with 20 participants per each	Rs.	100,000
Pilot it	Rs.	1,300,000
2.2 Ensure online protection of adolescent and youth	**Rs.**	**4,400,000**
2.2.2 Educate parents on online protection of the adolescent and youth	Rs.	4,400,000
Develop leaflets and print	Rs.	4,400,000
2.3 Ensure adolescent and youth participation in all levels of AYFHS programme	**Rs.**	**1,150,000**
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	Rs.	1,150,000
Implementation of four innovative projects on AYH	Rs.	1,000,000
Experience sharing of AYH (150 participants)	Rs.	150,000
2.4 Establish e health and m health intervention for behaviour change for adolescents and youth	**Rs.**	**1,400,000**
2.4.1 Explore the potential of adolescent e-health and m-health interventions focused on particular issues such as mental wellbeing, management, tobacco cessation and sexual reproductive health with a variety of approaches	Rs.	1,400,000
Content development of new components	Rs.	300,000
Development of half an hour documentary on development of positive behaviour	Rs.	1,000,000
Two consultative meetings for 20 participants per each	Rs.	100,000
3.Strengthen health system to cater for adolescent and youth health	**Rs.**	**19,638,750**
3.1 Streamline the AYFHS	**Rs.**	**13,738,750**
3.1.1 Strengthen all health care provision points for adolescents and youth for adolescent and youth-friendly service provision	Rs.	2,070,000
3 Training of trainer on AYFHS -3-day programme with 40 participants per each	Rs.	1,800,000
Three hospital awareness programmes(40 per each) & three awareness programme for non-health sector(50 each)	Rs.	270,000
3.1.2 Establish the AYFHS centers using appropriate models in selected locations and implement them according to the standards and protocols on AYFHS	Rs.	8,922,250
10 MOH based AYFHS centers supported with furniture and other equipment	Rs.	6,322,250
5 hospital based AYFHS centers supported with necessary equipment and furniture	Rs.	2,600,000

Table 14- Estimated cost of activity plan 2024 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
3.1.3 Create demand for the AYFHS through school health programme, outreach and other relevant activities	Rs.	750,000
One day awareness programme on AYFHS for Social service ministry officials(50 officers) Rs 250 000	Rs.	750,000
Two one day awareness programme on AYFHS for 50 youth leaders Rs 500 000		
3.1.5 Conduct regular review to strengthen AYFHS at institutional, district and national level	Rs.	1,996,500
One national review -One day programme for 150 participants	Rs.	1,996,500
3.2 Improve the capacity of health staff to deal with health issues among adolescents and youth	**Rs.**	**4,300,000**
3.2.2 Adopt new methodologies to teach sensitive subject areas related to adolescents and youth health for young persons	Rs.	3,100,000
Incorporate into the school/youth training center curriculum- advocacy meeting for 100 participants	Rs.	100,000
Print 15000 copies & translation of package into Sinhala and Tamil based on worst case-based scenarios	Rs.	3,000,000
3.2.3 Strengthen the training of the health care workers using orientation program on AYH	Rs.	1,200,000
Two three-day TOT for 40 health care providers on AYH	Rs.	1,200,000
3.3 Improve the capacity of non-health staff to deal with health issues among adolescents and youth	**Rs.**	**1,600,000**
3.3.1 Incorporate adolescent and youth health module into the curriculum of youth training centers and vocational training centers	Rs.	1,200,000
Two three-day programs with 50 participants per each programme	Rs.	1,200,000
3.3.3 Strengthen the training of the non-health workers working with adolescents and youth using orientation programme	Rs.	400,000
One two-day TOT for 40 non-health officers of district secretariat & social service	Rs.	400,000
4.Promote psychosocial wellbeing of adolescents and youth	**Rs.**	**1,889,000**
4.2 Ensure early identification and appropriate management of adolescents and youth with physical, mental, and psychosocial issues	**Rs.**	**1,105,000**
4.2.2 Strengthen the counseling services in schools and other settings	Rs.	400,000
One TOT for the counselors attached to Youth Ministry and DS offices counselors (40 officers two day)	Rs.	400,000

Table 14- Estimated cost of activity plan 2024 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
4.2.3 Streamline the referral pathways for identified issues	Rs.	400,000
One two day TOT on medical inspection of youth trainees public health staff including clinical examination and Job aid(40 participants)	Rs.	400,000
4.2.4 Establish a hotline/ web-based platform to help adolescents and youth	Rs.	305,000
Content writing, designing and uploading to web site	Rs.	305,000
4.3 Empower parents, teachers and students to promote psychosocial wellbeing	**Rs.**	**484,000**
4.3.2 Educate community on parenting at suitable parent-teacher gatherings/ using audio visual aids	Rs.	84,000
Develop two three-minute videos	Rs.	84,000
4.3.3 Introduce parenting skills training, as appropriate, for managing behavioural disorders in adolescents through health and educational sectors	Rs.	400,000
TOT for health staff 40 participants two days	Rs.	400,000
4.5 Streamline interventions for suicide prevention, anxiety and stress management	**Rs.**	**300,000**
4.5.10 Establish a strong follow-up system and support for adolescents and youth discharged after suicide attempts in the community	Rs.	300,000
One awareness programme per district with 60 participants in 5 districts	Rs.	300,000
5.Ensure optimal level of nutrition, physical activity, hygiene and sanitation	**Rs.**	**1,010,000**
5.1 Create an enabling environment to promote healthy eating	**Rs.**	**250,000**
5.1.4 Advocate for implementation of the healthy canteen policy in schools and extend the implementation to universities, vocational training centers, etc.	Rs.	250,000
One advocacy meetings 50 participants	Rs.	250,000
5.4 Strengthen early identification and management of nutritional issues	**Rs.**	**760,000**
5.4.2 Introduce yearly medical assessments adolescents and youth at universities and other training centers	Rs.	360,000
Developing guidelines and printing	Rs.	360,000
5.4.4 Strengthen nutrition clinics at MOH offices and hospitals as referral centers	Rs.	400,000
Two-day Training of MO nutrition and MOHs on nutrition of adolescents and youth-40 participants	Rs.	400,000

Table 14- Estimated cost of activity plan 2024 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
6.Ensure access to SRH education and services	Rs.	8,290,000
6.1 Streamline the age-appropriate SRH education through school and other curricula	Rs.	1,500,000
6.1.4 Develop and implement educational package through media and other means of communication used by adolescents and youth	Rs.	1,500,000
Develop 3 video clips	Rs.	1,500,000
6.2 Strengthen the SRH services for adolescents and youth.	Rs.	6,790,000
6.2.5 Establish facilities for SRH specific counseling and guidance at health facilities for adolescents and youth	Rs.	5,280,000
Reprinting of 3000 copies-Sinhala Two flashcard sets and guideline book	Rs.	5,280,000
6.2.8 Strengthen SRH services for adolescents and youth with special needs and socially deprived	Rs.	1,350,000
Training of MOHs on the screening tool- with AYFHS in a TOT for three districts (2 days for 45 officers per each programme)	Rs.	1,350,000
6.2.8 Strengthen SRH services for youth with special needs and socially deprived	Rs.	60,000
two-day training for 30 officers	Rs.	60,000
6.2.9 Strengthen services for child abuse cases	Rs.	100,000
Review meeting with social service department (20 participants)	Rs.	100,000
7.Prevent adolescents and youth from substance abuse	Rs.	400,000
7.4 Strengthen services available for quitting and rehabilitation from tobacco, alcohol and addictive substances	Rs.	400,000
7.4.2 Educate all non-smokers not to start smoking; strongly advise all smokers to stop smoking and support them in their efforts; and advise individuals who use other forms of tobacco to quit (e.g. Toolkit for delivering the 5A's and 5R's in brief tobacco interventions in primary care for more specific guidance)	Rs.	400,000
Two TOTs on Counselling on AYH (40 officers three days per each programme)	Rs.	400,000
8.Prevent accidents, injuries and violence among adolescents and youth	Rs.	1,450,000
8.3 Ensure reduction of violence among adolescents and youth	Rs.	1,450,000
8.3.5 Strengthen parent and caregiver support through home visits, community approaches and comprehensive programmes	Rs.	1,200,000
Two 3-day TOT on AYFHS for 40 health staff per each	Rs.	1,200,000

Table 14- Estimated cost of activity plan 2024 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
8.3.6 Conduct life skill training programmes for adolescents and youth including anger management	Rs.	250,000
One three-day TOT for youth instructors	Rs.	250,000
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings	**Rs.**	**50,000**
10.5 Ensure provision of psychosocial first aid and first-line management of mental, neurological and substance use conditions among adolescents and youth in humanitarian and fragile settings	**Rs.**	**50,000**
10.5.1 Strengthen capacity building of health staff on psychological first aid and first-line management of neurological, mental and substance use conditions youth in vulnerable setting	Rs.	50,000
1 TOTs with 50 participants one day	Rs.	50,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	**Rs.**	**4,515,825**
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	Rs.	665,000
12.1.2 Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gap	Rs.	665,000
Field visits to the Yowun Piyasa centers & assessment of AYFHS & reviews at centers	Rs.	665,000
12.2 Strengthen research and develop an evidence-based interventions on adolescents and youth health	Rs.	3,850,825
12.2.1 Identify priority areas and advocate for conducting relevant research on adolescents	Rs.	3,850,825
Assessment of three Yowun Piyasa centers using assessment tools	Rs.	1,810,825
Assessment on KAP on AYH among Youth trainee	Rs.	780,000
Three field visits	Rs.	900,000
Three Focus group discussions with training instructors	Rs.	360,000
Grand Total	**Rs.**	**53,593,575**

Table 15- Estimated cost of activity plan 2024 – District level

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	**Rs.**	**5,865,000**
1.4 Ensure mechanisms to understand and find effective ways to address social factors that contribute to adolescent and youth health	**Rs.**	**390,000**
1.4.2 Develop and implement targeted programs based on evidence with regard to vulnerable adolescent and youth	Rs.	390,000
Training of trainers for district-level teams (At TOT AYFHS) One day training of MOHs on minimal care package on AYFHS for vulnerable adolescents and youth in all 13 districts	Rs.	390,000
1.5 Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes	**Rs.**	**5,475,000**
1.5.2. Ensure participation of all stakeholders and adolescent and youth in developing plans programming, monitoring and evaluation of implementation	Rs.	5,475,000
Three meetings working group of youth and non-health officers working with youth in each MOH (20 participants) for all MOH areas	Rs.	5,475,000
2.Strengthen positive development of adolescent and youth	**Rs.**	**3,900,000**
2.3 Ensure adolescent and youth participation in all levels of AYFHS programme	**Rs.**	**3,900,000**
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	Rs.	3,900,000
Three consultative meetings for 50 participants per each in all 26 districts	Rs.	3,900,000
3.Strengthen health system to cater for adolescent and youth health	**Rs.**	**5,840,000**
3.1 Streamline the AYFHS	**Rs.**	**3,440,000**
3.1.1 Strengthen all health care provision points for adolescent and youth-friendly service provision	Rs.	900,000
Session on AYFHS for 100 general practitioners per district in 3 districts	Rs.	900,000
3.1.1 Strengthen all health care provision points for adolescents and youth for adolescent and youth friendly service provision	Rs.	1,500,000
Five TOTs with 60 participants each for MO public health/MO mental health/ NO Health education on AYFHS provision at hospital level	Rs.	1,500,000
3.1.3 Create demand for the AYFHS through school health programme, outreach and other relevant activities	Rs.	1,040,000
One district level awareness programme on AYFHS for district, divisional secretariat officers in all districts (40 per each)	Rs.	1,040,000

Table 15- Estimated cost of activity plan 2024 – District level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
3.2 Improve the capacity of health staff to deal with health issues among adolescents and youth	**Rs.**	**2,400,000**
3.2.3 strengthening the training of health care workers using orientation program on AYH	Rs.	2,400,000
Two-day TOT for 40 health care providers on ASRH 26 districts	Rs.	2,400,000
4.Promote psychosocial wellbeing of adolescents and youth	**Rs.**	**360,000**
4.3 Empower parents, teachers and students to promote psychosocial wellbeing	**Rs.**	**360,000**
4.3.3 Introduce parenting skills training, as appropriate, for managing behavioural disorders in adolescents through health and educational sectors	Rs.	360,000
One day TOT with 60 participants per district in six districts	Rs.	360,000
7.Prevent adolescents and youth from substance abuse	**Rs.**	**600,000**
7.1 Empower AY to "say no" to tobacco, alcohol and addictive substances	**Rs.**	**600,000**
7.1.1 Establish peer groups and train them with relevant skills	Rs.	600,000
Two peer group training programme one day at ten MOH with Newly established Yowun Piyasa centers(30 participants per each)	Rs.	600,000
8.Prevent accidents, injuries and violence among adolescents and youth	**Rs.**	**75,000**
8.2 Ensure proper management of injuries and accidents	**Rs.**	**75,000**
8.2.1 Introduce compulsory training on First Aid for adolescents and youth through schools, universities and vocational training centers using Red cross, St. Johns, Scouting and etc.	Rs.	75,000
One day training program on first aid care for 50 school children, university and training center students by MOH staff- 3 programs in one district	Rs.	75,000
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings	**Rs.**	**750,000**
10.5 Ensure provision of psychosocial first aid and first-line management of mental, neurological and substance use conditions among adolescents and youth in humanitarian and fragile settings	**Rs.**	**750,000**
10.5.1 Strengthen capacity building of health staff on psychological first aid and first-line management of neurological, mental and substance use conditions youth in vulnerable setting	Rs.	750,000
Training of public health staff on psychological first aid for substance misuse and mental health support for addiction in three districts	Rs.	750,000

Table 15- Estimated cost of activity plan 2024 – District level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs. Rs.	
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	**Rs.**	**1,300,000**
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	**Rs.**	**1,300,000**
12.1.2 Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gap	Rs.	1,300,000
District reviews all districts- One programme with 40 officers 1day	Rs.	1,300,000
Grand Total	**Rs.**	**18,690,000**

Table 16- Estimated cost of activity plan 2025 – National level

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	**Rs.**	**7,700,000**
1.1 Ensure the mechanisms to provide policy guidance to adolescent and youth health programme at all levels	**Rs.**	**4,120,000**
1.1.2 Continue the conduction of National Steering Committee/ Technical Advisory Committee for Young Persons' Health regularly	Rs.	120,000
3 meetings with 40 persons each	Rs.	120,000
1.1.6 Review/ Revise Young person's Health Policy & Develop National Strategic Plan on AYFHS for -2026-2030	Rs.	4,000,000
Drafting revised policy and development of strategic plan AYFHS 2026-2030 & printing of total of 500 copies	Rs.	4,000,000
1.2 Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth	**Rs.**	**1,800,000**
1.2.2 Advocate and assist the implementation of the recommendations of the report on "Review of Laws, Regulations and Policies of Adolescent Sexual and Reproductive Health"	Rs.	1,800,000
3 One day programme 100 Police officers per district in three districts	Rs.	900,000
One programme for 150 officers (one day)	Rs.	900,000
1.3 Ensure evidence-based planning and implementation and adequate funding for adolescent and youth health programme at all levels	**Rs.**	**1,580,000**
1.3.1 Develop tools with sensitive indicators to review the implementation status and achievements related to adolescent and youth health	Rs.	1,500,000
Assessment	Rs.	1,500,000
1.3.2 Incorporate the planning for adolescent and youth health programmes to annual plans	Rs.	80,000
One two-day TOT for 40 middle-level managers	Rs.	80,000
1.5 Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes	**Rs.**	**200,000**
1.5.2. Ensure participation of all stakeholders and adolescents and youth in developing plans programming, monitoring and evaluation of implementation	Rs.	200,000
4 working group meetings with 50 participants each	Rs.	200,000
2.Strengthen positive development of adolescent and youth	**Rs.**	**5,320,000**
2.1 Ensure health promotion at schools and training centers	**Rs.**	**900,000**

Table 16- Estimated cost of activity plan 2025 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
2.1.1 Evaluate all the schools and other educational institutions for status of health promotion and accredited based on evaluation	Rs.	900,000
Develop assessment tools, Advocate for accreditation	Rs.	900,000
2.2 Ensure online protection of adolescent and youth	**Rs.**	**70,000**
2.2.2 Educate parents on online protection of the adolescent and youth	Rs.	70,000
Distribution of IEC materials for parents		
Media seminar targeting parenting and online protection-70 participants	Rs.	70,000
2.3 Ensure adolescent and youth participation in all levels of AYFHS programme	**Rs.**	**1,150,000**
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	Rs.	1,150,000
Implementation of four innovative projects on AYH	Rs.	1,000,000
Experience sharing of AYH (150 participants)	Rs.	150,000
2.4 Establish e health and m health intervention for behaviour change for adolescents and youth	**Rs.**	**3,200,000**
2.4.1 Explore the potential of adolescent e-health and m-health interventions focused on particular issues such as mental wellbeing, management, tobacco cessation and sexual reproductive health with a variety of approaches	Rs.	3,200,000
Content development of new components	Rs.	300,000
Telecast documentary on positive development on TV	Rs.	2,800,000
Three consultative meetings for 20 participants	Rs.	100,000
3.Strengthen health system to cater for adolescent and youth health	**Rs.**	**19,570,630**
3.1 Streamline the AYFHS	**Rs.**	**14,770,630**
3.1.1 Strengthen all health care provision points for adolescents and youth for adolescent and youth friendly service provision	Rs.	2,070,000
Three hospital awareness programmes(40 per each) & three awareness programme for non-health sector(50 each)	Rs.	270,000
3.1.2 Establish the AYFHS centers using appropriate models in selected locations and implement them according to the standards and protocols on AYFHS	Rs.	9,754,480
10 MOH based AYFHS centers supported with furniture and other equipments	Rs.	6,954,480
5 hospitals based AYFHS centers supported with necessary equipment and furniture	Rs.	2,800,000

Table 16- Estimated cost of activity plan 2025 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
3.1.3 Create demand for the AYFHS through school health programme, outreach and other relevant activities	Rs.	750,000
Two one day awareness programme on AYFHS for District Secretariat officials (50 officers) Rs 250 000 Two one day awareness programme on AYFHS for 50 youth leaders Rs 500 000	Rs.	750,000
3.1.5 Conduct regular review to strengthen AYFHS at institutional, district and national level	Rs.	2,196,150
One National review -One day programme for 150 participants	Rs.	2,196,150
3.2 Improve the capacity of health staff to deal with health issues among adolescents and youth	**Rs.**	**3,200,000**
3.2.2 Adopt new methodologies to teach sensitive subject areas related to adolescents and youth health for young persons	Rs.	2,000,000
10 one day TOT to health staff on providing SRH services for boys	Rs.	2,000,000
3.2.3 Strengthen the training of the health care workers using orientation program on AYH	Rs.	1,200,000
Two three-day TOT for 40 health care providers on AYH	Rs.	1,200,000
3.3 Improve the capacity of non-health staff to deal with health issues among adolescents and youth	**Rs.**	**1,600,000**
3.3.1 Incorporate adolescent and youth health module into the curriculum of youth training centers and vocational training centers	Rs.	1,200,000
Two three-day programs with 50 participants	Rs.	1,200,000
3.3.3 Strengthen the training of the non-health workers working with adolescents and youth using orientation programme	Rs.	400,000
One two-day TOT for 40 non-health officers of district secretariat & social service	Rs.	400,000
4.Promote psychosocial wellbeing of adolescents and youth	**Rs.**	**1,100,000**
4.2 Ensure early identification and appropriate management of adolescents and youth with physical, mental and psychosocial issues	**Rs.**	**800,000**
4.2.2 Strengthen the counseling services in schools and other settings	Rs.	400,000
One TOT for the counselors attached to Youth Ministry and DS offices counselors attached to Youth Ministry and DS offices (40 officers two day)	Rs.	400,000
4.2.3 Streamline the referral pathways for identified issues	Rs.	400,000
One two-day TOT on medical inspection of youth trainees public health staff including clinical examination and Job aid (40 participant)	Rs.	400,000
5.Ensure optimal level of nutrition, physical activity, hygiene and sanitation	**Rs.**	**3,028,000**
5.4 Strengthen early identification and management of nutritional issues	**Rs.**	**600,000**

Table 16- Estimated cost of activity plan 2025 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
5.4.4 Strengthen nutrition clinics at MOH offices and hospitals as referral centers	Rs.	400,000
Two day training of MO nutrition and MOHs on nutrition of adolescents and youth-40 participants	Rs.	400,000
5.5 Create enabling environment to promote physical activity	**Rs.**	**2,428,000**
5.5.4 Increase the awareness among adolescents and youth, their parents, caregivers, teachers and health professionals on BMI, physical activity, correct sleeping behaviours, sedentary behaviours and appropriate use of screen-time	Rs.	2,428,000
One day workshop for 50 media personals	Rs.	250,000
Telecast nutrition documentary in TV in three TV channels	Rs.	2,178,000
6.Ensure access to SRH education and services	**Rs.**	**1,350,000**
6.2 Strengthen the SRH services for adolescents and youth	**Rs.**	**1,350,000**
6.2.8 Strengthen SRH services for adolescents and youth with special needs and socially deprived	Rs.	1,350,000
Training of MOHs on the screening tool- with AYFHS in a TOT for three districts (2 day for 45 officers)	Rs.	1,350,000
7.Prevent adolescents and youth from substance abuse	**Rs.**	**400,000**
7.4 Strengthen services available for quitting and rehabilitation from tobacco, alcohol and addictive substances	**Rs.**	**400,000**
7.4.2 Educate all non-smokers not to start smoking; strongly advise all smokers to stop smoking and support them in their efforts; and advise individuals who use other forms of tobacco to quit (e.g., Toolkit for delivering the 5A's and 5R's in brief tobacco interventions in primary care for more specific guidance)	Rs.	400,000
Two TOTs on Counselling on AYH (40 officers three days)	Rs.	400,000
8.Prevent accidents, injuries and violence among adolescents and youth	**Rs.**	**1,450,000**
8.3 Ensure reduction of violence among adolescents and youth	**Rs.**	**1,450,000**
8.3.5 Strengthen parent and caregiver support through home visits, community approaches and comprehensive programmes	Rs.	1,200,000
Two 3-day TOT on AYFHS for 40 health staff	Rs.	1,200,000
8.3.6 Conduct life skill training programmes for adolescents and youth including anger management	Rs.	250,000
One three-day TOT for youth instructors	Rs.	250,000

Table 16- Estimated cost of activity plan 2025 – National level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs. Rs.	
10.Enhance service provision for adolescents and youth in humanitarian and fragile settings	**Rs.**	**50,000**
10.5 Ensure provision of psychosocial first aid and first-line management of mental, neurological and substance use conditions among adolescents and youth in humanitarian and fragile settings	**Rs.**	**50,000**
10.5.1 Strengthen capacity building of health staff on psychological first aid and first line management of neurological, mental and substance use conditions youth in vulnerable setting	Rs.	50,000
1 TOTs with 50 participants one day	Rs.	50,000
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	**Rs.**	**3,191,900**
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	**Rs.**	**1,200,000**
12.1.3 Conduct periodic external evaluations of the adolescents and youth health services	Rs.	1,200,000
Conduction of an external evaluation	Rs.	1,200,000
12.2 Strengthen research and develop an evidence-based interventions on adolescents and youth health	**Rs.**	**1,991,900**
12.2.1 Identify priority areas and advocate for conducting relevant research on adolescents	Rs.	1,991,900
Assessment of three Yowun Piyasa centers using assessment tools	Rs.	1,991,900
Grand Total	**Rs.**	**43,160,530**

Table 17- Estimated cost of activity plan 2025 – District level

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
1.To ensure leadership, governance, financing and accountability for adolescent and youth health	**Rs.**	**7,165,000**
1.2 Enact laws, regulations and policies to ensure protective, supportive and healthy environment for adolescents and youth	Rs.	1,300,000
1.2.2 Advocate and assist the implementation of the recommendations of the report on "Review of Laws, Regulations and Policies of Adolescent Sexual and Reproductive Health"	Rs.	1,300,000
One day programme per district for 50 Police officers on ASRH (Total 26 programmes)	Rs.	1,300,000
1.4 Ensure mechanisms to understand and find effective ways to address social factors that contribute to adolescent and youth health	Rs.	390,000
1.4.2 Develop and implement targeted programs based on evidence with regard to vulnerable adolescent and youth	Rs.	390,000
One day training of MOHs on minimal care package on AYFHS for vulnerable adolescents and youth in all 13 districts	Rs.	390,000
1.5 Strengthen accountability of government sectors, civil society organizations, academia, the business community, media, funders, other stakeholders and young persons on adolescent and youth health outcomes	Rs.	5,475,000
1.5.2. Ensure participation of all stakeholders and adolescents and youth in developing plans programming, monitoring and evaluation of the implementation	Rs.	5,475,000
Three meetings working group of youth and non-health officers working with youth in each MOH (20 participants) for all MOH areas	Rs.	5,475,000
2.Strengthen positive development of adolescent and youth	**Rs.**	**3,900,000**
2.3 Ensure adolescent and youth participation in all levels of AYFHS programme	Rs.	3,900,000
2.3.1 Facilitate adolescent and youth participation and involvement in programme design, implementation and monitoring and evaluation of AYFHS	Rs.	3,900,000
Three consultative meetings for 50 participants per programme in all 26 districts	Rs.	3,900,000
3.Strengthen health system to cater for adolescent and youth health	**Rs.**	**4,640,000**
3.1 Streamline the AYFHS	Rs.	2,240,000
3.1.1 Strengthen all health care provision points for adolescent and youth friendly service provision	Rs.	900,000
Session on AYFHS for 100 general practitioners in 3 districts	Rs.	900,000

Table 17- Estimated cost of activity plan 2025 – District level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs.	
3.1.1 Strengthen all health care provision points for adolescents and youth for adolescent and youth friendly service provision	Rs.	300,000
TOTs for MO public health/MO mental health/ NO Health education on AYFHS provision at hospital level- one TOT with 60 participants in 5 districts	Rs.	300,000
3.1.3 Create demand for the AYFHS through school health programme, outreach and other relevant activities	Rs.	1,040,000
One district level awareness programme on AYFHS for district, divisional secretariat officers in all districts (40 per each)	Rs.	1,040,000
3.2 Improve the capacity of health staff to deal with health issues among adolescents and youth	Rs.	2,400,000
3.2.3 strengthening the training of health care workers using orientation program on AYH	Rs.	2,400,000
Two-day TOT for 40 health care providers per each on ASRH 26 districts	Rs.	2,400,000
4.Promote psychosocial wellbeing of adolescents and youth	**Rs.**	**360,000**
4.3 Empower parents, teachers and students to promote psychosocial wellbeing	Rs.	360,000
4.3.3 Introduce parenting skills training, as appropriate, for managing behavioral disorders in adolescents through health and educational sectors	Rs.	360,000
One day TOT with 60 participants per district in six districts	Rs.	360,000
7.Prevent adolescents and youth from substance abuse	**Rs.**	**600,000**
7.1 Empower AY to "say no" to tobacco, alcohol and addictive substances	Rs.	600,000
7.1.1 Establish peer groups and train them with relevant skills	Rs.	600,000
Two peer group training programme one day at ten MOH with newly established Yowun Piyasa centers(30 participants per each programme)	Rs.	600,000
8.Prevent accidents, injuries and violence among adolescents and youth	**Rs.**	**75,000**
8.2 Ensure proper management of injuries and accidents	Rs.	75,000
8.2.1 Introduce compulsory training on First Aid for adolescents and youth through schools, universities and vocational training centers using Red cross, St. Johns, Scouting and etc.	Rs.	75,000
One day training program on first aid care for 50 school children, university and training center students by MOH staff- 3 programs in one district	Rs.	75,000

Table 17- Estimated cost of activity plan 2025 – District level continues

Strategic Directions / Objectives / Major Activities / Sub activities	Total Cost Estimate Rs. Rs.	
12.Strengthen research, monitoring and evaluation on adolescents and youth health services	Rs.	1,300,000
12.1 Strengthen the information system on adolescent and youth health to provide evidence for planning and monitoring	Rs.	1,300,000
12.1.2 Conduct regular reviews and monitoring at all levels to share best practices and identify the existing gap	Rs.	1,300,000
District reviews all districts- One programme with 40 officers 1day	Rs.	1,300,000
Grand Total	Rs.	18,040,000

Bibliography

1. Department of Census and Statistics, Sri Lanka. Population and Housing [Internet]. 2017 [cited 2017 Apr 29]

2. Available from: http://www.statistics.gov.lk/page.asp?page=Population and Housing
   Global School-based Student Health Survey Sri Lanka 2016 Fact Sheet [Internet]. [cited 2017 Apr 29].

3. Available from: http://www.who.int/ncds/surveillance/gshs/SRH2016_fact_sheet.pdf

   Family Health Bureau, Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka. National Health Youth Survey 2012/2013 Sri Lanka [Internet]. Colombo; 2015[cited 2017 Apr 27]. Available from: http://www.fhb.health.gov.lk/web/index.php?option=com_phocadownload&view=category&id=57: adolescent-and-youth-health&Itemid=150&lang=en#

4. Family Health Bureau, Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka. eRHMIS - electronic Reproductive Health Management Information System (Internet). 2017 [cited 2017 Apr 29]. Available from: http://erhmis.fhb.health.gov.lk/erhmis/dhis-web-commons/security/login.action

5. Wijeratne MP, Seneviratne R, Gunawardena N, Østbye T, Lynch C. Descriptive study of the psychosocial and physical environments of school in relation to violence among adolescents in the Gampaha District of Sri Lanka. Sri Lanka J Child Heal [Internet]. 2015 Sep 12 [cited 2017 Apr 29]; Available from: https://sljch.sljol.info/article/10.4038/sljch.v44i3.8009/

6. Nazeer, I., & Pathmeswaran, A. (n.d.). *The hidden burden of Cyberbullying: Prevalence and risk among youth in a South Asian setting*. Retrieved November 3, 2022, from https://www.svri.org/forums/forum2017/Presentations/21 September/7. Science Pitches Prevention - Gavea/18. Nazeer I.pdf

7. Jayatissa R, Ranbanda RM. Prevalence of Challenging Nutritional Problems among Adolescents in Sri Lanka. Food Nutr Bull [Internet]. 2006 [cited 2017 Apr 29];27(2):153–60. Available from: http://journals.sagepub.com/doi/10.1177/156482650602700206

8. Family Health Bureau Sri Lanka. (2018). *National Strategic Plan Adolescent and Youth Health, Sri Lanka(2018-2025)*. https://drive.google.com/file/d/1JWYHxEZ48WsYdmlTTanMhmm9wjrWEXEx/view