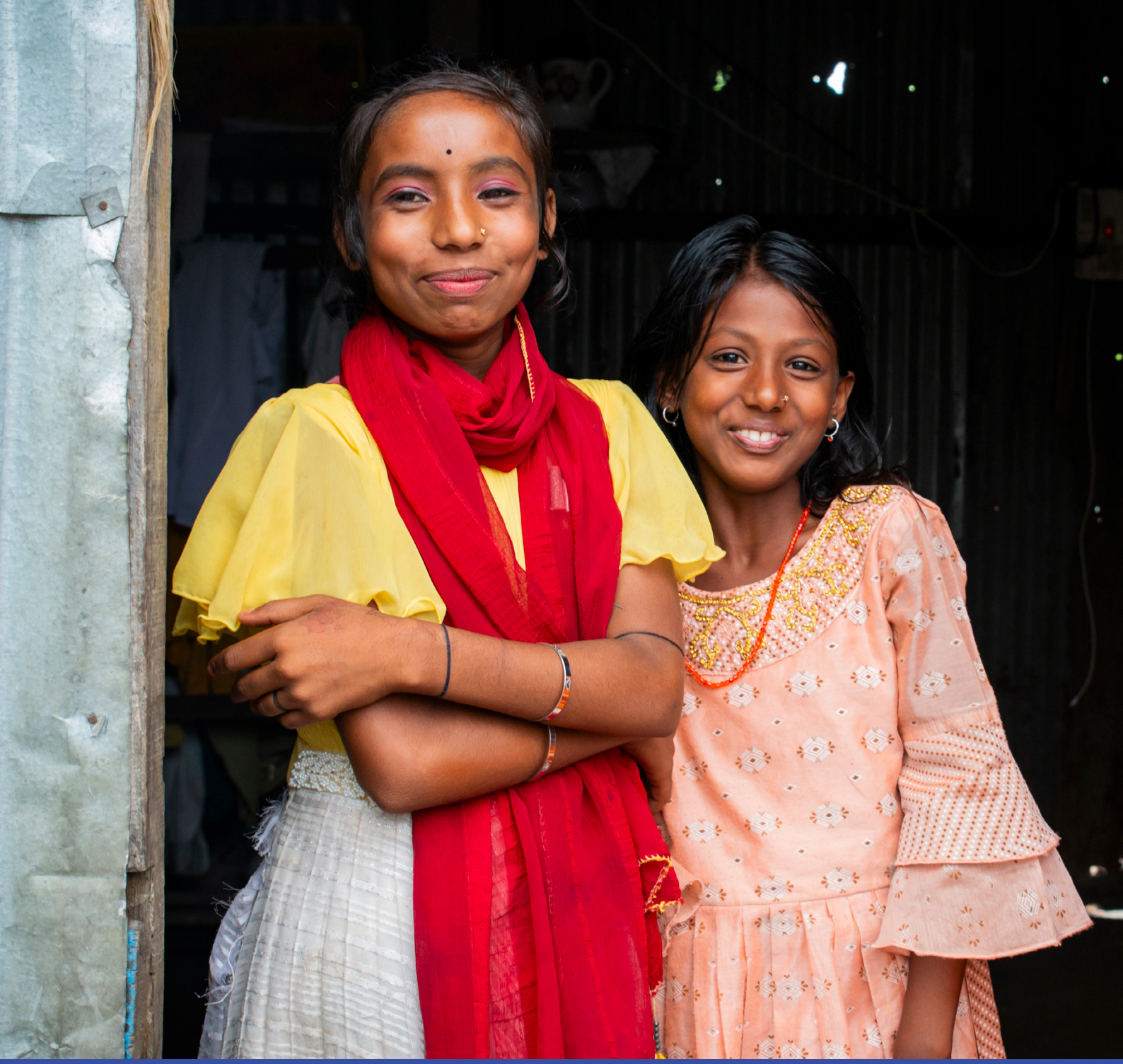

Re-shaping the future for at-risk, married, pregnant and parenting girls:

Regional technical brief and action plan on adolescent pregnancy in South Asia

SAARC

unicef for every child

UNFPA

World Health Organization

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Acknowledgments

The South Asia Technical Brief and Regional Action Plan on Adolescent Pregnancy was collated by a pool of experts (including in health, nutrition, gender, child protection and adolescent participation, skills and employability) from SAARC, UNICEF Regional Office for South Asia, UNFPA APRO and WHO SEARO/EMRO. This report would not have been possible without the invaluable perspectives and analyses of all contributors.

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Acronyms

APRO	(UNFPA) Asia-Pacific Regional Office
BCC	Behaviour Change Communication
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DHS	Demographic Health Survey
EMRO	(WHO) Eastern Mediterranean Regional Office
GBV	Gender-Based Violence
HIP	High Impact Practices
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papilloma Virus
IEC	Information, Education and Communication
LMIC	Low- and Middle-Income Countries
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal, Newborn and Child Health
NEET	Not in Education, Employment or Training
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
ROSA	(UNICEF) Regional Office for South Asia
SAARC	South Asian Association for Regional Cooperation
SDG	Sustainable Development Goal
SEARO	(WHO) South-East Asia Regional Office
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TWG	Technical Working Group
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Foreword

Adolescent pregnancy and parenting are common – yet also commonly overlooked –adverse events in South Asia. The 2.2 million births experienced by adolescent girls in the region every year have far-reaching implications for mothers and their babies, as well as for their communities and countries. Motherhood during childhood negatively influences the physical and mental development of adolescent girls, disrupts their education, deprives them of financial independence and exacerbates intergenerational cycles of poor health, nutrition, poverty and deprivation.

Across the region, adolescent pregnancy is driven by a complex network of interlinked causes, including child marriage, gender and social norms, poverty, values and expectations around female fertility and childbearing, stigma and a lack of adolescent-friendly and adolescent-responsive health services and information.

To achieve the Sustainable Development Goals (SDGs) by 2030, it is imperative to improve the outcomes of adolescent pregnancy and to combat child marriage. With its population of over 170 million adolescent girls, South Asia has a significant part to play in achieving these goals. A bold, immediate and long-term multi-sectoral response and investments in at-risk, pregnant and parenting adolescents, supported by strong and broad partnerships, have the potential to move the needle in achieving the SDGs.

To seize the opportunities presented by the demographic dividend in South Asia, policy and programme interventions and investments in adolescent girls must be informed by disaggregated data on the age group and evidence on effective interventions tailored to the specific contexts of countries in the region. Interventions must ensure that pregnant and parenting adolescent girls, as well as those who are at risk of child marriage and early pregnancy, are equally targeted and reached with multi-sectoral gender transformative interventions with the potential to bring about lasting change.

Community engagement, including with adolescent girls themselves, in all aspects of programmes, from planning to monitoring and advocacy, is critical to success in the prevention and care of adolescent pregnancy. Community, primary health and sectoral care platforms, that are adequately linked with referral systems, are the best low-cost and high-impact option to provide adolescent-responsive services. In South Asia, the South Asian Association for Regional Cooperation (SAARC) and all its Member States are championing this agenda.

This technical brief has been developed to inform discussions during the South Asia Regional Dialogue on Adolescent Pregnancy held in Kathmandu in 2024, convened by the South Asian Association for Regional Cooperation (SAARC) with the support of the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and the World Health Organization (WHO). The regional dialogue concluded with all members sharing their country-specific draft action plans to strengthen the prevention and care of adolescent pregnancy and parenting, informing the finalization of this technical brief and the development of the regional action plan.

The regional action plan on adolescent pregnancy resulting from this exercise outlines key strategic areas and interventions to guide policy and programming to prevent adolescent pregnancy and improve pregnancy care and parenting support for every adolescent girl. The plan's monitoring framework envisages that the regional and country momentum created at the regional dialogue will be continued through the finalization of the country specific action plans and regular follow-up through technical working groups at regional and country levels.

SAARC and its Member States are committed to engaging with all concerned global, regional and country partners in order to realize the SAARC Social Charter vision of eliminating child/early marriage in the region, and improving the health and overall wellbeing of married, pregnant and parenting adolescents in South Asia.

Shahiya Ali Manik
Director, Social Affairs
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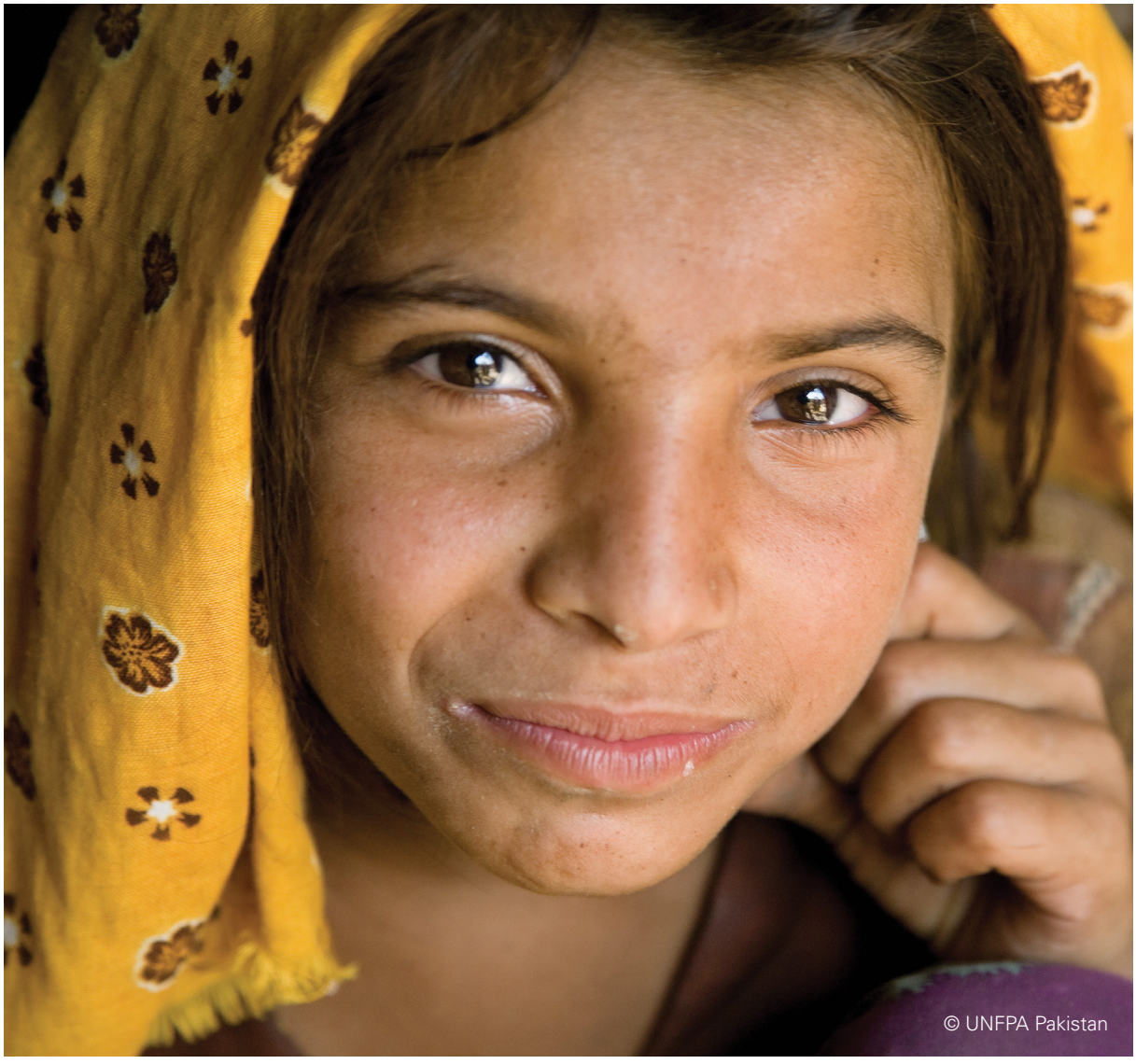
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Executive summary

South Asia is home to over 354 million adolescents, more than 170 million of whom are girls and account for about 26.6 per cent of the world's adolescent girls.[1] In this region, 26 out of every 1,000 girls give birth during adolescence, resulting in over 2.2 million births to girls aged 15–19 years.[2] An estimated 10 per cent of young women aged 20–24 in South Asia gave birth before the age of 18.[3]

In most world regions, communicable and maternal causes of death have decreased sharply as a proportion of total deaths since 1980. However, maternal related deaths remain the single largest cause (accounting for over half) of adolescent deaths in sub-Saharan Africa and South Asia where adolescent mothers are less likely to receive tailored ante and postnatal care or to have skilled birth attendance during delivery.[4] In South Asia, 8 out of 100,000 girls (6,500 girls) die due to childbirth every year.[5]

Adolescent pregnancy is closely linked to child marriage, which is a major health, child rights and protection challenge. Despite significant reductions in child marriages in the past two decades, South Asia remains among the regions with the highest burdens of child marriage. The region accounts for nearly half (45 per cent) of all child brides globally, with one in every four girls marrying before she turns 18 years old.[6] In this region, 77 per cent of child brides give birth while still adolescents, compared to 14 per cent of girls who married at or after age 18.[7]

In low and middle-income countries, pregnant adolescents face diverse and context-specific stressors that impact maternal care delivery and outcomes. These stressors include poor nutrition, higher infectious disease exposure (e.g., HIV), higher rates of early marriage and financial stress. Overall, pregnant adolescents are at risk of poorer outcomes, which are worse at younger ages.

While at present policies and programmes across the region focus on the prevention of child marriage, it is equally important to support adolescent girls who are already married or are parenting. Simultaneously, efforts should be taken to achieve transformational changes that empower girls and educate families, communities and service providers to reduce the incidence of these child protection violations.

To date, the policy emphasis has overwhelmingly been on reducing adolescent pregnancy. The opportunity to concurrently ensure that pregnant adolescents and mothers receive quality care has been neglected, both within and beyond the health sector.[8] A comprehensive framework for high-quality, integrated nutrition, health care, family planning, social and financial support for pregnant adolescents is needed to provide quality maternal care and address adolescent-specific challenges and barriers to care. However, evidence for interventions for adolescent pregnancy, delivery, and postnatal care is weak. General improvements in nutrition, social protection, health systems and maternity care might not translate into better outcomes for adolescents, and an evaluation of outcomes in this age group is required. Pregnant girls should be afforded recognition as adolescents (as opposed to adults) in health systems so that they can receive age-responsive and developmentally appropriate programmes.

Higher levels of education are generally linked to later marriage and childbearing, though the extent of this association differs across South Asia. While child marriage significantly impacts girls' educational attainment, education policies and interventions must also consider broader socio-economic disparities in access to school, as well as cultural, religious and socio-economic barriers to delaying marriage and extending education for girls.[9]

Primary data sources on adolescent health are scarce and their availability and accuracy are further impeded by ongoing conflicts and associated migration in some countries of South Asia. Where data are available, there are often long delays in reporting outcomes. To achieve improved outcomes for adolescent girls, it is essential to strengthen services, knowledge and evidence on the sexual and reproductive health (SRH) of girls. Success in achieving this depends on the meaningful engagement of adolescent girls at every step of programme design and delivery, and to draw on partnerships across the region and between sectors to provide girls – whether married or not, and whether or not they have begun childbearing – to achieve their full potential.

To advance results for girls, a South Asia regional consultation on adolescent pregnancy and care was held in July 2024 in Kathmandu, co-convened by SAARC, UNICEF, UNFPA and WHO. Following the inter-agency and inter-governmental dialogue, a regional action plan on Adolescent Pregnancy (see Annex) was jointly developed to address the multi-faceted needs of pregnant and parenting adolescents.

The Regional Action Plan outlines seven priority areas and key strategic interventions to address the needs of pregnant and parenting adolescents comprehensively and holistically. These include reviewing and reforming relevant laws and policies; creating a solid backbone for programme implementation; targeting adolescent girls through school and learning platforms to ensure they are in school and learning or have access to alternative skilling opportunities to transition to employment; putting in place health and nutrition services and platforms tailored to the needs of pregnant and parenting adolescents, supported by a network of health-care workers and referral linkages.

Moreover, to deliver for married, pregnant and parenting adolescents, as well as those with an unmet need for family planning, robust cross-cutting elements will facilitate policy and programming work, including an intentional focus on adolescent girls' agency and leadership as active co-creators of programmes and integral parts of decision-making processes; emphasizing community engagement and accountability for increased ownership and sustainability of programmes; ensuring better generation and utilization of evidence and data, cross-regional learning and rapid scaling up of successful interventions; and financing for adolescents' well-being as a crucial element to fuel sustained programme implementation, with a focus on harnessing multi-sectoral domestic financing and prioritizing pregnant and adolescent girls in social protection programmes.

Introduction

This technical brief summarizes the current status and determinants of adolescent pregnancy in South Asia, the readiness of health and social services, and their access and utilization by adolescents. The focus of this technical brief is on the eight countries of South Asia:[10] Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

A multi-sectoral technical working group comprising experts on health, nutrition, gender, adolescent development and child protection from SAARC, UNICEF Regional Office for South Asia (ROSA), UNFPA Asia-Pacific Regional Office (APRO) and the WHO South-East Asia Regional Office (SEARO) and Eastern Mediterranean Regional Office (EMRO) drafted this technical brief for a high-level regional consultation meeting on adolescent pregnancy. The group reviewed global, regional and country-level policies and guidelines, empirical and qualitative research on adolescent pregnancy, and and developed a profile of adolescent pregnancy, its determinants and outcomes across the region. The recommendations of the regional consultation have been consolidated into this brief.

This technical brief identifies:

- immediate and underlying factors contributing to adolescent pregnancy;
- regional and national environments enabling access to adolescent reproductivehealth information and services;
- alignment of regional policy tools to global policies, standards and best practices;
- policy, legal and socio-cultural barriers on access to adolescent reproductive healthinformation, education and services for pregnant and parenting adolescents;
- recommended pathways to support adolescents in preventing early andunintended pregnancy, and to support pregnant and parenting girls to access tomulti-sectoral services and the opportunities to meet their multidimensional needs.

Additionally, the brief:

- calls for strengthened regional partnerships through a standing South Asia regional dialogue forum on adolescent health and nutrition, as well as adolescent pregnancy, co-chaired by SAARC and UNICEF ROSA, with the respective regional offices of UNFPA and WHO.
- provides technical support for regional dialogue and consolidatedrecommendations to the Eighth Meeting of the SAARC Technical Committee on Women, Youth and Children, and advocate for their endorsement by Member States.

Adolescence and adolescent health in South Asia

Adolescence and the demographic dividend

In South Asia, adolescents constitute 18 per cent of the population, numbering an estimated 356 million people aged 10–19 years.[11] This masks inter-country differences, with the share of the adolescent population ranging from 16 per cent in Sri Lanka and Bhutan to 24 per cent in Afghanistan.[12] South Asia is also home to over 170 million adolescent girls, representing the largest share of this population cohort globally.[13]

Of the eight South Asia countries, six have total fertility rates below the replacement level of 2.1. Regionally, the average number of children born by women over their lifetimes has consistently declined in recent decades, while child mortality has also fallen. The two countries with total fertility rates above 2 (Afghanistan and Pakistan) also show declining fertility rates over time. The demographic transition that is now underway can lend itself to a potential demographic dividend in South Asia. This presents an unprecedented opportunity to break intergenerational cycles of poverty, poor health, malnutrition, violence and gender discrimination – if the right policies and programmes for adolescents are in place.[14]

Yet, across South Asia, adolescents face risks and deprivations arising from a complex interplay between their environments, societal expectations, norms and rules, poverty and other sociocultural barriers. The rate of death by suicide among South Asian adolescents is amongst the highest in the world: 6 deaths per 100,000 adolescents occur due to intentional self-harm.[15] More than half of adolescent girls in the region suffer from anaemia[16] and 19 per cent are underweight – the highest percentage across world regions.[17] They face multiple deprivations and are particularly vulnerable to violence, injury and even death due to harmful practices such as child marriage and its consequences. Adolescent pregnancy rates are high, with 26 per 1,000 girls giving birth as teenagers, resulting in 8 per 100,000 adolescent girls dying due to childbirth and related complications.[18]

Adolescent pregnancy and child marriage

Adolescent pregnancy is intimately linked with child marriage. South Asia is home to 45 per cent of all child brides: 26 per cent of young women aged 20–24 are married before they turn 18.[19] Child marriage is seen by many families as a protective strategy for girls against a variety of real or perceived threats, including harassment and abuse at school, premarital sex and natural disasters and conflict.

While child marriage does occur among boys, it is far more prevalent among girls. This disparity highlights that most child marriages are a reflection of social and gender norms that perpetuate discrimination against girls and women.[20] Harmful gender norms and relations drive child marriage and other forms of gender-based violence (GBV) and harmful practices. Women who marry at younger ages tend to have a larger age difference with their husbands, and less power and autonomy in their relationships. Girls are pressured to prove their fertility soon after marriage, contributing to the high incidence of adolescent pregnancy. Families, communities and governments in South Asia tend to attach lesser value to girls than to boys, and allocate resources (finance, education, social capital) and burdens (unpaid work, including care work) inequitably. About 19 per cent of ever-married girls aged 15–19 years have experienced physical and/or sexual violence committed by a husband or partner in the past 12 months, and 36 per cent of these girls think that such violence is justified under certain circumstances.[21]

Adolescent pregnancy and health

Poor maternal health not only affects mothers, its effects are passed down through generations, perpetuating high prevalence of low birth weight, anaemia,stunting and wasting in children. Adolescent mothers are more susceptible to complications during childbirth, such as obstructed labour, as their bodies are still developing. This often results in obstetric fistula and stillbirth, and access to treatment to cure the fistula is financially, socially or otherwise challenging for most.[22] Although girls under the age of 15 face the greatest risks due to pregnancy, nearly 99 per cent of maternal deaths among girls and women aged 15–49 years actually occur among adolescent girls aged 15–19 years.[23] Adolescent pregnancy is also associated with poor mental health including depression, anxiety and suicidal thoughts.

Adolescent pregnancy and nutrition

In 2014, SAARC developed the Regional Action Framework for Nutrition[24] adding additional nuance and detail as to why the Action Framework for Nutrition did not reach its intended aims, urging all Member States to advance nutrition rights for adolescent girls through affirmative action in policies, legal measures and programmes. Nearly a decade later, in 2023, a UNICEF analysis revealed that South Asia remains the global epicentre for undernourished girls.[25] Eighty-four million (49 per cent) adolescent girls face at least one, and 24 million (14 per cent) at least two, of the three forms of undernutrition (underweight, short height and anaemia).[26] Gender-based discriminatory norms exacerbate their nutritional vulnerability by excluding girls from receiving nutritious foods, services and care. Married adolescent girls are more likely to undergo early pregnancy and give birth to an undernourished baby, continuing the intergenerational cycle of poverty and undernutrition.[27]

In 2022, UNICEF identified a package of five services[28] to support all adolescent girls, irrespective of their marital status, to attain good nutrition through better diets, services and practices which support their optimal growth and development. These include access to:

- nutritious foods
- healthy food environments
- weekly iron and folic acid supplementation and deworming prophylaxis
- nutrition and lifestyle education
- periodic nutrition status assessments and special services for those who are married, underweight and anaemic.

However, no country in South Asia has robust policies, protocols or programmes for screening or nutritional management for girls who are underweight and anaemic, or for delivering such services in humanitarian settings targeting married adolescent girls.[29] There is also no clear evidence that adolescent girls' programmes consistently, systematically and successfully reach those who are married and parenting, particularly those in remote areas. Huge data constraints also impede programming that addresses the root causes of nutritional concerns.

Reducing undernutrition among adolescent girls is key to breaking the gendered intergenerational cycle of undernutrition in South Asia. The dual goals of ending malnutrition and ending gender inequality must be tackled in tandem. While, on one hand, legislation needs to be strengthened, on the other hand, family planning programmes should pay particular attention to married adolescent girls to help them delay their first pregnancy. At the same time, antenatal programmes must include special care packages to ensure adolescent mothers are not stigmatized but are supported to have equal and adequate access to care.

Social protection systems that can support adolescent girls and that prioritize pregnant adolescents are critical, and can provide much-needed cash and vouchers for improved access to nutritious foods and diets.[30] Simultaneously, nutrition policies and programmes must move beyond addressing specific conditions (such as anaemia or underweight) to confronting the causes of the underlying inequalities that create and reinforce these conditions.[31] Partnering with and investing in feminist movements and girl and women-led organizations can bring to the fore the voices of married adolescent girls, on an equal footing with key stakeholders, to promote nutritious diets and practices for themselves and their families, and to demand quality services to prevent malnutrition.[32]

Adolescent pregnancy and learning

Adolescent pregnancy is closely intertwined with girls' education and learning outcomes. Undernourished adolescent girls are more likely to drop out of school, complete fewer years of schooling and earn less than their well-nourished peers, exacerbating inequalities. 49 percent of female youth are not in education, employment or training (NEET) making South Asia the region with the highest levels of women and girls who are NEET.[33]

Child marriage is one of the main reasons girls are taken out of school. In Bangladesh, India and Nepal, child brides are four times more likely to be out of school than their unmarried peers.[34] In many South Asian countries, marriage and schooling are viewed as incompatible, and decisions to remove a girl from school and marry her off at a young age are often made at the same time. In Afghanistan, for example, access to secondary education for girls has been restricted since the political transition in 2022, which may increase rates of child marriage and adolescent pregnancy. Decisions to remove girls from school are often influenced by the perceived lower value attached to girls compared to boys, which leads to a higher value given to boys' access to education and employment opportunities, especially where financial resources are limited.

Across diverse contexts, more education – particularly secondary school completion – is associated with later marriage and childbearing. However, the degree of this association varies across and within countries in the region, suggesting that social norms around marriage and girls' schooling also contribute to these decisions. Given the common underlying causes of child marriage, adolescent pregnancy and school dropout, and the incompatibility of marriage, motherhood and schooling, isolating the precise relationship between school dropout and marriage or pregnancy is difficult and, ultimately less critical. The crucial policy question is how to address the underlying factors, such as poverty and harmful social and gender norms that influence the simultaneous decision-making processes in families around marriage and education, in order to delay marriage and childbearing and to extend schooling.[35]

Adolescent health and services

Every year, nearly 6,500 adolescent girls in South Asia die due to childbirth.[36] Globally, complications related to pregnancy and childbirth are the leading cause of death for pregnant adolescents aged 15–19.[37] Pregnant girls also face other serious health risks due to their developing bodies.

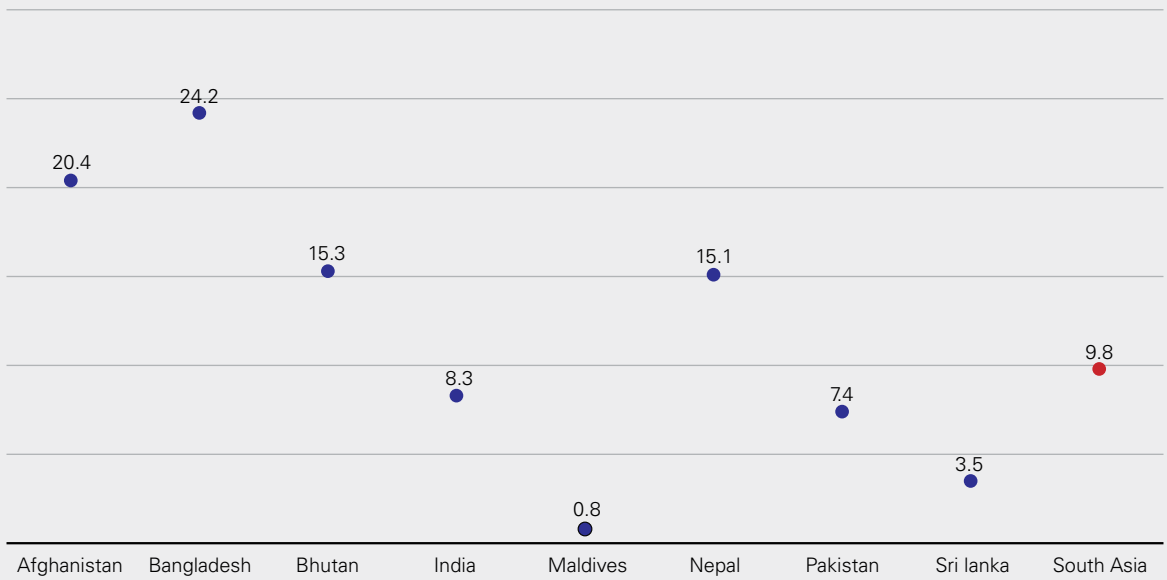
In South Asia, pregnant adolescents face a lack of integrated, adolescent-friendly reproductive services that particularly impacts on the most marginalized girls and women. Pregnant adolescents are less likely than adult mothers to have access to antenatal care services in Pakistan (11 per cent less likely), Bangladesh (8 per cent), Afghanistan (6 per cent) and India (5 per cent).[38] Adolescent mothers are also less likely to have skilled birth attendants during delivery and more likely to experience birth-related complications. Regionally, nearly 76 per cent of adolescent mothers' births are attended by skilled personnel and less than 56 per cent of these girls receive at least four antenatal care visits.[39] This conceals the diversity of health-care provision within the region: while some countries have near-universal health care for adolescent mothers, others have poor and fragmented provision which often side-lines pregnant adolescents. Adolescent girls lack autonomy within households and communities to make decisions related to their reproductive health. In South Asia, only one in four adolescent girls (aged 15–19) makes her own informed decisions regarding contraceptive use and reproductive health care, and only one in two has her family planning needs satisfied with modern methods.[40]

Prevalence and determinants of adolescent pregnancy

Global and South Asia landscape

Every year, 21 million girls aged 15–19 years living in low- and middle-income countries (LMICs) become pregnant; nearly half of these pregnancies are unintended.[41] Annually, over 3.7 million births occur to adolescent girls in this age group in Asia and the Pacific.[42] While South Asia on average has a moderate adolescent pregnancy rate, although with stark differences inter-country differences *(see Figure 1)*,[43] its massive population and high rates of child marriage and maternal mortality, due to a lack of birth attendants with the skills needed to manage complications, aggravates the situation of adolescent mothers.

Figure 1: *Percentage of women aged 20–24 who gave birth before age 18*



Source: UNICEF, Early childbearing, and Stat compiler (accessed 6 May 2024). Afghanistan: DHS 2015; Bangladesh: MICS 2019; Bhutan: MICS 2010; India: NFHS 2019–2021; Maldives: DHS 2016–2017; Nepal: DHS 2022; Pakistan: DHS 2017–2018; Sri Lanka: DHS-style 2016; South Asia: 2016–2022.

The global adolescent fertility rate has more than halved since 1960, from 86 births per 1,000 adolescents (aged 15–19) to 42 births in 2019.[44] This change is due to a strong policy focus on preventing adolescent pregnancy, as well as transformative shifts, including increased age at marriage and access to contraception, extended education, employment opportunities for girls and women and urbanization. However, progress has not been uniform. Adolescent birth rates remain high in LMICs, where 97 per cent of all such births occur.[45]

Adolescent pregnancy raises many complex and culturally sensitive issues. These pregnancies can occur within or outside a committed relationship, whether intentional or unwanted; and can sometimes be joyful experiences for girls. However, most typically, poverty, restrictive gender norms, early marriage, rural residence, poor education, violence and low contraceptive use are often associated with adolescent pregnancy.

South Asia continues to lag significantly in key maternal and newborn health indicators, pointing to challenges in access to essential maternal and newborn health services. The rate of institutional deliveries among adolescent girls is 81.8 per cent, postnatal care for their newborns is 71.9 per cent, while the C-section rate among adolescent mothers is far higher than expected, at 17.7 per cent. Only 49 per cent of contraceptive demand among adolescent girls has been met.[46] Moreover, aside from skilled birth attendance, all indicators have improved only marginally in the last decade.[47]

Maternal and newborn outcomes and long-term impacts of adolescent pregnancy and parenting

Pregnant and parenting adolescents are less likely to access adequate prenatal and postnatal care. Repeated pregnancy among adolescents is common, and is associated with adverse outcomes. There is a critical need for high-quality postnatal and contraceptive counselling and services for these girls.

Across the region, nutrition services and social protection programmes (cash/vouchers/food) are failing to meet the nutrition needs of adolescent girls, especially in humanitarian settings. Programmes do not screen underweight adolescent mothers and provide special nutrition packages to support their added nutritional needs. The reach of these programmes to pregnant and parenting adolescents, even through adolescent-friendly nutrition platforms, is limited.

Overall, adolescents have poorer pregnancy outcomes, including an age-gradient risk of higher maternal mortality than women aged 20–29 years.[48] Their newborns are at greater risk of death, preterm delivery and low birthweight, and these outcomes worsen at lower maternal age.[49] In LMICs, pregnant adolescents often face greater physiological risks, such as those related to nutrition and malaria, HIV and other sexually transmitted infections, than adult women.[50] Pregnant adolescents receive poorer coverage than adults across many maternal care indicators, such as delivering with a skilled birth attendant.[51] Adolescents' access to care may be reduced by restrictions on mobility, finances and autonomy, and their decision-making is often constrained by power dynamics within the family and community. If they do access care, pregnant adolescents often lack the confidence to express their needs, face greater humiliation and disrespect,[52] and receive poorer quality care than adults.

Barriers to reaching adolescents with sexual and reproductive health information and services

Pregnant adolescents face multiple barriers in accessing reproductive health services and information.[53]

Sociocultural determinants

- **Stigma and cultural norms:** In South Asian societies, adolescent pregnancy outside marriage is often stigmatized due to cultural and religious beliefs. Adolescents may hesitate to seek reproductive health services due to fear of judgement from their communities or families.
- **Lack of knowledge and awareness:** Many adolescents lack comprehensive knowledge about SRH, including contraception and family planning. Limited access to quality education exacerbates this issue.
- **Child marriage and the expectation to 'prove' fertility:** Adolescent girls often lack agency and decision-making power over their marriage. The pressure exerted by parents and communities on girls to start childbearing soon after marriage is a key driver of the high incidence of adolescent pregnancy.
- **Gender inequality:** Gender norms in South Asia often disempower adolescent girls and limit their decision-making power on reproductive health. This can lead to early and forced marriages, increasing the risk of adolescent pregnancy.

Health-system constraints

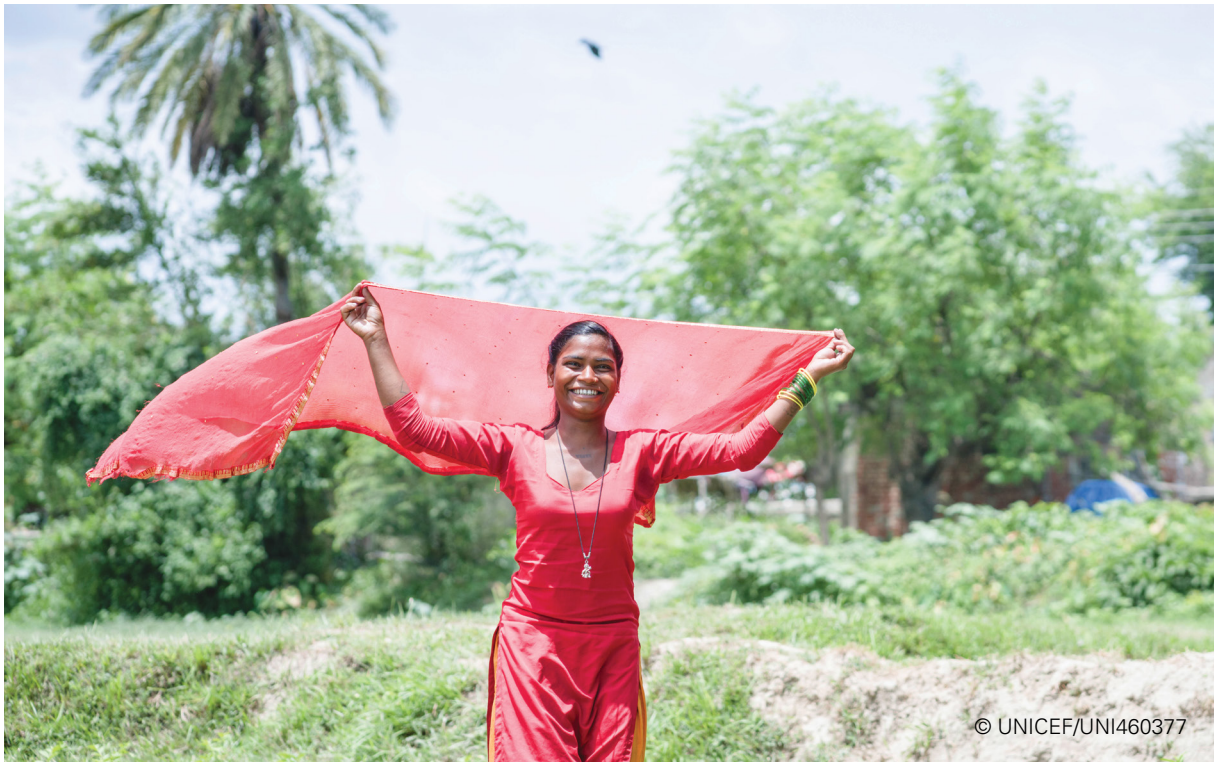
- **Limited access to health-care facilities:** Rural areas often lack adequate healthcare infrastructure, including facilities offering reproductive health services. The nearest health facility may not offer the contraceptive of choice. Pregnant and parenting adolescents may have to travel long distances to reach health-care facilities, which can be costly and difficult to access.
- **Financial constraints:** Adolescents from low-income families may face financial barriers to accessing health-care services, including prenatal care, ultrasound scans and delivery services.
- **Discriminatory practices:** Biases amongst health-care providers may lead to adolescent girls being refused contraception or denied their method of choice.
- **Emergency settings, including conflict:** Crises and emergency situations, whether these are due to natural or human causes, increase vulnerability to child marriage and early pregnancy, especially for adolescents who are already vulnerable or who belong to marginalized groups. In such situations, new barriers also emerge for such adolescents in accessing quality and respectful care.

- **Legal and policy barriers:** Legal restrictions on abortion and contraception in some South Asian countries hinder adolescents' access to reproductive health- care services. Additionally, policies may not adequately address the specific needs of pregnant adolescents.
- **Lack of confidentiality and privacy:** Due to a lack of enforced legal protections around confidentiality and privacy of health information, adolescents may avoid seeking reproductive health-care services. They may fear that their information might be disclosed to their families or communities.

These barriers stem from gender-unequal norms and societal roles assigned to women and girls, and manifest across the socio-ecological model. However, the determinants of adolescent pregnancy may also be categorized as individual, community and societal.

Individual-level determinants

- **Knowledge and attitudes:** Adolescent girls lack adequate and correct knowledge of reproductive health, which is often coupled with poor risk perception of pregnancy. Their misconceptions or negative attitudes towards contraception often reflect those held by their wider communities.
- **Parental authority:** Parents often object to their daughters accessing information and services related to SRH, perceiving these to be inappropriate or against community norms. Parents habitually do not discuss SRH, or are absent from the home, leaving girls without suitable information sources.



Community-level determinants

- **Lack of health services:** There is a lack of comprehensive reproductive health education for adolescents, and adolescent-friendly reproductive services and information, including contraceptive use. Even in settings where adolescent reproductive health education is part of the curriculum, the participation rate among girls is low.
- **Harmful gender norms:** Child marriage is a widely internalized norm across South Asian countries and is among the main drivers of adolescent pregnancy.

Societal-level determinants

- **Policies and regulations:** Policies and regulations often limit access to contraception, especially for unmarried adolescents.
- **Health service quality:** Girls are often discouraged from availing reproductive health services due to the attitudes of service providers. Moreover, the services are often not tailored to adolescent needs.
- **Lack of information:** Countries across South Asia also have specific determinants related to information and access to services. In Nepal, lack of awareness among adolescent girls on where to access SRH services is a major barrier to access.[54] In Bangladesh, national-level data fails to account for the SRH needs of unmarried adolescents, creating major gaps in understanding and addressing the challenges these girls face.[55]

> My mother is from a small village in Odisha. She was determined to get educated and was the first in her family to go to college. My grandmother got married at the age of 17 and gave birth when she was 18. This inspired my mom and me to work together to educate people in our community about child marriage and safe sex.
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Policy and programme landscape

Policy frameworks

Gender inequality is a major driver of adolescent pregnancy and of poor outcomes for parenting adolescents and their children. Many adolescent girls are exposed to child marriage or GBV, and lack access to reproductive health education and services, all of which contribute to early pregnancy. Global conventions and policies that address these gender inequalities include Sustainable Development Goal (SDG) 5 (Achieve gender equality and empower all women and girls), and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).[56] These hold governments accountable for enacting and implementing laws to ensure that women and girls are not discriminated against and have access to basic health services, including for reproductive health.

Countries are not on track to achieve SDG target 5.6.1, which is defined as the proportion of women aged 15–49 years (married or in union) who make their own decisions on reproductive health care and contraception. Data from 68 countries (2007–2022) suggest that only 56 per cent of girls and women in this group make their own decisions regarding their SRH.[57] This points to the urgent need for countries to put in place laws that ensure girls and women have autonomy over their bodies and are empowered to make their own decisions when it comes to their reproductive health. SDG 5.6.2 relates to countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and above to SRH care, information and education.[58]

CEDAW Article 12 states that State Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health-care services, including those related to family planning. Additionally, State Parties are required to provide women with appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.[59] This is applicable to the eight countries in South Asia, all of which have ratified the Convention.

While many South Asia countries have incorporated aspects of adolescent health into their national laws and policies, and passed laws upholding universal access to services – including adolescent health services – without discrimination, sociocultural norms still limit unmarried young people's access to government contraceptive services and adequate antenatal and postnatal care.[60] Similarly, while commitments to ending child marriage are enshrined in national laws and regulations, implementation gaps limit actions to protect children and adolescents from child marriage. The legal age for marriage varies across the region, with some countries still allowing marriage below the age of 18. Gender disparities that allow girls to be married younger than boys remain in some countries. Countries in South Asia must also strengthen their primary health-care provision and achieve universal health coverage (UHC) in order to meet targets under CEDAW and the SDGs on increasing access to reproductive health care and adolescent-friendly clinics.

SAARC's policy leadership role is critical to bringing stakeholders together to address the issue of child marriage and adolescent pregnancy across the region. The SAARC Social Charter prioritizes the need to protect adolescent well-being, protect against child marriage, and to provide essential health services to all, particularly most vulnerable mothers, including those who are still children.[61] The regional dialogue held in July in Kathmandu presented an opportunity to develop and strengthen joint actions by diverse stakeholders and country policy leaders, expand current initiatives, foster partnerships and promote evidence-based interventions for pregnant and parenting adolescents .

Programme guidelines

WHO has developed seven sets of programme guidelines, focused on LMICs, to prevent adolescent pregnancy and poor reproductive health outcomes by:

- preventing early marriage
- preventing early pregnancy through adolescent reproductive health education
- increasing education opportunities, and economic and social support programmes
- increasing the use of contraception
- preventing coerced sex
- preventing unsafe abortion
- increasing the use and the safety of prenatal care, childbirth and postpartum care programmes.

The guidelines address interventions at different levels, including the individual, the family, the community, health systems, legislation and policies. WHO recommends providing reproductive health education in schools to create awareness and protect adolescents from sexually transmitted diseases and early pregnancy. This must be handled with care as reproductive health is a sensitive topic in many countries and must be introduced in a culturally appropriate way. In combination with reproductive health education, governments should also make sure adolescents have easy access to contraceptives and address stigmas around providing these to unmarried adolescents.[62]

High Impact Practices (HIP) for Family Planning are compilations of successful programmatic interventions to improve information and services, many of which are of relevance to adolescents.

- **Pharmacies and drug shops: Expanding contraceptive choice and access in the private sector:**[63] Many young people obtain contraceptives, particularly short acting reversible methods, from pharmacies. This HIP describes ways to improve this channel, such as training, easier licensing procedures, strengthened linkages to the wider health system and improved business practices.
- **Digital health for social and behaviour change (SBC):**[64] This HIP provides examples and outlines processes to reach adolescents using online and digital channels which are widely used in this cohort.

- **Adolescent-responsive contraceptive services:**[65] This HIP is specifically on reaching adolescents, and provides best practices for implementation, including an enabling policy environment, using a range of sectors and channels to reach different adolescent segments, improving provider competencies, addressing financial barriers and supporting meaningful participation and leadership of adolescents.

South Asia is aligned in its vision with the WHO global guidelines. Despite challenges in meeting their maternal mortality rate targets, countries in the region have established important foundational policies for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) initiatives. These include:

Nepal: Reproductive Health Strategy (1998); National Safe Motherhood and Newborn Health Long Term Plan (2002–2017)

India: National Population Policy (2000) National Rural Health Mission (2005)

Pakistan: National programme for Family Planning and Primary Health Care (1994) including the Lady Health Worker programme; Maternal, Newborn, and Child Health (MNCH) programmes (2003, 2005)

Afghanistan: National Reproductive Health Policy (2012–2016); incorporation of improved access to emergency and routine RMNCAH services into the National Strategic Health Plan (2011–2021);[66] Afghan National Health Policy (2021–2030) integrating RMNCAH including adolescent-friendly reproductive care services and pre-marital counselling.

However, social and cultural barriers described in this brief continue to restrict national policies from providing adolescent girls with access to adolescent-friendly health-care facilities and reproductive health services and education.

Data and monitoring frameworks

Effective data and monitoring frameworks are essential to understanding the prevalence, trends, and underlying determinants of adolescent pregnancy in South Asia. Current data[67] are primarily sourced from Demographic Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) *(see Figure 1)*. These surveys employ nationally representative samples and are conducted in collaboration with national ministries and statistical organizations. They typically measure three indicators:

- percentage of women aged 20–24 with a live birth before ages 15 or 18
- adolescent birth rate among girls and women aged 15–19
- percentage of girls and women (aged 15–19) who have begun childbearing, i.e. are currently pregnant or are mothers (have had a live birth).

In 2023, the global DHS programme adjusted its guidelines to enhance data on adolescent pregnancy and motherhood by tracking four separate indicators:[68]

- percentage of girls and women aged 15–19 who have ever had a live birth
- percentage of girls and women aged 15–19 who have ever had a pregnancy loss
- percentage of girls and women aged 15–19 who are currently pregnant
- percentage of girls and women aged 15–19 who have ever been pregnant.

Data collected through these surveys are consolidated into Stat Compiler, UNICEF and WHO databases[69] and subsequently synthesized into country and regional profiles. These profiles[70] give overviews of adolescent pregnancy and overall health status with regional and country specific profiles for monitoring purposes. However, these data are not consistently and routinely tracked across all countries in the region. For instance, the most recent data available for Bhutan date to MICS 2010.

In countries where health information management systems (HMIS) are operational, data on adolescent pregnancy are tracked as part of maternal health service delivery. This includes monitoring adolescents accessing antenatal care, delivery services, and postnatal care. However, persistent data quality issues, particularly in disaggregating data for the 10–19 year age group consistently across countries, hinder effective utilization for decision-making at national and subnational levels across countries. It is essential to strengthen administrative systems like HMIS to ensure that data on adolescent pregnancy are not collected and analysed, but are also used effectively to inform critical decisions.

Advocacy and communication frameworks

Across South Asia, strategies to improve access to information through community-level and mass media channels coupled with information, education, and communication (IEC) and behaviour change communication (BCC) campaigns are required to enhance knowledge, shift attitudes and drive both demand for and access to maternal and reproductive health services amongst adolescent girls. Successful examples of integrated IEC/BCC packages with mass media components that led to improved outcomes across South Asian countries include:[71]

Nepal: Radio Communication Project (1995–1997), a multimedia initiative including entertainment/education radio serials and other media elements, led to measurable improvements in interactions between health workers and clients, and increased uptake of family planning services.

India: Taru, a serialized radio drama launched by All India Radio in several states, accompanied provision of reproductive health services, and contributed to notable changes in perceptions of gender equality and use of family planning

Bangladesh: Exposure to mass media has correlated with higher probabilities of women seeking skilled birth attendance and postnatal care

The HIPs discussed earlier in this chapter also provide guidance and best practices on SBC communication, including the use of digital channels.

Adapting global learnings to the South Asia context

In Western and Central Africa, adolescent girls face similar barriers to those in South Asia, including religious and cultural norms that prevent them from learning about reproductive health and accessing quality antenatal and postnatal care. In Sierra Leone, UNFPA is supporting a national strategy that can serve as a model in South Asia.[72] UNFPA Sierra Leone proposed a five-year national communication strategy with an age- and gender-appropriate public campaign to expose communities to the importance of reproductive health and to reduce stigmas around this topic. This will be followed by an advocacy strategy on reproductive health education in schools. The backbone of the strategy is to change perspectives among communities and households and illustrate the benefits and value of investing in adolescent girls, with the help of civil society organizations, child welfare committees mothers' clubs and youth clubs. These grassroots organizations will lead efforts to educate communities about the harmful effects of child marriage and the importance of addressing adolescent pregnancy.

Pathways to improved outcomes

Countries in South Asia must strengthen their policy frameworks, enhance the enabling environment and improve programme response for prevention and care of adolescent pregnancy at national and subnational levels.

It is crucial for policymakers to develop an equity-focused national action plan, with a comprehensive situation analysis, to provide quality prevention and care of adolescent pregnancy, prioritizing the most vulnerable pregnant and parenting adolescents (rural, unmarried, divorced, very young, disabled, illiterate and those from disadvantaged social, ethnic and religious groups, and those in emergency and conflict settings).

While efforts to prevent adolescent pregnancy are vital, it is equally important that policies to improve adolescent health, education and wellbeing, and to unleash their potential, do not overlook girls who are already married, pregnant or mothers and their newborns – a significant gap in many regional policy and programme frameworks.

At the programmatic level, addressing prevention and care of adolescent pregnancy and parenting requires a comprehensive, adolescent-centred, multi-sectoral programme approach that responds to the interrelated drivers of early pregnancy and reduces associated adverse outcomes for adolescent girls and their infants.

The meaningful engagement and participation of adolescents at every step is crucial for programming success.

The following recommendations, adapted to country contexts, will enable the development of high-quality integrated systems that work for pregnant and parenting adolescents and their infants.

1. Laws and policies on adolescent pregnancy prevention and care

- Review and implement policy and legislative reforms on ending child marriage and care of pregnant and parenting adolescents;
- Strengthen evidence-based advocacy to address policy and legal gaps impeding adolescent girls' (married, unmarried, pregnant and parenting) access to essential social services, including health and social protection;
- Strengthen national and subnational capacity to implement legal and policy reforms and frameworks on prevention and care of adolescent pregnancy and parenting, including those unmarried; and
- Strengthen national capacity for monitoring and evaluation of policy and programming solutions for pregnant and parenting adolescents.

2. Financing for adolescent well-being

- Include a specific focus on adolescent SRH, including for pregnant and parenting adolescents, in UHC policy, plans and financing mechanisms;
- Increase domestic financing to address the comprehensive needs of adolescents especially vulnerable girls at risk of child marriage or adolescent pregnancy, as well as pregnant and parenting adolescents; and
- Review and update the targeting and selection criteria of social protection programmes to include at-risk, pregnant and parenting adolescents.

3. Education and skilling (learning to earning)

- Develop and implement policies and programmes so that all girls, including pregnant and parenting girls, are supported to stay in school, especially through the secondary level;
- Design and implement policies and programmes that provide married and adolescent mothers a "second chance" to acquire skills and transition to employment; and
- Provide age-appropriate reproductive health education (including life skills),aligned with international standards and good practices, to in-school and out-of-school adolescents and young people, to support healthy lifestyles and informed decision-making.

4. Multi-sectoral services and platforms

- Review and update policies, strategies and guidelines to ensure every pregnant and parenting adolescent girl has access to quality and respectful maternal and newborn health and nutrition care, transitioning from adolescent-friendly to adolescent-responsive services and thereby ensuring universal access to services;
- Strengthen the enabling environment for quality and respectful adolescent responsive information, with SBC and counselling services that are accessible to all pregnant and parenting adolescents;
- Strengthen capacity and leverage frontline health and nutrition providers, such as midwives and community health workers, to bring services closer to communities and strengthen referral linkages between health facilities and communities, including for pregnant and parenting adolescent girls;
- Expand access to mental health and psychosocial support services to pregnant and parenting adolescents through existing adolescent health services (including adolescent SRH) and other referral mechanisms;
- Strengthen RMNCAH communication guidelines and strategies to integrate reproductive health education and information on SRH, health, wellbeing and nutrition to pregnant and parenting adolescents including through digital platforms;

- Strengthen multi-sectoral coordination and referral mechanism for GBV services (health, police, justice, social services); and
- Provide quality and respectful community and primary health and nutrition care for the most marginalized groups of pregnant and parenting adolescents.

5. Adolescent girls' agency and leadership

- Include the voices of adolescent girls (including pregnant and parenting adolescents) in policymaking and programme design related to adolescent pregnancy;
- Support meaningful participation by adolescent girls in leading civic engagement activities around raising awareness in their communities and changing social norms on adolescent pregnancy, stigma, child marriage and gender equality; and
- Create an enabling system that promotes adolescent girls' agency and increases their mobility and decision-making power to access basic services and speak up for their rights.

6. Community engagement and accountability for girls

- Strengthen engagement of adolescents, including pregnant and married adolescents and young mothers, parents, families, communities and service providers in policy and programme interventions;
- Engage men and boys actively in promoting positive social and gender norms and support positive consent-based relationship-building and parenting;
- Strengthen partnerships and programmes with faith-based leaders and families to promote gender-equal norms that build girls' agency to combat GBV and coercion and to implement gender-transformative approaches that promote positive masculinities; and
- Establish community accountability approaches to strengthen feedback mechanisms that include the voices of married, pregnant and parenting adolescents, but also promote social accountability among communities and policymakers.

> "After having a baby, everything stops for that girl – her education, her dreams and her ability to contribute to the economy. She is forced to leave everything behind. Establishing a support system for young mothers will ensure they can continue school or get a job. She will also be able to provide a better life for her child.
>
> ~ Tara (16), India

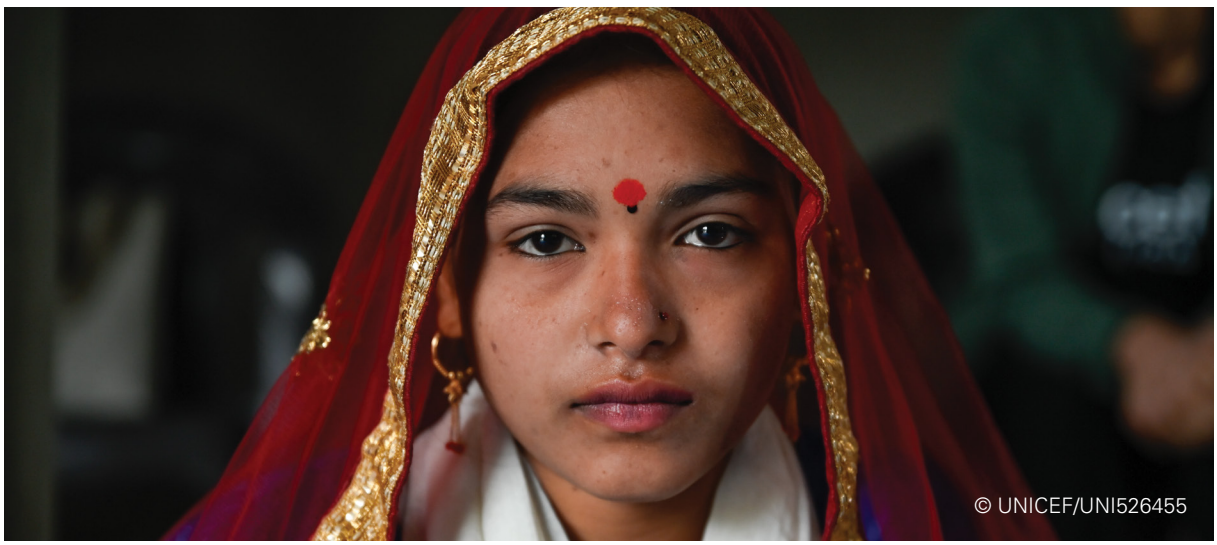
7. Data and evidence

- Strengthen national data management systems to collect, analyse and effectively utilize data on adolescent pregnancy and unmet need for contraception;
- Strengthen the capacity of key stakeholders (including ministries and subnational administrations, schools, development agencies, civil society, etc.) to collect, analyse and utilize data on adolescent girls, including those who are pregnant or parenting;
- Strengthen evidence generation, including longitudinal and mixed-methods studies studies, and evaluative evidence to understand what works and why to prevent adolescent pregnancy and inform interventions that support parenting and married girls; and
- Establish knowledge management platforms that facilitate the exchange and cross-pollination of best practices among stakeholders and programmes.

8. Coordination mechanisms

For effective coordination mechanisms around the Regional Action Plan and to oversee its implementation, a standing Technical Working Group (TWG) has been established. This will be chaired by SAARC, with representation from United Nations agencies (UNICEF, UNFPA, WHO, UN Women), international and national non-governmental organizations (NGOs), academia and young people. SAARC will convene TWG meetings on a quarterly basis. The TWG will:

- develop a regional framework for policy, advocacy and programme implementation and monitor progress in the region;
- coordinate a regional working group on adolescent pregnancy and care;
- convene SAARC Member States to review the evidence and needs for programming on adolescents; and
- provide oversight of the Regional Action Plan on preventing adolescent pregnancy, supporting married, pregnant and parenting adolescents.



Endnotes

1 United Nations Department of Economic and Social Affairs (UNDESA), World Population Prospects 2022, UNDESA (Population, 2022, <https://www.un-ilibrary.org/content/books/9789210014380> accessed 13 September 2024.

2 United Nations Population Fund (UNFPA), Understanding and addressing adolescent pregnancy, UNFPA Asia-Pacific Regional Office, Bangkok, 2021, <https://asiapacific.unfpa.org/en/publications/understanding-and-addressing-adolescent-pregnancy>, accessed 13 September 2024.

3 United Nations Children's Fund (UNICEF), Child Health Data Portal | UNICEF Data, 'Early childbearing',<https://data.unicef.org/topic/child-health/adolescent-health/>, accessed 13 September 2024.

4 Ward, Joseph L et al., 'Global, regional, and national mortality among young people aged 10–24 years, 1950–2019: a systematic analysis for the Global Burden of Disease Study 2019', The Lancet vol. 398, issue 10311, pp. 1593–1618, October 2021.

5 UNFPA, *Understanding and addressing adolescent pregnancy*.

6 Ward, et al., 'Global, regional, and national mortality among young people'.

7 United Nations Children's Fund (UNICEF). *A profile of child marriage in South Asia*, UNICEF Regional Office for South Asia, 2023, <www.unicef.org/rosa/reports/profile-child-marriage-south-asia>, accessed: 2 May 2024.

8 Girls Not Brides, *Supporting married girls, adolescent mothers and girls who are pregnant: Thematic report*, Girls Not Brides, 2021, <www.girlsnotbrides.org/documents/1642/Supporting_married_girls_adolescent_mothers_and_girls_who_are_pregnant_Thematic_report.pdf>, accessed 27 June 2024.

9 Population Council for United Nations Children's Fund (UNICEF), Regional Office for South Asia (ROSA), Child marriage, adolescent pregnancy and school dropout in South Asia, UNICEF ROSA, Kathmandu 2019, <www.unicef.org/rosa/reports/child-marriage-adolescent-pregnancy-and-school-dropout-south-asia>, accessed 27 June 2024.

10 The eight countries are categorized in the UNICEF South Asia region, UNFPA Asia-Pacific region, and the WHO Eastern Mediterranean/South-East Asia region, respectively.

11 United Nations Children's Fund (UNICEF), Adolescent Data Portal | UNICEF Data, 'Global overview', <https://data.unicef.org/adp/global-overview/>, 2023, accessed 2 May 2024.

12 Ibid.

13 UN Department of Economic and Social Affairs (UNDESA), *Population Division, 2022 Revision of World Population Prospects. Adolescent girl population*, 2022, <https://population.un.org/wpp/>.

14 United Nations Population Fund (UNFPA), 'Demographic dividend atlas: The world is young', n.d., <https://www.unfpa.org/data/demographic-dividend#0>, Accessed 14 June 2024.

15 UNICEF, Adolescent Data Portal, 'Global overview'.

16 United Nations Children's Fund (UNICEF), *Adolescent Data Portal*. 'Adolescent girl country profiles, regional aggregate', <https://data.unicef.org/adp/adolescent-girl-country-profiles>, accessed 2 May 2024.

17 United Nations Children's Fund (UNICEF), *Undernourished and overlooked: A global nutrition crisis in adolescent girls and women*, UNICEF 2023, <www.unicef.org/reports/undernourished-overlooked-nutrition-crisis>, accessed: 2 May, 2024.

18 UNFPA, 'Understanding and addressing adolescent pregnancy'.

19 UNICEF, *A profile of child marriage in South Asia*

20 Population Council for UNICEF ROSA, *Child marriage, adolescent pregnancy and school dropout.*

21 UNICEF, *Adolescent Data Portal*, 'Adolescent girl country profiles, regional aggregate'.

22 United Nations Population Fund (UNFPA), 'End fistula', UNFPA Asia-Pacific, Bangkok, n.d., <https://asiapacific.unfpa.org/en/end-fistula-unfpa-asia-pacific>, accessed 11 June 2024.

23 World Health Organization (WHO), 'Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015', WHO 2016; Ganchimeg T et al., 2014, 'Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study', BJOG 121 (Suppl. 1), 2014, pp. 40–48, doi: 10.1111/1471-0528.12630.

24 South Asian Association for Regional Cooperation (SAARC), Regional action framework for nutrition, UNICEF ROSA, Kathmandu, 2014, <www.unicef.org/rosa/reports/south-asia-regional-action-framework-nutrition>, accessed 27 June 2024.

25 UNICEF, Undernourished and overlooked.

26 United Nations Children's Fund (UNICEF), *Nutrition of adolescent girls in South Asia* (Factsheet), UNICEF ROSA, Kathmandu, 2023.

27 1,000 Days, 'Nourishing gender equality: How nutrition interventions are an underleveraged tool in the fight for women's rights', FHI 360, 2020, <https://thousanddays.org/resource/nourishing-gender-equality/>, accessed 27 June 2024.

28 United Nations Children's Fund (UNICEF), *Programming guidance: Nutrition in middle childhood and adolescence*, UNICEF, New York 2021.

29 UNICEF, *Nutrition of adolescent girls in South Asia.*

30 Aguayo, VM and K Paintal, 'Nutrition in adolescent girls in South Asia', BMJ 357:j1309, 2017, doi: 0.1136/bmj.j1309.

31 1,000 Days, 'Nourishing gender equality'.

32 United Nations Children's Fund (UNICEF), *Technical note on nutrition and gender equality: Addressing gender inequalities to build a well-nourished future for all children*, UNICEF, New York, 2022.

33 International Labour Organization (ILO), *Youth not in employment, education or training in Asia and the Pacific: Trends and policy considerations*, Geneva, 2022, <https://www.ilo.org/publications/youth-not-employment-education-or-training-asia-and-pacific-trends-and>, accessed 2 May 2024.

34 UNICEF, *A profile of child marriage in South Asia.*

35 35 Population Council for UNICEF ROSA, *Child marriage, adolescent pregnancy and school dropout.*

36 UNFPA, 'Understanding and addressing adolescent pregnancy'.

37 World Health Organization (WHO), 'Adolescent health. pregnancy and childbirth complications are the leading cause of death among 15-19 year old girls,' <https://www.who.int/health-topics/adolescent-health/pregnancy-andchildbirth-complications-are-the-leading-c ause-of-death-among-15-19-year-old-girls#tab=tab_2>, accessed 11 June 2024.

38 UNICEF, A profile of child marriage in South Asia.

39 United Nations Children's Fund (UNICEF), Adolescent health dashboard, <https://data.unicef.org/resources/adolescent-health-dashboard-regional-profiles/>, accessed 2 May 2024.

40 UNICEF, *Adolescent Data Portal*, 'Adolescent Girl Country Profiles, regional aggregate'.

41 Farnaz Sabet et al., 'The forgotten girls: The state of evidence for health interventions for pregnant adolescents and their newborn in low income and middle-income countries' Lancet 402: 2023; 1580–96, doi: 10.1016/S0140-6736(23)01682-3.

42 UNFPA, 'Understanding and addressing adolescent pregnancy'.

43 United Nations Children's Fund, UNICEF *Early childbearing* | UNICEF Child Data, 2024, <www.data.unicef.org>

44 Farnaz Sabet et al., 'The forgotten girls'.

45 Ibid.

46 UNICEF, *Adolescent Data Portal*, 'Adolescent Girl Country Profiles, regional aggregate'.

47 UNICEF (2024) *Early Childbearing*.

48 Nove A et al. 'Maternal mortality in adolescents compared with women of other ages: Evidence from 144 countries', Lancet Global Health 2014:2e155-64, doi: 10.1016/S2214-109X(13)70179-7.

49 World Health Organization (WHO), *Position paper on mainstreaming adolescent pregnancy in efforts to make pregnancy safer*, WHO WHO/MPS/10.03, 2010, <https://www.gfmer.ch/SRH-Course-2010/adolescent-sexualreproductive-health/pdf/WHO-mainstreaming-adolescent-pregnancy-efforts-MPS-2010.pdf>, accessed 27 June 2024.

50 Ibid.

51 Li, Z, et al, 'Maternal healthcare coverage for first pregnancies in adolescent girls: A systematic comparison with adult mothers in household surveys across 105 countries, 2000–2019', BMJ Glob Health 2020; 5: e002373, doi:10.1136/bmjgh-2020-002373.

52 Lusambili AM, et al, 'Deliver on your own: Disrespectful maternity care in rural Kenya', PLoS One 2020:15: e0214836,doi: 10.1371/journal.pone.0214836.

53 NFPA, 'Understanding and addressing adolescent pregnancy'.

54 Pathak, RS and Pohkarel, T, 'Sexual and reproductive health status of adolescents and youth in Nepal', *Nepal Population Journal*, 2012:17(16), <https://dms.nasc.org.np/sites/default/files/documents/Trilochan_Article SRH.pdf>, accessed 27 June 2024.

55 Population Reference Bureau, 'No longer invisible: Strengthening data on adolescent sexual and reproductie health (SRH)', SERAC-Bangladesh, Dhaka, <www.prb.org/wp-content/uploads/2020/12/sfprhuberac-bangladesh-brochure.pdf>, accessed 27 June 2024.

56 United Nations Office of the High Commissioner for Human Rights, Committee on the Elimination of Discrimination against Women (CEDAW), <ohchr.org/sites/default/files/Documents/ProfessionalInterest/cedaw.pdf>

57 UN Department of Economic and Social Affairs. *Sustainable Development. Goal 5*, <https://sdgs.un.org/goals/goal5>, accessed 27 June 2024.

58 United Nations, *SDG Indicators I Metadata Repository*, <https://unstats.un.org/sdgs/metadata/>, accessed on 4 May 2024.

59 United Nations, *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*, United Nations, New York, 18 December 1979.

60 United Nations Population Fund (UNFPA), United Nations Educational, Scientific and Cultural Organization (UNESCO) and World Health Organization (WHO), *Sexual and reproductive health of young people in Asia and the Pacific. A review of issues, policies and programmes,* UNFPA Asia-Pacific, Bangkok, 2015, <https://asiapacific.unfpa.org/sites/default/files/pub-pdf/UNFPA%20SHR%20YP%20AP_2015%20for%20web-final.pdf>.

61 South Asian Association for Regional Cooperation (SAARC) *Social charter*, <www.saarc-sec.org/index.php/resources/agreements-conventions/54-saarc-social-charter/file>, accessed 6 May 2024.

62 World Health Organization (WHO) *Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries*. WHO Guidelines, WHO Geneva, 2011, <https://iris.who.int/bitstream/handle/10665/44691/9789241502214_eng.pdf?sequence=1>

63 High Impact Practices in Family Planning (HIPs), 'Pharmacies and drug shops: Expanding contraceptive choice and access in the private sector', HIPs Partnership, Washington DC, August 2021, <www.fphighimpactpractices.org/briefs/drug-shops-and-pharmacies/>

64 High Impact Practices in Family Planning (HIPs), 'Digital health for social and behavior change: New technologies, new ways to reach people', USAID, Washington DC, 2018, <www.fphighimpactpractices.org/briefs/digital-health-sbc>

65 High Impact Practices in Family Planning (HIPs), 'Adolescent-responsive contraceptive services: Institutionalizing adolescent-responsive elements to expand access and choice', HIPs Partnership, Washington DC, March 2021, <www.fphighimpactpractices.org/briefs/adolescent-responsive-contraceptive-services>.

66 El-Saharty, S, et al, *Improving maternal and reproductive health in South Asia: Drivers and enablers, World Bank Studies,* World Bank, Washington DC, 2017, doi:10.1596/978-1-4648-0963-7.

67 United Nations Population Fund (UNFPA), *Adolescent pregnancy: A review of the evidence,* UNFPA, New York, 2013, <www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf>.

68 Croft, TN, et al, *Guide to DHS Statistics*, ICF, Rockville, Maryland, 2023, <https://dhsprogram.com/data/Guide-to-DHSStatistics/Teenage_Pregnancy_and_Motherhood.htm>, accessed 30 April 2024.

69 USAID, *DHS STATcompiler*, <www.statcompiler.com/en/>; United Nations Children's Fund, Adolescents, <https://data.unicef.org/topic/adolescents/overview/>; World Health Organization (WHO), 'Strengthening data on adolescent health and well-being', <www.who.int/health-topics/adolescent-health/strengthening-data-on-adolescenthealth# tab=tab_1>.

70 For example the UNICEF adolescent health dashboard <https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/>; UNFPA adolescents and youth dashboard <https://www.unfpa.org/data/dashboard/adolescent-youth>; and UNICEF Countdown 2030 Profiles <https://data.unicef.org/countdown-2030/>.

71 Storey, D, et al, 'Impact of the integrated radio communication project in Nepal, 1994–1997' *Journal of Health Communication* volume 4, issue 4, 1999, pp. 27–94, doi:10.1080/108107399126823.

72 Government of Sierra Leone, *National strategy for the reduction of adolescent pregnancy and child marriage 2018–2022,* <https://sierraleone.unfpa.org/sites/default/files/pub-pdf/National%20Strategy%20for%20the%20reduction%20 of%20Adolescent%20Pregnancy_final_Oct%202.pdf>.

Annex: Regional Action Plan on Adolescent Pregnancy in South Asia, with a focus on at-risk, married, pregnant and parenting girls 2024–2030

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stake-holders
			Lead	Associate	
Priority area 1: Laws and policies on adolescent pregnancy prevention and care					
1.1. Review and implement policy and legislative reforms on ending child marriage and care of pregnant and parenting adolescents					
1.1.1. Conduct landscape mapping of legal and policy frameworks related to contraceptive access, child marriage, adolescent pregnancy and parenting	Medium-term	A comprehensive mapping of policy and legal framework related to addressing adolescent pregnancy at the national and regional level in South Asia	Ministry of Women and Children; Attorney General	Ministries of Health, Education	UNICEF (lead); UNFPA, WHO, NGOs (contributors)
1.1.2. Review and reform legal and policy frameworks based on gaps identified through landscape mapping and to align them with human rights principles and conventions	Medium-term	Existing laws and policies revised in alignment with human rights principles and conventions (e.g. CEDAW, CRC)	Ministry of Justice; Attorney General	Ministries of Justice, Health, Women and Children; National Child Rights and Human Rights Institutions	WHO, UNFPA (co-leads); UNICEF, NGOs (contributors).
1.1.3. Legislative reforms that define 18 years as the minimum age for marriage without exceptions and strengthen enforcement mechanisms (e.g., civil registration of marriages, births, and age at marriage)	Medium-term	All South Asian countries implement legislative reforms that define 18 as the minimum age for marriage without exceptions	Ministries of Women and Children, Social Affairs	Ministries of Health, Justice, Women and Children	UNFPA (lead); WHO, UNICEF, NGOs (contributors)
1.1.4. Address legal barriers faced by pregnant girls and adolescent mothers, such as access to pregnancy and nutrition services and social protection schemes, especially for those without birth certificates or citizenship	Medium/ long-term	Relevant regulations, guidelines, SoPs, action plans and budgets revised in line with revised or new legal and policy frameworks to address barriers to access services	Ministry of Social Welfare	Ministries of Health; Justice, Education; Registrar-general; National Child Rights and Human Rights Institutions	UNICEF (lead); UNFPA, WHO, NGOs (contributors)
1.1.5. Establish clear policies for increasing access to pre-conception care and other essential SRH services for adolescents, addressing regulatory barriers like age and consent requirements	Medium-term	Relevant regulation, guidelines, SoPs, action plan and budgets revised in line with the revised or new legal and policy frameworks to address barriers to access services	Ministry of Women and Children	Ministries of Health, Education, Justice	WHO, UNFPA (co-leads); UNICEF, NGOs (contributors)

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
1.1.6. Integrate prevention and care of adolescent pregnancy within national and subnational frameworks and communication strategies for education, social protection, gender, RMNCAH, ENAP, EPMM, ending child marriage, etc., ensuring adequate financial provisions	Short/ medium-term	Prevention and care of adolescent pregnancy integrated within national and sub-national frameworks and communication strategies, with adequate financial provisions within national RMNCAH budgets and public financing plans	Ministry of Health	Ministries of Women and Children, Education; National Child Rights and Human Rights Institutions	WHO UNFPA (co-leads); UNICEF, UNFPA , NGOs (contributors)
1.1.7. Ensure policy instruments account for the nutritional needs of parenting adolescents and integrate proven nutrition services into maternal health packages	Short/ medium-term	National policy instruments account for the nutritional needs of parenting adolescents, and integrate proven nutrition services into maternal health packages, particularly access to antenatal multiple-micronutrient supplements	Ministry of Women and Children	Ministries of Health, Education	UNICEF (lead); UNICEF, UNFPA , NGOs (contributors
1.2. Strengthen evidence-based advocacy to address policy and legal gaps impeding adolescent girls' (married, unmarried, parenting) access to essential social services, including health and social protection					
1.2.1. Advocate for sufficient resources to be allocated for adolescent girl-focused policies and programmes, including WASH, education, health, social welfare and nutrition	Short/ medium-term	Increased human and financial resource allocation to support implementation of revised and new legal and policy frameworks	Ministry of Women and children	Ministry of Justice; Attorney-general, National Child Rights and Human Rights Institutions	UNICEF, UNFPA (co-leads); WHO, NGOs (contributors)
1.2.2. Implement advocacy strategies for legal and policy changes, using tactics like social mobilization, information, education, communication campaigns and media partnerships	Medium/ long-term	Decision-makers, stakeholders and relevant audiences influenced through targeted advocacy to support and implement actions that address child marriage and adolescent pregnancy	Ministry of Women and Children	Ministry of Justice; Parliament; National Child Rights and Human Rights Institutions	UNICEF (lead); WHO, UNFPA, NGOs (contributors)
1.2.3. Advocate for adjusting age and mandatory parental or spousal consent for contraception and other SRH services to increase adolescents' access to essential services	Medium/ long-term	Relevant regulations, guidelines, SoPs, action plan and budgets are revised in line with the revised / new legal and policy frameworks	Ministry of Health	National Child Rights and Human Rights Institutions	UNFPA (lead); WHO, UNICEF, NGOs (contributors
1.2.4. Advocate to remove policy and regulatory barriers that hinder adolescents' access to essential SRH services, with advocacy and awareness campaigns targeted at policymakers	Medium/ long-term	Decision-makers, stakeholders and relevant audiences influenced to support and implement actions that should this be 'address barriers to adolescents' access to essential SRH services.	National Child Rights and Human Rights Institutions	Ministries of Women and Children, Justice; Attorney-general, etc.	UNFPA (lead); WHO, UNICEF, NGOs (contributors)

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
1.3. Strengthen national and subnational capacity to implement legal and policy reforms and frameworks on prevention and care of adolescent pregnancy and parenting, including those unmarried					
1.3.1. Develop action plans, revise SoPs, and strengthen existing budgets, regulations, protocols and guidelines to align with the reformed laws and policies	Medium/ long-term	Enhanced institutional capacity and mechanisms to lead and coordinate legal and policy reforms	Ministry of Women and Children	Ministries of Justice, Health; National Child Rights and Human Rights Institutions	WHO (lead); UNFPA, UNICEF, NGOs (contributors)
1.3.2. Build and strengthen the capacity of national institutions and partners to enhance political will, knowledge, and skills for implementing policy and legal reforms	Medium/ long-term	National level institutional capacity to lead and coordinate legal and policy reforms enhanced.	Ministry of Women and Children	Ministries of Justice, Health; National Child Rrights and Human Rights Institutions	UNICEF (lead); WHO UNFPA, NGOs (contributors)
1.3.3. Strengthen national technical working groups to advance policy and programming solutions for pregnant and parenting adolescents	Medium/ long-term	National technical working groups capacity strengthened to advance policy and programming solutions for pregnant and parenting adolescents	Ministry of Women and Children	Ministries of Justice, Health, Education; National Child Rights and Human Rights Institutions	WHO and UNFPA (co-leads); UNICEF, NGOs (contributors)
1.3.4. Integrate emerging concerns such as climate change and livelihood skills within the SRH agenda for adolescents	Medium-term	Emerging concerns, including climate change and livelihood skills, integrated within the SRH agenda for adolescents	Ministry of Health	Ministries of Women and Children, Education	UNFPA (lead); WHO , UNICEF, NGOs (contributors)
1.4. Strengthen national capacity for monitoring and evaluation of policy and programming solutions for pregnant and parenting adolescents					
1.4.1. Establish monitoring and evaluation mechanisms to track the implementation and impact of legal and policy reforms	Medium/ long-term	Implementation of law and policy reforms regularly tracked and adjustments made	Ministry of Women and Children	Ministries of Justice, Health; National Child Rights and Human Rights Institutions	UNICEF (lead); UNFPA, WHO, NGOs (contributors)
1.4.2. Regularly review and adapt policies and programmes based on monitoring and evaluation data, ensuring they remain responsive to the needs of adolescents	Medium/ long-term	Relevant policies and programmes are adapted and informed by monitoring and evaluation data	Ministries of Women and Children, Justice; Attorney-general	National Child Rights and Human Rights Institutions	WHO (lead); UNFPA, UNICEF, NGOs (contributors).
1.4.3. Integrate monitoring of the concerns of pregnant and parenting adolescents through existing social accountability frameworks in the health system	Medium/ long-term	Monitoring of concerns of pregnant and parenting adolescents integrated within existing social accountability frameworks in the health system	Ministry of Health	Ministries of Women and Children, Education	UNICEF (lead); UNFPA, WHO and NGOs (contributors)

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
Priority area 2: Financing for adolescent well-being					
2.1. Include a specific focus on adolescent SRH, including for pregnant and parenting adolescents, in UHC policy, plans and financing mechanisms					
2.1.1. Conduct a comprehensive review of health-care sectoral plans, guidance and policies to identify areas to strengthen coverage, guidance and financing for adolescent SRH	Medium-term	Comprehensive mapping of existing policies and plans to support SAARC Member States for targeted advocacy, investment and adolescent SRH interventions	Ministry of Health		UNFPA (lead); WHO, UNICEF
2.2. Increase domestic financing to address the comprehensive needs of adolescents, especially vulnerable girls at risk of child marriage or adolescent pregnancy, as well as pregnant and parenting adolescents					
2.2.1. Develop investment case based on modelled evidence that demonstrates the return on investments in adolescent SRH, such as completed education leading to increased income, increased productivity, increased labour force participation, etc	Medium-term	Investment case (either separate or as part of broader SRH investment case) outlining economic returns from investing in adolescent SRH	Ministry of Finance	Ministry of Health; other line ministries	UNICEF and UNFPA (co-leads); UN Women
2.2.2. Advocate for increased multi-sectoral domestic financing (allocations or expenditures) to adolescent well-being interventions to be measured and tracked	Medium-term	Transparency in public budgets, identifying allocations and expenditures dedicated to cross-sectoral interventions that support adolescent SRH and well-being.	Ministry of Finance	Ministry of Health; other line ministries	UNFPA, World Bank and UNICEF (co-leads); UN Women
2.3. Review and update the targeting and selection criteria of social protection programmes to include at-risk, pregnant and parenting adolescents					
2.3.1. Advocate with governments to expand the coverage of social protection measures to include adolescent mothers below the age of 18.	Medium-term	Policy dialogue/ advocacy for expanding the coverage of the social protection measures to include adolescent mothers of ages 18 and 19 years. This initiative will also focus on advocacy for positive parenting esp. for adolescent and young mothers. Using Bangladesh exercise planned for 2024, a South Asia-wide advocacy will be initiated	Ministry of Women and Children		Academia, NGO, other UN agencies
2.3.2. Advocate for gender-responsive social protection systems that support family-friendly policies, including information on family planning, with maternity benefits and cash and vouchers to improve access to nutritious foods, reducing adolescents girls' dependence on parents or partners and vulnerability to risky means of income generation	Medium-term	Gender-responsive social protection systems developed catering to the needs of pregnant and parenting adolescent girls and those at risk of child marriage.	Ministries of Women and Children, Finance	Ministry of Health	UNICEF, UNFPA, national NGOs

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
Priority area 3: Education and skilling (Learning to earning)					
3.1. Develop and implement policies and programmes so that all girls, including pregnant and parenting girls, are supported to stay in school, especially through the secondary level					
3.1.1. Develop policies to support pregnant and parenting adolescents to attend and stay in school by providing girls flexibility to resume their education from where they left off	Short/ medium-term	Policies reviewed and in place to support married and adolescent mothers to return school	Ministries of Education, Health, Social Affairs, Youth	Related technical departments within these ministries	UNICEF, UNFPA
3.1.2. Invest in keeping girls in school, especially in the transition from primary to secondary education, and empower them with sound knowledge of SRH	Medium/ long-term	Girls are enrolled and attending school at primary and secondary levels, and have sound knowledge about their health and well-being	Ministries of Education, Health, Social Affairs, Youth	Related technical departments within these ministries	UNICEF, UNFPA; local NGOs
3.1.3. Offer scholarships, grants or stipends to cover school fees, uniforms, books, safe transportation and other educational expenses for girls including young mothers	Short/ medium-term	Adolescent girls, including pregnant and parenting adolescents, have the financial, physical and other means to attend school	Ministry of Education	Ministries of Health, Transportation, Finance	UNICEF, UNFPA, WHO
3.1.4. Establish and enforce policies against GBV, harassment and bullying in and around schools and create safe reporting mechanisms and support systems for girls who experience violence or abuse	Medium/ long-term	Schools and learning centres are safe, inclusive and responsive to the needs of parenting and pregnant adolescent girls	Ministry of Education	Other relevant line ministries	UNICEF
3.1.5. Set up school-based or referral mechanisms to community health clinics that offer confidential SRH information and services, including counselling, contraception, and STI testing, and ensure these services are youth-friendly and accessible to all girls	Medium-term	School-based and community health clinics are established and provide confidential SRH information and services for girls	Ministry of Health	Ministry of Education	UNFPA, UNICEF, WHO
3.1.6. Provide scholarships for pregnant and parenting adolescent mothers to support their return to and completion of secondary school and training activities	Short/ medium-term	Scholarship opportunities are available for adolescent girls, especially parenting and pregnant girls, to ensure their learning continues	Ministry of Finance	Ministries of Health, Education	UNICEF, UNFPA
3.2. Design and implement policies and programmes that provide married and adolescent mothers a "second chance" to acquire skills and transition to employment					
3.2.1. Establish holistic services for pregnant and parenting adolescents, including childcare, transportation and health services to ensure girls attend and complete skilling for employability programmes.	Medium-term	Reliable and age-appropriate quality services for young mothers to attend skilling programs provided.	Ministries of Education, Health, Youth	Related technical departments within these ministries	UNICEF, UNFPA; national and local NGO partners

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
3.2.2. Provide access to networks and social support programmes tailored to the needs of married and pregnant adolescents, including safe spaces to share their experiences and cope with stigma and isolation.	Long-term	Safe and supportive environments to reduce stigma associated with young parenthood and strengthened girls' participation in community activities	Ministries of Youth, Social Affairs	Related technical departments within these ministries	UNICEF, UNFPA; national and local NGO partners
3.2.3. Strengthen alternate learning programmes for out-of-school girls and women to acquire basic literacy, numeracy and life skills through multiple pathways	Medium-term	Skilling programs in South Asia fully integrates foundational, socio-emotional, entrepreneurship, digital and job-specific skills	Ministries of Education, Labour, Youth	Related technical departments within these ministries	UNICEF, UNFPA, UNDP, ILO; local NGOs
3.3. Provide age-appropriate reproductive health education (including life skills), aligned with international standards and good practices, to in-school and out-of-school adolescents and young people, to support healthy lifestyles and informed decision-makings					
3.3.1. Provide access for in-school and out-of-school adolescents to SRH education and information to support building their agency and empowerment	Medium-term	Safe, age-appropriate and quality SRH education implemented for in and out od school adolescent girls across South Asia	Ministries of Health, Education	Related technical departments within these ministries	UNICEF, UNFPA, WHO; national and local NGO partners
3.3.2. Integrate reproductive health education into school curriculums, starting from primary school through secondary level, and ensure the curriculum covers topics such as puberty, menstrual health, contraception, sexually transmitted infections (STIs), informed consent and healthy relationships	Medium/ long-term	Reproductive health education is integrated in the curriculum from primary to secondary level, and covers a wide range of relevant topics, such as menstrual health and hygiene, STIs, consent, puberty, etc.	Ministry of Education	Ministry of Health, other relevant line ministries	UNFPA (lead); UNICEF, CSOs
3.3.3. Provide training for teachers and health educators on delivering accurate, age-appropriate, and culturally sensitive SRH information and equip educators with skills to create a supportive and non-judgmental learning environment	Medium-term	Teachers and educators are trained and equipped with knowledge on how to deliver age-appropriate SRH information to students in an enabling environment	Ministry of Education	Ministry of Health	UNICEF, WHO
3.3.4. Establish peer education programmes where trained adolescent girls educate their peers about reproductive health and encourage open discussions and peer support networks to reinforce learning and confidence	Medium/ long-term	Efficient and sustainable peer education programmes established to facilitate knowledge exchange and mentoring between adolescent girls on key health issues, including adolescent pregnancy	Ministry of Education	Ministry of Health	UNFPA, UNICEF, WHO; CSOs, girl-led networks, religious organisations

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
Priority area 4: Health and nutrition services and platforms					
4.1. Review and update policies, strategies and guidelines to ensure every pregnant and parenting adolescent girl has access to quality and respectful maternal and newborn health and nutrition care, transitioning from adolescent-friendly to adolescent-responsive services and thereby ensuring universal access to services					
4.1.1. Strengthen adolescent pregnancy prevention and care components within undergraduate and postgraduate pre-service training curricula for health-care providers including at tertiary care, midwives, national RMNCAH service charters, school health and supportive supervision frameworks	Medium-term	Adolescent pregnancy prevention and care components within undergraduate and postgraduate pre-service training curricula for health-care providers, national RMNCAH service charters and supportive supervision frameworks strengthened in all countries of South Asia	Ministries of Education, Health	Ministry of Women and Children	WHO and UNFPA (co-leads); UNESCO, UNICEF, SAARC (contributors)
4.1.2. Promote human-rights-based approach to postpartum family planning education and services ensuring access to diverse contraceptive choices including prevention and protection from STI/HIV (barrier methods)	Short/ medium-term	All countries of South Asia promote human-rights-based approaches to postpartum family planning education and services ensuring access to diverse contraceptive choices including prevention and protection from STI/HIV (barrier methods)	Ministry of Health	Ministry of Women and Children	UNICEF (lead); WHO, UNICEF, IPPF, SAARC (contributors)
4.1.3. Strengthen data and information availability on adolescent pregnancy and parenting, ensuring integration of appropriate indicators in HMIS and RMNCAH surveys	Medium/ long-term	Adolescent pregnancy and parenting data indicators integrated within national HMIS and RMNCAH surveys in all countries of South Asia	Ministry of Health	Ministries of Statistics, Women and Children	WHO (lead); UNICEF, UNFPA, Jhpiego, SAARC (contributors)
4.1.4. Ensure adolescent pregnancy and parenting standard package of care is fully integrated within national RMNCAH quality of care and respectful care guidelines	Short/ medium-term	Adolescent pregnancy and parenting quality and respectful care indicators are fully integrated within national RMNCAH quality of care and respectful care guidelines in all countries of South Asia	Ministry of Health	National quality assurance agency	WHO, UNICEFUNFPA (co-leads); UNICEF, Jhpiego, SAARC (contributors)

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
4.1.5. Strengthen knowledge management and generation through integration of adolescent pregnancy and adolescent parenting in national health research agenda and health research systems	Medium/ long-term	All countries of South Asia fully integrate adolescent pregnancy and parenting within their national health research agendas	Ministry of Health	Ministry of Education; National Health Research Institute	WHO (lead); SAARC, UNICEF, UNFPA, Jhpiego, academia, (contributors)
4.1.6. Strengthen treatment and rehabilitation services to reach all adolescent girls living with obstetric fistula and other postpartum morbidities	Medium/ long-term	All countries of South Asia ensure that all adolescent girls living with obstetric fistula have access to treatment and rehabilitation services	Ministry of Health	Ministries of Women and Children, Youth	UNFPA (lead); WHO, UNICEF, SAARC (contributors)
4.1.7. Strengthen integration of adolescent pregnancy and parenting prevention and care components within humanitarian and emergency response plans	Short/ medium-term	Adolescent pregnancy and parenting prevention and care components are fully integrated within humanitarian and emergency response plans in South Asia	Ministry of Health	Ministries of Education, Women and Children, Economic Development	UN RC (lead); WHO, UNFPA, SAARC (contributors)
4.1.8. Strengthen integration of adolescent pregnancy and parenting prevention and care components within national RMNCAH communication strategies and guidelines	Short/ medium-term	Adolescent pregnancy and parenting prevention and care components integrated within national RMNCAH communication strategies and guidelines in all countries of South Asia	Ministry of Health	Ministry of Women and Children	UN Resident Coordinator (lead); WHO, UNFPA, SAARC (contributors)
4.2. Strengthen the enabling environment for quality and respectful adolescent-responsive information, with SBC and counselling services that are accessible to all pregnant and parenting adolescents					
4.2.1. Strengthen national guidelines and curricula for competency-based training and supportive supervision for providers to ensure counselling and services to adolescents and young people are accurate, non-judgmental and stigma-free	Short/ medium-term	National guidelines and curricula for competency-based training and supportive supervision for providers to ensure counselling and services to adolescents and young people are accurate, non-judgmental and stigma-free strengthened	Ministry of Health	Ministries of Education, Women and Children	WHO and UNFPA (co-leads); UNICEF (contributor)
4.2.2. Integrate values clarification into all training of trainers and training of multi-sectoral service providers/ supervisors for adolescents	Short-term	Values clarification fully integrated into all TOT and training of providers who serve adolescents and their supervisors	Ministry of Health	Ministries of Education, Women and Children	UNFPA (lead); WHO, UNICEF, Jhpiego (contributors)

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
4.2.3. Revise service delivery guidelines to emphasize the duty of providers to provide rights-based counselling to adolescents and young people during service provision	Short-term	Service delivery guidelines that emphasize the duty of providers to provide rights-based counselling to adolescents and young people during service provision	Ministry of Health	Ministries of Education, Women and Children	UNFPA (lead); WHO, UNICEF, NGOs (contributors)
4.2.4. Integrate adolescent well-being and SRH information in pre- and in-service training curricula for frontline workers providing primary care (midwives, community health workers, social workers, teachers)	Medium-term	Adolescent well-being and SRH information fully integrated into pre and in-service training curricula for frontline workers (midwives, community health workers, social workers, teachers)	Ministry of Education	Ministries of Health, Women and Children	UNFPA (lead); WHO, UNICEF, NGOs (contributors)
4.2.5. Increase access to key public health services such as HPV vaccination, HIV/AIDS testing and treatment for all adolescents and access to birth dose and Td vaccination for all pregnant adolescents.	Short/ medium-term	Countries in South Asia introduce and scale up HPV vaccination and expand access to universal birth dose and Td vaccination to all adolescent pregnant and parenting mothers	Ministry of Health	Ministries of Education, Women and Children	UNICEF (lead); WHO, UNFPA, GAVI ,
4.3. Strengthen capacity and leverage frontline health and nutrition providers such as midwives and community health workers to bring services closer to communities and strengthen referral linkages between health facilities and communities, including for pregnant and parenting adolescent girls					
4.3.1. Train CHWs and health providers, particularly midwives, through in-service training packages on caring for pregnant and parenting adolescents, including within the context of child marriage (UNFPA-developed training package)	Short/ medium-term	Improved capacity of midwives to care for pregnant and parenting adolescents through practical in-service toolkit	Ministry of Education	Ministries of Health, Women and Children, Youth	UNFPA (lead); WHO, UNICEF (contributors)
4.3.2. Ensure adequate referral mechanisms are available between health system levels and are responsive to adolescents needs (e.g. requirements to access treatment, financial protection for adolescents)	Medium/ long-term	Strengthened referral mechanisms and networks to improve access to care for adolescents	Ministry of Health	Ministries of Education; Women and Children	WHO (lead); UNICEF, UNFPA, NGOs (contributors)
4.3.3. Train health and nutrition workers to provide anaemia prevention and adolescent nutrition counselling services as per national standards	Medium-term	Trained health and nutrition workers provide anemia prevention and adolescent nutrition counselling services as per national standards	Ministry of Health	Ministry of Education	UNICEF(lead); WHO, UNFPA, NGOs (contributors)
4.3.4. Adolescent girls and boys reached with key messages on healthy diet and with communication to promote physical activity and healthy living	Medium-term	Adolescent girls and boys are informed about adolescent nutrition, promotion of physical activity, dietary diversity and menstrual hygiene management	Ministry of Health	Ministries of Education, Youth, Sport	UNICEF(lead); WHO and NGOs (contributors)

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
4.4. Expand access to mental health and psychosocial support services to pregnant and parenting adolescents through existing adolescent health services (including adolescent SRH) and other referral mechanisms					
4.4.1. Develop and strengthen national guidelines on psychological safety and mental health support to adolescent girls, including pregnant and parenting girls	Short/ medium-term	National guidelines on psychological safety and mental health support to adolescent girls, including pregnant and parenting adolescents developed by all South Asian countries.	Ministry of Health	Ministries of Education; Women and Children	WHO (lead); UNICEF, UNFPA, NGOs (contributors)
4.4.2. Strengthen national capacity on mental health services and psychosocial support for pregnant and parenting adolescents through cascaded trainings and system strengthening	Short/ medium-term	National capacity on mental health services and psychosocial support for pregnant and parenting adolescents through cascaded trainings and system strengthened in all South Asian countries	Ministry of Health	Ministries of Education; Women and Children	WHO (lead); UNICEF, UNFPA, NGOs (contributors)
4.4.3. Ensure that adolescent mental health and psychosocial support is fully integrated within national quality and respectful care guidelines, communication guidelines and health management information systems	Medium/ long-term	Adolescent mental health and psychosocial support is fully integrated within national quality and respectful care guidelines, communication guidelines and health management information systems	Ministry of Health	Ministries of Education; Women and Children	UNICEF (lead) UNFPA, WHO, NGOs (contributors)
4.5. Strengthen RMNCAH communication guidelines and strategies to integrate reproductive health education, and information on SRH, health, wellbeing and nutrition information to pregnant and parenting adolescents including through digital platforms					
4.5.1. Implement a rapid landscape assessment on adolescent pregnancy and parenting messages and communications within national RMNCAH communication guidelines and strategies	Short-term	Rapid landscape study conducted on adolescent pregnancy and parenting messaging and communication within national RMNCAH communication frameworks	Ministry of Health	Ministries of Women and Children, Education	UNFPA(lead); WHO, UNICEF, NGOs (contributors)
4.5.2. Integrate adolescent pregnancy and parenting messages within national RMNCAH communication guidelines, strategies and toolkits	Short/ medium-term	Adolescent pregnancy and parenting messages fully integrated within national RMNCAH communication guidelines, strategies and toolkits	Ministry of Health	Ministries of Women and Children, Education	UNICEF and UNFPA (co-leads); WHO, NGOs (contributors)
4.5.3. Strengthen integration of adolescent pregnancy and parenting communication messages within national maternal and child health handbooks/cards	Medium/ long-term	Adolescent pregnancy and parenting communication messages fully integrated within national maternal and child health handbooks/cards	Ministry of Health	Ministries of Women and Children, Education	UNICEF (lead); WHO, UNFPA, NGOs (contributors)

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
4.5.4. Strengthen integration of adolescent pregnancy and parenting communication messages within national school health programmes and curricula	Short/ medium-term	Adolescent pregnancy and parenting communication messages fully integrated within national school health programmes and curricula	Ministry of Education	Ministry of Health	WHO and UNFPA (co-leads); UNICEF (contributor)
4.6. Strengthen multi-sectoral coordination and referral mechanisms for GBV services (health, police, justice, social services)					
4.6.1. Institute national guidelines for survivor-centred multi-sectoral GBV response services with clear identification of roles and responsibilities for each sector (health, police, justice, social)	Short/ medium-term	National guidelines for multi-sectoral GBV response services with roles and responsibilities for each sector identified in place	Ministry of Women and Children, in collaboration with all sectoral leads	Ministries of Education, Women And Children, Justice	WHO (lead); UNFPA, UNICEF, NGOs (contributors))
4.6.2. Establish GBV case management system for timely and quality care for GBV survivors	Medium/ long-term	GBV case management system established with skilled workforce to ensure timely and quality care for GBV survivors	Ministry of Women and Children	Ministries of Education, Women and Children, Justice, Police, Education, Finance, Health	UNFPA (lead); WHO, UNICEF, NGOs (contributors)
4.6.3. Strengthen national capacity for multi-sectoral services for GBV survivors through cascaded trainings and system strengthening in line with international standards	Medium/ long-term	National capacity for multi-sectoral services for GBV survivors through cascaded trainings and system strengthening in line with internation-al standards	Ministry of Women and Children	Ministries of Education, Women and Children, Justice. Health, Interior (police), Finance, Education	WHO (lead); UNFPA, UNICEF, NGOs (contributors)
4.7. Provide quality and respectful community and primary health and nutrition care for the most marginalized groups of pregnant and parenting adolescents					
4.7.1. Integrate adolescent pregnancy prevention and care services within community and primary health-care services, training guidelines and platforms	Short/ medium-term	Adolescent pregnancy prevention and care services integrated within national community and primary health and nutrition	Ministry of Health	Ministries of Women and Children, Education	UNFPA(lead); WHO, UNICEF, NGOs (contributors)
4.7.2. Integrate protection, pre-conception, adolescent pregnancy prevention and care services within RMNCAH platforms in communities and at primary health-care levels, and leverage existing service gateways such as schools, non-formal learning centres, community centres, and adolescent and sports clubs	Medium/ long-term	care service platforms	Ministry of Health	Ministries of Education, Women and Children, Justice	WHO (lead); UNICEF UNFPA, NGOs (contributors)

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
Priority area 5: Adolescent girls' agency and leadership					
5.1. Include the voices of adolescent girls (including pregnant and parenting adolescents) in policymaking and programme design related to adolescent pregnancy					
5.1.1. Involve pregnant adolescents as partners in health care to foster creative maternal health-care solutions for all women and girls	Medium-term	Pregnant adolescent girls' engagement in the systematic design and delivery of healthcare services improved and stigma reduced	Ministry of Health	Related technical departments	UNICEF, UNFPA, WHO; local and international NGOs
5.1.2. Ensure representation of adolescent girls in policy discussions and include their perspectives in policies related to child marriage, adolescent pregnancy, GBV, re-enrolment in school etc.	Medium-term	Voices and perspectives of adolescent girls are meaningfully reflected in designing and revising policies	Ministries of Social Affairs, Health, Youth, Education	Related technical departments	UNICEF, UNFPA, WHO; local and international NGOs
5.2. Support meaningful participation by adolescent girls in leading civic engagement activities in their community around raising awareness and changing social norms on adolescent pregnancy, stigma, child marriage and gender equality					
5.2.1. Create safe, inclusive and adolescent-friendly community platforms for girl champions, pregnant or parenting adolescent girls to share their experiences, access peer support and influence their wider communities	Medium-term	Community platforms across South Asia increased with improved empowerment and mental health of adolescent girls	Ministries of Social Affairs, Health, Youth, Education	Related technical departments	UNICEF, UNFPA; local and international NGOs
5.2.2. Ensure representation of adolescent girls in technical working groups and local, national and regional platforms	Medium-term	Adolescent girls are represented in technical working groups at local, sub-national, regional levels and on similar platforms	SAARC	Related ministries, United Nations, UNICEF, other partner agencies	SAARC, UNICEF, UNFPA, WHO, other UN partners; local and international NGOs
5.3. Create an enabling system that promotes adolescent girls' agency and increases their mobility and decision-making power to access basic services and speak up for their rights					
5.3.1. Promote quality adolescent reproductive health education (for both in-school and out-of-school adolescents and children), focusing on communication and negotiation skills, gender equality, consent and agency, and addressing myths and misconceptions about contraception	Long-term	Adolescent girls in South Asia empowered to communicate their needs and boundaries, negotiate safer sexual practices and consensual relationships and advocate for their health and rights	Ministries of Health, Education	Related technical departments within these ministries	UNFPA and UNICEF local and international NGOs

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
5.3.2. Build evaluative evidence on at-scale programmes that promote girls' agency, mobility, leadership and decision-making power	Medium-term	Availability of evaluative evidence on programmes that promote girls' agency, mobility, leadership and decision-making power	Ministries of Statistics, Women and Children	Related agencies, technical departments within these ministries	SAARC; UNICEF, UNFPA; local and international NGOs
5.3.3. Expand investments in programming that boost agency and empowerment for girls at scale, including adoption as part of government programmes	Medium-term	Programmes scaled and advocacy improved in South Asia enabling married and unmarried adolescent girls to improve their agency and self-efficacy	Ministries of Youth, Education; other Related line ministries; SAARC	Related technical departments within these ministries	UNICEF and UNFPA (co-leads); local and international NGOs

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
Priority area 6: Community engagement and accountability for girls					
6.1. Strengthen engagement of adolescents, including pregnant and married adolescents and young mothers, parents, families, communities and service providers in policy and programme interventions					
6.1.1. Engage community and faith leaders, other gatekeepers, adolescents and parents through inter-generational dialogue to discuss issues related to SRH, girls' health and well-being, protection against violence and needs of unmarried adolescents	Short-term	Formal and informal community leaders, including faith leaders, support girls' health and wellbeing through the SBC and community engagement working group	SAARC; Ministries of Cultural Affairs, Women and Children; line ministries	Related technical departments	UNFPA and UNICEF (co-leads); faith-based organizations, CSOs
6.1.2. Advocate for engagement and leadership of adolescents in existing community networks and platforms	Medium-term	Adolescent girls, including pregnant and parenting adolescents, advocate for their own interests and find joint solutions to their issues	Ministry of Youth	Related technical departments	UNFPA and UNICEF (co-leads); CSOs
6.1.3. Support and strengthen positive parenting practices, especially for young mothers and fathers	Short-term	Adolescent and youth parents are benefitting from knowledge about positive parenting practices shared with them	Ministries of Women and Children, Youth	Ministry of Health	UNFPA, UNICEF (co-leads)
6.2. Engage men and boys actively in promoting positive social and gender norms and support positive and consent-based relationship-building and parenting					
6.2.1. Engage adolescent boys and men in addressing harmful gender norms that limit girls' agency and contribute to GBV, for example through adolescent-led civic and social engagement initiatives at the community level	Medium-term	Community level interventions led by boys and men are designed and implemented based on global and regional evidence-based interventions	Ministries of Youth, Women and Children, Social Affairs, line ministries	Related technical departments	UNICEF, UNFPA
6.2.2. Introduce leadership clubs in schools to discuss positive masculinities and the role boys can play as allies to girls and women in their communities	Medium-term	Positive masculinity is addressed in all relevant forums and in schools	Ministry of Education	Related technical departments	UNICEF, UNFPA
6.2.3. Positive deviance approach used to support engagement by men and boys	Short/ medium-term	Positive deviance approach used to address harmful social norms	Ministry of Women and Children' line ministries	Related technical departments	UNICEF (lead); UNFPA

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
6.3. Strengthen partnerships and programmes with faith-based leaders and families to promote gender-equal norms that build girls' agency to combat GBV and coercion, and implement gender-transformative approaches to promote positive masculinities					
6.3.1. Integrate topics on adolescent reproductive health education, information and services, pregnancy, child marriage and social norms into key dialogue forums, including with faith-based organization networks and other context-relevant community influencers	Short-term	The normative beliefs of key community influencers regarding contraception, pregnancy and marriage are addressed	Ministries of Women and Children, Health; line ministries	Related specialized departments and institutions	UNFPA (primary); UNICEF; faith-based organizations, regional faith engagement advisory group
6.3.2. Integrate relevant information and services, including family planning and adolescent pregnancy, but also related to harmful social and gender norms, child marriage and girls' education into national SBC strategies and guidelines for RMNCAH.	Medium-term	National SBC strategies and guidelines on RMNCAH revised to integrate SRH information and services	Ministry of Health	Related specialized departments	UNFPA (primary); UNFPA, UN Women; CSOs
6.3.3. Develop and implement SBC interventions that ensure adolescents use high-quality care despite their limited autonomy and the influence of partners, families and other gatekeepers.	Medium-term	SBC interventions developed and implemented based on behavioural science	Ministries of Youth; Social Affairs; family	Related specialized departments	UNICEF (primary); UNFPA, UN Women; CSOs
6.4. Establish community accountability approaches to strengthen feedback mechanisms that include the voices of married, pregnant and parenting adolescents, but also promote social accountability among communities and policymakers					
6.4.1. Educate and mobilize families, communities, adolescents and leaders to address harmful cultural and social norms related to the value of birth spacing, delaying pregnancy, ending child marriage, school enrolment, retention and parenthood for young married adolescents.	Long-term	Families, communities, adolescents and community leaders are actively advocating against harmful social norms and promote positive norms and interpretation of religious texts	Ministries of Women and Children, Education; line ministries	Related specialized departments and institutions	UNICEF, UNFPA, CSOs
6.4.2. Assess the impact and effectiveness of programmes, such as Rupantaran, Girls Sine, Champions of Change, Beti Bachao Beto Padao etc. and develop a model empowering adolescents to engage communities and gatekeepers.	Medium-term	Model programme developed based on best practices to empower adolescents for community engagement	Ministries of Statistics, Women and Children; line ministries	Related specialized departments	UNFPA and UNICEF (co-leads); UN Women, CSOs

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
Priority area 7: DATA AND EVIDENCE					
7.1 Strengthen national data management systems to collect, analyse, and effectively utilize data on adolescent pregnancy and unmet need for contraception					
7.1.1. Define and establish standardized indicators for monitoring and evaluating the health, education, and well-being of adolescent girls, including those who are pregnant or parenting	Short-term	Set of standardised indicators agreed	Ministry of Statistics and Population	Related line ministries	UNICEF, UNFPA, WHO, other UN agencies
7.1.2. Review and strengthen national systems (HMIS, education management information system, civil registration and vital statistics system, etc.) and ensure they have clear disaggregation of data at all levels (ward, municipal, state, etc.)	Medium-term	National data management systems capture disaggregated data on adolescent girls, including pregnant and parenting adolescents	Ministry of Statistics and Population	Related line ministries	UN agencies
7.1.3. Develop and implement a regional dashboard and country-specific dashboards to monitor and report data on adolescent girls, including those who are pregnant or parenting	Medium-term	Up-to-date dashboards on adolescent pregnancy and related indicators are in place at country and regional levels and inform strategic development, programme implementation and advocacy and communication-	Ministries of Statistics and Population; Health	Related line ministries	UNICEF, UNFPA, WHO; national research institutes
7.1.4. Establish or enhance existing community information systems at the country level ensuring the effective collection, analysis, and use of community data on adolescent girls and boys, including those who are pregnant or parenting	Medium/ long-term	Community information systems are available at country level to enhance the use of adolescent-related data at community level	Ministries of ICT, Health	Other line ministries	Relevant UN agencies, local CSOs, NGOs
7.1.5. Establish integration or interoperability of data systems to ensure seamless communication and data sharing	Medium/ long-term	National data management systems strengthened for interoperability	Ministry of ICT	Other related line ministries	UNICEF, WHO
7.2. Strengthen the capacity of key stakeholders (including ministries and sub-national administrations, schools, development agencies, civil society, etc.) to collect, analyse and utilize data on adolescent girls, including those who are pregnant or parenting					
7.2.1. Build capacity of key government stakeholders in data collection, analysis and utilization of data on adolescent girls, including those who are pregnant or parenting.	Medium-term	Key government stakeholders are equipped with the knowledge and tools to collect data, and analyse and use it to implement programmes on parenting and pregnant adolescents.	Ministry or Department of Statistics	Ministry of Health	UNICEF, UNFPA; national research institutes, think tanks

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
7.2.2. Build the capacity of adolescent networks to enable them to collect, analyse, share and use data to implement programmes on parenting and pregnant adolescents	Medium-term	Adolescent networks and other grassroots organizations have a better understanding on data collection and analysis methods and can contribute to data collection and share data	Ministries of Health; Statistics	Other related ministries	UNICEF, UNFPA; NGOs, CSOs, women-led organizations; youth networks
7.3. Strengthen evidence generation, including longitudinal studies, and evaluative evidence to understand what works and why to prevent adolescent pregnancy and inform interventions that support parenting and married girls					
7.3.1. Collect, analyse and disseminate disaggregated data on younger (10–14 years old) and older (15–19 years old) adolescents through surveys and studies; determine relevant indicators and include them in these studies, e.g., indicators related to growth and maturation and promote the use of standard age categories (10–14, 15–19, 20–24) and appropriate terminology (e.g. referring to 10-19-year-olds as adolescents, and 20–24-year-olds as young women)	Medium/ long-term	Surveys and studies including DHS, MICS etc capture disaggregated data on adolescent girls (younger and older adolescents)	Ministry or Department of Population and Statistics	Ministry of Health and associated line ministries	UNICEF, UNFPA, WHO; local research organizations, academia, think tanks
7.3.2. Leverage data from censuses, MICS and DHS to conduct/produce a situation analysis (snapshots) of adolescent girls and boys, including pregnant and parenting adolescents, to inform policy and programme development.	Medium-term	Papers and statistical analysis developed using data from the census, MICS and DHIS to provide a situation analysis of adolescent girls	Ministry or Department of Population and Statistics	Ministry of Health; associated line ministries	UNICEF, UNFPA, WHO; local research organizations, academia, think tanks
7.3.3. Conduct research and evaluation on determinants and outcomes of adolescent pregnancy and build a strong evidence base on the situation, key drivers, consequences, partnerships and evidence-based interventions on what works for married adolescents and adolescent mothers	Medium-term	Situation analysis produced to better understand and share knowledge on key drivers and best practices on programmes related to adolescent pregnancy	Ministry or Department of Population and Statistics	Ministry of Health; associated line ministries	UNICEF, UNFPA, WHO; local research organizations, academia, think tanks
7.3.4. Collect data from alternative sources such as U-Report, i-Hear U, to acquire information on relevant thematic areas linked to adolescent pregnancy, girls' access to services etc.	Medium/ long-term	Data collected through U-report and other sources on diverse thematic areas available to inform policy and programming decisions	Ministry or Department of Population and Statistics	Ministry of Health; associated line ministries	UNICEF, UNFPA, WHO; local research organizations, academia, think tanks

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
7.3.5. Conduct implementation research and evaluations on models that are being used to reduce adolescent pregnancy on effective strategies and practices for supporting adolescent girls, including those who are pregnant or parenting, to enhance programme outcomes and inform policy decisions	Medium-term	Implementation research on effective strategies and practices conducted	Ministry or Department of Population and Statistics	Ministry of Health and associated line ministries	UNICEF, UNFPA, WHO; local research organizations, academia, think tanks
7.3.6. Establish partnerships with research institutions and academia to coordinate and advance studies on adolescent girls, including those who are pregnant or parenting	Medium-term	Strong partnerships with research institutions and academia established, enhancing evidence on adolescent girls and boys including pregnant and parenting adolescents.	Ministry or Department of Population and Statistics	Ministry of Health and associated line ministries	UNICEF, UNFPA, WHO; local research organizations, academia, think tanks
7.3.7. Develop investment cases on improving support systems for adolescent girls, including those who are pregnant or parenting, to secure funding and drive effective interventions.	Medium-term	Context-specific investment cases developed and are used as tools to improve support systems for pregnant and parenting adolescent girls.	Ministry or Department of Population and Statistics	Ministry of Health and associated line ministries	UNICEF, UNFPA, WHO; local research organizations, academia, think tanks
7.3.8. Generate evidence on barriers and drivers, socioeconomic factors and dietary patterns and behaviours involved in adolescent nutrition	Medium-term	Analysis generated on drivers of adolescent malnutrition and barriers to access to nutritional services, including equity gaps hindering the effectiveness of existing programmes and policies on adolescent malnutrition	Ministry of Health; Provincial Departments of Health	Ministry of Education	UNICEF
7.4. Establish knowledge management platforms to facilitate the exchange and cross-pollination of best practices among stakeholders and programmes					
7.4.1. Organize in-country, and regional quarterly knowledge-sharing sessions, including webinars and brown bag sessions, to facilitate the exchange of best practices and lessons learned	Short/ medium-term	Quarterly knowledge sharing sessions held for sharing best-practices and knowledge within and between countries of South Asia	SAARC; Ministry of Health	All relevant line ministries	UNICEF, UNFPA, WHO
7.4.2. Leverage commemorative days to highlight the situation of and advocate for adolescent pregnancy and raise awareness through diverse communication channels	Short/ medium-term	Awareness-raising events are organized on commemoration days (e.g., Day of the Girl Child, Mothers Day) to advocate for better care and support for pregnant and parenting adolescents	SAARC	Ministries of Health, Women and Children	UNFPA, UNICEF, WHO

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
7.4.3. Conduct learning visits to successful programmes and initiatives across the region to gather insights, best practices and lessons learned for supporting adolescent girls, including those who are pregnant or parenting	Short/ medium-term	Frequent learning visits are conducted between the countries of South Asia to cross-pollinate ideas and learn about best practices related to programmes on adolescent pregnancy	SAARC	Ministry of Health	UNICEF, UNFPA; grassroots organizations, communication agencies
7.4.4. Document best practices, lessons learned, and successful interventions in supporting adolescent girls, including those who are pregnant or parenting, to create a comprehensive resource for future programmes and policy development	Medium-term	Compendia of best practices and lessons on adolescent girls programming developed; successful programmes and initiatives on adolescent pregnancy identified, mapped and analysed; and this knowledge is widely disseminated for learning and knowledge exchange	SAARC	Ministries of Health, Women and Children	UNICEF, UNFPA, UN
7.4.5. Organize country and regional adolescent girls' conferences to foster dialogue, share best practices and collaborate on strategies for improving the well-being of adolescent girls, including those who are pregnant or parenting.	Medium/ long-term	Country and regional adolescent girls' conferences held	Ministries of Health, Women and Children; SAARC	Other relevant ministries	UNICEF, UNFPA, WHO; CSOs, academia, NGOs, donors, and other stakeholders

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
8. COORDINATION MECHANISMS					
8.1. Develop regional frameworks, advocacy for policy implementation and monitoring of progress in the region					
8.1.1. Identify and leverage at least three strategic advocacy tactics or moments over the next two years with a coalition of partners to accelerate action for and with adolescent girls who have an unmet need for family planning, or are pregnant, married and parenting in South Asia	Medium/ long-term	Strategic advocacy and commemorative events are leveraged to advance the agenda on adolescent pregnancy and care in South Asia convening a diverse range of stakeholders and actors	SAARC	Ministries of Health, Women and Children	UNICEF, UNFPA, WHO, INGOs, CSOs, academia
8.1.2.Collaborate to develop a common narrative, advocacy messages and shared advocacy and communications content and assets	Short/ medium-term	A common narrative, and advocacy messages are developed on adolescent pregnancy and care to allow stakeholders to speak in one voice and advance the agenda in South Asia	SAARC	Ministries of Health, Women and Children	UNICEF, UNFPA, WHO
8.1.3. Identify opportunities for partners to ensure continued, meaningful participation of adolescent girls and boys in advocacy and communications on adolescent pregnancy in South Asia and the technical implementation of the regional action plan	Medium/ long-term	Adolescents are systematically engaged and participate in advocacy and communication for better care of adolescent pregnancy and prevention of child marriage and adolescent pregnancies.	SAARC	Ministries of Health, Women and Children	UNICEF, UNFPA, WHO, CSOs, youth organisations
8.2. Coordinate regional Technical Working Group on adolescent pregnancy and care					
8.2.1. Establish a standing regional adolescent pregnancy and care technical working group at regional level within the SAARC Technical Group for Women, Youth and Children	Short-term	A regional technical working group is established on adolescent pregnancy and care within the SAARC Technical Group for Women, Youth and Children	SAARC	Ministries of Health, Women and Children	UNICEF, UNFPA, WHO
8.2.3. Engage key stakeholders and partners working on family planning and adolescent pregnancy in national and subnational RMNCAH and MNCH frameworks, technical working groups and platforms		Key stakeholders are collaborating and improving family planning and adolescent pregnancy care in national and subnational RMNCAH and MNCH frameworks and other platforms	SAARC	Ministries of Health, Women and Children	UNICEF, UNFPA, WHO

Key priority actions	Timeframe	Expected results/milestones	Concerned ministries, departments and agencies		Other stakeholders
			Lead	Associate	
8.3. Convene Member States to review the evidence and needs for programming on adolescents, including pregnant and parenting adolescents					
8.3.1. Enhance South-South learning and documentation of best practices through collaborations among SAARC and the regional bodies of UNICEF, UNFPA and WHO	Medium-term	Best practices on programming for married, parenting and pregnant adolescents are collated and disseminated regionally as part of South-South learning initiatives.	SAARC	Ministries of Health, Women and Children	UNICEF, UNFPA, WHO
8.4. Provide oversight of the Regional Action Plan on preventing adolescent pregnancy, supporting married, pregnant and parenting adolescents					

Re-shaping the future for at-risk, married, pregnant and parenting girls:

Regional technical brief and action plan on adolescent pregnancy in South Asia

SAARC

unicef for every child

UNFPA

World Health Organization