Protocol for Yowun Piyasa: Adolescent and Youth Friendly Health Service (AYFHS) Center

Ministry of Health

Family Health Bureau

World Health Organization

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FAMILY HEALTH BUREAU

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Message from the Director General of Health Services

Health care facilities including both field health services and curative health institutions play a vital role for adolescents in preventing health problems, promoting health and shaping positive behaviours. Adolescent and Youth Friendly Health Service (AYFHS) clinics are designed to provide quality adolescent health services at the primary care level and to strengthen the public sector's ability to respond to adolescent health needs. The key objectives of the programme are to make health services more accessible and acceptable to adolescents, establish national standards and criteria for adolescent health care in clinics throughout the country, and build the capacity of health care workers to provide quality services.

Around 4.8 million out of 20.4 million, or 1 in 4 of the Sri Lankan population consists of adolescents and youth aged 10 to 24. Promoting healthy behaviours and intervening timely for issues during adolescence, and taking steps to protect them from health risks are crucial. To meet this challenge, it is essential to streamline the services for the adolescents and youth. Therefore, the Ministry of Health with the involvement of all relevant stakeholders had developed a protocol for adolescent youth friendly health service clinics (Yowun Piyasa) to ensure provision of quality health care services for Adolescents & Youth.

This document provides guidance of provision of AYFHS in both curative and preventive sectors ensuring optimum accessibility, acceptability and coverage. Therefore, it is imperative that service providers at all levels

ensure service provision as per the standards. It is expected that all service providers will ensure optimum service provision for adolescents and youth of the country.

Dr. Anil Jasinghe
Director General of Health Services
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Preface

Adolescence is stated as the period of transition from childhood to adulthood, which starts with the onset of puberty. It comprises the individuals between the ages of ten to nineteen years. During this important period, a child undergoes biological transition, which is characterized by puberty, related changes in physical appearance and the attainment of reproductive capability, psychological or cognitive transition, which reflects an individual's thinking, and social transition, which is related to rights, privileges and responsibilities of an individual.

Adolescent and youth friendly health service (AYFHS) concept in the family health program are targeted on adolescents and youth (10-24-year group) and this was introduced to Sri Lanka in 2005. Adolescent and youth friendly health services are available for young persons who are in need through PHM, PHI, SPHI, PHNS, MOH, "Yowun Piyasa" clinics in both MOH offices and selected major hospitals.

Integrated services delivered through the healthcare system are identified as one of the most effective ways of delivering AYFH services. This is a huge challenge in countries like Sri Lanka due to various cultural and social barriers. It is important that this service integration should be done in a very careful manner without disrupting the available system. In order to provide acceptable services with adequate utilization, in-depth exploration of social and cultural barriers and understanding the needs and expectations of adolescents is a great necessity.

It is expected that this protocol will provide guidance to all relevant service providers in preventive and curative health sectors in improving adolescent and youth health services of our country with ensuring optimum accessibility, acceptability and coverage.

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List of Abbreviations

AA-HA!	Accelerated Action for the Health of Adolescents
ADIC	Alcohol and Drug Information Centre
AYFHS	Adolescent and Youth Friendly Health Service
AIDS	Acquired Immunodeficiency Syndrome
AMOH	Additional Medical Officer of Health
BMI	Body Mass Index
DGHS	Director General of Health Services
DDGHS	Deputy Director Generals of Health Services
HIV	Human Immunodeficiency Virus
HEADSS	Home, Education, Activities, Drugs, Sexuality and Suicide
IEC	Information, Education and Communication
RHMIS	Reproductive Health Medical Information System
MO	Medical Officer
MOH	Medical Officer of health
MOMCH	Medical Officer, Maternal and Child Health
MDG	Millennium Development Goals
MOH	Medical Officer of Health
NGO	Non-Governmental Organizations
NCD	Non-Communicable Diseases
PHI	Public Health Inspector
PHNS	Public Health Nursing Service
PHM	Public Health Midwife
RSPHNO	Regional Supervisory Public Health Nursing Officer
SPHM	Supervisory Public Health Midwife
SMI	School Medical Inspection
SPHI	Supervisory Public Health Inspector
SPHID	Supervisory Public Health Inspector of the District
SPHM	Supervisory Public Health Midwife
STI	Sexually Transmitted Infection
SDGs	Sustainable Development Goals
WIFS	Weekly Iron Folate Supplementation
WHO	World Health Organization

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1. Introduction

Five million, one fourth of the Sri Lankan population is young persons of 10-24 years of age. Adolescents, 10-19-year group, accounts for 16% of the total population. Youth identified as 15-24-year group consists of another 16%.

Though young persons are considered as an apparently healthy group, they are in a time period where they undergo rapid emotional, physical and intellectual transition from childhood to adolescence and to independent adulthood. They acquire physical maturation by 10-16 years. Their brain maturation continues up to mid-twenties. They like to experiment new things, yet they are unable to perceive the consequences. This situation leads them for risk taking behaviours and may end up with premature deaths due to accidents, suicide, violence, pregnancy related complications and other illnesses that are either preventable or treatable. Unhealthy lifestyles such as wrong dietary practices, physical inactivity, alcohol consumption and tobacco usage, established within this period ends up in pre-mature deaths in early adulthood due to non-communicable diseases.

All these reflect the need for young people to have adolescent and youth-friendly models of health service at primary care level. Adolescent and Youth Friendly Health Service (AYFHS) concept was introduced in Sri

Lanka in 2005. Although around 50 AYFHS centres were established by late 2008, there were only nine AYFHS centres functioning by 2015. Meanwhile "Youth" component was incorporated into the family health programme of the Family Health Bureau in the latter half of 2015. With that, revamping of the AYFHS was initiated under the concept of "Yowun Piyasa".

Three models for Yowun Piyasa (AYFHS) are considered:

1. Hospital based
2. Field based (at MOH office)
3. Centre based (separate centre with other facilities such as computer, library, sport etc.)

The new national standards for AYFHS will help to overcome these barriers and facilitate the implementation of the AYFHS.

Present protocol provides guidance for commencing and maintaining adolescent youth friendly centers in all these three setups with necessary modifications depending on availability of resources. There may be differences with regard to availability of staff, space and logistics among the places and in those situations, there are constraints to adhere to protocol. In such instances, it is suggested to adhere to closet feasible options. Consultation of hospital director, regional director of health services and family health bureau is important in order to ensure sustainability of the adolescent and youth friendly service provision. For holistic provision of care, it is needed to have intra-sectorial and inter-sectorial coordination and system of ensuring out- reach activities.

2. What is “Yowun Piyasa” (Adolescent and Youth Friendly Health Service Clinic/Center)?

This is the clinic/center where adolescent and youth friendly health services are provided for the adolescents and youth in Sri Lanka. It delivers an essential package of services that are accessible, acceptable and appropriate in an equitable manner ensuring privacy and confidentiality.

AYFHS facilities effectively provide the health service package which includes information, counseling, preventive, promotive, diagnostic and treatment services, with referral, follow up and linkages with other services.

The centers are well managed and have the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents and youth.

National level focal point

Family Health Bureau is recognized as the focal point of the adolescent and youth health programmes in Sri Lanka.

Provincial level focal point

Provincial consultant community physician will be the provincial level focal point of coordination.

Regional level coordination

Regional level focal point for coordination is Medical Officer Maternal and Child Health (MOMCH). Other officers of the district level to work with are medical officers of mental health and non-communicable diseases, senior medical officers, regional supervisory public health nursing officers (RSPHNOs),supervising public health inspectors of the district (SPHIDs) and Health education officers.

3. Guiding Principles

Guiding principles are based on unique nature and needs of adolescents and youth.

They are ensuring the following aspects:

- Rights based approach
- Gender sensitivity
- Equity and non-discrimination
- Participation and empowerment of adolescents and youth
- Non-judgmental approach, respect for and dignity of all beneficiaries
- Privacy and confidentiality
- Respect for law and order and country policies
- Optimal service delivery to adolescents and youth through building/strengthening essential linkages

4. New standards for adolescent and youth friendly health services

In parallel to the revamping process of AYFHS, new standards are developed for "Yowun Piyasa" centers adopting the standards developed by world health organization. These standards will be used in accreditation in place of previous standards developed in 2008. Aim is to ensure provision of best possible care for adolescents and youth in Sri Lanka.

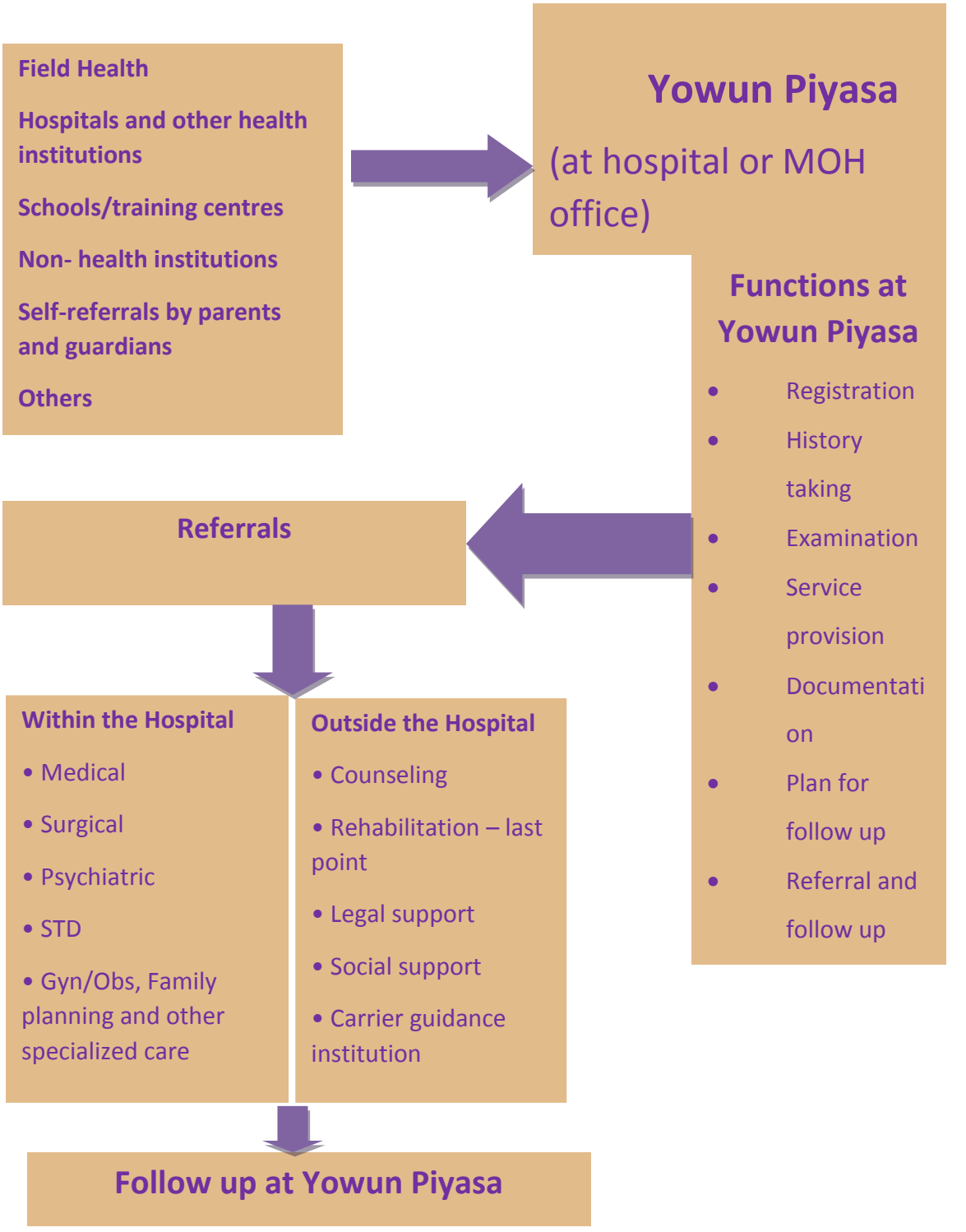
I	**Health empowerment of adolescents and youth**	**STANDARD 1:** The health facility implements systems to ensure that adolescents and youth are knowledgeable about their own health and healthy behaviours, and they know where and when to obtain related services.
II	**AYFHS Facility Characteristics**	**STANDARD 2:** All service delivery points are accessible and acceptable to adolescents and youth to receive adolescent and youth friendly health services as perceived by them ensuring privacy and confidentiality. The centres are well managed and have the equipment, medicines, supplies and technology needed to ensure effective

		service provision to adolescents and youth.
III	**Competencies and characteristics of Service providers and supportive Staff**	**Standard 3:** Health care providers and supportive staff demonstrate the technical competencies required to provide effective health services to adolescents and youth. Both healthcare providers and support staff respect, protect and fulfill adolescent and youth rights to information, privacy, confidentiality, non-discrimination, non-judgmental attitude and respect.
IV	**Appropriate package of services**	**STANDARD 4:** AYFHS facilities effectively provide the health service package which includes information, counseling, preventive, diagnostic and treatment services, with referral, follow up and linkages with other services.

V	**Information System and quality Improvement**	**Standard 5:** The health facility continuously collects analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff participates in continuous quality improvement.
VI	**Community Support**	**Standard 6:** The health facility implements systems to ensure those parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and youth and support such provision and the utilization of services by adolescents and youth.
VII	**Participation of Adolescent and youth**	**STANDARD 7:** Adolescents and Youth are involved in the planning, monitoring and evaluation of health services and in decision making regarding their own care, as well as in

		certain appropriate aspects of service provision.
VIII	**Equity and Non-Discrimination**	**Standard 8:** The health facility provides quality services to all adolescents and youth irrespective of their age, sex, marital status, education level, ethnic origin, socio-economic status, sexual orientation and other characteristics.

5. Pathway of care for the Yowun Piyasa



5. AYFHS Centre (Yowun Piyasa) facility

In order to provide adolescent and youth friendly services, center should have followings:

General:

- Friendly, clean and welcoming and secured environment
- A clearly visible signboard that mentions the facility operating hour
- Convenient operating hours for adolescents and youth, flexible appointment procedures and minimal waiting times
- A welcoming and clean environment with functioning basic amenities
- Policies and procedures to protect the privacy and confidentiality
- The availability of up-to-date decision support tools, necessary registers, equipment, and systems for ensuring the availability of medicines and supplies
- A system of purchasing, inventory, maintenance and safe use of the equipment necessary to deliver the required package of services in place
- A system for getting clients feed-back anonymously (e.g. suggestion box)
- A system to deliver the service package is in place in liaison with the area public health staff hospital staff and, multi sectoral agencies

Facilities:

- Should have adequate and comfortable seating in waiting area

- Should have communication materials specifically developed for adolescents in waiting area
- Should have drinking and other water facilities
- Should have electricity
- Should have clean functioning toilets
- Should have a way of waste disposal-general waste, clinical waste and sharp disposal
- Should have furniture, minimum of: two tables, executive chairs, visitor's chairs and an examination bed
- Communication equipment (Phone)
- Computer with email/internet access
- Recreational facilities

Displaying items:

- Areas of service package
- The rights of the client (Annex 2)

Medical equipment:

- Binaural adult stethoscope
- Blood pressure apparatus
- Measuring tape
- Adult weighing scales
- Height meter
- BMI growth charts for adolescents
- Clinical thermometer
- Light source, for example a torch
- Latex gloves

- Pregnancy test strips
- Test strips for urine, 10 parameters
- Single-use standard disposable or auto- disposable syringes
- Soap or alcohol-based hand rub for hand hygiene
- Condoms and temporary contraceptives

Medicine (should be available at the center or in dispensary)

- Oral contraceptive pills
- Emergency contraceptive pills
- Injectable contraceptives
- Intravenous fluids

Other equipment

- Television
- Computer or laptop
- Multimedia projector
- IEC materials

Visual and auditory privacy:

- Should have curtains on the doors and windows
- Communication between reception staff and visitors is private and cannot be overheard, including from the waiting room
- In the offices/examining rooms, there is a screen to separate the examination area from the consultation area
- No one can see or hear an adolescent client from the outside during the consultation or counseling

A register, clinic records and returns:

- The register on service utilization has data disaggregated by age and sex (Annex 3)

  So that cause-specific service utilization by adolescent boys and girls can be extracted
- The register should have referral details
- Clinic records (Annex 4) are maintained and preferably should have a coding system for further referral.
- The reporting forms have a format that allows the presentation of data disaggregated by age and sex as (Annex 6)
- Case records are kept in a secure place, accessible only to authorized personnel Continuation of these records should be there from first visit onwards
- The registers should be kept under lock and key outside operating hours
- For electronically stored information, measures are applied to prevent unauthorized access.

Contact list of supportive sectors:

- Community health centers including mental health
- MOH/Hospital AYFHS center
- Rehabilitation centers for substance use
- Social service officers at divisional secretariat and non-governmental organizations (NGOs)
- Educational institutions and employment agencies
- Religious and other community leaders
- Youth networks and groups

- People living with HIV/AIDS and networks
- Legal advice/ aid in cases gender-based violence, sexual violence
- Other multi sectoral agencies available in the area, including carrier guidance institutions

Outreach activity plan:

- The health facility has a plan for outreach activities to promote health and increase the use of services by adolescents and youth
- Should liaise with MOHs and public health staff and other multi sectoral agencies available in the area in providing outreach activities

6. Clinical services provided by Yowun Piyasa

- This process starts with introducing the health care provider and going for history taking
- Client and accompanying person should be ensured of confidentiality at the onset of the interview
- If client comes with a parent or other person first ask the client whether he/she would like to talk to the doctor alone
- It is better to have discussion alone with the client at the start or end of the interview
- As the first step, developmentally appropriate psycho-social history should be taken as indicated in following diagram
- Details of HEADSS (home, education, activities, drugs, sexuality and suicide or depression) are to be covered in the history
- Risk identification has to be conducted
- Physical examination should be conducted after history taking

- Clinical care provision should be conducted according to the identified problems
- Necessary counseling has to be provided
- Whenever referrals are needed, provide clear simple instructions
- Wrapping up and follow up plan should be conveyed to the client

Risk Factors for Danger

1	If mother/father separated
2	If client is living with grandparents or with relations
3	Parents are unemployed, No financial assistance
3	If the husband /partner is unemployed, No financial assistance
4.	Recently separated or divorced
5.	Severe addiction to tobacco, alcohol or other substance
6.	Pregnancy or recent birth
7.	Unhealthy lifestyles- diet and sedentary lifestyle
8.	Recent threats of deadly of violence
10.	Socio-demographic -economic issues are involved
11.	When cultural issues are involved
12.	Different sexual orientations
13.	Those living in Childrens' homes or probation homes

7. Befriending services

This is very important while encountering the young person and providing necessary services, following conditions should be ensured:

- Acceptance and respecting the client in a non-discriminative manner
- Active listening to the client
- Empathetic approach
- Relaxing environment in the center
- Being genuine towards what is communicated
- Maintaining eye contact with the client during all discussions
- Responding immediately to the questions and queries of the client
- Options of service provision decided in agreement with the client

8. Documentation, data management and submission of data to Family Health Bureau

Registration and data collection should be conducted in confidential manner. A serial number should be assigned for each client while registering. The name and the contact details of the client are recorded in the master register (Annex 3). It should be kept under lock and key. Thereafter, data collection forms are identified by a serial number/name and kept in a cupboard under lock and key. Computerized client details should be password protected and the password be known only to the officer in charge. The clinic record forms (Annex 4) are retrieved when the client visits for the second time, and these records should be handled by the medical officer or the nursing officer directly involved with care provision. They should return it back to the cupboard, so that the confidentiality is maintained. No information is to be given to a third party except to fulfill for legal obligations. In such a situation the decision has to be taken by the medical officer in consultation with the director of the hospital, MOMCH and Family Health Bureau. Information regarding the service provision should be submitted quarterly to the Adolescent and

Youth Health Unit, Family Health Bureau with a copy to MOMCH, in the format annexed herewith (Annex 6).

Main register will have date, name, sex, contact details and the serial number referred by whom the main problem and the action taken. Where ever client will not like to provide the name, registration should be done without documenting the name. Clinic record will have the serial number and clinical details.

In addition to client register and records following data are gathered and compiled at the center.

1. Service data providing utilization statistics disaggregated by age, sex, socio-demographic characteristics, and disease/conditions
2. Data on referrals to provide information on health system functions and linkages,
3. Data on outreach activities
4. Data on management of stocks of equipment, medicines and other supplies and commodities are important markers of "Service Readiness"

These data should be used for self-assessments, quality improvement, reporting and identifying areas for supportive supervision and ensures accountability. Findings from assessments, supervisions and reviews should be used as a supportive action and a management function rather than a cause for punitive action, thus enhancing staff motivation and pride.

Health-care providers should analyze data for monitoring and quality improvement initiatives. Tools and mechanisms for self-monitoring of the quality of health services for adolescents and youth are in place.

9. Referral mechanisms

The facility determines exactly what services are to be offered on-site and what services are to be made available through referral (Annex 5). Thus, within its service delivery area, the facility needs to identify the health and non-health related agencies that may serve as public or private referral sources for adolescents and youth. Thereby the facility, establishes a network of other care providers, governmental, NGOs and community agencies to meet the health needs of adolescents and youth in the community.

Good coordination and joint planning are required within the health system for transition from paediatric care to adult care. The coordination with social, educational, recreational, transportation, legal and other services outside the health sector ensure this.

Refer for specialized care protocol within the hospitals.

Within the hospital

Any client of target age group can get services from Yowun Piyasa without any referral documents. According to referring arrangements within the hospital, necessary referrals from Yowun Piyasa should be conducted with the clarification of the hospital director in doubtful situations. Whenever client does not need to document details, referral note should be made very brief without breaching confidentiality.

For Yowun Piyasa at MOH, should have to coordinate with the hospital director and regional health authorities to have system of considering these clients as a priority group. MOH should keep necessary details of dates

and places of hospital clinics. Client should be briefed about these details and referral note should be given to client. However, privacy and confidentiality should be ensured.

10. Linkages with field health services/MOMCH, MOH and other public health staff

It is very important that health care providers should have a good linkage with the field health staff. In case of referrals from the field, it is very important to send a back referral note also ensuring continuum of the care.

11. Multi-sectoral linkages with relevant institutions

Institutions for linkage: Schools, youth, courts police, social services at divisional secretarial office, probation, child protection authority, NGO and other multi sectoral institutions

Building up of linkages with youth and non-health sectors is important for the success of Yowun Piyasa. In case of needs, support from other sectors should be obtained to provide holistic care.

Where ever there is need of the service of counselor, health care provider can obtain support of such officers attached to the divisional secretariat office, communicating with the divisional secretariat with the guidance of the hospital director. Arrangements could be made such these officers visiting the center one or two days a week or sending the clients to them according to the need.

Regular meetings with other sectors should be held six monthly and advocacy programmes should be conducted.

12. Adolescent and youth participation

The health facility has health workers who are competent to create demand and provide health education to adolescents and youth and to communicate about health and available services (health, social and other services).

The health facility could have outreach workers/peer educators trained to conduct health education for adolescents and youth in the community. Coordination with the field health staff is very important for creating demand generation among adolescents and youth and to have maximum participation.

The health facility has a plan for outreach activities and involvement of health workers in activities to promote health and increase the use of services by adolescents and youth.

13. Role of Health care providers and supportive staff

- Health care providers and supportive staff should demonstrate the technical competencies required to provide effective health services to adolescents and youth.

- Training on adolescent and youth friendliness should be provided for those who are already not trained to provide required package of services.

- Healthcare providers are competent to use the up-to-date decision support tools (guidelines, protocols, job aid and algorithms) that cover topics of clinical care in line with the package of services.

- The health facility has health workers who are competent to create demand and provide health education to adolescents and youth, parenting programmes and to communicate about health and available services (health, social and other services)

- A system of supportive supervision is in place to improve the performance of service providers

- The health facility has outreach workers/peer educators that are trained to conduct health education for adolescents and youth in the community

- All the staff should maintain professional conduct.

Staff of Yowun Piyasa

- Medical Officer
- Nursing officer
- Supportive staff

Nursing officer

Nursing officer will be the first contact point and attend to following activities:

- Receiving the client in an adolescent and youth friendly manner
- Registering the client
- Gathering the information in order to fill the data collection record
- Listening to the client and making the client comfortable
- Providing befriending level emotional support when necessary
- Informing the medical officer and assist him/her to examine the client
- Ensuring that the guiding principles are adhered to
- Assisting the officer in charge in documentation and data management
- Assisting in increasing community awareness of Yowun Piyasa
- Providing befriending services and information regarding other services available along with the rights of the client
- Provision of health education
- Maintaining an inventory of the equipment and furniture
- Maintaining the registers and other relevant documents

Medical officer

Best option is to have a dedicated medical officer will be placed in the Yowun Piyasa. When this is not feasible, there should be a medical officer who will be providing services on a roster basis, and will be called to see the patient as and when needed.

She/he will be responsible for:

- Completing the history , and information gathering on the data collection format

- Completing examination and documentation
- Providing befriending services and information regarding other services available along with the rights of the client
- Ensuring adherence to the guiding principles
- Providing services to the client and referring to the relevant places in case of necessity
- Assist the officer in charge of the Yowun Piyasa in documentation and data management and in building up a good image of the Yowun Piyasa
- Conducting self- assessment of the Yowun Piyasa
- Working with field health staff for out- reach activities and demand generation
- Counseling
- Ensure that returns are sent timely

Officer in charge for the operational aspects of Yowun Piyasa

Ideal is to have a separate designated officer. Whenever there is no separate officer, medical officer of the AYFHS center has to attend for these aspects.

This officer has to attend for following aspects

- Working as person in charge of Yowun Piyasa
- Communicating and coordinating with hospital director, MOH and other sectors
- Ensuring Yowun Piyasa is functioning as per standards
- Maintaining privacy and confidentiality
- Data management in a secure manner
- Increasing awareness of the services provided by the center and planning out- reach activities

- Self- assessment and reviewing the activities of the center quarterly

Supportive staff

- Maintain the cleanliness of the Yowun Piyasa
- Assist the medical officer and nursing officer whenever necessary
- Adhere to the guiding principals

14. Community awareness and advocacy

It is important to conduct following activities for advocacy, demand generation among youth and community awareness:

- Advocacy for stakeholders in the area in health and non-health sectors including religious and community leaders
- Community awareness programmes at schools, youth training centers and workplaces in coordination with area MOH and the team
- Awareness programmes for hospital and field health staff
- Awareness activities at the OPDs and Yowun Piyasa
- Peer education programmes

15. Reviewing and Monitoring

Biannual progress review meeting needs to be held on a regular basis.
A particular day should be allocated for this meeting at the beginning of the year. Meeting has to be chaired by the director of the hospital or the Medical officer in charge of out- patient department (MOIC OPD) in his/her absence. All the staff of Yowun Piyasa should participate. The

minutes of the meeting have to be maintained. MOMCH and MOH should be invited for the meeting as a representative from the field health services. When center is at the MOH, hospital Director or MOIC/ OPD and medical officer of hospital AYFHS clinic should be invited. Presentation of the quarterly statistics and information on other care provision and educational activities should be done by the officer in charge. Adequate time should be spent on discussing the challenges faced by staff and finding solutions to overcome them.

16. Reporting Mechanisms

Quarterly returns should be sent to family health bureau with a copy to MOMCH through the Director/MS of the hospital or MOH.

Bibliography

Ambresin A-E, Bennett K, Patton GC, SanciL A, Sawyer SM (2013). Assessment of youth-friendly healthcare: a systematic review of indicators drawn from young people's perspectives. J Adolesc. Health. 52(6):670–681.

Bankole A, Malarcher S (2010). Removing barriers to adolescents' access to contraceptive information and services. Stud Fam Plann); 41(2):117–124. doi: 10.1111/j.1728-4465.2010.00232. x.

Carai S, Bivol S, Chandra-Mouli V. (2015). Assessing youth-friendly-health-services and supporting planning in the Republic of Moldova. Reprod. Health 12: 98.

Chandra-Mouli V., Lane C., Wong S (2015). What does not work in Adolescent Sexual and
Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices.Global Health Science and Practice.) 3 (3):333

Chandra-Mouli V, McCarraher DR, Phillips SJ, Williamson NE, Hainsworth G (2014). Contraception for adolescents in low- and middle-income countries: needs, barriers, and access. Reprod. Health. 11(1):1

Denno DM., Hoopes AJ., Chandra-Mouli V (2015). E_ective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support. J Adolesc Health 56 522-541 DOI: http://dx.doi. .org./10.1016/j. jadohealth.2014.09.012

Department of Census and Statistics (2017): Sri Lanka Demographic and Health Survey (2016), Colombo, Department of Census and Statistics: 2016

Family Health Bureau, Ministry of Health (2015): National Youth Health Survey 2012-2013 Sri Lanka, Colombo, Family Health Bureau

Family Health Bureau, Ministry of Health (2016): Guidelines for Health Staff on Providing Adolescent Sexual Reproductive Health Services, Sri Lanka, Colombo, Family Health Bureau

Family Health Bureau, Ministry of Health (2017): Standards for Quality Health Services
for Adolescents and Youth in Sri Lanka, Sri Lanka, Colombo, Family Health Bureau

John M Goldenring & Eric Cohen. Contemporary Pediatrics July 1988. The 'Heads' approach Adolescent Health, 75-90

Ministry of Health, Sri Lanka, (MOHSRL 2013): National Strategic Plan: Adolescent Health (2013-2017). School & Adolescent Health Unit, Family Health Bureau.

Villa-Torres L., Svanemyr J (2015). Ensuring Youth's Right to Participation and Promotion of Youth Leadership in the Development of Sexual and Reproductive Health Policies and Programs. J. Adolesc.Health 56 551-557.

Waddington C., and Sambo C (2015). Financing health care for adolescents: a necessary part of universal health coverage. Bull World Health Organ. 93:57–59.

WHO (2010). Quality assessment guidebook: a guide to assessing health services for adolescent clients. Geneva: World Health Organization

Annex 01

Services provided by Yowun Piyasa for addressing following aspects of the young person:

- Normal growth and pubertal development
- Pubertal delay /early puberty
- Mental health and mental health problems
- Nutrition (including anaemia)
- Counseling on physical activity
- Menstrual hygiene and related health
- Family planning and contraception
- Reproductive tract infections/sexually transmitted infections
- Sexual health services
- Sexually transmitted diseases
- HIV
- Sexual violence/Family violence
- Bullying and school violence
- Stress management
- Exam phobia
- Relationship problems
- Substance use and substance use disorders
- Referrals for Injuries
- Skin problems
- Chronic conditions and disabilities
- Any other health issues of adolescents and youth

Annex 02

As a patient you have the rights to:

- Receive respect, dignity and treatment without discrimination
- Privacy and confidentiality
- Receive care in a safe environment
- Know the identity of individual providing services
- Receive information on treatment options available health education, counseling, etc.
- Refuse treatment and be informed of consequences
- A second opinion
- Give informed consent except in an emergency
- Transfer and receive continuity of care
- Keep the clinic rules and regulations

Annex 03

Format for register

Date: DD /MM / YYYY

Code	Name of the patient	Age	Sex		Presenting complaints	1st Visit	2nd Visit	Other visits	Contact No	Address	Intervention done
			M	F							

Annex 04

Guide for Clinic record

Yowun Piyasa

Adolescent and Youth Friendly Health Service Center

Please be free to alter according to the necessity.

Patient's Reference No/code-

Date:

1. PERSONAL DATA

(If client is not willing to document personal details, please mention only the serial number)

Name of the client/Serial number/code: . ……

Address: - …….

Contact number of the Client: ……

MOH area: -

Date of Birth :

PHM area: -

Year	**Month**	**Date**

PHI area-

Age : ……..

Ethnicity: …….

Sex : M / F

Occupation: Current/Past……

Family income: …….

Educational Qualification:

……

……

……

……

2. FIRST VISIT

Date: …… Seen by: Dr.

……

Present Illness / Complaint:

:……

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Symptoms:

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Sexual and Reproductive history:

Sexual relationships:

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Marital Status:

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Age of marriage:

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Family Planning Methods used:

……..……

Number of children: …….

Details of children:

Age	Sex	Education Level- (Current/Highest)

Past Medical history/ Family History:

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Examination:

Height:

Weight:

BMI:

General Examination:

Systemic Examination:

Disabilities:

……

.

If injuries found /specify:

Problems identified:

If referrals done:

From Clinic/OPD

Name of the clinic	Details

From other organizations

Name	Details

MOH	
Counselor	
Social worker	
Legal	
Nutritionist	
Other	

Date for next visit: ……..

If referred back mention the management:

……

Signature: ……

Designation……

Date: …….

Annex 05

ADOLESCENT & YOUTH FRIENDLY HEALTH SERVICES
REFERRAL FORM

Date: ……..…….

Patient's Name: ……..

…….....

Age: - ……. Sex: - …….

Consultant: - ……...

…… Clinic

Sir / Madam,
History
……
……
……
……
……
……

Probable Diagnosis:
……
……
……....

I refer this patient for your kind attention. Kindly send back the "back referral form" to Yowun Piyasa .
Thank you.

…… …….....
Name of the Mo / AYFHS Signature

Quarter: 1/2/3/4
Quarter: 1/2/3/4

Annex 06

Adolescent and Youth Health Quarterly Return

1- Name of the center/MOH:

……

2- Date and times of the week, the clinics are conducted:

Days of week	Time

3- Information of clients:

No of clients visited to the clinic during the quarter	Male	Age Group				Female	Age group			
		10-14	15-19	20-24	Other		10-15	16-19	20-24	Other
1st visit										
2nd visit										
Other visits										

4- Information of problems detected:

Problems detected during the quarter		**1st visit**	**2nd visit**	**Other visits**	**Action taken**		
					Treated	**Referred**	**Back referred**
1	Issues related to physical illness						
2	Menstruation related problems						
3	Issues related to diet, nutrition & physical inactivity						
4	Tobacco, alcohol and other substance use						
5	Domestic violence						
6	Injuries						
7	Sexual problems						
8	Sexual dysfunctions						
9	Issues related to teenage Pregnancies						
10	Psychosocial problems						
	Education and exam related problems						
	Relationships related issues						

	Psychosomatic illness						
	Deliberate self-harm / suicidal attempts						
	Behavior problems						
	Psychotic illness						
	Anxiety disorder						
	Depression						
	Other psychiatric illnesses						
11	Others (Specify)						

……...

……..……...

Medical Officer,AYFHS/MOH

Date

……..……

Director/Medical Superintendent