

General Circular: 01-26/2010

Office of the Secretary,  
Ministry of Health,  
Suwasripaya,  
385, Baddegama Wamalawansa  
Thero Mawatha,  
Colombo-10  
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All Provincial Secretaries of Health Services,  
All Provincial Directors of Health Services,  
All Regional Directors of Health Services,  
Director/National Institute of Health Services,  
All Medical Officers of Maternal and Child Health,  
Chief MOH / Municipal Council / Colombo,  
All Medical Officers of Health,

#### **Adolescent healthcare in the field**

WHO defines adolescents as individuals in the age group between 10-19 years. This is a critical period where maximum amount of physical, psychological & behavioral changes take place. Adolescence is the transition from a child in to an adult and they explore the world, widen their horizons and finally achieve an individual identity & greater responsibility.

Healthy development of adolescents depend on socioeconomic status , the surrounding environment, interpersonal relationships, peer pressure, values of the society, opportunities to education and skill development and availability and accessibility of health services.

The Medical Officer of Health of the area has the overall responsibility for the adolescent health programme in the area.

Public health team should engage in improving adolescent health in collaboration with other stakeholders. In Sri Lanka about 70 %of adolescents are in school and the Ministry of Education is a major stakeholder to improve adolescent wellbeing. All Medical Officers of Health should guide their team according to the school health guide published by Family Health Bureau to provide health services to adolescents in school.



The Public Health Inspectors are responsible for the health programme for school going adolescents

The roles and responsibilities of the PHI in improving adolescent health are as follows

1. Maintain a sex segregated data base of school adolescents
2. Conduct annual SMI with the MOH and staff/ follow up and take remedial actions
3. Conduct Health Education and Life Skill development programmes for adolescents
4. Establish health promoting schools and conducting adolescent health activities.
5. Provide care for adolescents at workplaces.

Non school going children are more vulnerable for risk behaviors and other health problems. Caring for non school going adolescents is a responsibility of Public Health Midwife under the guidance of the MOH and assistance of the health team,PHNS,SPHM SPHI& PHI.

The roles and responsibilities of the Public Health Midwife in this regard are as follows.

1. Should follow up and monitor children till the age of 18 by maintaining Birth and Immunization register after the age of 5 years. Dates of school entry and drop outs should be marked in the remarks column.  
Frequent school absenteeism should be monitored and discussed with school authorities (School Health Committee) & particular care giver. All school dropouts should be assessed to exclude health reasons and remedial action has to be taken with the MOH. and health team.
2. Should assist MOH/PHI in screening of the adolescents in Grade 7&10 . When girls are screened, a female health worker should be present when the child is examined by a male Medical Officer.
3. Assist the PHI to identify children who needs counseling & provide counseling services inside the school or MOH clinics.
4. Educate children about healthy life styles & assist to create a supportive environment to practice those at school and at home.



5. Follow up adolescents at home and assist in correcting health problems identified at School Medical Inspection.
6. Conduct educational activities at home and field level to educate adolescents with knowledge on reproductive health, develop life skills and empower non school going adolescents to prevent teenage pregnancies & STI and other risk behaviours. Refer problematic cases to the closest Adolescent Friendly Health Services center & follow up.
7. Provide assistance to school authorities and PHI in establishing Health Promoting Schools and conducting health promotional activities for adolescents.
8. Assist PHNS, PHI and teachers to conduct Reproductive health educational and life skill development programmes to empower adolescents to reduce teenage pregnancies, other RH problems including STD, HIV & AIDS arising out of risk behavior and tobacco, alcohol & drug use among adolescents in school.
9. Conduct such programmes for adolescents out of school, at home and in the field to empower adolescents, refer problematic cases to the closest adolescent friendly health services center and follow up.
10. All adolescents in the PHM area has to be immunized against Rubella and aTd. The MOH and staff should develop partnerships with support services such as Social services to provide assistance to adolescents with special needs.

Low birth weight remains static for last few years. There is evidence that low BMI during adolescents result in low birth weight in next generation. Therefore we have to impart correct knowledge to adolescents and parents to make use of second growth spurt of girl child to improve pre pregnancy level of female nutrition. Regular assessment of nutritional status during adolescent period should be encouraged. Children should be empowered to measure the height and weight of themselves and to interpret the data (refer Assessment of nutritional status of school children, reference growth charts) & intervene if BMI is not normal.

Anemia during pregnancy is a problem in Sri Lanka. Therefore to improve iron stores, PHI should ensure that year 7 & 10 students are given 500mg mebendazole (stat), 60mgs of elemental iron, 400µg folic acid with 50mg vit.C once a week for 24 weeks.



The Public Health Nursing Sister should assist the MOH in planning and implementing the adolescent health programme in the area and supervise the activities done by PHM.

The SPHI -D and SPHI should assist in implementation and supervision of the programme.

All Medical Officers of Health should establish at least one Adolescent Friendly Health Center in their MOH area and the community should be made aware about the service.



Dr. T.R.C. Ruberu

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Director, YED  
Director, NCD  
Epidemiologist  
Director Education Health & Nutrition, Ministry of Education  
Country Representative, UNICEF  
Country Representative, UNFPA  
Country Representative, WF  
WHO Representative, Sri Lanka.

## Annex (1)

Children between 5-18 years use the BMI chart. If the BMI is in green zone growth is good. If the BMI is in pink or in green zone with growth faltering, a detailed history should be obtained and thorough examination done in order to identify any underlying pathological cause for the growth faltering.

eg:-Frequent infections like upper respiratory tract infection, urinary tract infection, diarrhoea & chronic disorders. If the condition is not manageable at the MOH level, refer to a pediatrician. Appropriate advice should be given to the caregiver and the child should be closely followed up to assess improvement of weight.

If medical illness is not suspected, then a dietary cause may be the reason for growth faltering. Therefore a detailed dietary history (24 hour recall) needs to be taken to assess the adequacy of nutrients in the diet. If any dietary problem is detected in the child, the child & caregiver both should be provided with relevant dietary advice & advice on exercise (at least 1 hour play or physical activity daily).

They should be followed up to assess the improvement in weight. MOH should empower school teachers & students to assess their growth quarterly and monitor the progress. For non school going children, PHM&PHI should empower them in growth assessment and do necessary interventions. PHM should maintain data on growth monitoring of adolescents



## Annex (2)

### Standards of Adolescent Friendly Health Center

#### 1. YFHS CENTER

All service delivery points are accessible and acceptable to young people for the provision of youth friendly health services as perceived by young people themselves. They are well managed and have the required equipment to provide YFHS.

#### 2. SERVICE PROVIDERS AND SUPPORT STAFF

Service providers and support staff in all service delivery points have the required knowledge, skills and positive attitudes needed to provide health services to young people in an effective, sensitive and friendly manner.

#### 3. SERVICE PACKAGE

All young people will be able to obtain health services which include promotive, preventive and curative services according to their needs in an effective manner.

#### 4. INFORMATION SYSTEM

All YFHS centers gather, analyse, maintain records and use data to improve service provision.

#### 5. DEMAND GENERATION ACTIVITIES

All YFHS centers advocate with community members regarding the services provided to young people, and make young people aware regarding the availability of health services.

(for further detail refer National Minimum Standards & Guidelines for Youth Friendly Health Services Sri Lanka-Ministry of Healthcare & Nutrition in collaboration with WHO.)