Programming for health and wellbeing of children and adolescents

CHTF Briefing Webinar, 9th December 2020
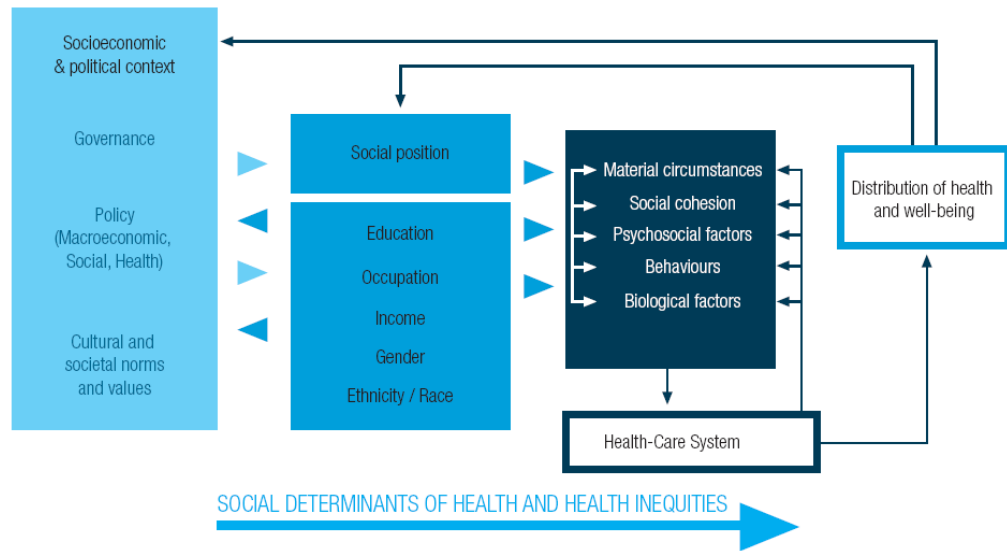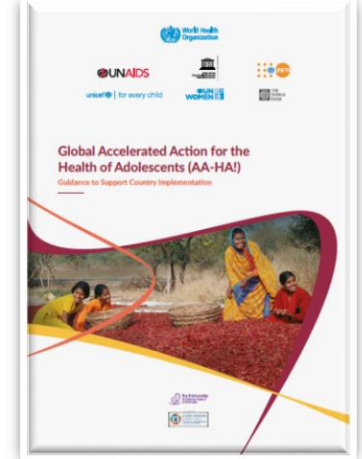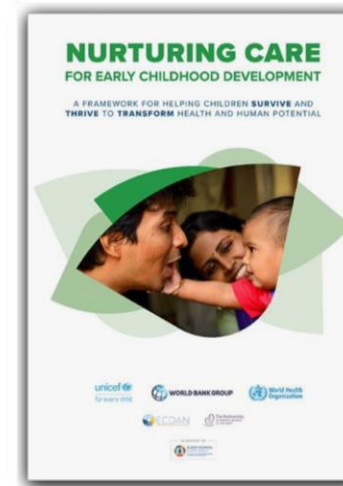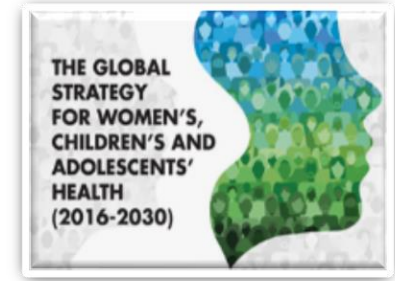
Presenters

1. **Wilson Were**, Medical Officer, Child Health Services, WHO

2. **Valentina Baltag**, Team Lead, Adolescent and Young Adult Health, WHO

3. **Bernadette Daelmans**, Team Lead, Child Health and Development, WHO

4. **Anayda Portela**, Technical Officer, Maternal Health, WHO

5. **Anne Detjen**, Health Specialist, UNICEF

Defining the global agenda for child and adolescent health and well-being

Figure 4.1 Commission on Social Determinants of Health conceptual framework.

Socioeconomic & political context

Governance

Policy (Macroeconomic, Social, Health)

Cultural and societal norms and values

Social position

Education

Occupation

Income

Gender

Ethnicity / Race

Material circumstances
Social cohesion
Psychosocial factors
Behaviours
Biological factors

Distribution of health and well-being

Health-Care System

SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUITIES

Source: Amended from Solar & Irwin, 2007

Convention on the Rights of the Child

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

MEETING REPORT
Redesigning child and adolescent health programmes

NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT
A FRAMEWORK FOR HELPING CHILDREN SURVIVE AND THRIVE TO TRANSFORM HEALTH AND HUMAN POTENTIAL

Global Accelerated Action for the Health of Adolescents (AA-HA!)
Guidance to Support Country Implementation

A future for the world's children? A WHO–UNICEF–*Lancet* Commission

Helen Clark*, Awa Marie Coll-Seck*, Anshu Banerjee, Stefan Peterson, Sarah L Dalglish, Shanthi Ameratunga, Dina Balabanova, Maharaj Kishan Bhan†, Zulfiqar A Bhutta, John Borrazzo, Mariam Claeson, Tanya Doherty, Fadi El-Jardali, Asha S George, Angela Gichaga, Lu Gram, David B Hipgrave, Aku Kwamie, Qingyue Meng, Raúl Mercer, Sunita Narain, Jesca Nsungwa-Sabiiti, Adesola O Olumide, David Osrin, Timothy Powell-Jackson, Kumanan Rasanathan, Imran Rasul, Papaarangi Reid, Jennifer Requejo, Sarah S Rohde, Nigel Rollins, Magali Romedenne, Harshpal Singh Sachdev, Rana Saleh, Yusra R Shawar, Jeremy Shiffman, Jonathon Simon, Peter D Sly, Karin Stenberg, Mark Tomlinson, Rajani R Ved, Anthony Costello

Towards a new agenda of child and adolescent health and wellbeing

Global review

- Mortality reduction (1990 – 2019) has not been matched with non-fatal disease reduction
- Causes of mortality and morbidity are shifting and there are priorities such as noncommunicable diseases
- Social determinants are as important as biological factors for health and wellbeing
- There is need for a continuum of care to buffer adversities and build resilience
- IMCI strategy alone is no longer sufficient to respond to current needs

Implications (2020)

Survival to Survive, Thrive and Transform

Preconception through first 2 decades of life

Services to ecological approach

Health sector to multisectoral actions

Skills building to system strengthening

Strategic shifts in child and adolescent programming

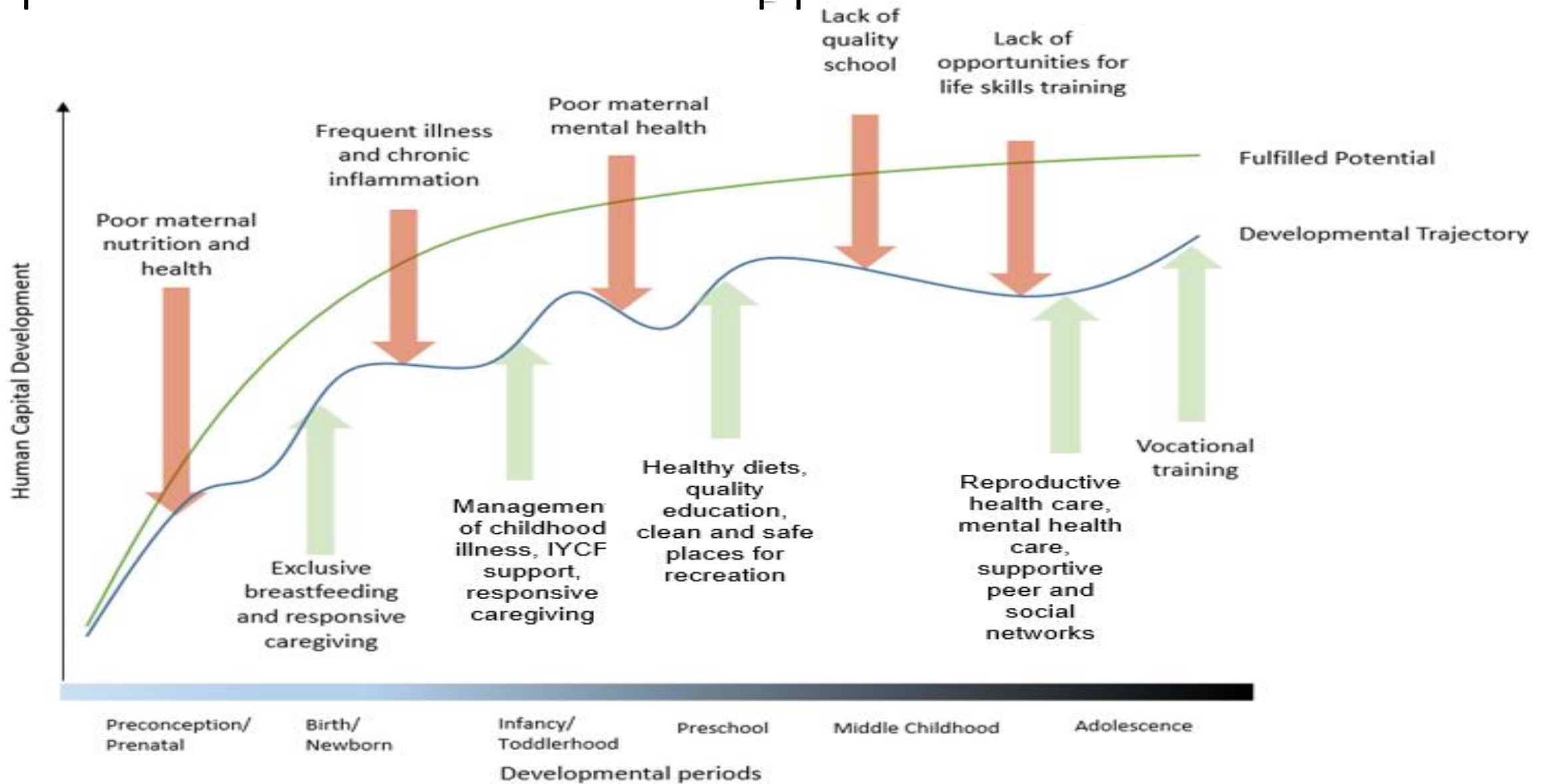|	
Extend	extend the predominant focus of programmes from survival of children under 5 years to health, nutrition and psychosocial support in the first two decades of life;
Refocus	refocus the agenda to address high mortality in specific age groups, with greater emphasis on quality, coverage and equity for vulnerable populations;
Build	build children's resilience through nurturing care, early learning and promoting health and well-being while addressing high morbidity along the life-course; and
Ensure	ensure delivery of comprehensive family-, child and adolescent-centred care and services in all health programmes and across health-related sectors.

MEETING REPORT
23–25 January 2019
Redesigning child and adolescent health programmes

World Health Organization

Importance of a life course approach

Goal

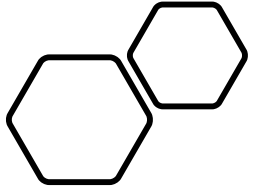To ensure that every child and adolescent 0-19-years old is optimally healthy;

is being raised in a safe and secure environment;

appropriately prepared physically, mentally, socially and emotionally;

to accomplish age-appropriate developmental tasks and contribute socially and economically to their society.
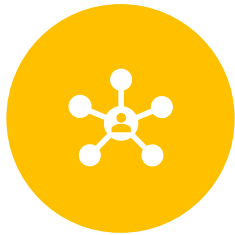
Domain elements for health and wellbeing

Good health

Adequate nutrition

Responsive relationships and connectedness

Security, safety and supportive, clean environment

Opportunities for learning and education

Realization of personal autonomy and resilience

Examples:	Preconception	Pregnancy & childbirth	Neonatal	1 to 11 months	12 to 35 months	3 to 5 years	5 to 9 years	10-14 years	15 to 19 years
Good health	STIs free Reduction in smoking, substance use	Quality ANC + PNC KMC Maternal health including mental health		Immunization Vision and hearing screening Care for disabilities		Immunizations, IMCI Vision & hearing screening Injury prevention		HIV-free, Sexual and reproductive health care Good mental health	
Adequate nutrition	Healthy diets Micronutrients	Exclusive breastfeeding		Exclusive breastfeeding Complementary feeding Micronutrients		Healthy diet & nutrition micronutrients		Healthy diets, Prevention of anemia, overweight and obesity	
Responsive relationships and connectedness	Supportive partner and family relationships	Responsive caregiving Parenting support		Play and communication Developmental monitoring		Prevention and early recognition of mental health problems		Parental control, peers and networks	
Security, safety and supportive environment	Safe housing, WASH and clean environment Violence reduction	Clean cookstove Smoke free home		Protection from environmental hazards		Protection from harsh punishment, bullying Safe and clean places for play and recreation		Health-promoting schools On-line safety Road safety Physical activity	
Opportunities for learning and education	Health literacy	Holding, singing, talking, copying the child		Detection of developmental difficulties		Early learning activities Care for developmental difficulties Preschool education Universal schooling		Literacy, numeracy, life skills. Transition from education to decent jobs	
Realization of personal autonomy and resilience	Family planning STI prevention	supportive environment for women/mother		Birth spacing		Self esteem, incremental independent decision-making		Self-esteem, resist peer pressure, agency to realize personal goals	

Interventions, services and policies

UNIVERSAL + ADDITIONAL/SITUATIONAL

UNIVERSAL INTERVENTIONS

- Promotion of health
- Prevention of illness and injuries
- Reduction of risk factors for physical and mental ill health
- Early detection of conditions requiring additional care

SITUATIONAL INTERVENTIONS

MANAGEMENT OF ILLNESS

- Prompt recognition and effective management of acute illness
- Prevention of further illness
- Mitigation of chronic diseases
- Counseling and supportive care

REHABILITATION

- Quality of life improvement
- Optimization of function
- Prevention of complications
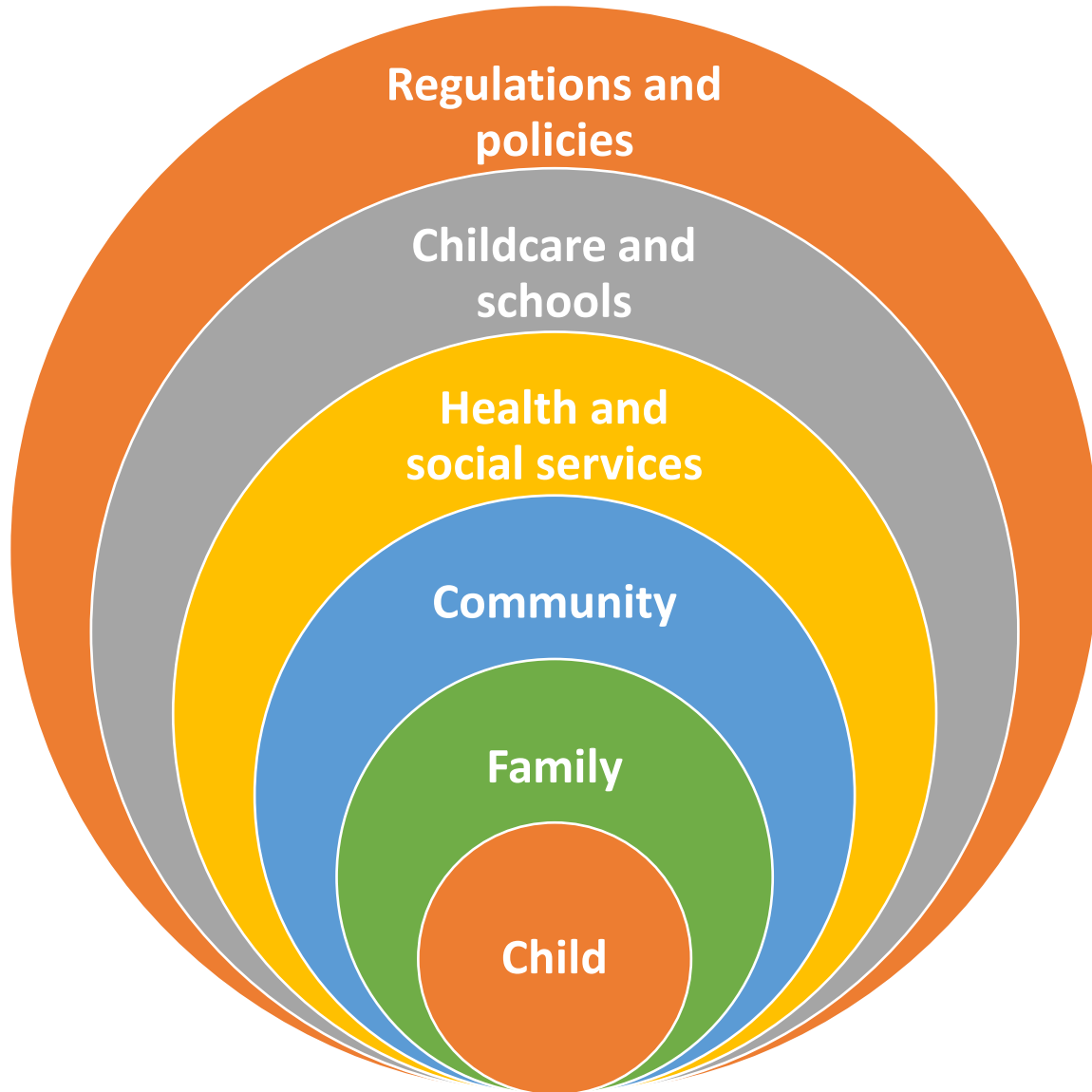
SOCIAL PROTECTION

- Social support and care
- Protection of vulnerable children, families and communities
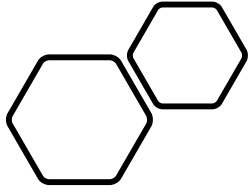- Building family and community resilience

Building resilience

Ecological, family-centered approach for action

- Determinants of health and wellbeing of children and adolescents are embedded in family, peer, community and their environment.

- Ecological approach to both population- and individual-level determinants will also require supportive laws, policies and regulations

Programmatic approach: Mainstreaming into existing services and platforms

Facility

- Maternal and newborn services (ANC, IPC & PNC)
- Immunization services
- Sick childcare services (initial and follow-up visits)
- Scheduled health checks and support visits
- Facility outreach services

Community

- Home visits
- Treatment visits e.g. iCCM
- Women's groups
- Child clubs
- Youth centers

School

- Health promoting schools
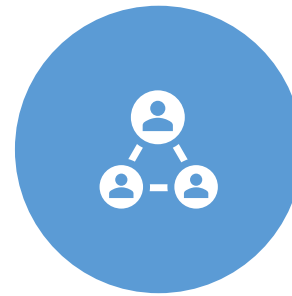- School health services

Service delivery platforms

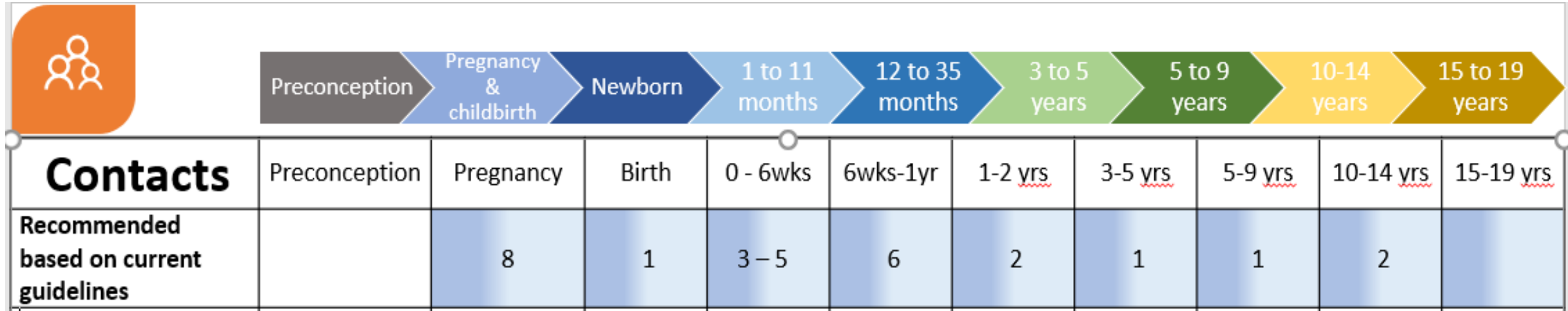Primary health care services + outreach

Childcare centres and schools

Home and community platforms

Child and social protection services

Need for additional contacts and delivery platforms

Contacts	Preconception	Pregnancy	Birth	0 - 6wks	6wks-1yr	1-2 yrs	3-5 yrs	5-9 yrs	10-14 yrs	15-19 yrs
Recommended based on current guidelines		8	1	3 – 5	6	2	1	1	2	

Header bands: Preconception | Pregnancy & childbirth | Newborn | 1 to 11 months | 12 to 35 months | 3 to 5 years | 5 to 9 years | 10-14 years | 15 to 19 years

Additional contacts required to monitor, support and intervene when needed

VISION, HEARING & DENTAL CHECKS

DEVELOPMENTAL MONITORING

GROWTH MONITORING AND COUNSELLING

COMMUNITY NUTRITION & SOCIAL SURVEILLANCE

PRESCHOOL HEALTH CHECKS

SCHOOL ENTRY CHECKS

# Other programmatic and infrastructure requirements

- A team approach with different roles and responsibilities of skilled providers (health, education, others)
  - Routine and specialist providers

- Service delivery supportive tools and equipment

- Record keeping and data systems
  - Home based records
  - Maternal/child records

- Information for parents and support for caregiver mental health
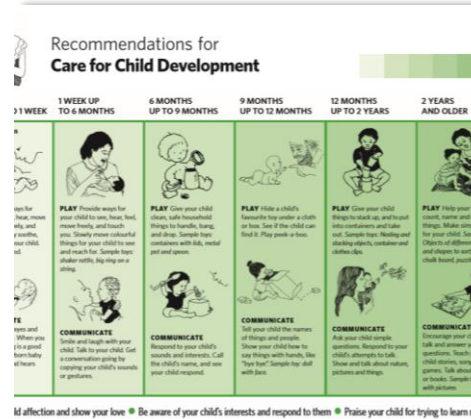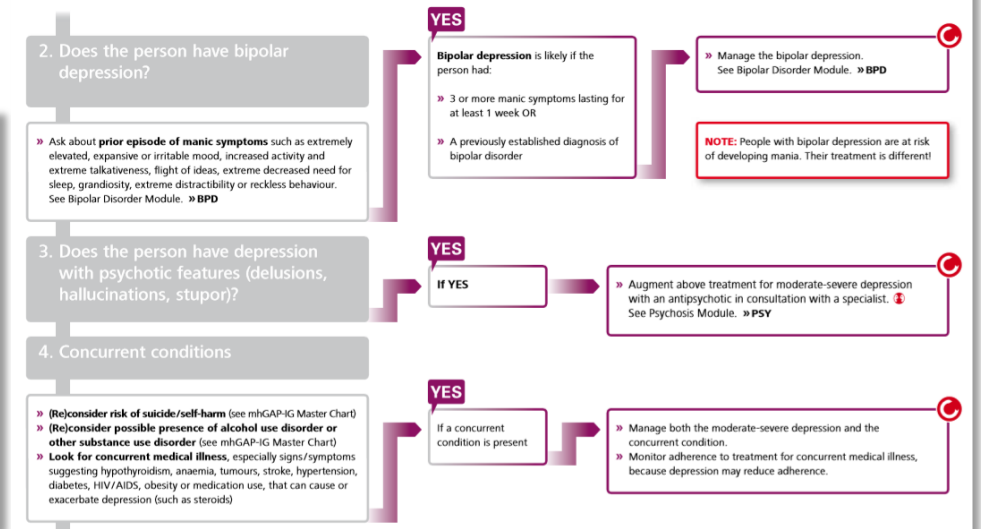
Streams of work in progress

✓ Finalization of the vision and framework working document
- Review by STAGE
- stakeholder consultations (regional, global and online)
- Series of background papers in BMJ

✓ Evidence synthesis for health and wellbeing programming
- monitoring healthy growth and development
- programmatic approach to delivering health and wellbeing services
- interventions, delivery strategies and platforms for the 5-9 years age group

✓ Health Promoting schools
- school health services guidelines
- health promoting schools standards
- implementation guidance

✓ Early childhood development
- Nurturing Care Handbook for planning
- Nurturing Care Practice Guide for strengthening services
- Indicator catalogue for programme monitoring
- Learning platforms and information exchange

✓ Home based records

✓ Community platforms

Online consultation on the working document
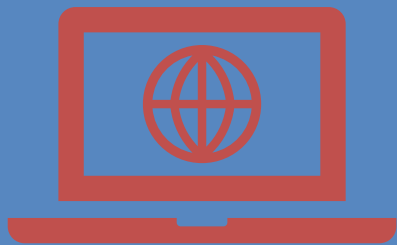
- Any general comments from CHTF members. Is the approach proposed well conceived?
- Is it clear how the life course and the six domains provide an anchor for identifying interventions across the age groups?
- Please provide online comments and suggestions on the working document on the:
  - life course approach to programming
  - six domains/components proposed for actions
  - framing of the interventions as universal and situational
  - feasibility for the proposed health system response
  - feasibility and role of health sector for the proposed multisectoral response.
  - outlined service delivery platforms
  - Programmatic and infrastructure requirements
- Share any additional general comments on the document

Evidence synthesis for health and wellbeing programming

monitoring healthy growth and development

programmatic approach to delivering well child interventions

interventions, delivery strategies and platforms for the 5-9 years age group

Approach to monitoring

- Evidence of Number of Visits
- Timing of Universal Assessments
  - Pregnancy
  - Neonatal
  - Early Childhood
  - Middle Childhood
  - Early Adolescence
  - Late Adolescence

- Health Led – Scheduled/Opportunistic
- Alternative Settings
- Parent, Child and Family Led
- Multi-sector Providers
  - School Led- Scheduled/Opportunistic
  - Social Protection Led
- Targeted and Tiered Approaches

Programmatic approaches

- Universal Monitoring
  - Country Examples
  - Content of Monitoring and Screening
  - Timing
- Targeted Monitoring
  - Country Examples
- Logistic Requirements
  - Workforce
  - Tools
  - Systems

- Age groups
- 0-27 days
- 1-59 months
- 5-9 years
- 10-14 years
- 15-19 years

Interventions, delivery strategies and platforms for the 5-9 years age group - Questions

1. What is the evidence for the priority interventions that address the major causes of mortality, morbidity and determinants of health and wellbeing in children aged 5-9 years.
2. What are the delivery strategies and platforms for scaling up evidence-based interventions for children aged 5-9 years in the context of universal health coverage.
3. What are the enabling policies and intersectoral actions that enable implementation.

Work in progress: Health Promoting Schools

- ✓ Finalization of the vision and framework working document
  - stakeholder consultations (regional, global and online)
  - Series of background papers in BMJ
- ✓ Evidence synthesis for health and wellbeing programming
  - monitoring healthy growth and development
  - programmatic approach to delivering health and wellbeing services
  - interventions, delivery strategies and platforms for the 5-9 years age group
- ✓ **Health Promoting schools**
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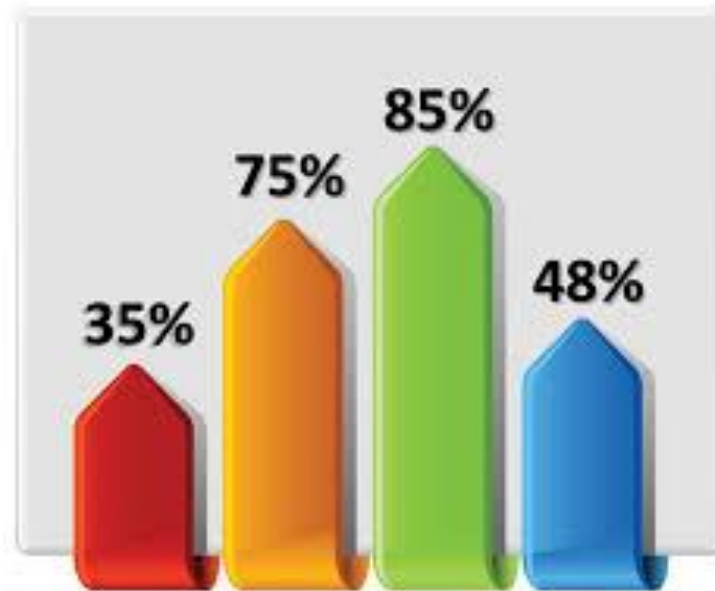- ✓ Community platforms

School health in the context on child health redesign

WHO Child Health Redesign Webinar, December 9th 2020

1

A new initiative

Making *Every* School a Health Promoting School

by promoting a standard driven - approach

Key deliverables

Primary target users: Education and Health sector. Principals, teachers, students, parents/guardians, school health personnel

01 Evidence based global standards for HPS

02 An implementation guidance to support the uptake of the standards

03 A web-platform for standards' monitoring and evaluation

Global standards for HPS

Standard 1: Government policies & resources

Standard 2: School policies & resources

Standard 3: School governance & leadership

Standard 4: School & community partnerships

Standard 5: School curriculum

Standard 6: School social-emotional environment

Standard 7: School physical environment

Standard 8: School health services
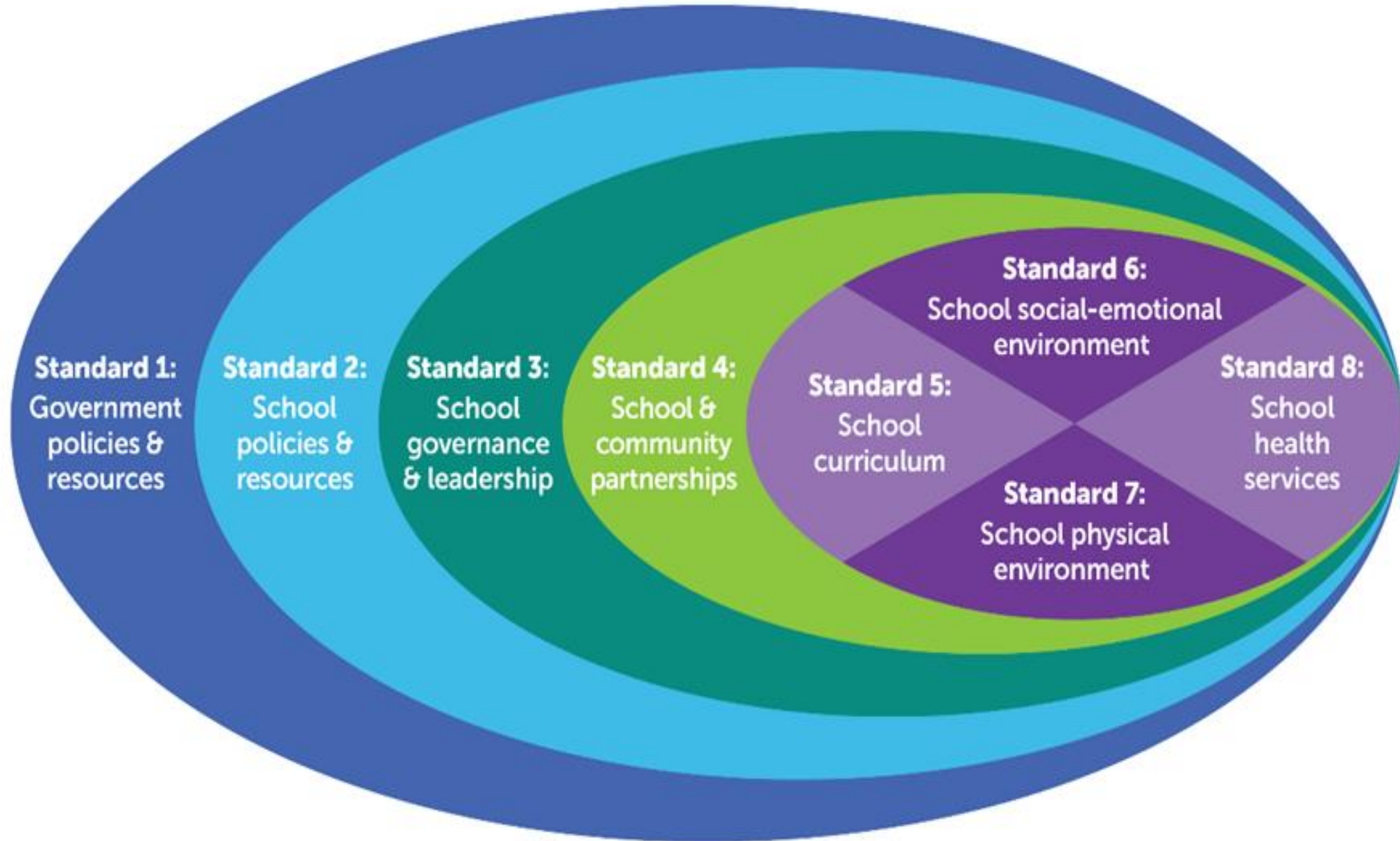
Elements of the Guidance

HOW? HPS implementation cycle

WHAT? implementation Components and strategies

HPS Implementation Guidance

WHO? Stakeholder analysis, implementation process tracking

HPS Resource Bank

WHO guideline on school health services

World Health Organization
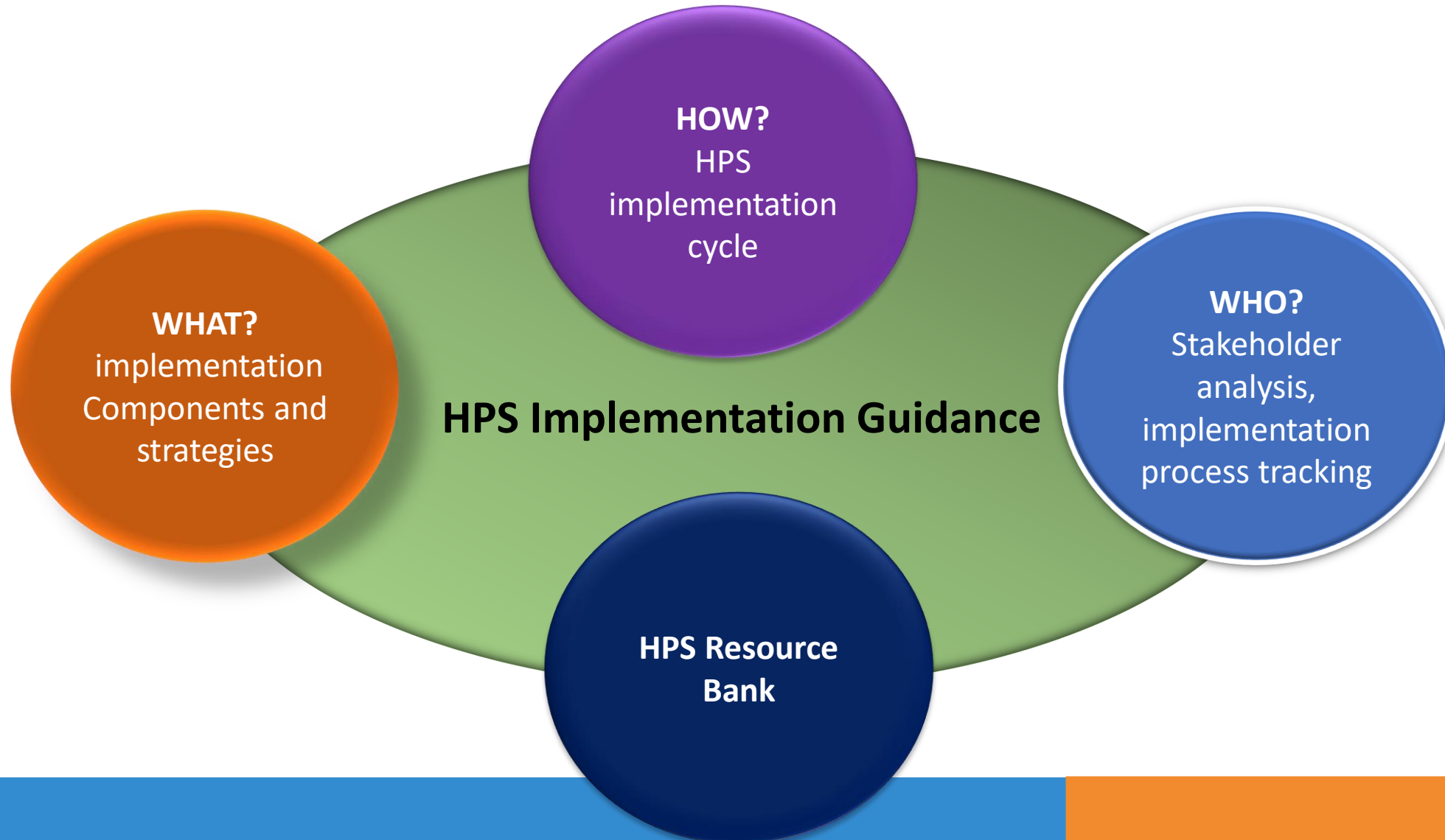
WHY a SHS guideline:

- School health services exist in at least 102 countries
- Many such programmes are not currently evidence-based, are not implemented well, are underfunded and/or are delivered with limited reach and scope
- In all WHO regions, school-age children and adolescents (i.e. those aged 5 to 19 years) experience a range of largely preventable health problems
- Schools offer a unique opportunity to implement effective health services at scale for children and adolescents
- Potential to reach underserved
- New attention to school health due to COVID-19

First ever WHO guideline on school health services
Under GRC review

Three key research questions underpinned the development of this guideline

World Health Organization

1. **Are comprehensive school health services _effective_ in improving health outcomes or in increasing coverage of health services, for school-age children and adolescents?** This includes effectiveness in economic studies (cost saving, cost benefit and/or cost-effectiveness).

2. **Are comprehensive school health services _acceptable_ to stakeholders, such as school-age children and adolescents, parents and caregivers, teachers and policy makers?**

1. **What should be the _content_ of comprehensive school health services in different contexts?**

SHS interventions that the GDG categorized as:

Essential everywhere …
… should be included in SHS everywhere.

Suitable everywhere …
… are appropriate, but not essential, in SHS everywhere.

Essential/Suitable in certain areas …
… are essential and/or appropriate in SHS in certain geographic areas only.

UNSUITABLE …
… are not appropriate for inclusion in SHS (inclusion in other types of health service may be appropriate).

Recommendation

Comprehensive school health services should be implemented.

Strength of recommendation: Strong

Certainty of evidence: Moderate

Rationale: This recommendation is strong because:
- All evidence consistently points in a beneficial direction, including evidence related to acceptability and equity.
- The evidence suggests that - if school health services are implemented well - they will have lasting benefits for students.
- The overall certainty of the evidence in the systematic reviews is moderate.
- Although there were no studies in low- and middle-income countries that provided high-certainty evidence, the observational studies that took place in low- and middle-income countries also identified benefits and did not identify significant harms.
- Schools offer a compelling, broad and relatively convenient opportunity to reach children and adolescents with needed comprehensive health services.

Implementation considerations:
- This recommendation is for comprehensive school health services that have adequate resources and are implemented well.
- School health services need to be implemented with quality, fidelity and over the long-term. The resource implications must be carefully identified, examined and met.
- In practice, implementation will be variable. In some settings it may be difficult and/or not yet feasible to implement comprehensive school health services similar to those that the systematic reviews found were evaluated in the controlled studies in high-income countries. Substantial resources, time and leadership may be needed to achieve this. In many low- and middle-income countries, it may nonetheless be feasible to implement some aspects of comprehensive school health services now, even if not yet all aspects. Protecting student confidentiality and avoiding potential stigma need to be considered and addressed.

COVID-19 and schools

- **Q&A: Schools and COVID-19**
  WHO

- **Considerations for school-related public health measures in the context of COVID-19**
  WHO

- **Schools and other educational institutions transmission investigation protocol for coronavirus disease 2019**
  WHO

- **Key messages and actions for COVID-19 prevention and control in schools**
  UNICEF / IFRC / WHO

- **Framework for reopening schools**
  UNICEF

- **Guidance for COVID-19 prevention and control in schools**
  UNICEF

- **WHO UNICEF webinar on COVID-19 and schools Part 1**
  WHO / UNICEF

- **WHO UNICEF webinar on COVID-19 and schools Part 2**
  WHO / UNICEF

- **COVID-19 in children and the role of school settings in COVID-19 transmission**
  ECDC

- **Operating schools during COVID-19: CDC's considerations**
  CDC

World Health Organization

EPI·WIN

infodemic MANAGEMENT

9

Work in progress: Early Childhood Development

- ✓ Finalization of the vision and framework working document
  - stakeholder consultations (regional, global and online)
  - Series of background papers in BMJ
- ✓ Evidence synthesis for health and wellbeing programming
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  - **Learning platforms and information exchange**
- ✓ Home based records
- ✓ Community platform

The convergence of evidence and political momentum for ECD
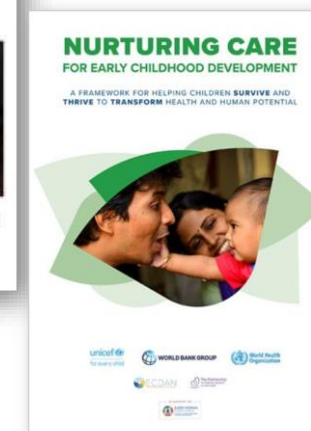
WHO Commission on Social Determinants of Health 2008

2015

2005

2000

ECD Lancet series 2007
ECD Lancet series 2011

What the child's brain and body expects and needs

Components of nurturing care

GOOD HEALTH · ADEQUATE NUTRITION · RESPONSIVE CAREGIVING · SECURITY AND SAFETY · OPPORTUNITIES FOR EARLY LEARNING

Enabling environments for nurturing care

ENABLING POLICIES · SUPPORTIVE SERVICES · EMPOWERED COMMUNITIES · CAREGIVERS' CAPABILITIES

World Health Organization

IMPROVING EARLY CHILDHOOD DEVELOPMENT: WHO Guideline

World Health Organization

1 RESPONSIVE CAREGIVING

All infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care.

Strength of recommendation: Strong
Quality of evidence: Moderate (for responsive care)

2 PROMOTE EARLY LEARNING

All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children.

Strength of recommendation: Strong
Quality of evidence: Moderate (for early learning)

3 INTEGRATE CAREGIVING AND NUTRITION INTERVENTIONS

Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.

Strength of recommendation: Strong
Quality of evidence: Moderate

4 SUPPORT MATERNAL MENTAL HEALTH

Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.

Strength of recommendation: Strong
Quality of evidence: Moderate

WHO/UNICEF Care for Child Development

RECOMMENDATIONS FOR CARING FOR YOUR CHILD'S DEVELOPMENT

Newborn, birth up to 1 week

Your baby learns from birth.

- *Play:* Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke, and hold your child. Skin to skin is good.

- *Communicate:* Look into baby's eyes, and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.

1 week up to 6 months

- *Play:* Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. Sample toys: shaker rattle, ring on a string.

- *Communicate:* Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.

6 months up to 9 months

- *Play:* Give your child clean, safe household things to handle, bang, and drop. Sample toys: containers with lids, metal pot and spoon.

- *Communicate:* Respond to your child's sounds and interests. Call the child's name, and see your child respond.

9 months up to 12 months

- *Play:* Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.

- *Communicate:* Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". Sample toy: doll with face.

12 months up to 2 years

- *Play:* Give your child things to stack up, and to put into containers and take out. Sample toys: Nesting and stacking objects, container and clothes clips.

- *Communicate:* Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures, and things.
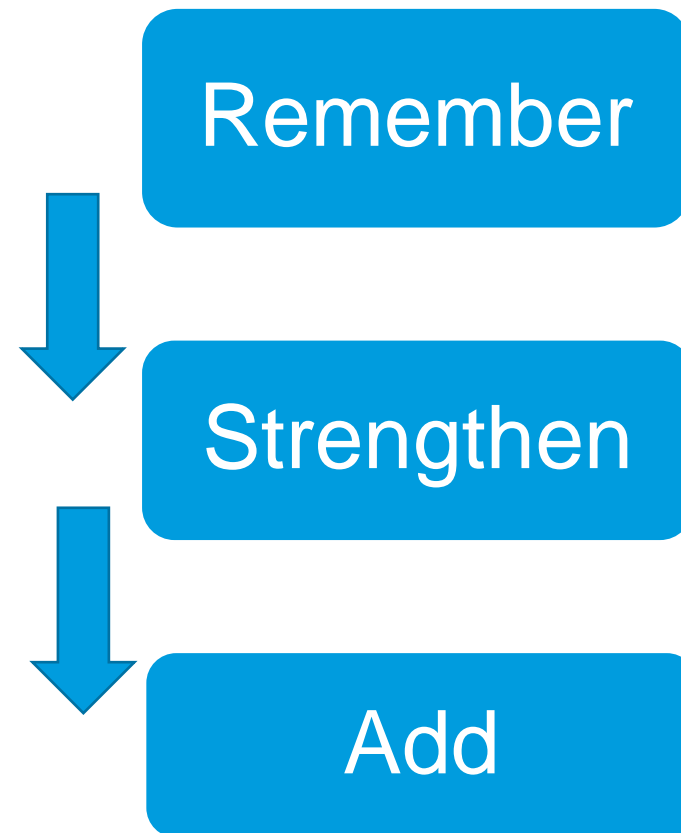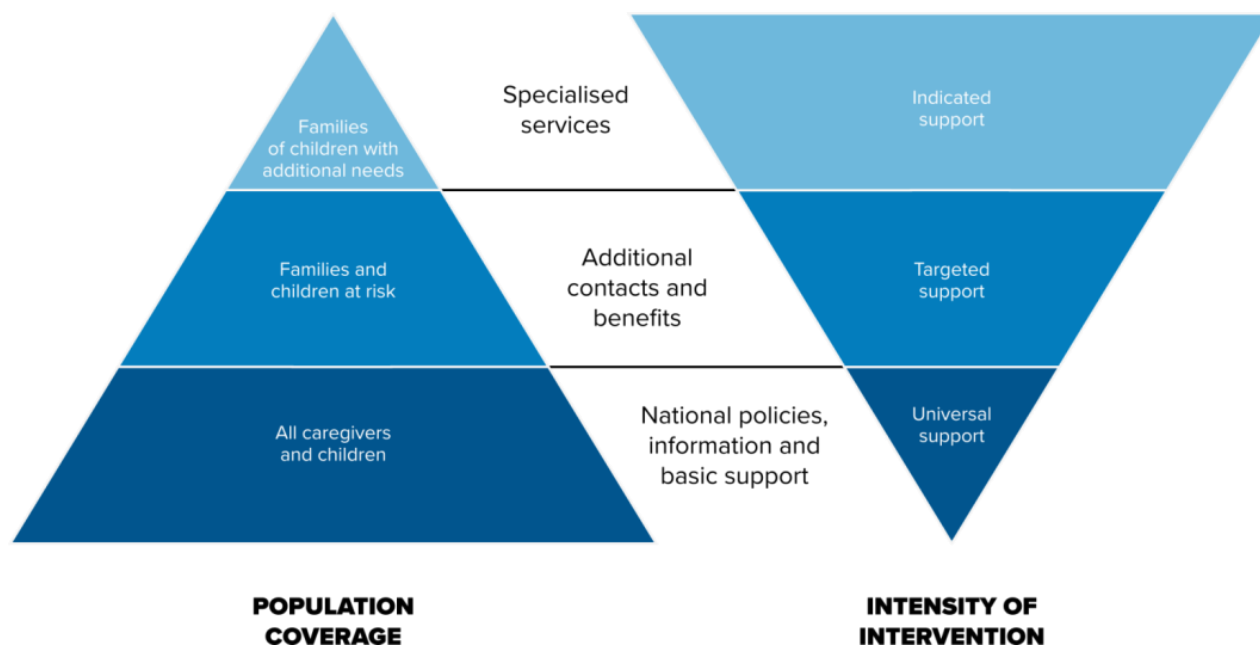
2 years and older

- *Play:* Help your child count, name, and compare things. Make simple toys for your child. Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.

- *Communicate:* Encourage your child to talk and answer your child's questions. Teach your child stories, songs, and games. Talk about pictures or books. Sample toy: book with pictures.

Give your child affection and show your love.
Be aware of your child's interests and respond to them.
Praise your child for trying to learn new skills.

09/12/2020

A universal progressive approach for meeting the needs of all children

Families of children with additional needs — Specialised services — Indicated support

Families and children at risk — Additional contacts and benefits — Targeted support

All caregivers and children — National policies, information and basic support — Universal support

POPULATION COVERAGE

INTENSITY OF INTERVENTION

Remember

Strengthen

Add

Nurturing Care Framework tools

www.nurturing-care.org

In progress

Orientation, awareness	Stocktaking/ Assessment	Policy dialogue, planning	Implementation	Review	Scale up

Advocacy toolkit: repository of practical tools and resources to help you advocate for increased attention to and investment in early childhood development with and through health systems https://nurturing-care.org/advocacy-toolkit.org/advocacy-toolkit

Nurturing Care Handbook: guide to each strategic action with suggested actions, common barriers, tools and checklists, indictors, case studies and other resources (working version by end of October 2020)

Practice guide for strengthening Health and Nutrition services: Practical guidance and examples on how to integrate responsive caregiving, early learning, safety & protection interventions in existing service delivery touch points (Q4 2020)

Caring for the Caregiver training package: to increase capacity of frontline workers to promote mental health and well-being of caregivers

Catalogue of indicators and programme monitoring guidance (final version in 2021)

Thematic briefs and country case studies https://nurturing-care.org/thematic-briefs and https://nurturing-care.org/resources/country-success-stories

Global Scales for Early Development: population-based indicators 0 – 36 months (2021 - 22)

Up to date websites: https://nurturing-care.org/; https://www.ecdan.org/

Work in progress: Home Based Records

- ✓ Finalization of the vision and framework working document
    - stakeholder consultations (regional, global and online)
    - Series of background papers in BMJ
- ✓ Evidence synthesis for health and wellbeing programming
    - monitoring healthy growth and development
    - programmatic approach to delivering health and wellbeing services
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    - Learning platforms and information exchange
- ✓ **Home based records**
- ✓ Community platform

Recommendation 1

The use of home-based records, as a complement to facility-based records, is recommended for the care of pregnant women, mothers, newborns and children, to improve:

- care-seeking behaviours,
- male involvement and support in the household,
- maternal and child home care practices,
- infant and child feeding, and
- communication between health providers and women/caregivers.

(Low-certainty evidence)

Recommendation 2

There was insufficient evidence available to determine if any specific type, format or design of home-based records is more effective. Policy-makers should involve stakeholders to discuss the important considerations with respect to type, content and implementation of home-based records.

WHO recommendations on
home-based records
for maternal, newborn and child health

World Health Organization

WHO Recommendations on home-based records for MNCH

Evidence to decision framework

Criterion	GDG judgement
Effects: Desirable effects	
Q1. Use of any home-based records versus no use (MNCH):	
- Maternal health	SMALL DESIRABLE EFFECT
- Newborn health	DON'T KNOW
- Child health	SMALL DESIRABLE EFFECT
- Care-seeking across MNCH	SMALL DESIRABLE EFFECT
Q2. Use of home-based records versus low-intensity use (MNCH)	DON'T KNOW
Q3. Use of different types of home-based record (MNCH):	
- Maternal health	SMALL DESIRABLE EFFECT
- Newborn health	TRIVIAL DESIRABLE EFFECT
- Child health	SMALL DESIRABLE EFFECT
- Care-seeking across MNCH	DON'T KNOW
Q4. Use of any home-based records versus no use on health service outcomes	SMALL DESIRABLE EFFECT
Q5. Use of home-based records versus low-intensity use on health service outcomes	DON'T KNOW
Q6. Use of different types of home-based record on health service outcomes	SMALL DESIRABLE EFFECT

Rationale of the GDG in formulating the recommendations

- Limitations of the existing evidence base, however

- The desirable effects outweigh any undesirable effects.

- Qualitative evidence reports that women, caregivers and providers from a variety of settings value different forms of home-based records.

- In remote and fragile settings, where health systems are weak or where health information systems are absent or poor, and in locations where caregivers may use multiple health facilities, home-based records may be of greater value than in more developed settings and health systems

The quality, use and availability of home-based records vary

Implementation Considerations

- Health records vs Health Promotion Messages vs Counselling cards
- The larger and more complex the records are - the more likely countries are not able to reproduce
- Importance of addressing the needs of women, caregivers, health workers
- Poor planning and logisitcs
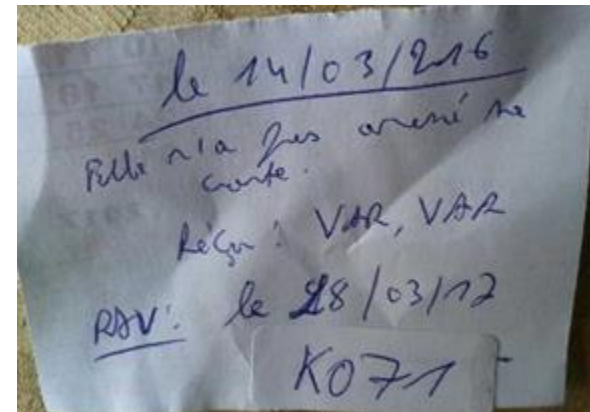- Poor quality HBRs

Short communication

Occurrence of home-based record stock-outs—A quiet problem for national immunization programmes continues

David W. Brown, Marta Gacic-Dobo

Home based records:
WHO-UNICEF-JICA collaboration

WHO-UNICEF-JICA collaboration

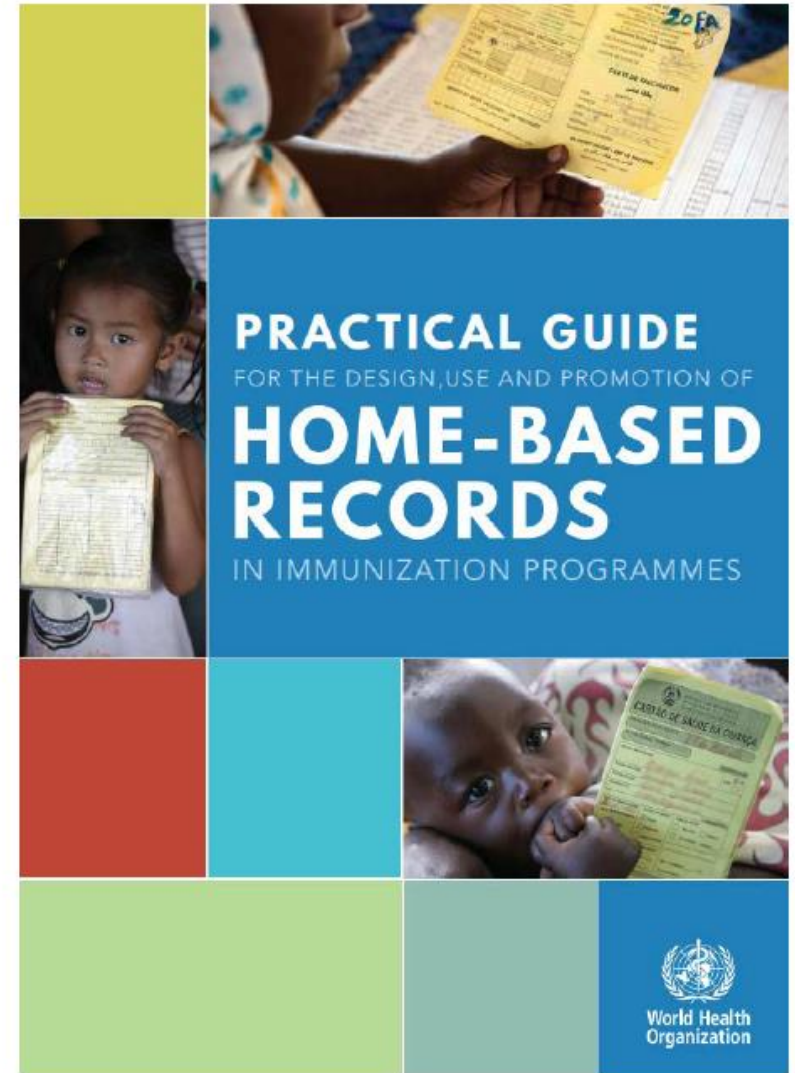**A Global Coordination Mechanism for Strengthening Implementation of Home-based Records - Global HBR -**

- Workstream 1 –Global coordination mechanism – Global HBR

- Workstream 2 –Implementation guidance for MNCH programme managers

- Workstream 3 –Global monitoring

- Workstream 4 –Innovation and digitization

Additional:
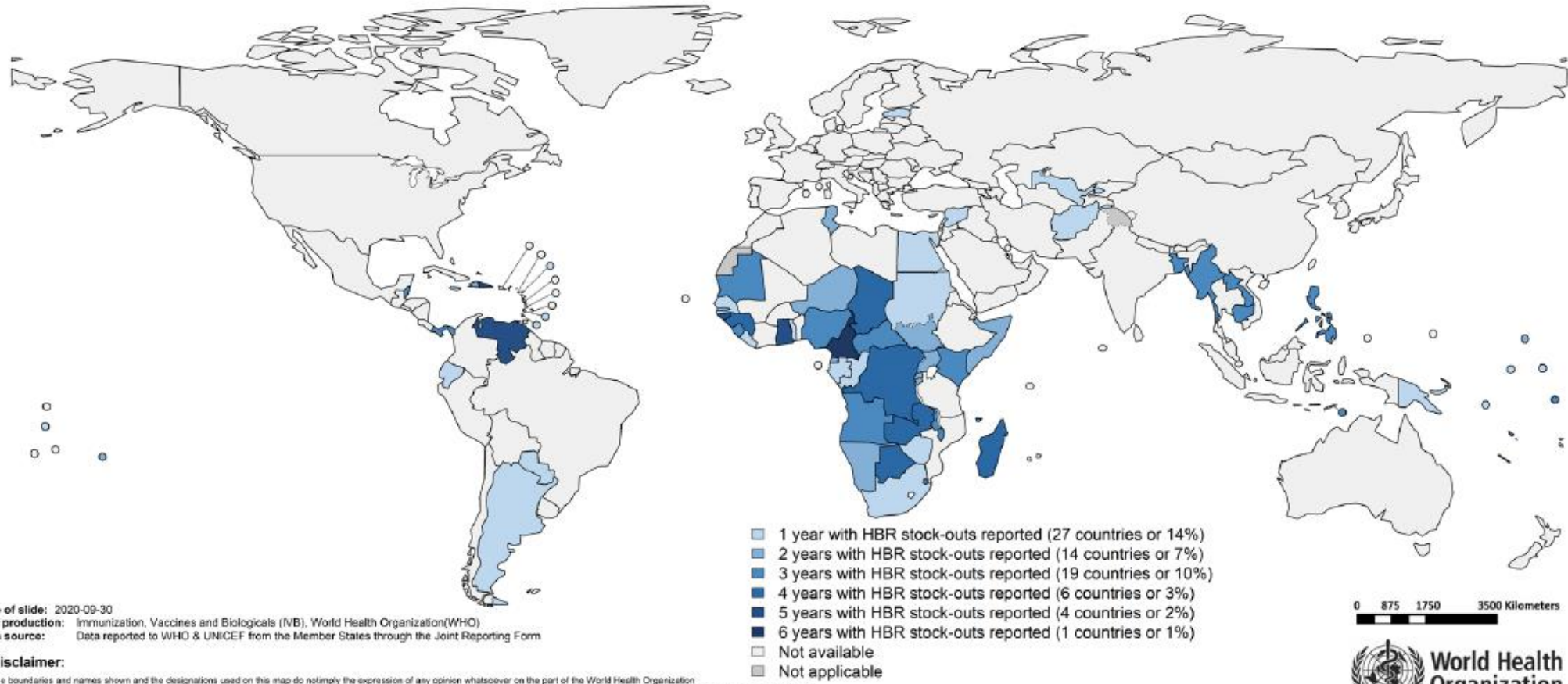- Address research gaps and harmonization

Implementation guide for MNCH programme managers

- How to review an existing HBR and its use, design the most appropriate HBR, assess implementation consideration and address barriers to optimal use, for a given context

- Prioritization of health record information

- Prioritization of health messages

PRACTICAL GUIDE
FOR THE DESIGN, USE AND PROMOTION OF
HOME-BASED RECORDS
IN IMMUNIZATION PROGRAMMES

World Health Organization

World Health Organization   unicef   jica

Reported HBR stock-out by country, 2014-2019

Work in progress: Community Platforms

✓ Finalization of the vision and framework working document
- stakeholder consultations (regional, global and online)
- Series of background papers in BMJ

✓ Evidence synthesis for health and wellbeing programming
- monitoring healthy growth and development
- programmatic approach to delivering health and wellbeing services
- interventions, delivery strategies and platforms for the 5-9 years age group

✓ Health Promoting schools
- school health services guidelines
- health promoting schools standards
- implementation guidance

✓ Early childhood development
- Nurturing Care Handbook for planning
- Nurturing Care Practice Guide for strengthening services
- Indicator catalogue for programme monitoring
- Learning platforms and information exchange

✓ Home based records
✓ **Community platform**

Community platforms
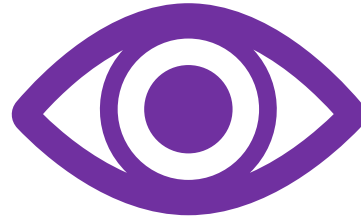
Looking ahead

- Integrated Platforms for Community Action: Pathways to full health, development and well being of all children
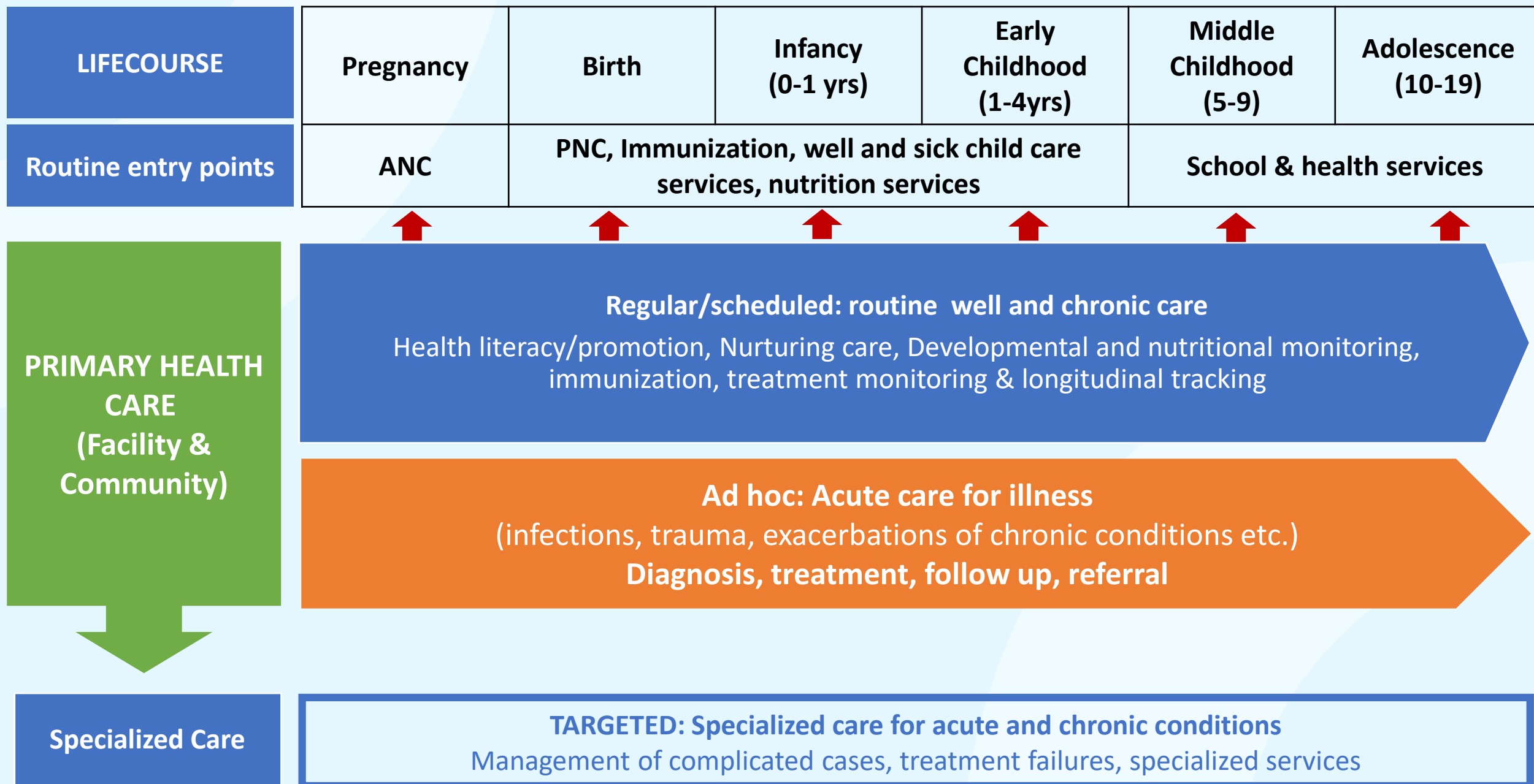
Well Children and Adolescents

Acutely ill or afflicted Children and Adolescents

Chronically ill or afflicted Children and Adolescents

LIFECOURSE	Pregnancy	Birth	Infancy (0-1 yrs)	Early Childhood (1-4yrs)	Middle Childhood (5-9)	Adolescence (10-19)
Routine entry points	ANC	PNC, Immunization, well and sick child care services, nutrition services			School & health services	

PRIMARY HEALTH CARE (Facility & Community)

Regular/scheduled: routine well and chronic care
Health literacy/promotion, Nurturing care, Developmental and nutritional monitoring, immunization, treatment monitoring & longitudinal tracking

Ad hoc: Acute care for illness
(infections, trauma, exacerbations of chronic conditions etc.)
Diagnosis, treatment, follow up, referral

Specialized Care

TARGETED: Specialized care for acute and chronic conditions
Management of complicated cases, treatment failures, specialized services

PHC and community systems

Justice

Informal providers

Caregivers

Faith groups

Social Networks

Community Groups

"For every girl & boy to survive, thrive & transform"

Frontline workers/ Health posts

Primary Level Facility

District

School

Local governance structures

Healthy Environment

Supply & Commodites

Community Systems

Primary Health Care

System Enablers	• Equitable financing	• Payment mechanisms	• Social accountability	• Quality of Care	• Human resources
	• Local governance	• Private sector engagement	• New technologies	• Gender & equity	• Health information systems

Thank You

Resources

Learn more about the Child Health Task Force at
www.childhealthtaskforce.org or contact us:

childhealthtaskforce@jsi.com

www.linkedin.com/groups/12372477

Become a member of the Child Health Task Force!
www.childhealthtaskforce.org/subscribe
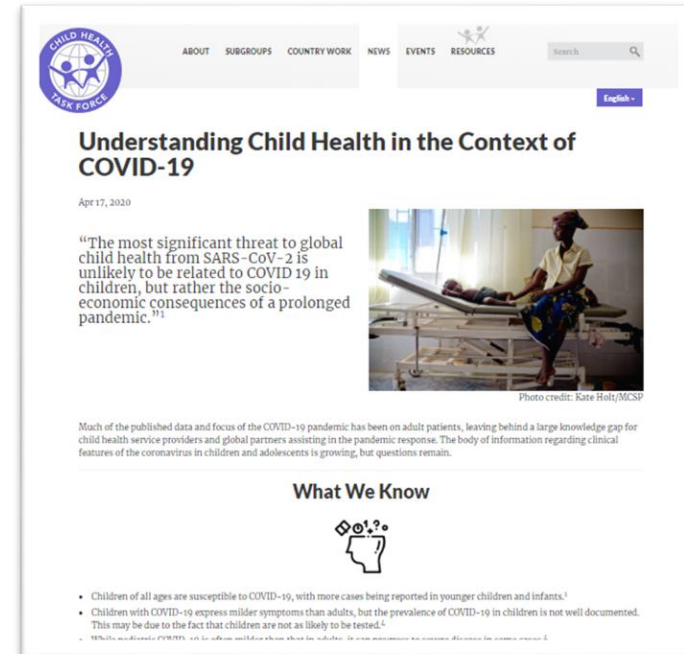
Check out the Task Force Child Health & COVID-19 web page for additional resources!

Suggestions for improvement or additional resources are welcome. Please email childhealthtaskforce@jsi.com.