

Improving the health and wellbeing of children and adolescents:
guidance on scheduled child and adolescent well-care visits



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 World Health Organization

Scheduled Well-Child and Adolescent Care Visits. Programmatic Direction

Dr Wilson Were

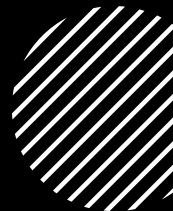
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Outline



Global context

SDGs and Global strategy

PHC and integrated health



Comprehensive health and wellbeing agenda



Guidance on scheduled well care visits

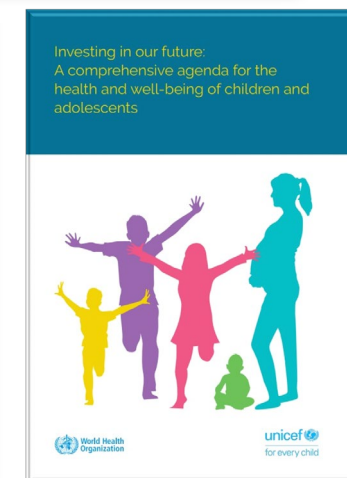
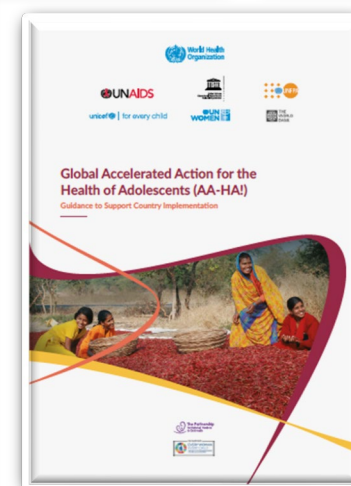
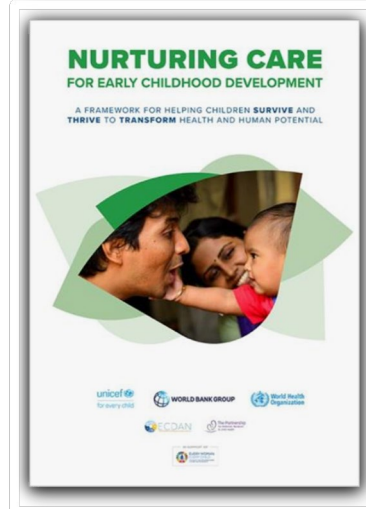
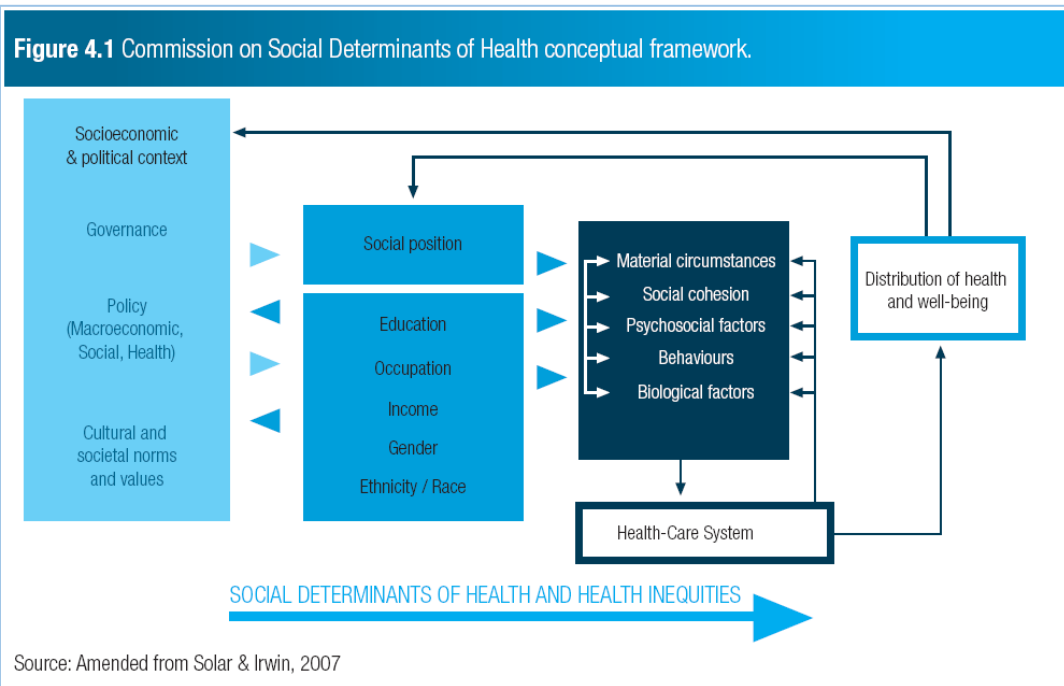


Programme operationalization



Conclusion

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



Convention on the Rights of the Child

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 Shaware, 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 over the last 3 decades has not been matched with non-fatal disease reduction
- Causes of mortality and morbidity are shifting and new priorities emerging 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

Implications

Survival to Survive, Thrive and Transform

Preconception through first 2 decades of life

Services to ecological approach

Health sector to multisectoral actions

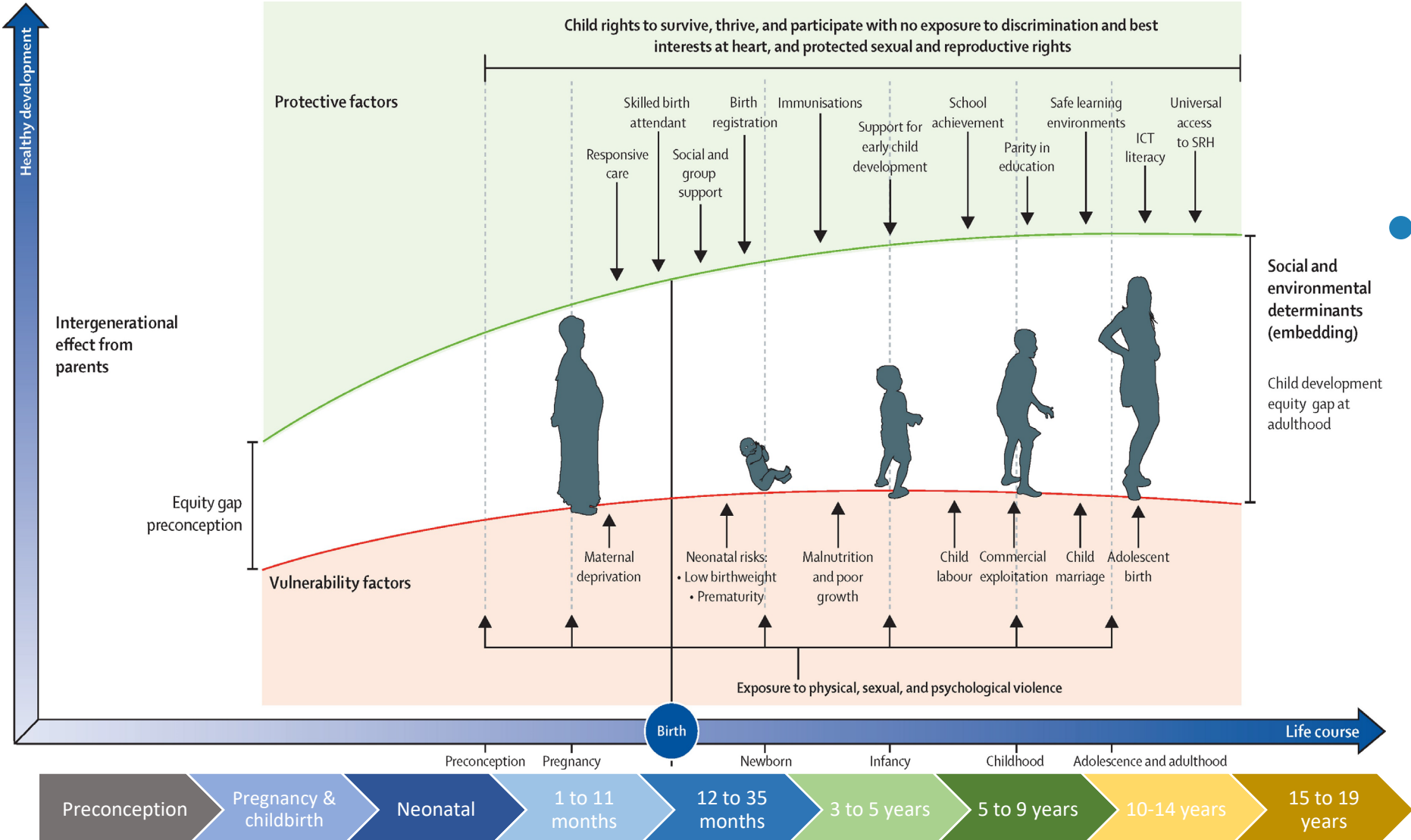
<https://www.bmj.com/child-health-redesign>

Strategic shifts in child and adolescent programming



| | |
|---------|---|
| Shift | Shift to a life-course approach to programming with attention to the broader determinants of child and adolescent health and well-being |
| Extend | Extend the predominant focus of programmes from survival of children under 5 to health, nutrition and psychosocial support from preconception throughout the first two decades of life. |
| Refocus | Refocus the agenda to address high mortality rates in specific age groups and vulnerable populations, with greater emphasis on quality, coverage and equity. |
| Build | Build children's and adolescents' resilience through multisectoral collaboration by promoting their health and well-being while addressing high morbidity and vulnerability along the life-course. |
| Ensure | Ensure participation, empowerment, equity and universal delivery of comprehensive, integrated family-, child- and adolescent-centred interventions, care and services in health and related sectors through a whole-of-government approach. |

Importance of a lifecourse approach



- Health and well-being depend on interactions between risk and protective factors throughout the life course
- Investment in universal, basic support for optimal healthy growth and development can make a huge difference to both immediate and longer-term health and developmental and to social and economic outcomes

Source: Adapted from Clark et al.

Implications in the context of



- Reorientation to an integrated climate-resilient health system based on the PHC approach for provision of universal basic health services
- A shift towards preventive, promotive, and protective functions in health services
- Functional and equitable PHC networks that support provision of comprehensive integrated health services with strong referral linkages to secondary care
- Involvement and empowerment of individuals and communities working across sectors to take control over their own health
- Addressing the determinants that are associated with poor health outcomes
- Investment in accessible, effective, and quality primary care services.



Investing in our future:
A comprehensive agenda for the
health and well-being of children and
adolescents



The vision: A world where...



Every child and adolescent is optimally healthy



Is being raised in a safe and secure environment;



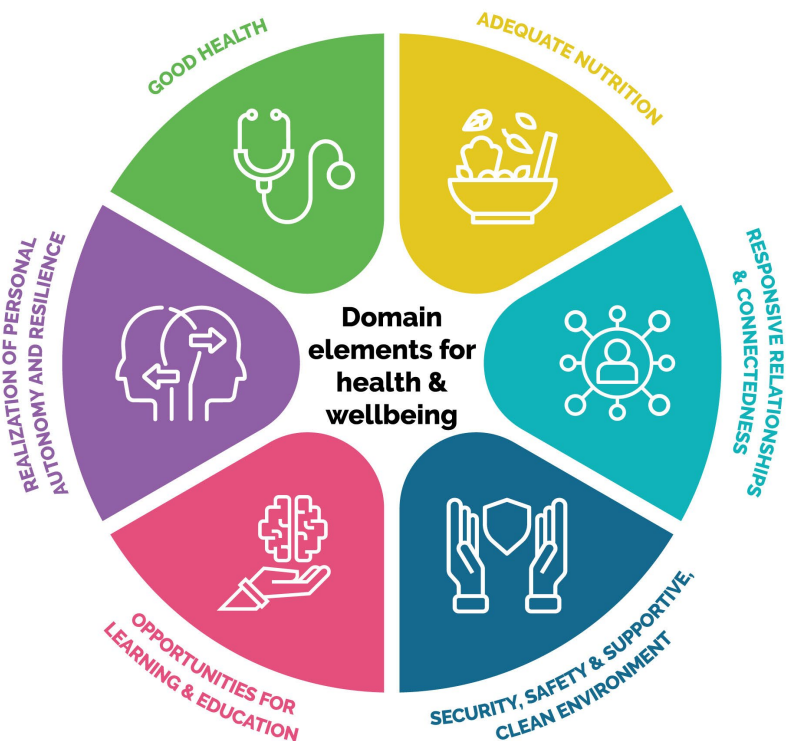
Is appropriately prepared physically, mentally, socially and emotionally;



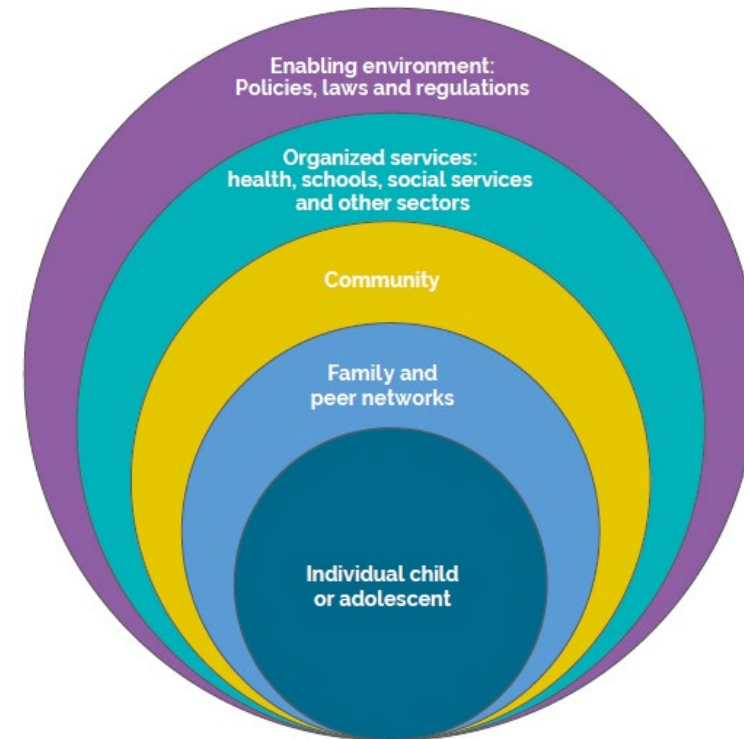
to accomplish age-appropriate developmental tasks and contribute socially and economically to their society.

Ensuring health and wellbeing for all children and adolescents

What children and adolescents expect and need



Delivering interventions



Informed by the nurturing care and adolescent health and well being frameworks.

1) <https://www.who.int/activities/promoting-adolescent-well-being> . (2) <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/child-health/nurturing-care>

Universal interventions



- Promotion of health and well-being, including social health
- Prevention of diseases and injuries

- Promotion of protective factors for optimal development and physical and mental health
- Early detection of diseases, risks or conditions



Situational interventions



Early identification and management

- Prompt recognition and effective management of acute and chronic diseases, impairment or disability
- Secondary prevention of further impairment
- Counselling and support



Rehabilitation and palliative care

- Improvement of quality of life
- Optimization of function
- Prevention of complications



Social and legal protection

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

Delivery platforms



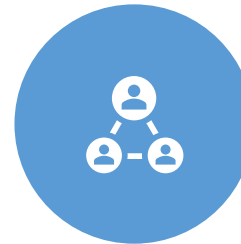
Primary care services
+ outreach



Schools and childcare
centres



Home and community
platforms



Child and social
protection services



Telehealth and digital
platforms

Guidance on scheduled well-care visits

Improving the health and wellbeing of children and adolescents:
guidance on scheduled child and adolescent well-care visits



unicef
for every child

World Health
Organization



- Outlines the rationale and objectives of well-care visits.
- Proposes a minimum of 17 scheduled visits from 0 to 19 yrs.
- Provides guidance on actions and expected tasks during each age specific visit.
- Includes identification, support and timely referral of children, adolescents or families that need extra support.
- Outlines actions that providers can take to maximize opportunities and resources.

Scheduled well-care visits

Are scheduled routine, regular checkups by health-care providers to ensure the healthy growth, development and well-being of children in the first two decades of their lives and to support and guide parents in the care they give and to themselves.



Provide opportunities to:

- promote health and healthy behaviour;
- observe the progress of a child and adolescent's physical and mental growth and development;
- vaccinate, prevent disease and provide necessary guidance on parenting and nurturing care;
- identify health risks, delays and disabilities; and
- identify and address the needs of children and adolescents, or their caregivers, who require extra care or specialized support.

Transition periods

neonatal period: within 24 h and the first and second weeks of life (three visits);

infancy (1–11 months): at 6, 10 and 14 weeks and at 6 and 9 months (five visits);

early childhood (1–4 years): at 12 and 18 months and at 2, 3 and 4 years (five visits);

later childhood (5–9 years): at 5–6 years and 8–9 years (two visits); and

adolescence (10–19 years): at 10–14 years and 15–19 years (two visits).

The schedule builds on the existing health and school health services contacts, such as for vaccination or reviews for school aged children.

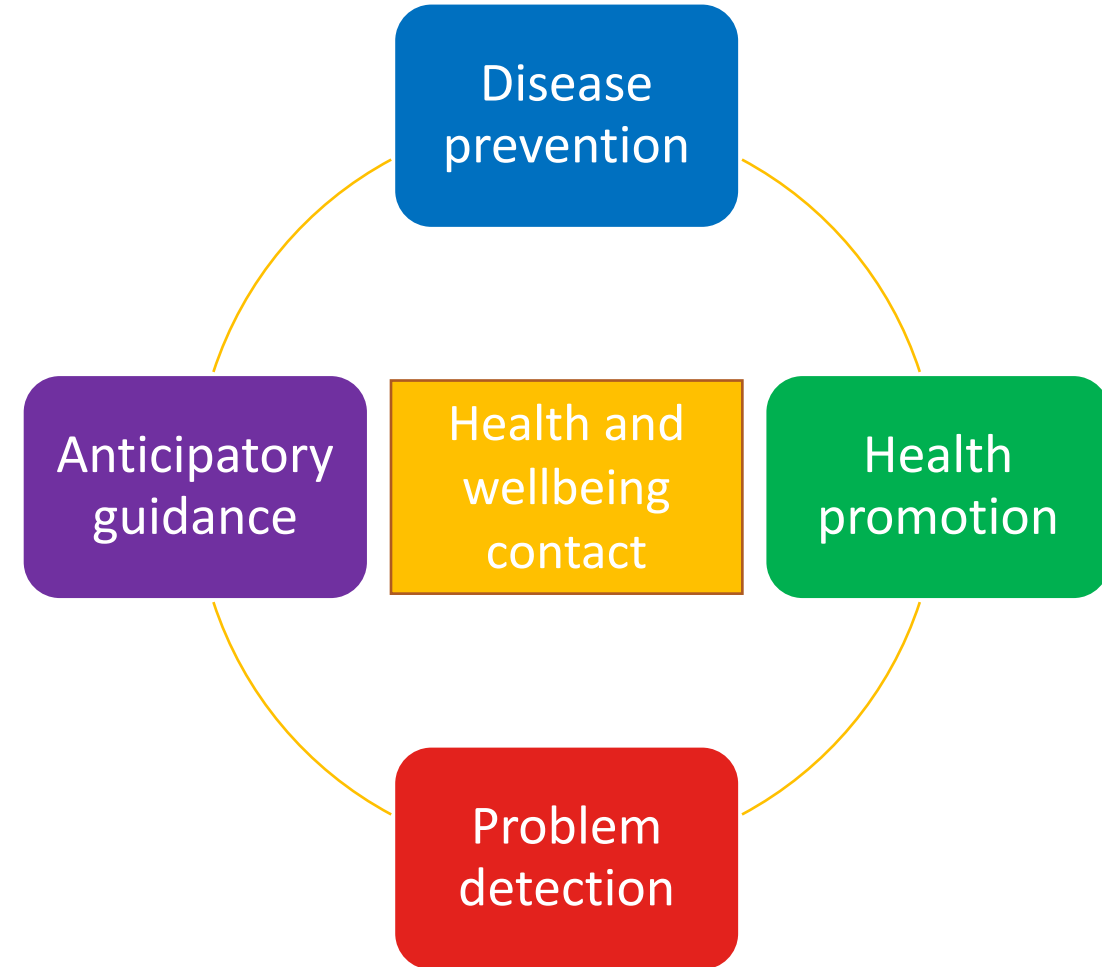
Well-care visits schedule

| Schedule | Preconception | Antenatal | Neonatal | Infancy | Early childhood | Later childhood | Adolescence |
|--------------------------|---------------|-----------|----------|---------|-----------------|-----------------|-------------|
| Preconception | ★ | | | | | | |
| Antenatal | | ◆ | | | | | |
| 24 h (to discharge) | | | ◆ | | | | |
| 1 week | | | ◆ | | | | |
| 2 weeks | | | ◆ | | | | |
| 6 weeks | | | | ◆ | | | |
| 10 weeks | | | | ◆ | | | |
| 14 weeks | | | | ◆ | | | |
| 6 months | | | | ★ | | | |
| 9 months | | | | ◆ | | | |
| 12 months | | | | | ★ | | |
| 18 months | | | | | ◆ | | |
| 2 years | | | | | ★ | | |
| 3 years | | | | | ★ | | |
| 4 years | | | | | ★ | | |
| 5–6 years (school entry) | | | | | | ◆ | |
| 8–9 years | | | | | | ★ | |
| 10–14 years | | | | | | | ★ |
| 15–19 years | | | | | | | ★ |

◆ Existing contacts (based on common immunization and school health check-ups)
 ★ New contacts

Objectives of the well care visits and contacts

- **Disease prevention:** primary and secondary prevention
- **Health promotion:** support for what the family does well and how they can be helped to even better
- **Problem identification:** concern and environmental inquiry, physical examination, monitoring physical growth and development (including social and educational development), and relevant screening
- **Anticipatory guidance:** assessment of emerging issues that a child and family face and give forward timely advice



Actions and expected tasks during a visit



- elicitation of parental, child or adolescent concerns;
- psychosocial and environmental assessment;
- comprehensive physical examination
- physical growth and development monitoring;
- screening /checking for relevant conditions;
- counselling and delivery of relevant interventions;
- anticipatory guidance; and
- extra support or referral to more specialized services when necessary.

Table 9. Priorities for contact at 6 months of age

| Family care and support | Assessment and monitoring of health, growth and development | Counselling and anticipatory guidance | Prevention and protection |
|--|--|--|---|
| Universal | | | |
| <p>Eliciting and attending to parents' concerns</p> <p>Risk and resilience assessment</p> <ul style="list-style-type: none"> • Family protective factors <ul style="list-style-type: none"> • parental well-being • family and social peer support • Family risk factors <ul style="list-style-type: none"> • IPV • inadequate housing, low income, food insecurity, unsafe food • environmental risks, e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH • Maternal risk factors <ul style="list-style-type: none"> • caregiver's depression, anxiety or other mental health conditions • smoking, alcohol and drug use • maternal health problems | <ul style="list-style-type: none"> • Eliciting concerns <ul style="list-style-type: none"> • parental or caregiver concerns • parental capacity, emotional and physical wellbeing • child's development difficulties • feeding, sleep and waking problems • vision or hearing problems • health problems • Breastfeeding and complementary feeding assessment <ul style="list-style-type: none"> • continued breastfeeding • positioning and attachment • feeding practices assessment • complementary feeding • Physical examination and growth monitoring promotion <ul style="list-style-type: none"> • assessment of danger signs • measurement of weight, length and head circumference • determination and plotting weight for length z-scores • look for signs of physical or skin anomalies; pupil opacification or red reflex, heart murmurs; neurologic tone, strength, and symmetry of movements • signs of neglect or abuse • Observation of parent-child interaction <ul style="list-style-type: none"> • mother's confidence and emotional state • mutual responsiveness of baby and mother • mother talks and plays with baby • Developmental monitoring and milestones <ul style="list-style-type: none"> • gross motor (lifts head 90°, sits briefly with support, rolls from back to stomach) • fine motor (reaches for objects, passes toys) | <p>Counselling on issues identified</p> <ul style="list-style-type: none"> • Responsive caregiving, play and early learning <ul style="list-style-type: none"> • responsive caregiving • opportunities for reading, singing and playing • daily regular routines (feeding, sleep, playing) • putting self to sleep and self-calming • Child health care <ul style="list-style-type: none"> • importance of immunization and monitoring contacts • hygiene and cleanliness • oral health, hygiene and gum cleaning • recognition of illness and finding help • Breastfeeding and complementary foods <ul style="list-style-type: none"> • guidance on continued breastfeeding • guidance on introduction of complementary feeding • adequate weight gain • Safe and clean home environment <ul style="list-style-type: none"> • safe sleeping position • smoke or pollution free environment • prevention of injuries from exploration: choking, burns, drowning, falls, poisoning <p>Follow-up</p> <ul style="list-style-type: none"> • schedule for next well care visit appointment | <ul style="list-style-type: none"> • Immunization <ul style="list-style-type: none"> • check immunization status as per latest WHO or country recommendations • give catch up missed vaccines as appropriate |

Situational

• Family support and care

- clinical enquiry (IPV)
- parenting support (e.g. home visits, parenting group)
- referral to social welfare
- referral for substance use cessation programmes
- referral to other community services as indicated

• Referral or continuity of care

- referral for further assessment, specialized, rehabilitation and/or disability support services as necessary
- continuity of care for babies born preterm or low birth weight
- coordinated clinical care and family support

• Extra support for nutrition and feeding problems

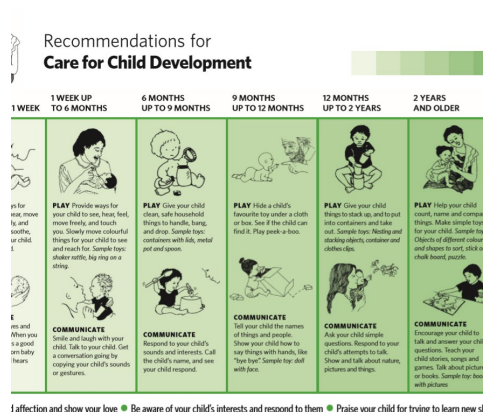
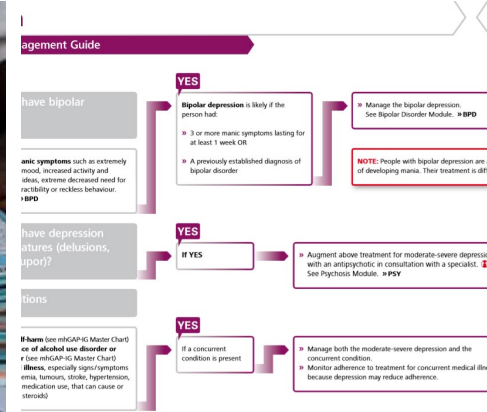
- extra support and counselling to maintain breastfeeding
- extra support for adequate complementary feeding
- counselling on risk of malnutrition or need for ready to use therapeutic food (if acute malnutrition)
- support for safe appropriate replacement feeding (if breastfeeding not possible)

• Preventive interventions e.g.,

- insecticide treated bed nets
 - malaria vaccination
 - seasonal malaria chemoprevention (SMC)
 - safety devices e.g. car seats
- ### • Supplementation
- vitamin A
 - other micronutrient supplementation as appropriate

Programmatic requirements and infrastructure

- Political advocacy and enabling policy environment
- Leadership and governance
- Financing and partnerships
- Integrated service delivery and care pathways
- Capacitated human resource (different providers across sectors)
- Supportive tools, equipment and supplies
- Information and record systems
- Individual, facility and community support and structures



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

Next steps

Investing in our future:
A comprehensive agenda for the
health and well-being of children and
adolescents



Operational guide

Provider's guide

Job-aids or tools

Indicator framework

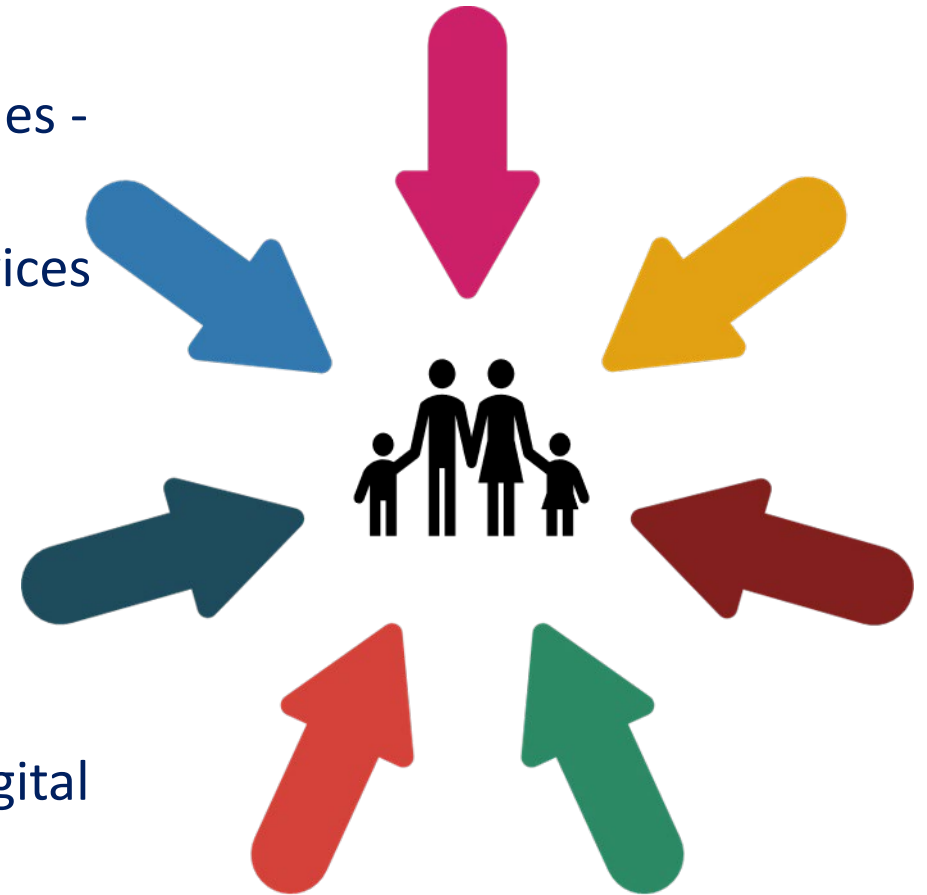
Improving the health and wellbeing of children and adolescents: Operational Guidance on scheduled routine child and adolescent well-care visits



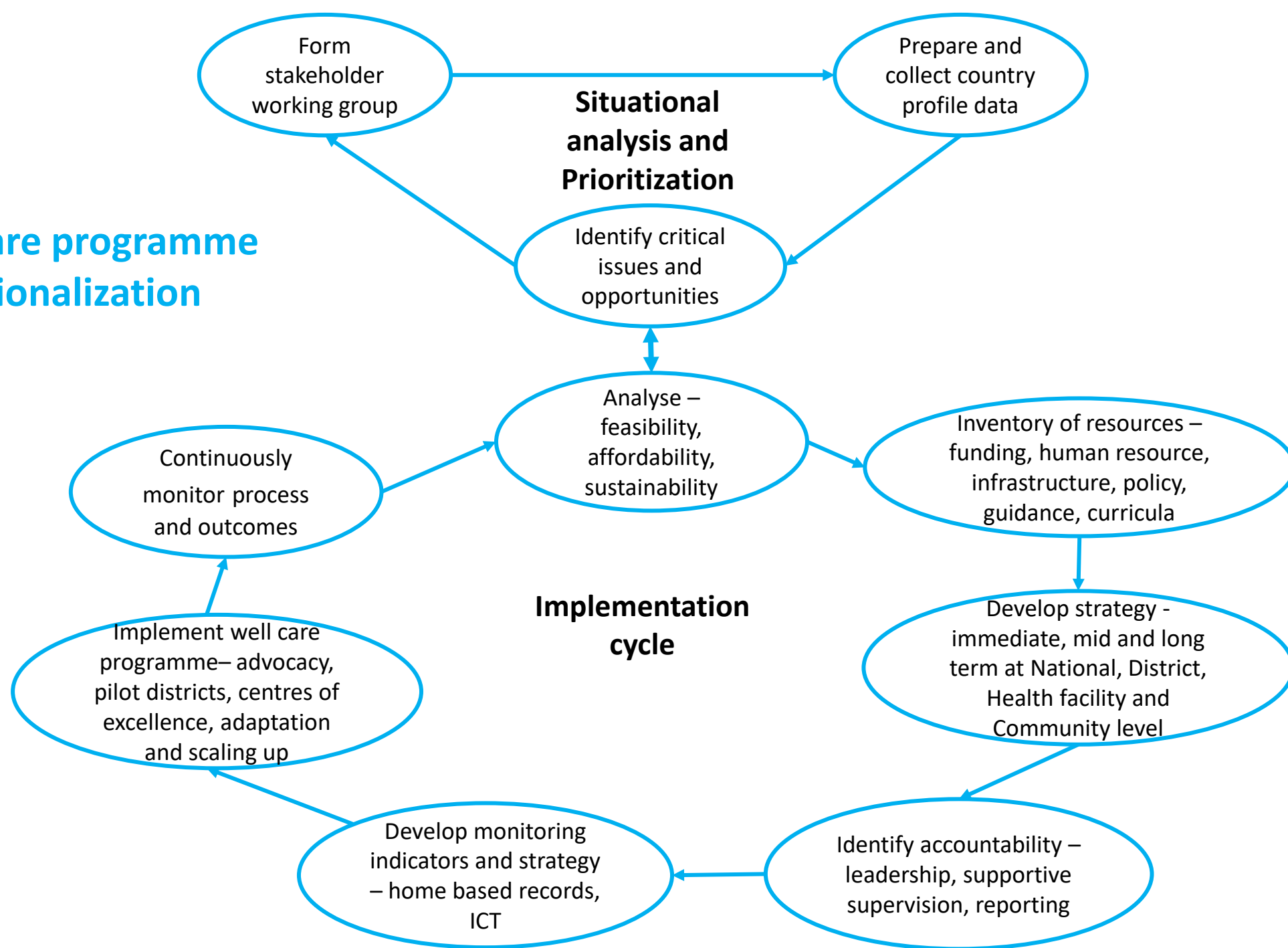
Operational guide

Operationalization of well care visits

1. Build on existing systems, delivery platforms and programmes - to optimize services (family and child centered, life course)
2. Bring together and integrate relevant programmes and services
3. Establish governance, leadership and multisectoral collaboration
4. Define and prioritize high impact areas
5. Identify and mobilize necessary implementation resources
6. Develop a strategy and operational plan
7. Strengthen delivery platforms including multi-media and digital outreach
8. Identify and build a competent workforce team
9. Monitor milestones, coverage, quality, and impact



Well care programme operationalization



Conclusion

- Scheduled well-care visits are a platform to deliver universal interventions that all children and adolescents expect and need.
- Provide an opportunity to promote and support healthy growth and development.
- Well-care visits are a platform for identifying and supporting the at-risk and vulnerable children, adolescents and families.
- Operationalization will require reorientation of the health systems towards building human capital through PHC approach.





Thank You

Child Health Service Delivery Mapping in Malawi

Operationalizing the well-child visits



In Malawi.....

Context

- Child health Strategy 2021 – 26 outlines the vision for life course programming for child and adolescent health and wellbeing
- Ongoing HSSP III Service Delivery Reform through health service redesign and strengthening integration pathways

Within this, UNICEF & WHO are supporting

Mapping of the health interventions that are currently part of the Health Services Package for children and adolescents in Malawi aged 0-19 years – along the life-course and to develop interventions for well child and adolescent visits in Malawi

COINCIDENCE

Health Sector Strategic Plan III: Moving to a coordinated, aligned One Plan, One Budget, One Report approach



Mission

The mission of the Ministry of Health is to provide strategic leadership for the delivery of a comprehensive range of quality, accessible, and efficient health services to all Malawians through the creation and sustenance of a strong health system.

WHO Pillars

| | |
|---|---|
|  Service Delivery |  Supply Chain |
|  Health Workforce |  Governance & Financing |
|  Infrastructure & Equipment |  Data Systems & Research |
|  Social Determinants |  Medical Products & Tech |

“One Plan, One Budget, One Report” through reforms for systems strengthening, coordination and accountability

Service delivery reform consists of reorienting health systems to a horizontal platform-based framework of Health Service Packages with redesigning levels of care and implementing client-centred integration pathways



Primary Level (facility + community)

HIV

MNCH

Nutrition

TB

Malaria

NCD

Prevention &
Dialogue

Screening for
Disease

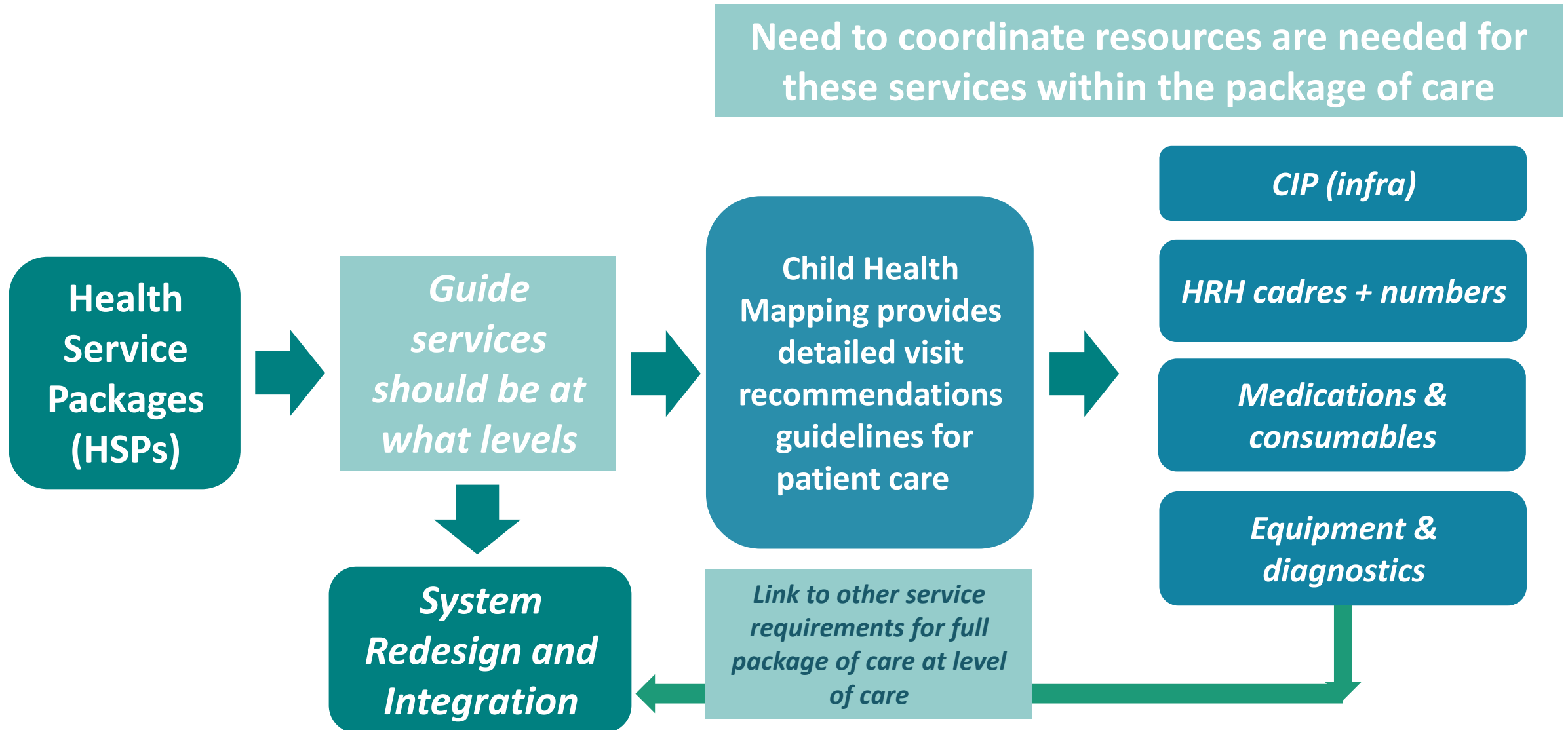
Diagnosis &
Treatment

Patient support

PRINCIPLES OF SERVICE DELIVERY REFORM

Strengthen platforms of care, improving access to care, increase demand through patient-centered care, standardized care delivery, accountable, collaborative governance and leadership, and health financing

How can the Service Delivery Reform synergize with Child Health Mapping to strengthen care for infants and children in Malawi?



Mapping of child health services 0-19 years

What is the delivery model?:

- **HOW** and **WHERE** are these services delivered?, by **whom** (e.g. community level, PHC facilities, schools, referral level)
- **How** structured are e.g. well child services delivered?, e.g. bundling of interventions, where is fragmentation
- **How** is health information recorded? (e.g. home-based records, individual patient records)

What are the gaps ?— e.g. early identification/intervention, NCD prevention

What are opportunities?

- To revise the package
- To rethink delivery models towards a more scheduled and structured well child visit approach
- How could this be done operationally, across programs/sectors

What are implications for operationalization

Mapping Framework Tool

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
|--|---|--|-----------|----------|----------------|-------|------------|-----------|----------|----------------|-------|------------|-----------|-------|
| Child and adolescent health and wellbeing programming | | | | | | | | | | | | | | |
| Name of Institution | | | | | | | | | | | | | | |
| Contact persons | | | | | | | | | | | | | | |
| Designation | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | |
| Phone Number | | | | | | | | | | | | | | |
| Subgroups | Guiding Questions | Preconception | | | | | Antenatal | | | | | New | | |
| | | Preventive | Promotive | Curative | Rehabilitative | Other | Preventive | Promotive | Curative | Rehabilitative | Other | Preventive | Promotive | Curat |
| | | | | | | | | | | | | | | |
| Brief description of existing programme | <i>Please list the existing Programmes and give a short description of your existing programmers on children and adolescents?</i> | | | | | | | | | | | | | |
| Policies and legislation | <i>Please review the list of policies, standards and guidelines and advise if any are missing from the list</i> | Health Policy oHSSP III oSRHA and Rights Policy oSRHA Strategy oENAP | | | | | | | | | | | | |
| | <i>What are the existing policies, laws and regulations children and adolescents?</i> | | | | | | | | | | | | | |
| | <i>What are the objectives for each of the policy, laws and regulations?</i> | | | | | | | | | | | | | |
| | <i>How well are they enforced?</i> | | | | | | | | | | | | | |



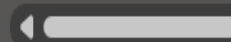
Mapping framework

intervention mapping

Gap analysis

Opportunities to expand

Research and project data



Intervention package

| | A | B | C | D | E | F | G |
|----|--|--|--|--|--|---|--|
| 1 | | Interventions (list interventions that are currently defined/delivered) | Platform (household H, community C, outreach, PHC facility, referral) | cadre delivering (HSAs, nurses, community midwife assistants, clinicians, doctors etc) | Infrastructure | Find a way to indicate if interventions are delivered as bundled, part of an intervention strategy i.e. IMNCI) color coding or numbers or ? | Indicate if information is recorded/where? (might be better in research and projectdata tab) |
| 2 | Guiding Instructions | <i>Describe how the Interventions are organized, are they family friendly, please indicate which age group they apply? what are the best times to administer, are they integrated?</i> | <i>What is the point of delivery for these services? How do children /adolescents access the services?</i> | <i>Which Cadres/providers provide the services to the children in this age group?</i> | <i>What kind of infrastructure are available for these services?</i> | <i>Which interventions are bundled/integrated?</i> | <i>How are the services recorded and reported?</i> |
| 3 | Preconception | | | | | | |
| 4 | <i>Family care and support</i> | | | | | | |
| 5 | <i>Assessment and monitoring of health, growth and development</i> | | | | | | |
| 6 | <i>Counselling and anticipatory guidance</i> | | | | | | |
| 7 | <i>Prevention and protection</i> | | | | | | |
| 8 | <i>Curative</i> | | | | | | |
| 9 | <i>Rehabilitative</i> | | | | | | |
| 10 | | | | | | | |
| 15 | | | | | | | |
| 16 | Antenatal | | | | | | |
| 17 | <i>Family care and support</i> | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| | <i>Assessment and monitoring of health, growth and</i> | | | | | | |



The exercise will: Way forward

- Summarize the status of existing health services and wellbeing of children and adolescents in Malawi.
- Discuss the most important adversities and vulnerabilities that affect children and adolescents, including when and where they occur .
- Identify priorities to improve health and wellbeing of children and adolescents
- Decide on the rationale and goal of establishing scheduled contacts to monitor and support the healthy growth and development of children and adolescents
- Define next steps to operationalize within the HSSPIII of the Malawi MoH
 - Data collection and consolidation of inputs after engagement with districts