

# Improving the health and wellbeing of children and adolescents:

## guidance on scheduled child and adolescent well-care visits





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# Acronyms and abbreviations

<b>IPV</b>	intimate partner violence
<b>LMIC</b>	low- and-middle-income countries
<b>SMC</b>	seasonal malaria chemoprophylaxis
<b>STAGE</b>	Strategic and Technical Advisory Group of Experts
<b>TB</b>	tuberculosis
<b>TPT</b>	TB preventive treatment
<b>Td/DT</b>	diphtheria toxoid
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	water, sanitation and hygiene



# Glossary

**Care provider:** Any of a vast array of service providers who meet the requirements of multisectoral child and adolescent health and well-being. They include well-child nurse practitioners, community or social paediatricians, community health workers, health-care providers in facilities, focal schoolteachers or psychologists, school counsellors and social workers.

**Contact:** interaction with children, adolescents and their families or caregivers, including face-to-face meetings, virtual interactions and messages.

**Developmental monitoring:** longitudinal observation of a child over time to follow his or her growth and development, conducted at every well-child visit. Involves elicitation of parental concerns; documentation and maintenance of a developmental history; observation of the child or adolescent; identification of risks and protective factors; and maintenance of an accurate record of findings over time, including from other contacts (e.g. social workers, schools). Differs from use of developmental checklists; monitoring is rigorous, in-depth and longitudinal. Checklists can be included in surveillance. Can be useful for determining appropriate referrals, providing patient education and family-centred care in support of healthy development, and monitoring the effects of developmental health promotion through early intervention and therapy.

**Health literacy:** the degree to which an individual can find, understand and use information and services for making health-related decisions and actions for themselves and others.

**Indicated support:** support for families or children with additional needs, including young children without caregivers or with depressed mothers or living in violent homes, as well as children whose birthweight was very low or who have disabilities, developmental difficulties or severe malnutrition. Examples of support are treatment and help for perinatal depression through mothers' groups or home visits, and family-centred rehabilitation and community support for children who have developmental delays and disabilities.

**Nurturing care:** To reach their full potential, children need the five interrelated, indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning.

**Psychosocial interventions:** include psychoeducational strategies, cognitive behavioural therapy, interpersonal psychotherapy, mindfulness, mind-body interventions and mood monitoring. Can be provided through home visits by allied health professionals or lay health workers or social support.

**School readiness:** attribute of children who have strong social skills, can cope emotionally with being separated from their parents, are relatively independent in their personal care, are curious about the world and have a desire to learn.

**Screening:** a formal process with a standardized tool or test to detect a particular disease state, problem or risk. Universal screening is done for all at a certain age, including e.g. vision and hearing, while selective screening is only for those at risk. For example, selective developmental screening consists of administration of a brief, validated, standardized tool to identify children at risk for a developmental, behavioural or social concern.

**Situational intervention:** intervention for vulnerable children, families and communities who require additional situational, targeted actions to address health determinants or vulnerability, to manage disease or other health conditions and to optimize functioning and reduce disability. Others may require social protection, including those in fragile, conflict-affected and vulnerable settings.

**Targeted support:** focus on individuals or communities at risk of later problems because of factors such as poverty, undernutrition, adolescent pregnancy, HIV, violence, displacement and humanitarian emergencies. Examples include home visits to very young mothers and their children and community participatory groups.

**Universal intervention:** intervention provided to all children and adolescents to ensure that their health needs are met throughout their lives and that the broader determinants of health are addressed through multisectoral policy and action. All children and adolescents require universal actions to promote health, growth and development and prevent disease or risk factors.

**Visit:** a scheduled, regular opportunity for a provider to monitor a child's or adolescent's health, growth and development, to take appropriate action and to provide support as required.



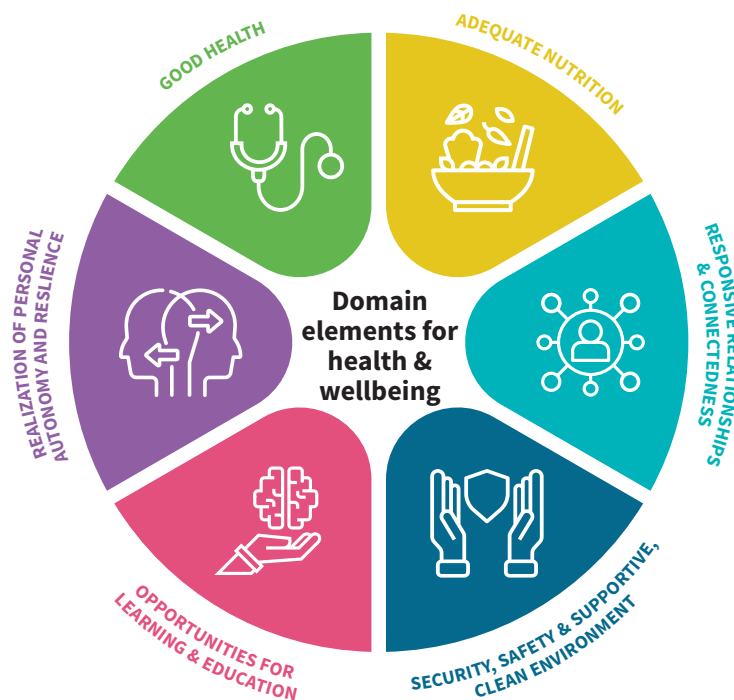
# 1 Introduction



Attainment of the Sustainable Development Goals is essential for the future health and prosperity of societies (1). This will require human capital and therefore depends on children and adolescents reaching their full potential (2).

The foundations of health and well-being are built from before conception, and they have life-long consequences, including for learning, educational achievement, productivity, healthy ageing, social relationships and emotional health. Healthy growth and development of children and adolescents is influenced by genetic endowment as well as exposure and interactions with the environment in which they live, grow up and develop. Enabling children and adolescents to realize their full potential has a positive impact on their health and well-being throughout their life course. Negative influences that cause them to deviate from their optimal trajectory limit not only their potential but

also that of the next generation. To survive and thrive, children and adolescents need good health, adequate nutrition, security, safety, a supportive, clean environment, opportunities for early learning and education, responsive relationships and connectedness, and opportunities for personal autonomy and self-realization (Fig. 1) (2). The protective factors promote survival, healthy growth and development and enable children to develop resilience even in adversity. Many risk factors, which affect mainly vulnerable populations, often cluster in communities, families and individuals, leading to a vicious circle of unmet needs (3,4).

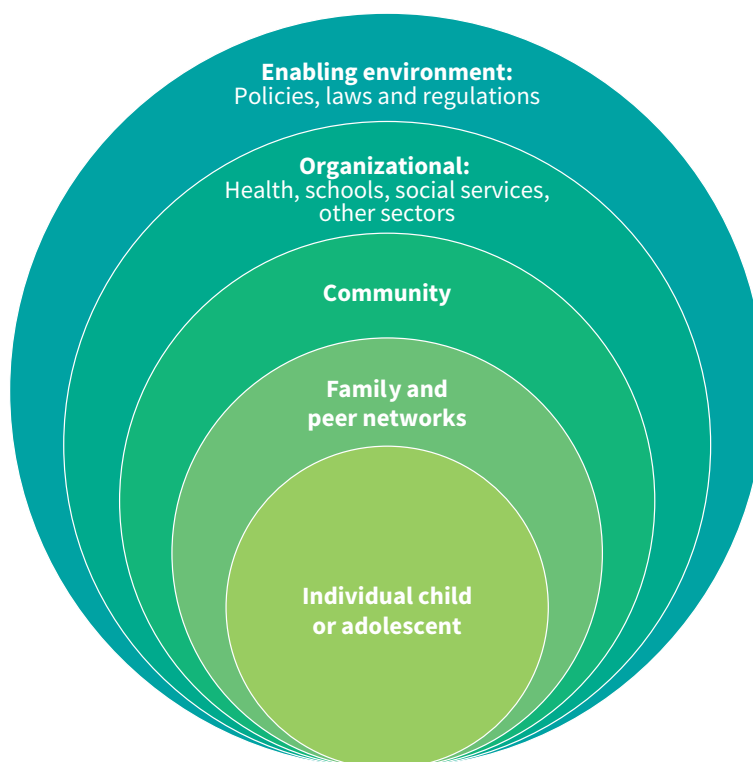


**Fig. 1. Six domains of child and adolescent health and well-being**  
Source: WHO, UNICEF (2)

The focus should be on prevention, early detection, identification and management of developmental delay, disability and disease, and health promotion. Other areas to be addressed are health literacy and socioeconomic, commercial and environmental determinants that can prevent children and adolescents from realizing their full potential. Packages of universal interventions and services are necessary for all children and adolescents and their caregivers, everywhere, complemented by extra support for those who are vulnerable or at risk or who have specific additional needs, such as children

living in extreme poverty or with disability (3).

The approach should be grounded in universal coverage of comprehensive services along the life course and care continuum that are equitable and client-centred. This requires an evidence-based ecological approach to public health actions that takes into consideration the individual child, family and community interactions, multi-sectoral cooperation, and an enabling environment of laws, regulations, policies and services that are rights-based, gender-sensitive and inclusive (Fig. 2).



**Fig. 2. Ecological model for delivery of interventions for child and adolescent health and well-being**

Source: WHO, UNICEF (2)



A call has been made (2) to redesign child and adolescent health programming into a comprehensive health agenda, with consideration of the following guiding principles:

- a life-course approach, with attention to the broader determinants of child and adolescent health and well-being;
- translation of child rights into equitable laws and policies and universal access to evidence-based services, with particular attention to the most vulnerable and disadvantaged communities, families, children and adolescents;
- meaningful participation of children, adolescents, families and communities in the design, implementation and monitoring of activities for child and adolescent health and well-being;
- respectful, family-, child- and adolescent-centred care that is gender-responsive, is inclusive of all children and adolescents, and delivers integrated interventions as part of high-quality services; and
- whole-of-government and whole-of-society engagement in building the enabling environments that children and adolescents need to survive and thrive.

This document is the first in a series for operationalizing the comprehensive agenda for child and adolescent health and well-being (2). It addresses scheduled well-child and well-adolescent care visits with providers to support children and adolescents in their growth and development and to support their primary caregivers and families.

The document outlines the rationale and objectives of well-care contacts and proposes a minimum schedule. It then describes the sequence of events and tasks during a contact, the age-specific content of what care providers can address at each contact, including identification and support or timely referral of children, adolescents or families that need extra support. Actions are outlined that providers can take to maximize opportunities and resources.

## 1.1 Purpose and target audience

This document provides guidance on strengthening health systems and services to ensure the healthy growth and development of all children and adolescents and to support their parents and caregivers. It describes the interventions that are appropriate to address the health and well-being of all children and adolescents along their life course.

It promotes coordinated, integrated well-care visits and support in many services, sectors and levels of care. It recognizes that, while health services are the main platform for delivering well-care visits, they must be complemented by and coordinated with services in other sectors, such as education, water and sanitation, agriculture, social welfare and child protection.

The guidance is destined primarily for policy-makers and managers responsible for designing and managing child and adolescent health services and programmes. It is also relevant for national and sub-national programme managers, health and non-health care providers and other relevant stakeholders who contribute to policy and implementation.

## 1.2 Rationale

The health, growth and development of children and adolescents are dynamic. Events and influences at one life stage shape progress or decline in the next, independently, cumulatively or interactively, with implications for health, learning, social inclusion, productivity and well-being along the life course, including at older ages (8). The evidence that health and well-being depend on interactions between risk and protective factors throughout the life course calls for early action to ensure the best start in life, to appropriately protect and promote health during life's transition periods and to improve the conditions of daily life, including through services provided by health and education systems.

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 along the life course (6-9). Fig. 3 illustrates the widening gap in development equity that results when vulnerability exceeds protective factors along the life trajectory. Evidence also shows, however, that, when children and adolescents have protection and support, they can develop resilience to adversity, and the gap will narrow or even close (10).

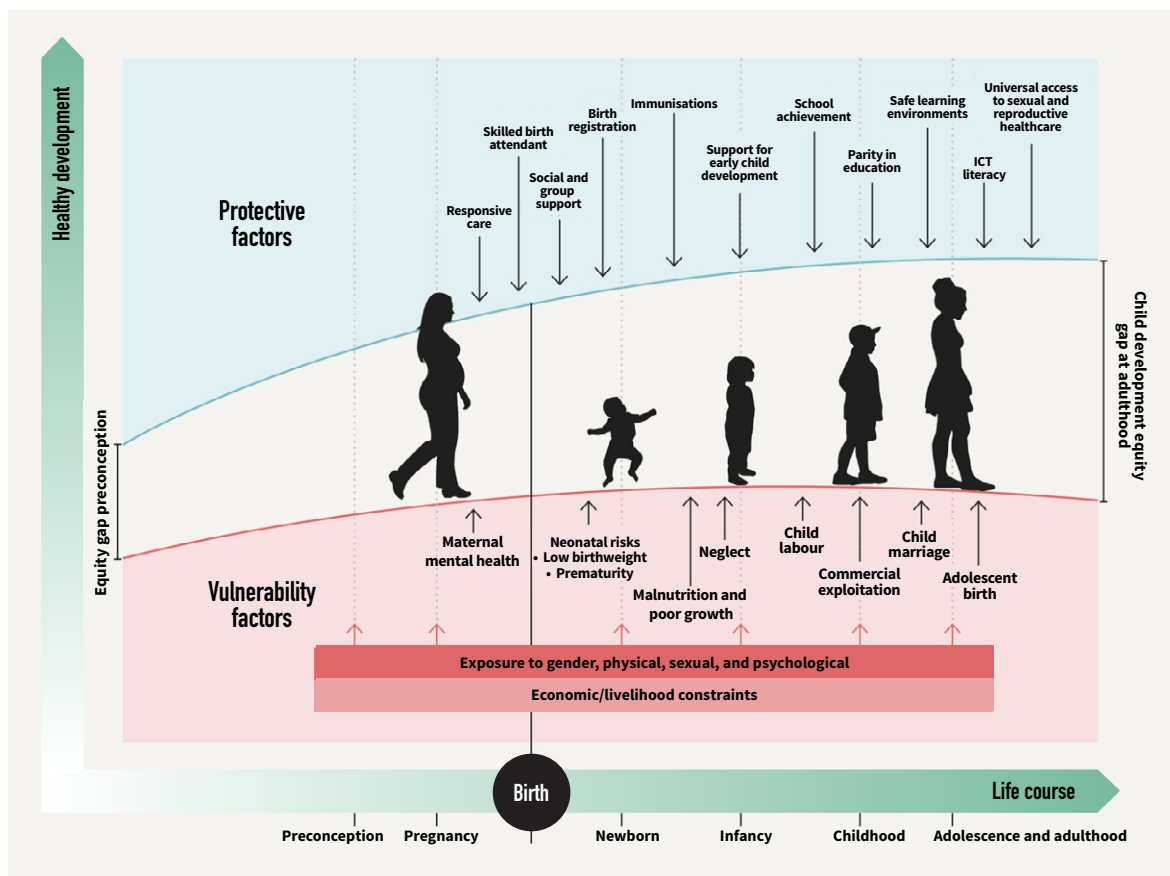


Fig. 3. Protection and vulnerability factors for health and well-being along the life course

Source: Adapted from Clark et al. (10)



Linear physical growth is recognized as a reliable indicator of a child's general health. The growth pattern varies during the life course. It is particularly fast during foetal life and the first 2 years, then slows during childhood until puberty, when a growth spurt occurs. Although growth potential is genetically determined, the growth pattern is strongly influenced by environmental factors, particularly nutrition and psychosocial distress. Linear growth is a good marker of health, given its association with morbidity and mortality, the risk of noncommunicable diseases in later life and learning capacity and productivity (11,12).

Healthy child development includes not only physical development but also emotional, behavioural, cognitive, language and general learning. The brain undergoes rapid growth, mainly before birth and during the first 2 years of life, reaching almost 90% of adult size by the age of 5 years. The first years of a child's life build a foundation for future health and success in life; it is in childhood that the blueprints for future development are laid (13,14). In early adolescence, the brain undergoes another tremendous burst of neuro-physiological development, with implications for risk-taking, experimentation and exploration.

As children grow, the cumulative, lifelong impact of early experiences, both positive and negative, on

their development can be profound (14). Exposure to adversity and stressors, such as poverty, lack of safety and environmental risks, including air pollution, toxicants and climate change, and poor early education, can negatively affect their development. They and their parents and caregivers need support and the right resources, from before birth and continuing through the first two decades of life. Older children and adolescents in particular need support in their quest for agency, autonomy and self-realization (15,16). It is also important to identify vulnerable children, such as those at risk for or with developmental delays or disability (e.g. vision, hearing, cerebral palsy), and to intervene early. Screening, early identification and linkage to services can prevent vulnerable children from greater risk. Early intervention can yield the greatest social and economic returns for disadvantaged groups.

Investment in improving health and well-being in these critical years optimizes human capital and reduces inequity. It enables children and adolescents to become resilient, even in the face of adversity (6-9,17). Well-care visits can provide a platform for ensuring the healthy growth, development and well-being of children in their first two decades and for supporting and guiding parents and caregivers in caring for their children and themselves.

## 2 Methods and process



## 2.1 Scope of guidance

This consolidated guidance is based on WHO-recommended preventive and promotive interventions for the health and well-being of children and adolescents up to 19 years of age. It consolidates WHO guidance for specific services such as ante- and postnatal care, immunization, breastfeeding, growth monitoring and nutrition, early childhood development, vision and hearing and school check-ups and other health services. The guidance includes the content, scheduling and structure of well-care visits to support child and adolescent health and development in the first two decades of life. The document will be complemented by operational guidance on transforming and organizing well-care services, including in schools and other relevant sectors, to effectively support children and adolescents and their caregivers.

## 2.2 Evidence retrieval and synthesis

This guidance document was developed after an extensive scoping and analytical review of all published WHO guidelines and recommendations on preventive and promotive interventions for newborns, children and adolescents up to 19 years of age. In addition, a review of evidence and of programmes was conducted to propose a minimum schedule of well-care visits for children and adolescents and their caregivers, and activities expected at each age-specific contact. The relevant interventions and recommendations were reviewed by a WHO interdepartmental working group to ensure their completeness and accuracy. They were then presented to the joint WHO–UNICEF independent informal reference group of experts and the maternal and the child health redesign working subgroup of the WHO Strategic and Technical Advisory Group of Experts (STAGE) for Maternal, Newborn, Child, Adolescent and Nutrition (18) for review, and a final review and endorsement by STAGE. The guidance was developed as follows:

- establishment of the WHO internal working group on child health redesign, involving all relevant departments at all levels of the Organization, and the WHO–UNICEF interagency core working group;
- a scoping review of WHO recommendations and publications on preventive and promotive interventions for the health and well-being of children and adolescents;
- a review of well-established national schedules and the periodicity of interventions and well-child and well-adolescent visits in high- and low–middle-income countries;
- consultations with regional WHO and UNICEF staff on the draft schedule, periodicity and proposed interventions for well-child and well-adolescent visits;
- a joint WHO–UNICEF technical meeting of the independent informal group of experts and the maternal and child health redesign working subgroup of STAGE;
- drafting of the guidance document by the WHO–UNICEF child health redesign working group;
- external review and consultations with key stakeholders on the draft document; and
- review and endorsement of the final draft by the WHO STAGE for Maternal, Newborn, Child, Adolescent and Nutrition (19).

The recommended timing and scheduling of well-care visits is based on the existing schedules of contacts with health services, including postnatal care, routine immunization, vision, hearing and school checks and reviews. They are aligned with the developmental life transition periods between birth and 19 years of age. The recommended interventions grouped as universal or situational are based on the relevant guidelines for preconception care, antenatal care, postnatal care, routine immunization, nutrition, malaria, mental health, vision and hearing and other relevant guidelines for children and adolescents.<sup>1</sup>

### **2.3 Management of conflict of interest**

All members of the independent group of experts and of the maternal and child health redesign working subgroup of STAGE that participated in the consultation completed and signed a declaration of interests. The declarations were reviewed and discussed by the WHO interdepartmental steering working group before the meeting, and the outcomes were approved by the Director of the Department of Maternal, Newborn, Child and Adolescent Health and Ageing. Participants who declared having received research funding from non-commercial organizations for projects related to the topic of the meeting participated in all aspects of the meeting. Participants who had received recent or current research funding or personal payments from commercial entities on topics related to the meeting were excluded from relevant discussions.

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<sup>1</sup> The WHO-approved published guidelines used as sources are listed at the end of each table.





# 3 Well-care visits and scheduling



### 3.1 Well-care visits

Well-care visits are scheduled routine, regular check-ups 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 to their children and themselves. Well-care visits are 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.

Most countries already recommend universal (or routine) health-care contacts, such as for antenatal, childbirth and postnatal care and vaccinations (20–22). Many countries also require pre-school and school check-up visits or school health services, some of which provide year-round service and reach children and adolescents who are not in the educational system.

Well-care visits are usually complemented by additional visits or contacts and services for children and adolescents who are identified as facing health, socioeconomic or environmental risks, such as poverty, hazardous housing, air pollution, climate stresses, inadequate water and sanitation, exposure to chemicals, low literacy, violence, exploitation or social exclusion, or individual, caregiver and family risks such as prematurity, low birth weight, undernutrition, HIV exposure, disability or mental health conditions.

Well-care contacts can be delivered in primary health care in communities, primary health care facilities and schools or early child development centres. Other platforms include telehealth and virtual communication channels through which care providers interact with children, adolescents and their families.

In this document, the term “contact” refers to both face-to-face and virtual interactions and health promotion messages, while “visit” refers to a regular scheduled appointment to review the health, growth and development of the child or adolescent and, with caregivers, decide on the action and support required.

### 3.2 Objectives of a well-care visit

Well-care visits are important for all children and adolescents, including those with special health-care needs. They provide opportunities to promote healthy growth and development, and for the provider, parents, caregivers and children to talk about the child's healthy growth and development, nutrition, safety, immunization and other age-appropriate topics.

During the visits, providers can observe, intervene and influence a child's healthy growth and development and screen, counsel and support their caregivers. For caregivers, they provide an opportunity to discuss their concerns, such as development, behaviour, sleep, eating habits and other areas in which they need guidance and support. The visits also provide opportunities to promote healthy behaviour, prevent risky ones and detect conditions that can interfere with the physical, social and emotional development of children and adolescents.



Each visit should address the core elements of a child's healthy growth and development, in collaboration with and the participation of the child, caregiver and family, with the following objectives.

*Health promotion:* to empower caregivers, children, adolescents and their families by increasing their knowledge about their health and well-being and to give them the skills to protect it and to participate in health-promoting activities. Health promotion improves health and nutrition literacy and strengthens an individual's healthy behaviour. The activities shift the focus from disease to a strength-based approach, by understanding what an individual or family does well and what care providers can help them to do even better. It covers issues relevant to the context, the family situation and the age of the child or adolescent, such as opportunities to discuss and model parenting skills, promote play or provide parents with tools to cope with stressful family situations. Health promotion activities are guided by the findings of an assessment of the family's risks, strengths and protective factors and address family, community and social factors that affect health, both positively and negatively. They also take into consideration different environmental settings, such as houses, public spaces and safe, enabling environments.

*Disease and risk prevention:* to minimize the burden of diseases and other risk factors through both population and individual health promotion and primary prevention. It includes the provision of information, consultation and measures to decrease risks at individual, family and community levels. The measures include vaccination against vaccine-preventable diseases; prevention of the development of mental health conditions and/or self-harm; prevention of maltreatment, accidents and injuries; creating and maintaining healthy dietary practices and food safety; nutritional and micronutrient supplementation; oral and dental hygiene education; healthy practices for sensory health (vision and hearing); and preventive therapy.

*Detection of disease or problems:* early detection of problems or diseases or of children, adolescents and families who are vulnerable in order to treat or minimize the problem or disease for positive health outcomes. Detection includes eliciting concerns, assessment and physical examination (including monitoring growth and development and detection of physical abnormalities) and evidence-based screening to detect a particular disease state or condition (e.g. vision, hearing or any disability). Detection is followed by prompt attention to any problem or disease identified.

*Anticipatory guidance:* anticipation of emerging issues that a child and family may face and provision of guidance to promote optimal, age-specific health and developmental outcomes. It helps families to understand what is expected, in order to help the children, parents and/or caregivers to address emerging issues, access services and engage with the family, community or school. For example, milestones are specific developmental attainments that occur in a predictable sequence over time, reflecting the interaction of the child's developing neurological system with its environment. It helps to anticipate emerging issues that a child or adolescent, caregivers and family might face so that they can give timely, appropriate advice and take the opportunity to raise priorities and help the child, caregiver and family.

### 3.3 Timing and scheduling of visits

There is no strong evidence on the optimal universal scheduling of contacts for the health and well-being of children and adolescents. The schedule proposed in Table 1 builds on recommended scheduled contacts in health and school health services, such as for ante- and postnatal care, vaccination or reviews for school-aged children. It proposes a minimum of 17 visits between birth and 19 years that are aligned with the major developmental transition periods in the life of children and adolescents. The recommended schedule is a guide that can be adapted according to the local context and needs.

During the neonatal period (0–28 days), three visits are recommended, in line with WHO recommendations on maternal and newborn care for a positive postnatal experience and breastfeeding counselling (21). Babies born in a health facility should receive essential newborn care for at least 24 h, while the first visit to a baby born at home should be within 24 h of birth. Additional visits are recommended between 48 and 72 h and between 7 and 14 days. For preterm newborns, additional contacts with skilled providers are of critical importance, as these babies are at greater risk of developmental delay or disability, and caregivers will probably require additional support.

During infancy (1–11 months), four visits, at 6, 10 and 14 weeks and at 9 months, are recommended according to the schedule for primary routine vaccination, and, in the second year of life, three visits at 12, 18 and 24 months for the booster doses in the WHO-recommended schedule for routine vaccinations for children (22). The routine vaccination schedule also recommends diphtheria toxoid (Td/DT) booster doses at 4–7 years and 9–15 years, and human papillomavirus vaccination at 9 years of age. Each contact provides an opportunity for essential interventions and comprehensive monitoring of growth and development, support for health and well-being and early identification of children, adolescents and families who could benefit from extra support or might need referral to specialized care or services.

Further visits are recommended for developmental transitions, such as to complementary feeding at 6 months or school readiness at the age of 3 or 4 years, and common population transition points such as school enrolment and also to ensure a continuum of care in the first two decades of life.

Therefore, a minimum of 17 scheduled well-care visits are recommended between birth and adolescence in addition to the preconception care and the scheduled antenatal contacts before birth as follows:

**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).

**Table 1. Proposed schedule for well-care visits to support children and adolescents**

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



# 4 Actions and expected tasks during a visit



A systematic approach should be taken during a well-care to address important social, developmental, behavioural and health issues for children and adolescents. Each visit provides an opportunity for health providers to assess, monitor, intervene and provide caregivers with the knowledge and confidence necessary to ensure that their children meet their full developmental potential and optimal health status. Therefore, at during each scheduled visit, a systematic approach should include:

- 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.

#### **4.1 Elicitation of parental, child or adolescent concerns**

Each visit starts with inquiries about how the child is developing and areas in which the caregiver, family or child/adolescent has concerns. A concerned caregiver is an important informant about a child's developmental progress, and parental or caregiver concern about a child's development should always raise an alert. It is also important to enquire about the caregiver and the family environment, social, health and well-being. Structured, systematic approaches to eliciting the concerns of caregivers or older children and adolescents during well-child visits improve communication with health providers and are helpful for detecting developmental and behavioural problems.

#### **4.2 Psychosocial and environmental assessment**

Understanding the social, economic and community environment of a child or adolescent and family can provide important entry points for assessing strengths and risks. Areas of inquiry may include the

family size, housing, income and relationships; the caregiver's mental health and psychosocial support; early learning, school attendance and school performance; environmental factors such as open spaces and risks such as air pollution and exposure to hazardous chemicals; the availability of sanitation and safe water; community cohesion and cultural taboos; and insecurity, especially in humanitarian and fragile settings, violence and support. The assessment should include the pregnancy and birth history and any specific risks that the child or the family may have faced in the past which might have made them vulnerable.

#### **4.3 Physical examination**

Physical examination builds on the information already gathered from the caregivers, children or adolescents in order to obtain a more holistic picture of their health and wellbeing. It involves complete physical examination with focus on specific assessment that is appropriate to the child's or adolescent's age, developmental stage, and relevant elicited concerns from the child or adolescent or caregiver. It is important to properly prepare the child or adolescent (with or without the caregiver for older children and adolescents as appropriate) for the examination, and to communicate to the them about the findings and their interpretation.

A physical examination is best done in privacy, with the care provider ensuring respectful care and comfort for the child or adolescents and caregiver. The examination should be comprehensive starting with general observation, taking vital signs and finally use of the techniques to examine all systems (e.g., Skin, head, eyes, ear, nose, throat and mouth, cardiorespiratory, gastrointestinal, genitourinary, neurological and musculoskeletal systems). It is important to note that examination will vary with age and flexibility may need to be exercised, and in certain circumstances the full systemic examination will not always be indicated (23).

#### **4.4 Physical growth and developmental monitoring**

Children's and adolescents' growth and development are variable; therefore, monitoring should include longitudinal observation to understand the trajectory, with feedback and input from caregivers



or adolescents themselves. Monitoring includes physical growth (weight, height, head circumference, pubertal physical and sexual maturation body changes, hair, skin and menstruation); assessment of nutritional status and physical and recreational activities; and development domains such as behaviour, social, emotional, mental, language and cognitive. This allows timely identification of and intervention for any deviation from the expected trajectory for age in physical growth or nutritional status or delay in acquisition of one or more developmental milestones. For example, early detection of abnormalities in a child's motor, linguistic, mental or social development can lead to effective early interventions.

#### **4.5 Screening or checking for relevant conditions**

Screening allows the prevention or early detection of disease and developmental disturbance in infancy, childhood and adolescence. It is a formal process with a standardized tool or diagnostic test to detect particular disease states or conditions. In universal screening, every person is screened at a specified age, while selective screening is performed only for people for whom a risk assessment suggests concern. For example, regular assessment of the eyes and vision, the ears and hearing and oral health is essential for all children and adolescents, while screening tests for delay in developmental milestones or for suspected metabolic disorders or communicable diseases may be recommended only in specific situations or according to disease epidemiology.

#### **4.6 Counselling and delivery of interventions**

Counselling provides an opportunity to shift the focus to wellness and family strengths by identifying what is being done well and how it might be improved by reinforcing good practices. Its aim is to address concerns and issues identified during the consultation, solve any difficulties and provide advice on risks and relevant health promotion topics. It involves clarifying and assessing a problem or situation, identifying solutions together, and giving advice on interventions. It also involves advice to help children, adolescents and

caregivers understand why adherence to prescribed interventions (e.g. spectacles, eye drops, hygiene, hearing aids, hearing discipline) or to follow-up care and referral is necessary to achieve health benefits now and in the future. Counselling should be provided to children and adolescents according to their evolving capacities and the context and setting.

Well-care visits offer an opportunity to deliver preventive disease, behavioural and psychosocial interventions. Disease prevention includes administration of age-specific routine vaccines, micronutrient supplementation and, as relevant, other preventive interventions such as routine vitamin A supplementation, deworming and provision of insecticide-treated nets in malarial areas. Behavioural interventions include providing advice and strategies to caregivers to prevent and manage identified or anticipated behavioural problems; and psychosocial interventions include psychoeducation, motivational counselling, stress reduction, strengthening of social support, promotion of functioning in daily life and psychological interventions. Social interventions include provision of social welfare and housing support. Care providers may themselves be able to provide information on these services or refer families to relevant authorities or providers.

#### **4.7 Anticipatory guidance**

Anticipatory guidance given by health-care providers can assist caregivers or older children or adolescents in understanding expected growth and development. Issues that the child, adolescent or family are likely to face can be discussed and guidance provided. Providers may support the development of a child or adolescent by positively influencing the caregiver-child relationship. For anticipatory guidance to be effective, it must be relevant, delivered at the right age and appropriate to the child's or adolescent's developmental stage and social and family context. It may include aspects of infant and young child feeding, developmental and behavioural evolution, diet and physical activity, communication, positive discipline, protection from injuries and accidents and hazardous environmental risks, pubertal changes, onset of sexual relations, sexual and reproductive health and common parenting challenges (23).



#### **4.8 Extra support, care or referral**

Extra support can be arranged according to individual and family needs. It may include more frequent contacts or specialized services. As universal scheduled well-care visits reach all individuals and families, they are the ideal conduit for early identification of families, children and adolescents that will require extra follow-up and support or referral to specialized services, such as rehabilitation, palliative care or social or legal protection (2). Intensified monitoring, beyond the minimum schedule, is recommended for children identified as vulnerable from the start, such as those born prematurely, those with a congenital defect, a chronic condition or disability or those living in unstable families.

# 5 Age-specific priorities at each visit



Opportunities to promote health and well-being and to prevent and control disease can be found at many stages of life and contacts with the health system. Public health programmes should therefore use a life-course approach, from infancy through childhood and adolescence to adulthood, including preconception care, antenatal care and well-child and well-adolescent care visits. Health providers can address specific themes during comprehensive discussions with caregivers and families to help them understand the support that their child or adolescent needs for health and development.

The themes and considerations for each age group are discussed below, with specific content relevant to each encounter (24). According to the principles of health promotion, disease detection and prevention, the tables below were designed to reflect the flow of events during a usual visit to a health facility; for example, invasive interventions such as administration of vaccines are left to the end of a visit. The column “family care and support” brings to fore the importance of families and the environment they live in and therefore combines elicitation of concerns and psychosocial and environmental assessments. The second and third columns represent health, growth and developmental monitoring, including screening, history and physical examination and counselling activities. The final column describes disease prevention to be conducted by the provider at the end of the visit.

## 5.1 Preconception care

The health, well-being and life experiences of both parents before conception affect fetal development and, therefore, an infant’s life course. The aim of preconception care is to improve women’s and parents’ health and to reduce any behaviour or individual, social or environmental factor that can contribute to poor maternal and child health outcomes. Therefore, in countries where preconception care services are available as part of preparation for parenthood, they should be linked to well-child and well-adolescent care visits. In countries without such services, preconception care can be integrated into services such as postnatal care, child health, HIV and family planning services. The interventions may include taking folic acid, often with iron and other vitamin supplements, promoting physical activity, eating a healthy diet and achieving a healthier weight, stopping or reducing smoking and alcohol, optimizing management of chronic diseases such as diabetes and hypertension, and reviewing any regular medication for teratogenicity. For more details on the range of services, see the WHO policy brief on preconception care (25).

## 5.2 Antenatal care

Contacts for antenatal care provide a unique opportunity for a care provider to build a relationship with a pregnant woman, her partner and the family and to understand the conditions in which they and their unborn child live and function. A comprehensive assessment of risk and resilience will enable early identification of pregnant women and families who are vulnerable and need extra support.

Nutritional deficiencies, infections, environmental pollutants, climate risks such as extreme heat and excessive psychological stress in pregnancy may cause epigenetic, structural and functional fetal changes, with lifelong consequences for the unborn infant's development.

At each visit, parental expectations and preparation for parenthood should be discussed and assessed to identify any risk. In addition, family resilience should be assessed. Assessment and evaluation will determine the level of intervention necessary to support the family, to be discussed and agreed with the family. During assessment of the health of a pregnant woman and her growing fetus and provision of essential interventions according to WHO standards (20) and national guidelines, care providers should address issues related to priorities such as:

- concerns of the mother and family;
- psychosocial and environmental determinants;
- promoting parental and family physical and mental health and well-being;
- promoting nutrition and healthy dietary practices;
- promoting preparedness for birth and essential newborn care;
- promoting early initiation and exclusive breastfeeding;
- stressing the importance of nurturing care and positive parenting;
- promoting safety and injury prevention; and
- maternity leave, parental leave and childcare.

Priorities to be addressed during antenatal contacts are listed in Table 2.

**Table 2. Priorities for antenatal contacts**

Family care and support	Assessment and monitoring of health, growth, and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to pregnant women’s concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• maternal well-being, confidence, and competence</li> <li>• mothers’ family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• intimate partner violence (IPV)</li> <li>• alcohol and drug use</li> <li>• inadequate housing, low income, food insecurity, unsafe foods</li> <li>• environmental risks, e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, water, sanitation and hygiene (WASH)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Maternal assessment</b> <ul style="list-style-type: none"> <li>• mother’s nutritional status and physical activity assessment</li> <li>• health status assessment</li> <li>• tobacco and substance misuse</li> <li>• mental health assessment and screening</li> </ul> </li> <li>• <b>Foetal assessment</b> <ul style="list-style-type: none"> <li>• ultrasound scan</li> </ul> </li> </ul>	<p><b>Counseling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Nutrition and feeding</b> <ul style="list-style-type: none"> <li>• healthy eating and physical activity during pregnancy</li> <li>• intention to breastfeed</li> </ul> </li> <li>• <b>Preparations for birth and parenthood</b> <ul style="list-style-type: none"> <li>• family and partner support and involvement</li> <li>• importance of newborn screening and routine vaccinations</li> <li>• infant sleeping arrangements</li> <li>• responsive caregiving</li> <li>• safety and clean home environment</li> <li>• vaccination and well-child care</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next antenatal care visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• as per latest WHO or country recommendations, e.g. tetanus toxoid vaccine</li> </ul> </li> <li>• <b>Supplementation</b> <ul style="list-style-type: none"> <li>• iron</li> <li>• folic acid</li> </ul> </li> </ul>
<b>Situational</b>			
<ul style="list-style-type: none"> <li>• <b>Maternal extra support</b> <ul style="list-style-type: none"> <li>• parents at higher risk of having emotional/mental health needs</li> <li>• parenting support (e.g. home visits, parenting group)</li> <li>• referral to social welfare, substance use cessation programmes, environmental health units and other services as indicated</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Maternal assessment</b> <ul style="list-style-type: none"> <li>• anaemia</li> <li>• asymptomatic bacteriuria</li> <li>• IPV clinical enquiry</li> <li>• HIV and syphilis screening</li> <li>• tuberculosis (TB) screening</li> </ul> </li> <li>• <b>Foetal assessment</b> <ul style="list-style-type: none"> <li>• daily fetal movement (research)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Nutrition and health</b> <ul style="list-style-type: none"> <li>• in undernourished populations, increase balanced energy and protein intake</li> <li>• restrict caffeine intake</li> <li>• protection of self from extreme heat</li> </ul> </li> <li>• <b>Extra counselling support</b> <ul style="list-style-type: none"> <li>• first time mothers</li> <li>• multiple pregnancies</li> <li>• overweight or obese pregnant women</li> <li>• fetus known to have a medical condition</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions</b> <ul style="list-style-type: none"> <li>• anti-D immunoglobulin</li> <li>• malaria prevention</li> <li>• antibiotics for asymptomatic bacteriuria</li> <li>• preventive anthelmintic treatment</li> <li>• prevention of mother-to-child transmission of HIV/TB preventive treatment (TBT)</li> </ul> </li> <li>• <b>Supplementation</b> <ul style="list-style-type: none"> <li>• dietary supplementation in undernourished populations</li> <li>• vitamin A supplementation</li> </ul> </li> </ul>

**Sources:**

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### 5.3 Newborns (0–28 days)

Birth is an immensely important psychological, physical and social event for women, their partners and the extended family. Increasingly, partners and other family members are present to support and care for both the mother and her infant. It is also a significant transition for infants, from intra- to extra-uterine life, with consequential physiological and social changes. The risks of neonatal and maternal morbidity and mortality are still significant in most low- and middle-income countries (LMICs) and in underserved and remote communities in high-income countries (26,27). Premature and small-for-gestational-age newborns are at an even higher risk of death, disability and poor life-course outcomes.

The early postnatal period is important for establishing exclusive breastfeeding and establishing infant–mother bonding with long-lasting consequences for cognitive and socio-emotional development. Perinatal depression affects 10–20% of women in the postnatal period globally and is often unattended (28).

At birth, infants can eat, sleep and cry, but they need nurturing and responsive care. Parents do so by meeting their infant’s physical needs of nutrition and warmth and by creating an environment that is safe and predictable. While most parents do this naturally, with little extra support, some struggle, often because of personal circumstances that restrict their ability to understand or meet their infant’s needs. To support parents, four routine contacts are recommended between birth and 6 weeks of age for all newborns and their mothers or caregivers. Further contacts may be offered if necessary before 6 weeks of age.

Care providers should not only assess and monitor the newborn’s health and well-being and provide essential interventions as per WHO standards and national guidelines but should also address the needs of the mother or caregiver. The key priorities are:

- any concerns of the mother, caregiver or family;
- family resilience assessment and psychosocial and environmental determinants;
- the caregiver’s health and well-being;
- promoting exclusive breastfeeding, attachment and bonding;
- newborn behaviour, care and development;
- promoting nurturing care and effective parenting; and
- promoting safety and injury prevention.

Tables 3–5 list proposed activities in the newborn period, within 24 h and in the first and second weeks of life.



**Table 3. Priorities for contact at birth and within 24 h**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to pregnant women's concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being, confidence and competence</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• IPV</li> <li>• inadequate housing, low income, food insecurity, unsafe foods</li> <li>• environmental risks e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH</li> </ul> </li> <li>• <b>Maternal risk factors</b> <ul style="list-style-type: none"> <li>• smoking cigarettes, drinking alcohol and illegal drug use</li> <li>• maternal health problems</li> <li>• caregiver's depression or anxiety</li> <li>• readiness to bond</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Maternal and family health and well-being assessment</b> <ul style="list-style-type: none"> <li>• maternal physical health post-delivery and provision of interventions for common physiological signs and symptoms</li> <li>• mental health assessment</li> <li>• nutrition and dietary practices assessment</li> </ul> </li> <li>• <b>Complete physical examination of newborn</b> <ul style="list-style-type: none"> <li>• assessment of danger signs</li> <li>• measurement and plotting of weight, length and head circumference</li> <li>• assessment and observation for signs of birth trauma, alertness, congenital anomalies or skin lesions or jaundice</li> <li>• assessment of breastfeeding</li> <li>• hip dislocation</li> </ul> </li> <li>• <b>Observation of caregiver-child interaction</b> <ul style="list-style-type: none"> <li>• verbal and nonverbal behaviour and communication</li> <li>• parents response to baby's needs</li> </ul> </li> <li>• <b>Newborn screening</b> <ul style="list-style-type: none"> <li>• abnormalities of the eye</li> <li>• hearing screening</li> <li>• neonatal hyperbilirubinaemia</li> <li>• congenital heart disease</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Responsive caregiving</b> <ul style="list-style-type: none"> <li>• creating nurturing routines like physical contact and talking to baby</li> <li>• understanding baby's behaviour, e.g. sleep and feeding patterns</li> <li>• eye-to-eye contact and bonding</li> <li>• response to crying</li> <li>• sibling relationships</li> </ul> </li> <li>• <b>Newborn care</b> <ul style="list-style-type: none"> <li>• keeping the baby warm</li> <li>• hygiene and cleanliness</li> <li>• sleeping and waking</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Breastfeeding and maternal nutrition</b> <ul style="list-style-type: none"> <li>• immediate skin-to-skin contact</li> <li>• early initiation of and exclusive breastfeeding</li> <li>• breastfeeding positioning, attachment and frequency</li> <li>• recognition of and responding to baby's cues for feeding</li> <li>• adequate weight gain</li> <li>• healthy dietary practices for the mother post-partum</li> </ul> </li> <li>• <b>Safety and clean home environment</b> <ul style="list-style-type: none"> <li>• transition to home from the facility care</li> <li>• safe sleeping position</li> <li>• clean environment</li> <li>• safe bathing</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• bacillus calmette-guérin vaccine</li> <li>• hepatitis B</li> <li>• oral polio vaccine birth dose (optional)</li> <li>• or as per other latest WHO or country recommendations</li> </ul> </li> <li>• <b>Supplementation</b> <ul style="list-style-type: none"> <li>• vitamin K supplementation</li> </ul> </li> </ul>

## Situational

### • Caregiver or family support

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

### • Maternal assessment

- HIV and syphilis test
- tuberculosis (TB) screening

### • Referral for specialized services care

- referral of babies for further assessment, rehabilitation and/or disability support services as needed
- psychological therapy and medications for treating depression

### • Newborn screening

- other national newborn screening tests
- cardiac screening
- HIV testing

### • Breastfeeding problems

- extra support and counselling to maintain exclusive breastfeeding and manage common difficulties
- support with safe, appropriate replacement feeding (if breastfeeding not possible)

### • Newborn care problems

- kangaroo mother care for preterm or low-birth-weight infants
- proper care during extreme heat or cold

### Follow up and extra support

- Referral for counselling on safe and healthy relationships to address IPV.

### • Preventive interventions

- antiseptic eyedrops or ointment
- insecticide treated bed nets
- safety devices e.g. car seats
- antiretroviral (ART) prevention of mother to child transmissions (PMTCT)
- TB preventive treatment (TPT) (if baby was exposed to TB)

### • Nutritional supplementation

- iron, zinc, vitamins A and D supplementation as appropriate

**Table 4. Priorities for contact at 1 week of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents' concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being, confidence and competence</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• IPV</li> <li>• inadequate housing, low income, food insecurity, unsafe foods</li> <li>• environmental risks e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH</li> </ul> </li> <li>• <b>Maternal risk factors</b> <ul style="list-style-type: none"> <li>• smoking cigarettes, drinking alcohol and illegal drug use</li> <li>• maternal health problems</li> <li>• caregiver's depression or anxiety</li> <li>• readiness to bond</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Maternal and family health and well-being assessment</b> <ul style="list-style-type: none"> <li>• presence of both parents that support each other</li> <li>• transition home including rest, sleep and sibling adjustment</li> <li>• maternal physical health post delivery and provision of interventions for common physiological signs and symptoms</li> <li>• mental health assessment</li> <li>• nutrition and dietary practices assessment</li> </ul> </li> <li>• <b>Complete physical examination of newborn</b> <ul style="list-style-type: none"> <li>• assessment of danger signs</li> <li>• measurement and plotting of weight, length and head circumference</li> <li>• assessment and observation for signs of birth trauma, alertness, congenital anomalies or skin lesions or jaundice</li> <li>• assessment of breastfeeding</li> <li>• hip dislocation</li> </ul> </li> <li>• <b>Observation of caregiver-child interaction</b> <ul style="list-style-type: none"> <li>• anxious, fatigued, overwhelmed or uncomfortable signs</li> <li>• verbal and nonverbal behaviour and communication</li> <li>• parents response to baby's needs</li> </ul> </li> <li>• <b>Newborn screening</b> <ul style="list-style-type: none"> <li>• abnormalities of the eye</li> <li>• hearing and vision screening</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Responsive caregiving</b> <ul style="list-style-type: none"> <li>• creating nurturing routines like physical contact and talking to baby</li> <li>• understanding baby's behaviour, e.g. sleep and feeding patterns</li> <li>• eye-to-eye contact, attachment and bonding</li> <li>• response to crying</li> <li>• sibling relationships</li> </ul> </li> <li>• <b>Newborn care</b> <ul style="list-style-type: none"> <li>• keeping the baby warm</li> <li>• hygiene and cleanliness</li> <li>• sleeping and waking</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Breastfeeding and maternal nutrition</b> <ul style="list-style-type: none"> <li>• guidance on breastfeeding (breast positioning and attachment, burping, and frequency)</li> <li>• recognition of and responding to baby's satisfaction and hunger cues</li> <li>• adequate weight gain</li> <li>• healthy dietary practices for the mother post partum</li> </ul> </li> <li>• <b>Safety and clean home environment</b> <ul style="list-style-type: none"> <li>• transition to home from the facility care</li> <li>• safe sleeping position</li> <li>• clean environment</li> <li>• safe bathing</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• Catch up for missed at birth vaccines</li> </ul> </li> </ul>

## Situational

### • Caregiver or family support

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

### • Maternal assessment

- HIV and syphilis test
- tuberculosis (TB) screening

### • Referral or specialized services care:

- referral of babies for further assessment, rehabilitation and/or disability support services as needed
- psychological therapy and medications for treating depression

### • Newborn screening

- other national newborn screening tests
- cardiac screening
- HIV testing

### • Breastfeeding problems

- extra support and counselling to maintain exclusive breastfeeding and manage common difficulties
- support with safe, appropriate replacement feeding (if breastfeeding not possible)

### • Newborn care problems

- kangaroo mother care for preterm or low-birth-weight infants
- proper care during extreme heat or cold

### Follow up and extra support

- Referral for counselling on safe and healthy relationships to address IPV.

### • Preventive interventions

- insecticide treated bed nets
- safety devices e.g. car seats
- antiretroviral (ART) prevention of mother to child transmissions (PMTCT)
- TB preventive treatment (TPT) (if baby was exposed to TB)

### • Nutritional supplementation

- iron, zinc, vitamins A and D supplementation as appropriate

**Table 5. Priorities for contact at 2 weeks of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents' concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being, confidence and competence</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• IPV</li> <li>• inadequate housing, low income, food insecurity, unsafe foods</li> <li>• environmental risks e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH</li> </ul> </li> <li>• <b>Maternal risk factors</b> <ul style="list-style-type: none"> <li>• caregiver's depression or anxiety</li> <li>• smoking cigarettes, drinking alcohol and illegal drug use</li> <li>• maternal health problems</li> <li>• readiness to bond</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Maternal and family health and well-being assessment</b> <ul style="list-style-type: none"> <li>• presence of both parents that support each other</li> <li>• transition home including rest, sleep and sibling adjustment</li> <li>• maternal physical health post delivery and provision of interventions for common physiological signs and symptoms</li> <li>• mental health assessment</li> <li>• nutrition and dietary practices assessment</li> </ul> </li> <li>• <b>Exclusive breast feeding assessment</b> <ul style="list-style-type: none"> <li>• breastfeeding frequency</li> <li>• breastfeeding positioning and attachment</li> <li>• other foods or fluids</li> </ul> </li> <li>• <b>Complete physical examination</b> <ul style="list-style-type: none"> <li>• assessment of danger signs</li> <li>• measurement and plotting of weight, length and head circumference</li> <li>• assessment and observation for signs congenital anomalies or skin lesions or birthmarks</li> </ul> </li> <li>• <b>Observation of parent-child interaction</b> <ul style="list-style-type: none"> <li>• anxious, fatigued, overwhelmed or uncomfortable signs</li> <li>• verbal and nonverbal behaviour and communication</li> <li>• parents' response to baby's needs</li> </ul> </li> <li>• <b>Newborn screening</b> <ul style="list-style-type: none"> <li>• vision screening</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Responsive caregiving</b> <ul style="list-style-type: none"> <li>• creating nurturing routines like physical contact and talking to the baby</li> <li>• understanding baby's behaviour, e.g. sleep and feeding patterns</li> <li>• eye-to-eye contact, attachment and bonding</li> <li>• response to crying</li> <li>• sibling relationships</li> </ul> </li> <li>• <b>Newborn care</b> <ul style="list-style-type: none"> <li>• keeping the baby warm</li> <li>• hygiene and cleanliness</li> <li>• sleeping and waking</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Breastfeeding and maternal nutrition</b> <ul style="list-style-type: none"> <li>• guidance on breastfeeding (breast positioning and attachment, burping, and frequency)</li> <li>• recognition of and responding to baby's satisfaction and hunger cues</li> <li>• adequate weight gain</li> <li>• healthy dietary practices for the mother post partum</li> </ul> </li> <li>• <b>Safety and clean home environment</b> <ul style="list-style-type: none"> <li>• safe sleeping position</li> <li>• clean environment</li> <li>• safe bathing</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• check immunization status as per latest WHO or country recommendations</li> <li>• give catch up missed vaccines as appropriate</li> </ul> </li> </ul>

Situational			
<ul style="list-style-type: none"> <li>• <b>Caregiver or family support</b> <ul style="list-style-type: none"> <li>• parenting support (e.g. home visits, parenting group)</li> <li>• referral to social welfare support</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community support services as indicated</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Maternal assessment</b> <ul style="list-style-type: none"> <li>• HIV and syphilis test</li> <li>• tuberculosis (TB) screening</li> </ul> </li> <li>• <b>Referral or specialized services care</b> <ul style="list-style-type: none"> <li>• referral of babies for further assessment, rehabilitation and/or disability support services as needed</li> <li>• psychological therapy and medications for treating depression</li> </ul> </li> <li>• <b>Newborn screening</b> <ul style="list-style-type: none"> <li>• other national newborn screening tests</li> <li>• cardiac screening</li> <li>• HIV testing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Breastfeeding problems</b> <ul style="list-style-type: none"> <li>• extra support and counselling to maintain exclusive breastfeeding and manage common difficulties</li> <li>• support with safe, appropriate replacement feeding (if breastfeeding not possible)</li> </ul> </li> <li>• <b>Newborn care problems</b> <ul style="list-style-type: none"> <li>• kangaroo mother care for preterm or low-birth-weight infants</li> <li>• proper care during extreme heat or cold</li> </ul> </li> </ul> <p><b>Follow up and extra support</b></p> <ul style="list-style-type: none"> <li>• Referral for counselling on safe and healthy relationships to address IPV.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions</b> <ul style="list-style-type: none"> <li>• insecticide treated bed nets</li> <li>• safety devices e.g. car seats</li> <li>• antiretroviral (ART) prevention of mother to child transmissions (PMTCT)</li> <li>• TB preventive treatment (TPT) (if baby was exposed to TB)</li> </ul> </li> <li>• <b>Nutritional supplementation</b> <ul style="list-style-type: none"> <li>• iron, zinc, vitamin D supplementation as appropriate</li> </ul> </li> </ul>

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#### 5.4 Infancy (1–11 months)

The early years of a child’s life are very important for later health and development, in particular because this is the period of rapid brain development. By their first birthday, most children are mobile, can say a few words and will have developed an emotional bond with their caregivers; however, they remain vulnerable to illness and preventable mortality, especially in LMICs and in marginalized communities in high-income countries (26,27).

Children’s nutritional requirements transition significantly from exclusive breastfeeding (or replacement breastmilk substitute feeding) to the addition of complementary foods at 6 months of age, and they also become more mobile. Appropriate infant feeding, safe sleep and protection from sudden unexpected death are concerns in many countries. Strong emotional relationships between infants and parents develop during infancy. With responsive caregiving, infants learn to modulate their behaviour and emotions. Establishment of routines and self-regulatory skills enable them later to develop relationships and autonomy. During this period, parental depression and anxiety, IPV, relationship difficulties, inconsistent caregiving and alcohol and drugs can negatively affect an infant’s neurodevelopment (6,13,14,29).

Supporting maternal mental health, exclusive breastfeeding, adequate sleep, attachment and bonding, stimulation, preventing illness, managing minor illnesses and reducing childhood injuries are high-impact areas for health visits. When assessing and monitoring an infant’s health and well-being and providing essential interventions as per WHO standards and national guidelines, care providers should address the following priorities:

- concerns of the caregiver and family,
- psychosocial and environmental determinants,
- caregivers’ health and well-being including mental health,
- breastfeeding, healthy nutrition and feeding practices,
- promotion of health, growth and development
- promotion of nurturing care and good parenting,
- immunization and illness prevention and
- safety and prevention of injury.

Tables 6–10 outline the schedule and proposed activities at contacts during infancy at 6, 10 and 14 weeks and at 6 and 9 months.

**Table 6. Priorities for contact at 6 weeks of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to mother's or parents concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• IPV</li> <li>• inadequate housing, low income, food insecurity, unsafe foods</li> <li>• environmental risks e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH</li> </ul> </li> <li>• <b>Maternal risk factors</b> <ul style="list-style-type: none"> <li>• perinatal anxiety or depression</li> <li>• smoking cigarettes, drinking alcohol and illegal drug use</li> <li>• maternal health problems</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Family health and wellbeing assessment</b> <ul style="list-style-type: none"> <li>• presence of both parents that support each other</li> <li>• family and sibling adjustment</li> </ul> </li> <li>• <b>Postpartum check up for mother</b> <ul style="list-style-type: none"> <li>• maternal physical health common physiological signs and symptoms</li> <li>• mental health assessment and screening</li> <li>• nutrition and dietary practices assessment</li> </ul> </li> <li>• <b>Exclusive breast feeding assessment</b> <ul style="list-style-type: none"> <li>• breastfeeding frequency</li> <li>• breastfeeding positioning and attachment</li> <li>• other foods or fluids</li> </ul> </li> <li>• <b>Physical examination and growth monitoring promotion</b> <ul style="list-style-type: none"> <li>• assessment of danger signs</li> <li>• measurement and plotting of weight, length and head circumference</li> <li>• assessment and look for signs of physical anomalies or skin lesions, neurologic tone, strength, and symmetry of movements</li> </ul> </li> <li>• <b>Observation of parent-child interaction</b> <ul style="list-style-type: none"> <li>• mothers engagement with the baby during breastfeeding</li> <li>• parents response to baby's needs</li> <li>• signs of parental stress or fatigue</li> </ul> </li> <li>• <b>Infant behaviour and developmental monitoring</b> <ul style="list-style-type: none"> <li>• verbal and social language signs (e.g., looks in parent eyes, smiles, calms when picked, makes brief sounds, has different types cries)</li> <li>• gross motor and fine motor development (e.g., moves both arms and legs together and slightly opens fingers)</li> <li>• sleep and waking patterns</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Maternal wellbeing</b> <ul style="list-style-type: none"> <li>• child care and family support</li> <li>• adequate eating, rest, sleep and physical activity</li> <li>• comprehensive contraceptive information and services</li> <li>• time for self and social contact</li> <li>• healthy dietary practices</li> </ul> </li> <li>• <b>Responsive caregiving, early learning</b> <ul style="list-style-type: none"> <li>• responsive caregiving</li> <li>• opportunities for learning and play</li> <li>• eye-to-eye contact, attachment and bonding</li> <li>• response to crying</li> </ul> </li> <li>• <b>Child health care</b> <ul style="list-style-type: none"> <li>• importance of immunization and monitoring contacts</li> <li>• hygiene and cleanliness</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Exclusive breastfeeding and maternal nutrition</b> <ul style="list-style-type: none"> <li>• exclusive breastfeeding and guidance on breastfeeding strategies</li> <li>• recognition of and responding to baby's cues</li> <li>• adequate weight gain</li> <li>• healthy dietary practices and adequate rest for the mother</li> </ul> </li> <li>• <b>Safe and clean home environment</b> <ul style="list-style-type: none"> <li>• safe sleeping position</li> <li>• clean environment</li> <li>• safe bathing</li> <li>• prevention of injuries</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• check immunization status as per latest WHO or country recommendations</li> <li>• routine vaccination against: polio, hepatitis B, diphtheria, pertussis, tetanus, Haemophilus influenzae type B, pneumococci and rotavirus</li> </ul> </li> </ul>

Situational			
<ul style="list-style-type: none"> <li>• <b>Caregiver or family support</b> <ul style="list-style-type: none"> <li>• parenting support (e.g. home visits, parenting group)</li> <li>• referral to social welfare support</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community support services as indicated</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Maternal assessment</b> <ul style="list-style-type: none"> <li>• HIV test</li> <li>• Sickle cell screening test</li> <li>• tuberculosis (TB) screening</li> </ul> </li> <li>• <b>Referral or specialized services care</b> <ul style="list-style-type: none"> <li>• referral of babies for further assessment, rehabilitation and/or disability support services as needed</li> <li>• psychological therapy and medications for treating depression</li> <li>• Infant screening:</li> <li>• other national infant screening tests</li> <li>• HIV testing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Breastfeeding problems</b> <ul style="list-style-type: none"> <li>• support with safe, appropriate replacement feeding (if breastfeeding not possible)</li> </ul> </li> <li>• <b>Follow up and extra support</b> <ul style="list-style-type: none"> <li>• Referral for counselling on safe and healthy relationships to address IPV.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions</b> <ul style="list-style-type: none"> <li>• insecticide treated bed nets</li> <li>• safety devices e.g. car seats</li> <li>• antiretroviral (ART) prevention of mother to child transmissions (PMTCT)</li> <li>• TB preventive treatment (TPT) (if baby was exposed to TB)</li> </ul> </li> <li>• <b>Nutritional supplementation</b> <ul style="list-style-type: none"> <li>• iron, zinc, vitamin D supplementation as appropriate</li> </ul> </li> </ul>

**Table 7. Priorities for contact at 10 weeks of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents' concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• IPV</li> <li>• inadequate housing, low income, food insecurity, unsafe food</li> <li>• environmental risks, e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH</li> </ul> </li> <li>• <b>Maternal risk factors</b> <ul style="list-style-type: none"> <li>• caregiver's mental health</li> <li>• smoking, alcohol and drug use</li> <li>• maternal health problems</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• parental or caregiver concerns</li> <li>• child's development progress (infant milestones and behavioural patterns)</li> <li>• feeding, sleep and waking patterns</li> <li>• vision or hearing problems</li> <li>• health problems</li> </ul> </li> <li>• <b>Exclusive breastfeeding assessment</b> <ul style="list-style-type: none"> <li>• frequency day and night</li> <li>• positioning and attachment</li> <li>• other foods and fluids</li> <li>• other breastfeeding problems</li> </ul> </li> <li>• <b>Physical examination and growth monitoring promotion</b> <ul style="list-style-type: none"> <li>• assessment of danger signs</li> <li>• measurement and plotting of weight, length and head circumference</li> <li>• look for signs of physical or skin anomalies or lesions, neurologic tone, strength, and symmetry of movements</li> <li>• signs of neglect or abuse</li> </ul> </li> <li>• <b>Observation of parent-child interaction</b> <ul style="list-style-type: none"> <li>• mothers confidence and emotional state</li> <li>• mothers interaction with the baby</li> <li>• parents response to baby's needs</li> </ul> </li> <li>• <b>Developmental progress and milestones</b> <ul style="list-style-type: none"> <li>• gross motor and fine motor development (e.g., lifts head and chest, keeps head steady, can bring hands together)</li> <li>• verbal and social language signs (e.g., makes short cooing, smiles when happy or cries when upset)</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Responsive caregiving, play and early learning</b> <ul style="list-style-type: none"> <li>• responsive caregiving</li> <li>• opportunities for learning and play</li> <li>• bonding and attachment</li> <li>• response to crying</li> </ul> </li> <li>• <b>Child health care</b> <ul style="list-style-type: none"> <li>• importance of immunization and monitoring contacts</li> <li>• hygiene and cleanliness</li> <li>• oral health</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Exclusive breastfeeding and maternal healthy nutrition</b> <ul style="list-style-type: none"> <li>• exclusive breastfeeding and guidance on breastfeeding strategies</li> <li>• recognition of and responding to baby's cues</li> <li>• adequate weight gain</li> <li>• healthy dietary practices and adequate rest for the mother</li> </ul> </li> <li>• <b>Safe and clean home environment</b> <ul style="list-style-type: none"> <li>• safe sleeping position</li> <li>• clean environment</li> <li>• prevention of injuries</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit appointment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• check immunization status as per latest WHO or country recommendations</li> <li>• routine vaccination against: polio, hepatitis B, diphtheria, pertussis, tetanus, Haemophilus influenzae type B, pneumococci and rotavirus</li> <li>• give catch of missed vaccines as appropriate</li> </ul> </li> </ul>



Situational			
<ul style="list-style-type: none"> <li>• <b>Family support and care</b></li> <li>• clinical enquiry (IPV)</li> <li>• parenting support (e.g. home visits, parenting group)</li> <li>• referral to social welfare</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community services as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Referral or continuity of care</b></li> <li>• referral for further assessment, specialized, rehabilitation and/or disability support services as needed</li> <li>• continuity of care for babies born preterm or low birth weight</li> <li>• coordinated clinical care and family support</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Breastfeeding problems</b></li> <li>• extra support and counselling to maintain exclusive breastfeeding and manage common difficulties</li> <li>• support for safe appropriate replacement feeding (if breastfeeding not possible)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions e.g,</b></li> <li>• micronutrient supplementation</li> <li>• insecticide treated bed nets</li> <li>• perennial malaria chemoprevention (PMC)</li> <li>• seasonal malaria chemoprevention (SMC)</li> <li>• antiretroviral (ART) prevention of mother to child transmissions (PMTCT)</li> <li>• safety devices e.g. car seats</li> </ul>

**Table 8. Priorities for contact at 14 weeks of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents' concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• IPV</li> <li>• inadequate housing, low income, food insecurity, unsafe food</li> <li>• environmental risks, e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH</li> </ul> </li> <li>• <b>Maternal risk factors</b> <ul style="list-style-type: none"> <li>• maternal anxiety or depression</li> <li>• caregiver's mental health</li> <li>• smoking, alcohol and drug use</li> <li>• maternal health problems</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• parental or caregiver concerns</li> <li>• child's development progress (infant milestones and behavioural patterns)</li> <li>• feeding, sleep and waking patterns</li> <li>• vision or hearing problems</li> <li>• health problems</li> </ul> </li> <li>• <b>Exclusive breastfeeding assessment</b> <ul style="list-style-type: none"> <li>• frequency day and night</li> <li>• positioning and attachment</li> <li>• other foods and fluids</li> <li>• other breastfeeding problems</li> </ul> </li> <li>• <b>Physical examination and growth monitoring promotion</b> <ul style="list-style-type: none"> <li>• assessment of danger signs</li> <li>• measurement and plotting of weight, length and head circumference</li> <li>• look for signs of physical or skin anomalies or lesions, neurologic tone, strength, and symmetry of movements</li> <li>• signs of neglect or abuse</li> </ul> </li> <li>• <b>Observation of parent-child interaction</b> <ul style="list-style-type: none"> <li>• mothers' confidence and emotional state</li> <li>• mother talking and playing with the baby</li> <li>• parents' response to baby's needs</li> </ul> </li> <li>• <b>Developmental progress and milestones</b> <ul style="list-style-type: none"> <li>• gross motor and fine motor development (e.g., supports self on elbows and wrists, can roll over from stomach to back)</li> <li>• verbal and social language signs (e.g. laughs, responds more strongly, smiles on seeing faces, vocalizes and turns to voices, stays calm with a soothing lullaby)</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Responsive caregiving, play and early learning</b> <ul style="list-style-type: none"> <li>• responsive caregiving</li> <li>• opportunities for reading, singing and playing</li> <li>• daily routines establishment (feeding, sleep, playing)</li> </ul> </li> <li>• <b>Child health care</b> <ul style="list-style-type: none"> <li>• importance of immunization and monitoring contacts</li> <li>• hygiene and cleanliness</li> <li>• oral health and hygiene (teething and drooling)</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Exclusive breastfeeding and maternal healthy nutrition</b> <ul style="list-style-type: none"> <li>• guidance on exclusive breastfeeding</li> <li>• delaying solid foods until 6 months</li> <li>• adequate weight gain</li> <li>• healthy dietary practices and adequate rest for the mother</li> </ul> </li> <li>• <b>Safe and clean home environment</b> <ul style="list-style-type: none"> <li>• safe sleeping position</li> <li>• clean environment</li> <li>• prevention of injuries</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit appointment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• Check vaccination status as per latest WHO or country recommendations</li> <li>• routine vaccination against: polio, hepatitis B, diphtheria, pertussis, tetanus, Haemophilus influenzae type B, pneumococci and rotavirus</li> </ul> </li> </ul>

## Situational

### • Family support and care

- clinical enquiry for (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 needed
- continuity of care for babies born preterm or low birth weight
- coordinated clinical care and family support

### • Breastfeeding problems

- extra support and counselling to maintain exclusive breastfeeding and manage common difficulties
- support for safe appropriate replacement feeding (if breastfeeding not possible)

### • Preventive interventions e.g,

- insecticide treated bed nets
  - perennial malaria chemoprevention (PMC)
  - seasonal malaria chemoprevention (SMC)
  - antiretroviral (ART) prevention of mother to child transmission (PMTCT)
  - safety devices e.g. car seats
- ### • Supplementation
- micronutrient supplementation as appropriate

**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
<b>Universal</b>			
<p><b>Eliciting and attending to parents' concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• IPV</li> <li>• inadequate housing, low income, food insecurity, unsafe food</li> <li>• environmental risks, e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH</li> </ul> </li> <li>• <b>Maternal risk factors</b> <ul style="list-style-type: none"> <li>• caregiver's depression, anxiety or other mental health conditions</li> <li>• smoking, alcohol and drug use</li> <li>• maternal health problems</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• parental or caregiver concerns</li> <li>• parental capacity, emotional and physical wellbeing</li> <li>• child's development difficulties</li> <li>• feeding, sleep and waking problems</li> <li>• vision or hearing problems</li> <li>• health problems</li> </ul> </li> <li>• <b>Breastfeeding and complementary feeding assessment</b> <ul style="list-style-type: none"> <li>• continued breastfeeding</li> <li>• positioning and attachment</li> <li>• feeding practices assessment</li> <li>• complementary feeding</li> </ul> </li> <li>• <b>Physical examination and growth monitoring promotion</b> <ul style="list-style-type: none"> <li>• assessment of danger signs</li> <li>• measurement of weight, length and head circumference</li> <li>• determination and plotting weight for length z-scores</li> <li>• look for signs of physical or skin anomalies; pupil opacification or red reflex, heart murmurs; neurologic tone, strength, and symmetry of movements</li> <li>• signs of neglect or abuse</li> </ul> </li> <li>• <b>Observation of parent-child interaction</b> <ul style="list-style-type: none"> <li>• mother's confidence and emotional state</li> <li>• mutual responsiveness of baby and mother</li> <li>• mother talks and plays with baby</li> </ul> </li> <li>• <b>Developmental monitoring and milestones</b> <ul style="list-style-type: none"> <li>• gross motor (lifts head 900, sits briefly with support, rolls from back to stomach)</li> <li>• fine motor (reaches for objects, passes a toy to mouth or hand to hand)</li> <li>• verbal and social language (laughs aloud, vocalizes vowels "aa" or "uu" or "ma" or "ba" and looks when name called)</li> <li>• relating and play (meaningful eye contact, recognizes and engages by smiling to faces, makes sounds in response to play, brings objects to mouth)</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Responsive caregiving, play and early learning</b> <ul style="list-style-type: none"> <li>• responsive caregiving</li> <li>• opportunities for reading, singing and playing</li> <li>• daily regular routines (feeding, sleep, playing)</li> <li>• putting self to sleep and self-calming</li> </ul> </li> <li>• <b>Child health care</b> <ul style="list-style-type: none"> <li>• importance of immunization and monitoring contacts</li> <li>• hygiene and cleanliness</li> <li>• oral health, hygiene and gum cleaning</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Breastfeeding and complementary foods</b> <ul style="list-style-type: none"> <li>• guidance on continued breastfeeding</li> <li>• guidance on introduction of complementary feeding</li> <li>• adequate weight gain</li> </ul> </li> <li>• <b>Safe and clean home environment</b> <ul style="list-style-type: none"> <li>• safe sleeping position</li> <li>• smoke or pollution free environment</li> <li>• prevention of injuries from exploration: choking, burns, drowning, falls, poisoning</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit appointment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• check immunization status as per latest WHO or country recommendations</li> <li>• give catch up missed vaccines as appropriate</li> </ul> </li> </ul>

Situational			
<ul style="list-style-type: none"> <li>• <b>Family support and care</b></li> <li>• clinical enquiry (IPV)</li> <li>• parenting support (e.g. home visits, parenting group)</li> <li>• referral to social welfare</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community services as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Referral or continuity of care</b></li> <li>• referral for further assessment, specialized, rehabilitation and/or disability support services as necessary</li> <li>• continuity of care for babies born preterm or low birth weight</li> <li>• coordinated clinical care and family support</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Extra support for nutrition and feeding problems</b></li> <li>• extra support and counselling to maintain breastfeeding</li> <li>• extra support for adequate complementary feeding</li> <li>• counselling on risk of malnutrition or need for ready to use therapeutic food (if acute malnutrition)</li> <li>• support for safe appropriate replacement feeding (if breastfeeding not possible)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions e.g.,</b></li> <li>• insecticide treated bed nets</li> <li>• malaria vaccination</li> <li>• seasonal malaria chemoprevention (SMC)</li> <li>• safety devices e.g. car seats</li> <li>• <b>Supplementation</b></li> <li>• vitamin A</li> <li>• other micronutrient supplementation as appropriate</li> </ul>



**Table 10. Priorities for contact at 9 months of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents' concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• IPV</li> <li>• inadequate housing, low income, food insecurity, unsafe food</li> <li>• environmental risks, e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH</li> </ul> </li> <li>• <b>Maternal risk factors</b> <ul style="list-style-type: none"> <li>• smoking, alcohol and drug use</li> <li>• maternal health problems</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• parental or caregiver concerns</li> <li>• parenting capacity</li> <li>• development difficulties</li> <li>• vision or hearing problems</li> <li>• health problems</li> </ul> </li> <li>• <b>Breastfeeding and complementary feeding assessment</b> <ul style="list-style-type: none"> <li>• Continued breastfeeding</li> <li>• nutritious complementary foods</li> <li>• feeding practices (type, number of meals, times a day)</li> </ul> </li> <li>• <b>Physical examination and growth monitoring promotion</b> <ul style="list-style-type: none"> <li>• assessment of danger signs</li> <li>• physical examination as appropriate</li> <li>• measurement of weight, length and head circumference</li> <li>• determination and plotting weight for length z-scores</li> <li>• oral health screening</li> </ul> </li> <li>• <b>Observation of parent-child interaction</b> <ul style="list-style-type: none"> <li>• interactive learning and communication</li> <li>• plays with toys</li> <li>• mother talks, reads and plays with child</li> </ul> </li> <li>• <b>Developmental monitoring and milestones</b> <ul style="list-style-type: none"> <li>• gross motor (sits without support, pulls self to stand, crawls)</li> <li>• fine motor (picks small objects with finger and thumb and food to eat)</li> <li>• verbal and social language (uses basic gestures, looks for dropped objects, non specific words “Dada” or “Mama”, copies sounds)</li> <li>• relating and play (reaches out to be picked, plays hide and appear games, waves bye bye)</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Responsive caregiving, play and early learning</b> <ul style="list-style-type: none"> <li>• responsive caregiving</li> <li>• stimulation through reading, singing and play</li> <li>• daily routines</li> </ul> </li> <li>• <b>Health</b> <ul style="list-style-type: none"> <li>• importance of immunization and prevention of illness</li> <li>• growth and developmental monitoring contacts</li> <li>• hygiene and cleanliness</li> <li>• oral health, hygiene and gum cleaning</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Breastfeeding and complementary foods</b> <ul style="list-style-type: none"> <li>• guidance on continued breastfeeding</li> <li>• gradual increase in variety, texture and frequency of complementary foods</li> <li>• transition to a healthy family diet</li> <li>• adequate weight gain</li> </ul> </li> <li>• <b>Safe and clean home environment</b> <ul style="list-style-type: none"> <li>• safe sleeping position</li> <li>• smoke and pollution free clean environment</li> <li>• prevention of injuries from exploration: choking, burns, drowning, falls, poisoning</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• check immunization status as per latest WHO or country recommendations</li> <li>• routine vaccination against measles containing vaccine (MCV1) and rubella containing vaccine (RCV)</li> <li>• give catch up missed vaccines as appropriate</li> </ul> </li> </ul>

Situational			
<ul style="list-style-type: none"> <li>• <b>Family support and care</b></li> <li>• clinical enquiry (IPV)</li> <li>• parenting support (e.g. home visits, parenting group)</li> <li>• referral to social welfare</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community services as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Referral or continuity of care</b></li> <li>• referral for further assessment, specialized, rehabilitation and/or disability support services as needed</li> <li>• continuity of care for babies born preterm or low birth weight</li> <li>• coordinated clinical care and family support</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Extra support for nutrition and feeding problems</b></li> <li>• extra support and counselling to maintain breastfeeding</li> <li>• counselling on risk of malnutrition or need for ready to use therapeutic food (if acute malnutrition)</li> <li>• support for safe appropriate replacement feeding (if breastfeeding not possible)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions e.g,</b></li> <li>• perennial malaria chemoprevention (PMC)</li> <li>• insecticide treated bed nets</li> <li>• malaria vaccination</li> <li>• seasonal malaria chemoprevention (SMC)</li> <li>• safety devices e.g. car seats</li> <li>• <b>Supplementation</b></li> <li>• vitamin A (if not already given)</li> <li>• other micronutrient supplementation as appropriate</li> </ul>

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### 5.5 Young children (1–4 years)

Brain development continues during early childhood (1–4 years). Many young children, including those with developmental delays and disabilities, can reach their full potential when given the right support. Infectious diseases and unintentional injury are significant causes of death and hospitalization in this age group, and undernutrition and anaemia are of particular concern in LMICs (26). Thus, prevention of infectious diseases, malnutrition in all its forms (including undernutrition, obesity and micronutrient deficiencies), unintentional injury, air pollution and exposure to heavy metals and detection and management of childhood illnesses are important in this age group.

Children of this age learn to understand others' feelings and perspectives, respond appropriately and increase self-regulation and prosocial behaviour. Adverse experiences in the home or community may limit parents' opportunities for social interactions and engagement with children, which can jeopardize their health and their socio-emotional and cognitive development. Only one third of children in LMICs aged 3 and 4 years receive early childhood care and education in a centre (30). High-quality early childhood care and education in a centre can enhance young children's readiness to learn and improve their educational attainment, particularly among children from disadvantaged households (31). Contacts with children in this age group presents opportunities for early recognition of developmental conditions, such as autism, and for early referral to specialist services and family support.

Priorities for children and their caregivers in this age group are:

- the concerns of the caregiver and family;
- establishment of routines and preschool readiness;
- behaviour, speech and language development;
- health, growth and development monitoring;
- nurturing care and parenting support;
- nutrition and feeding practices;
- vision and hearing screening;
- immunization and preventive interventions; and
- safety and injury prevention.

Tables 11–15 outline the schedules and proposed activities for young children aged 12 and 18 months and annually from 2 to 4 years of age.

**Table 11. Priorities for contact at 12 months of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• IPV</li> <li>• inadequate housing, low income, food insecurity, unsafe food</li> <li>• environmental risks, e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH</li> </ul> </li> <li>• <b>Maternal risk factors</b> <ul style="list-style-type: none"> <li>• caregiver's depression, anxiety or other mental health conditions</li> <li>• smoking, alcohol and drug use</li> <li>• maternal health problems</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• parental or caregiver concerns</li> <li>• parenting capacity</li> <li>• development difficulties</li> <li>• vision or hearing problems</li> <li>• behavioural and health problems</li> </ul> </li> <li>• <b>Breastfeeding and family foods assessment</b> <ul style="list-style-type: none"> <li>• breastfeeding as child wants</li> <li>• transition to nutritious family foods and snacks</li> <li>• feeding practices (type, number of meals, times a day)</li> </ul> </li> <li>• <b>Physical examination and growth monitoring promotion</b> <ul style="list-style-type: none"> <li>• assessment of danger signs</li> <li>• physical examination as appropriate</li> <li>• measurement of weight and length and head circumference</li> <li>• determination and plotting weight for length z-scores</li> </ul> </li> <li>• <b>Screening</b> <ul style="list-style-type: none"> <li>• dental care and check up</li> <li>• vision screening</li> </ul> </li> <li>• <b>Observation of parent-child interaction</b> <ul style="list-style-type: none"> <li>• interactive learning and communication</li> <li>• plays with toys</li> <li>• mother talks, reads and plays with child</li> </ul> </li> <li>• <b>Developmental monitoring and milestones</b> <ul style="list-style-type: none"> <li>• gross motor (stands without support, takes initial walking steps)</li> <li>• fine motor (picks food to eat, picks small objects with 2 fingers)</li> <li>• verbal and social language (responds to gestures, looks for hidden objects, says at least 1 word or name)</li> <li>• relating and play (plays hide and appear games, follows directions with gestures)</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Responsive caregiving, play and early learning</b> <ul style="list-style-type: none"> <li>• responsive caregiving</li> <li>• opportunities for reading, singing and playing</li> <li>• establishment of routines (sleep, reading, playing)</li> <li>• limited TV and other digital screen use</li> </ul> </li> <li>• <b>Health</b> <ul style="list-style-type: none"> <li>• immunization and prevention of illness</li> <li>• growth and developmental monitoring contacts</li> <li>• hygiene and cleanliness</li> <li>• oral health, hygiene and brushing</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Healthy nutrition and feeding practices</b> <ul style="list-style-type: none"> <li>• continued breastfeeding</li> <li>• variety of nutritious family foods, fruits and vegetables</li> <li>• self feeding encouragement</li> <li>• adequate weight gain</li> </ul> </li> <li>• <b>Safe and clean home environment</b> <ul style="list-style-type: none"> <li>• smoke and pollution free clean environment</li> <li>• prevention of injuries from choking, burns, drowning, falls, poisoning</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit appointment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• check immunization status as per latest WHO or country recommendations</li> <li>• booster doses of diphtheria-, tetanus- and pertussis-containing vaccine, or pneumococcal (conjugate) vaccine (if 2p+1 schedule)</li> <li>• catch up of missed vaccines as appropriate</li> </ul> </li> </ul>



Situational			
<ul style="list-style-type: none"> <li>• <b>Family support and care</b></li> <li>• clinical enquiry (IPV)</li> <li>• parenting support (e.g. home visits, parenting group)</li> <li>• referral to social welfare</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community services as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Referral or continuity of care</b></li> <li>• referral for further assessment, specialized, rehabilitation and/or disability support services as needed</li> <li>• continuity of care for babies born preterm or low birth weight</li> <li>• coordinated clinical care and family support</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Extra support for nutrition and feeding problems</b></li> <li>• extra support and counselling to maintain breastfeeding</li> <li>• counselling on risk of malnutrition or need for ready to use therapeutic food (if acute malnutrition)</li> <li>• support for safe appropriate replacement feeding (if breastfeeding not possible)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions e.g,</b></li> <li>• deworming</li> <li>• perennial malaria chemoprevention (PMC)</li> <li>• insecticide treated bed nets</li> <li>• malaria vaccination</li> <li>• seasonal malaria chemoprevention (SMC)</li> <li>• safety devices e.g. car seats</li> <li>• <b>Supplementation</b></li> <li>• vitamin A</li> <li>• other micronutrient supplementation as appropriate</li> </ul>

**Table 12. Priorities for contact at 18 months of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• IPV</li> <li>• inadequate housing, low income, food insecurity, unsafe food</li> <li>• environmental risks, e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH, hazardous chemicals and heavy metals, waste</li> </ul> </li> <li>• <b>Maternal risk factors</b> <ul style="list-style-type: none"> <li>• mental health conditions</li> <li>• smoking, alcohol and drug use</li> <li>• maternal health problems</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• parental or caregiver concerns</li> <li>• family resilience</li> <li>• development difficulties</li> <li>• vision or hearing problems</li> <li>• eating behaviour</li> <li>• behavioural and health problems</li> </ul> </li> <li>• <b>Nutrition and feeding practices assessment</b> <ul style="list-style-type: none"> <li>• breastfeeding as child wants</li> <li>• nutritious family foods and snacks</li> <li>• self feeding independence</li> <li>• feeding practices (type, number of meals, times a day)</li> <li>• own serving</li> </ul> </li> <li>• <b>Physical examination and growth monitoring promotion</b> <ul style="list-style-type: none"> <li>• assessment of danger signs</li> <li>• physical examination as appropriate</li> <li>• measurement of weight and length</li> <li>• determination and plotting weight for length z-scores</li> </ul> </li> <li>• <b>Screening</b> <ul style="list-style-type: none"> <li>• Developmental screening</li> <li>• hearing or vision screening</li> </ul> </li> <li>• <b>Assessment and observation</b> <ul style="list-style-type: none"> <li>• caregiver child interaction</li> <li>• communication effort</li> <li>• visual acuity and condition of gums and teeth</li> </ul> </li> <li>• <b>Developmental monitoring and milestones</b> <ul style="list-style-type: none"> <li>• gross motor (walks without support, carries toys, sits upright)</li> <li>• fine motor (throws small objects while standing, scribbles)</li> <li>• verbal and social language (names familiar people, objects or body part, helps dress and undress, uses words to ask for help)</li> <li>• relating and play (engages with others in play, points at objects or pictures to draw attention)</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Responsive caregiving and parenting</b> <ul style="list-style-type: none"> <li>• responsive caregiving</li> <li>• engagement in talking, singing, reading and playing</li> <li>• toilet training readiness, managing behaviour, and discipline</li> <li>• limited TV viewing and use of other digital screens</li> </ul> </li> <li>• <b>Health</b> <ul style="list-style-type: none"> <li>• importance of immunization and prevention of illness</li> <li>• hygiene and cleanliness</li> <li>• oral health (brushing, fluoride use)</li> <li>• ear and hearing care</li> <li>• growth and developmental monitoring and milestones</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Healthy nutrition and feeding practices</b> <ul style="list-style-type: none"> <li>• healthy nutritious family meals</li> <li>• variety of healthy foods, snacks, fruits, vegetables</li> <li>• milk</li> <li>• adequate weight gain</li> <li>• own serving</li> </ul> </li> <li>• <b>Safe and clean home environment</b> <ul style="list-style-type: none"> <li>• clean, smoke and pollution free environment</li> <li>• safe home environment to prevent burns, fires, and falls</li> <li>• protection from choking, drowning, poisoning and road traffic accidents</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit appointment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• check immunization status as per latest WHO or country recommendations</li> <li>• booster doses: measles vaccine (MCV2) and diphtheria-, tetanus- and pertussis-containing vaccine, or pneumococcal conjugate vaccine (if 2p+1 schedule) as appropriate</li> <li>• catch up of missed vaccines as appropriate</li> </ul> </li> </ul>

Situational			
<ul style="list-style-type: none"> <li>• <b>Family support and care</b></li> <li>• clinical enquiry (IPV)</li> <li>• parenting support (e.g. home visits, parenting group)</li> <li>• referral to social welfare</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community services as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Referral or continuity of care</b></li> <li>• referral for further assessment, specialized, rehabilitation and/or disability support services as needed</li> <li>• coordinated continuity of care and family support</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Extra support for nutrition and feeding</b></li> <li>• counselling for refusal to eat and on variety of nutritious family foods</li> <li>• counselling on risk of malnutrition or need for ready to use therapeutic food (if acute malnutrition)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions e.g.,</b></li> <li>• deworming</li> <li>• perennial malaria chemoprevention (PMC)</li> <li>• insecticide treated bed nets</li> <li>• malaria vaccination</li> <li>• seasonal malaria chemoprevention (SMC)</li> <li>• safety devices e.g. car seats</li> <li>• <b>Supplementation</b></li> <li>• vitamin A</li> <li>• other micronutrient supplementation as appropriate</li> </ul>

**Table 13. Priorities for contact at 2 years of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• exceptional burdens in the family</li> <li>• intimate partner violence</li> <li>• alcohol, smoking and drug use</li> <li>• living situation, housing, low income, food and safe water insecurity</li> <li>• sanitation and hygiene</li> <li>• Environmental risks e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH, hazardous chemicals and heavy metals, waste</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• parental or caregiver concerns</li> <li>• parenting capacity</li> <li>• care situation and burden</li> <li>• development difficulties (social, emotional, behavioural)</li> <li>• language and speech development</li> <li>• vision or hearing problems</li> </ul> </li> <li>• <b>Nutrition and feeding practices assessment</b> <ul style="list-style-type: none"> <li>• nutritious family foods and snacks</li> <li>• self feeding independence</li> <li>• own serving</li> <li>• eating behaviour</li> </ul> </li> <li>• <b>Assessment, physical examination and growth monitoring promotion</b> <ul style="list-style-type: none"> <li>• assessment of health problems</li> <li>• observation of caregiver child interaction</li> <li>• physical examination as appropriate</li> <li>• measurement of weight and length</li> <li>• determination and plotting weight for height z-scores</li> </ul> </li> <li>• <b>Developmental monitoring and milestones</b> <ul style="list-style-type: none"> <li>• observe and assess for running, scribbling, socialization and ability to follow commands</li> <li>• language development assessment</li> <li>• gross motor (walks, runs and jumps, kicks a ball, climbs)</li> <li>• fine motor (holds pencil or stick, scribbles on ground or paper, stacks and uses hand to turn objects)</li> <li>• verbal and social language (combines at least 2 words, responds to command, names body parts)</li> <li>• relating and play (imitates and initiates play alongside others, checks how objects or toys work,)</li> <li>• self help activities or autonomy (uses finger or spoon for feeding, takes off clothing)</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Responsive caregiving and parenting</b> <ul style="list-style-type: none"> <li>• responsive caregiving</li> <li>• engagement in talking, singing, reading and playing</li> <li>• language development</li> <li>• toilet training readiness, managing behaviour, and discipline</li> <li>• limitation of TV and other digital use</li> </ul> </li> <li>• <b>Health</b> <ul style="list-style-type: none"> <li>• importance of immunization and prevention of illness</li> <li>• growth and developmental monitoring contacts</li> <li>• hygiene and cleanliness</li> <li>• oral hygiene and carries prevention, and ear and hearing care</li> <li>• lifestyle, behaviour and sleep</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Healthy nutrition and physical activity</b> <ul style="list-style-type: none"> <li>• age appropriate healthy nutritious family meals</li> <li>• variety of healthy foods, snacks, fruits, vegetables</li> <li>• opportunities for physical activity for child, family</li> </ul> </li> <li>• <b>Safe and clean home environment</b> <ul style="list-style-type: none"> <li>• clean, smoke and pollution free environment</li> <li>• out door safety and supervision</li> <li>• safe home environment and prevention of injuries from burns, fires, and falls</li> <li>• protection from choking, drowning, poisoning and road traffic accidents</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit appointment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• check immunization status as per latest WHO or country recommendations</li> <li>• catch up missed vaccines as appropriate</li> </ul> </li> </ul>

Situational			
<ul style="list-style-type: none"> <li>• <b>Family support and care</b></li> <li>• clinical enquiry (IPV)</li> <li>• parenting support (e.g. home visits, parenting group)</li> <li>• referral to social welfare</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community services as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Screening</b></li> <li>• selective hearing or vision screening and referral</li> <li>• dental health screening</li> <li>• developmental screening</li> <li>• <b>Referral or continuity of care</b></li> <li>• referral for further assessment, specialized, rehabilitation and/or disability support services as needed</li> <li>• coordinated continuity of care and family support</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Extra support for nutrition and feeding</b></li> <li>• counselling for refusal to eat and on variety of nutritious family foods</li> <li>• counselling on risk of malnutrition or need for ready to use therapeutic food (if acute malnutrition)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions e.g,</b></li> <li>• deworming</li> <li>• insecticide treated bed nets</li> <li>• seasonal malaria chemoprevention (SMC)</li> <li>• safety devices e.g. car seats</li> <li>• <b>Supplementation</b></li> <li>• vitamin A</li> <li>• other micronutrient supplementation as appropriate</li> </ul>

**Table 14. Priorities for contact at 3 years of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• exceptional burdens in the family</li> <li>• intimate partner violence</li> <li>• alcohol, smoking and drug use</li> <li>• living situation, housing, low income, food and safe water insecurity</li> <li>• sanitation and hygiene</li> <li>• environmental risks, e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH, hazardous chemicals and heavy metals, waste</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• parental or caregiver concerns</li> <li>• care situation and burdens</li> <li>• development difficulties (social, emotional, behavioural)</li> <li>• language and speech development</li> <li>• bladder control</li> <li>• vision or hearing problems</li> </ul> </li> <li>• <b>Nutrition and feeding practices assessment</b> <ul style="list-style-type: none"> <li>• eating behaviour and problems</li> <li>• nutritious family foods and snacks</li> <li>• feeding practices (type, number of meals, times a day and own serving)</li> <li>• self feeding independence</li> </ul> </li> <li>• <b>Assessment, physical examination and growth monitoring promotion</b> <ul style="list-style-type: none"> <li>• assessment for any illness or health problems</li> <li>• observation of caregiver child interaction</li> <li>• physical examination as appropriate</li> <li>• measurement of weight and length</li> <li>• determination and plotting weight for height z-scores</li> </ul> </li> <li>• <b>Screening</b> <ul style="list-style-type: none"> <li>• vision screening and eye examination</li> <li>• blood pressure</li> </ul> </li> <li>• <b>Developmental monitoring and milestones</b> <ul style="list-style-type: none"> <li>• observation and assessment of language and speech development</li> <li>• gross motor (climbs on and off, jumps off a sofa, pedals a tricycle)</li> <li>• fine motor (precise 3 finger grip, manipulates small objects, draws a circle)</li> <li>• verbal and social language (uses 3-word sentence and pronouns like “I”, “me” or “you”, tells a story, understands simple proposition)</li> <li>• relating and play (warm interaction with people, engages in imaginary play and involves others, shares)</li> <li>• self help activities or autonomy (feeds self, takes off clothing, washes hands with assistance)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Responsive caregiving and parenting</b> <ul style="list-style-type: none"> <li>• nurturing care and parenting capacity</li> <li>• play and interactive opportunities with siblings and peers</li> <li>• family routines and limitation on TV viewing and other digital media use</li> </ul> </li> <li>• <b>Preparation of school readiness</b> <ul style="list-style-type: none"> <li>• encouragement of literacy activities (reading, talking and singing together)</li> <li>• toilet training readiness, managing behaviour, and discipline</li> <li>• emotional regulation, language and skills</li> </ul> </li> <li>• <b>Health</b> <ul style="list-style-type: none"> <li>• hygiene and prevention of illness</li> <li>• growth and development monitoring contacts</li> <li>• oral hygiene and carries prevention, and ear and hearing care</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Healthy nutrition and physical activity</b> <ul style="list-style-type: none"> <li>• age appropriate healthy nutritious family meals</li> <li>• variety of healthy foods, snacks, fruits, vegetables</li> <li>• opportunities for physical activity for play and interactive games</li> </ul> </li> <li>• <b>Safe and clean home environment</b> <ul style="list-style-type: none"> <li>• clean environment</li> <li>• out door safety and supervision</li> <li>• safe home environment and prevention of injuries from burns, fires, and falls</li> <li>• protection from choking, drowning, poisoning and road traffic accidents</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit appointment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• Check immunization status as per latest WHO or country recommendations</li> <li>• catch up on missed vaccines as appropriate</li> </ul> </li> </ul>



Situational			
<ul style="list-style-type: none"> <li>• <b>Family support and care</b></li> <li>• clinical enquiry (IPV)</li> <li>• parenting support (e.g. home visits, parenting group)</li> <li>• referral to social welfare</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community services as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Screening</b></li> <li>• selective hearing screening and referral</li> <li>• dental health screening</li> <li>• developmental screening</li> <li>• <b>Referral or continuity of care</b></li> <li>• referral for further assessment, specialized, rehabilitation and/or disability support services as needed</li> <li>• coordinated continuity of care and family support</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Extra support for nutrition and feeding</b></li> <li>• counselling for refusal to eat and on variety of nutritious family foods</li> <li>• counselling on risk of malnutrition or need for ready to use therapeutic food (if acute malnutrition)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions e.g.,</b></li> <li>• deworming</li> <li>• insecticide treated bed nets</li> <li>• seasonal malaria chemoprevention (SMC)</li> <li>• safety devices e.g. car seats</li> <li>• <b>Supplementation</b></li> <li>• vitamin A</li> <li>• other micronutrient supplementation as appropriate</li> </ul>

**Table 15. Priorities for contact at 4 years of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents' concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being</li> <li>• family and social peer support</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• exceptional burdens in the family</li> <li>• intimate partner violence</li> <li>• alcohol, smoking and drug use</li> <li>• living situation, housing, low income, food and safe water insecurity</li> <li>• sanitation and hygiene</li> <li>• environmental risks, e.g. smoking, secondary smoke exposure, exposure to climate hazards, indoor and outdoor air pollution, WASH, hazardous chemicals and heavy metals, waste</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• parental or caregiver concerns</li> <li>• care situation and burdens</li> <li>• development difficulties (social, emotional, behavioural)</li> <li>• language and speech development difficulties</li> <li>• bladder and bowel control</li> <li>• vision or hearing problems</li> </ul> </li> <li>• <b>Nutrition and feeding practices assessment</b> <ul style="list-style-type: none"> <li>• eating behaviour and problems</li> <li>• nutritious family foods and snacks</li> <li>• feeding practices (type, number of meals, times a day and own serving)</li> </ul> </li> <li>• <b>Assessment, physical examination and growth monitoring promotion</b> <ul style="list-style-type: none"> <li>• assessment for any illness or health problems</li> <li>• physical examination as appropriate</li> <li>• measurement of weight and length</li> <li>• determination and plotting weight for height z-scores</li> </ul> </li> <li>• <b>Screening</b> <ul style="list-style-type: none"> <li>• vision screening</li> <li>• hearing screening</li> <li>• dental screening</li> </ul> </li> <li>• <b>Developmental monitoring and milestones</b> <ul style="list-style-type: none"> <li>• observation and assessment of language and speech development</li> <li>• gross motor (hops over pieces of paper, climbs stairs)</li> <li>• fine motor (holds a pencil properly with 3 fingers, draws a simple cross, unbuttons)</li> <li>• verbal and social language (asks “why”, “how” or “where”, uses 4-word sentences, tells story in logical sequence)</li> <li>• relating and play (plays with others, role play, follows rules)</li> <li>• self help activities or autonomy (dresses and undresses with little help, brushes teeth, uses toilet by self)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Parenting</b> <ul style="list-style-type: none"> <li>• encouragement of literacy activities (reading, talking and singing together)</li> <li>• managing behaviour, and discipline</li> <li>• family routines and personal habits (bedtime, brushing teeth, toilet use)</li> <li>• limitation of TV, internet and other digital media use</li> </ul> </li> <li>• <b>School readiness</b> <ul style="list-style-type: none"> <li>• language understanding and fluency</li> <li>• opportunities to play, interact and socialize with other children</li> <li>• readiness for structured learning experiences</li> <li>• early childhood programs and preschool</li> </ul> </li> <li>• <b>Health</b> <ul style="list-style-type: none"> <li>• hygiene and prevention of illness</li> <li>• oral hygiene and carries prevention, and ear and hearing care</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Healthy nutrition and physical activity</b> <ul style="list-style-type: none"> <li>• age appropriate healthy nutritious family meals</li> <li>• variety of healthy foods, snacks, fruits, vegetables</li> <li>• opportunities for physical activity for play and interactive games</li> </ul> </li> <li>• <b>Safe and clean home environment</b> <ul style="list-style-type: none"> <li>• clean environment</li> <li>• out door safety and supervision</li> <li>• safe home environment and prevention of injuries from burns, fires, and falls</li> <li>• protection from choking, drowning, poisoning and road traffic accidents</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit appointment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• check vaccination status as per latest WHO or country recommendations</li> <li>• booster dose with Td/DT-containing vaccines as per national schedule (4 years between booster doses)</li> <li>• catch up on missed vaccines as appropriate</li> </ul> </li> </ul>

Situational			
<ul style="list-style-type: none"> <li>• <b>Family support and care</b> <ul style="list-style-type: none"> <li>• parenting support (e.g. home visits, parenting group)</li> <li>• referral to social welfare</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community services as indicated</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Screening</b> <ul style="list-style-type: none"> <li>• selective hearing screening and referral</li> <li>• dental health screening</li> <li>• developmental delay screening</li> </ul> </li> <li>• <b>Referral or continuity of care</b> <ul style="list-style-type: none"> <li>• referral for further assessment, specialized, rehabilitation and/or disability support services as needed</li> <li>• coordinated continuity of care and family support</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Extra support for nutrition and feeding</b> <ul style="list-style-type: none"> <li>• counselling for refusal to eat and on variety of nutritious family foods</li> <li>• counselling on risk of malnutrition or need for ready to use therapeutic food (if acute malnutrition)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions e.g,</b> <ul style="list-style-type: none"> <li>• deworming</li> <li>• insecticide treated bed nets</li> <li>• seasonal malaria chemoprevention (SMC)</li> <li>• safety devices e.g. car seats</li> </ul> </li> <li>• <b>Supplementation</b> <ul style="list-style-type: none"> <li>• vitamin A</li> <li>• iron and other micronutrient supplementation as appropriate</li> </ul> </li> </ul>

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## 5.6 Older children (5–9 years)

During middle childhood (5–9 years), children are strengthening their relationships with adults and peers. In most countries, children will start primary school and will spend more and more time outside the home, in school, local communities and wider environments. During this time, skills are developed in relation to cooperation, competition and collaboration. School and peer activities are important as social hierarchies develop and become more complex, including experience of friendships, bullying and peer pressure (32).

The consequences of any adversity experienced during the early years will often become apparent. Psychological trauma experienced at home or in early childhood care environments may manifest as depression, anxiety, emotional dysregulation or oppositional behaviour. Academic achievement may also be influenced by experience of hunger, with evident stunting and anaemia (33,34). Unhealthy diets and overweight or obesity become evident and are precursors of later noncommunicable diseases, such as type 2 diabetes, heart disease, stroke and certain types of cancer (35).

Most countries provide universal primary schooling, and almost 90% of children aged 6–11 years are enrolled globally (36). School health services are available in most countries (37), which can provide an opportunity for assessment of children on admission and during transition to high school. Schools and school health services are also opportunities for evidence-based interventions, including interventions related to classroom behaviour, provision of nutrition supplements (either local foods or formulated supplementary foods), deworming, eye, ear and hearing care, oral health care, and vaccine catch-up. There is increasing community support for initiatives to protect children from violence, bullying and cyberbullying at home and in the community.

The main purposes of visits for school entry are to review and support the child's health needs and to promote health and well-being to enable children to achieve their full potential. A formal handover from health to school health services may be required when appropriate through locally agreed processes and all relevant documentation. In addition, health-promoting schools should be able to support

children in school by promoting positive health education and health, with targeted involvement when necessary.

Priorities for children in this age group and their caregivers are:

- the concerns of children, teachers, caregivers and families;
- psychosocial and environmental determinants;
- nutrition, physical activity and healthy lifestyles;
- schooling, self reliance and resilience;
- discipline, behaviour and parenting support;
- immunization and risk prevention; and
- safety and injury prevention

Tables 16 and 17 outline the schedules and proposed activities for children aged 5–6 years and 8–9 years.

**Table 16. Priorities for contact at 5–6 years of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents', caregivers' and child's concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• parental well-being</li> <li>• family and social peer support</li> <li>• child's emotional security and self-esteem</li> <li>• child connectedness with the family</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• exposure to family violence and other childhood adversity</li> <li>• harm from the internet and digital media use</li> <li>• alcohol, smoking and drug use</li> <li>• living situation, housing, low income, food and safe water insecurity</li> <li>• poor sanitation and hygiene</li> <li>• environmental risks e.g. secondary smoke exposure, climate hazards, indoor and outdoor air pollution, WASH, hazardous chemicals and heavy metals, waste</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• parental or caregiver concerns</li> <li>• development difficulties (social, emotional, behavioural)</li> <li>• school, language and speech difficulties</li> <li>• vision or hearing problems</li> <li>• eating behaviour and problems</li> <li>• independence and self-responsibility</li> </ul> </li> <li>• <b>Assessment and physical examination</b> <ul style="list-style-type: none"> <li>• observation of child's behaviour and child-parent interaction</li> <li>• assessment for any illness or health problems</li> <li>• physical examination as appropriate</li> <li>• measurement and plotting of weight, height and body mass index (BMI)</li> </ul> </li> <li>• <b>Screening</b> <ul style="list-style-type: none"> <li>• vision screening</li> <li>• hearing screening</li> <li>• oral health screening</li> </ul> </li> <li>• <b>Developmental and mental health</b> <ul style="list-style-type: none"> <li>• observation and assessment of age appropriate behaviour, language and speech</li> <li>• gross motor (jumps and stands on one leg, hops and skips)</li> <li>• fine motor (holds a pen like an adult, writes letters and numbers, can draw a person with body parts)</li> <li>• verbal and social language (good articulation and language skills, counts up to 10)</li> <li>• relating and play (plays with others, willing to share in role playing, tolerates mild disappointment)</li> <li>• self help activities or autonomy (dresses and undresses without help, follows directions)</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Parenting</b> <ul style="list-style-type: none"> <li>• encouragement of literacy activities</li> <li>• managing behaviour, and discipline</li> <li>• family routines and personal habits (bedtime, daily teeth brushing, toilet use)</li> <li>• limitation of TV, internet and other digital media use</li> </ul> </li> <li>• <b>School readiness</b> <ul style="list-style-type: none"> <li>• opportunities to play, interact and socialize with other children</li> <li>• progress at school, structured learning experiences</li> <li>• school attendance, and after-school care and activities</li> <li>• parent-teacher communication</li> </ul> </li> <li>• <b>Health</b> <ul style="list-style-type: none"> <li>• hygiene and prevention of illness</li> <li>• oral hygiene and carries prevention</li> <li>• ear and hearing care</li> <li>• recognition of lifestyle or behavioural risk factors</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Healthy nutrition and physical activity</b> <ul style="list-style-type: none"> <li>• healthy diet, meals and eating habit</li> <li>• variety of healthy foods, snacks, fruits, vegetables</li> <li>• limit on sugary drinks and snacks</li> <li>• daily physical activity</li> </ul> </li> <li>• <b>Safe and clean home environment</b> <ul style="list-style-type: none"> <li>• out door safety</li> <li>• injury prevention (burns, fires, and falls)</li> <li>• protection from drowning and road traffic accidents</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit appointment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• check vaccination status as per latest WHO or country recommendations</li> <li>• catch up on missed vaccines as appropriate</li> </ul> </li> </ul>



## Situational

### • Family support and care

- 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

### • Screening

- anaemia
- TB contact screening
- vision and hearing screening (if not yet done)
- behaviour and mental health screening

### • Referral or continuity of care

- referral for further assessment, specialized, rehabilitation and/or disability support services as needed
- coordinated continuity of care and family support

### • Mental health

- psychosocial and/or psychological interventions when needed

### • Safety

- use of helmet and pad when riding or playing games
- road crossing safety skills
- relating to strangers
- proper car seating and car safety and use
- swimming as appropriate

### • Preventive interventions e.g,

- Td/DT-containing vaccines (if not previously given)
- insecticide treated bed nets
- safety devices e.g. car seats

### • Supplementation

- iron and other micronutrient supplementation as appropriate

**Table 17. Priorities for contact at 8–9 years of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents', caregivers' or child's concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Family protective factors</b> <ul style="list-style-type: none"> <li>• family and social peer support</li> <li>• child self-esteem</li> <li>• child connectedness</li> </ul> </li> <li>• <b>Family risk factors</b> <ul style="list-style-type: none"> <li>• exposure to family violence and other childhood adversity</li> <li>• harm from the internet and digital media use</li> <li>• smoking, alcohol and drug use</li> <li>• inadequate housing, low income, food insecurity, unsafe or unhealthy food, unsafe water</li> <li>• environmental risks, e.g. secondary smoke exposure, climate exposure hazards, indoor and outdoor air pollution, WASH, hazardous chemicals and heavy metals, waste</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• parental or caregiver concerns</li> <li>• behavioural or learning problems</li> <li>• health, vision or hearing problems</li> <li>• interaction with parents, teachers and peers</li> <li>• independence and self-responsibility</li> </ul> </li> <li>• <b>Assessment and physical examination</b> <ul style="list-style-type: none"> <li>• observation of child's behaviour and child-parent interaction</li> <li>• age appropriate social and emotional competence</li> <li>• assessment for any illness or health problems</li> <li>• physical examination as appropriate</li> <li>• oral health assessment</li> <li>• measurement and plotting of weight, height and BMI</li> </ul> </li> <li>• <b>Screening</b> <ul style="list-style-type: none"> <li>• vision and hearing screening</li> </ul> </li> <li>• <b>Mental health and developmental monitoring</b> <ul style="list-style-type: none"> <li>• demonstrates social and emotional self-regulation</li> <li>• demonstrates problem-solving skills</li> <li>• uses independent decision-making skills</li> <li>• displays a sense of self-confidence and hopefulness</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Parenting and development</b> <ul style="list-style-type: none"> <li>• managing behaviour, and discipline</li> <li>• family routines and personal habits (brushing, regular meals and bed times)</li> <li>• reinforcement of values, and setting reasonable limits, friends and sexuality</li> <li>• limitation of TV, internet and other digital media use</li> <li>• independence, rules and consequences,</li> </ul> </li> <li>• <b>School adaptation</b> <ul style="list-style-type: none"> <li>• behaviour and learning problems</li> <li>• school performance and progress</li> <li>• involvement in school and after-school activities</li> <li>• parental involvement</li> <li>• parent-teacher communication</li> </ul> </li> <li>• <b>Health</b> <ul style="list-style-type: none"> <li>• personal hygiene</li> <li>• oral hygiene and caries prevention</li> <li>• ear and hearing care</li> <li>• lifestyle or behavioural risk factors</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Healthy nutrition and physical activity</b> <ul style="list-style-type: none"> <li>• healthy diet, meals and eating habit</li> <li>• variety of healthy foods, snacks, fruits, vegetables</li> <li>• limit on sugary drinks and snacks</li> <li>• daily physical activity</li> </ul> </li> <li>• <b>Safe and clean home environment</b> <ul style="list-style-type: none"> <li>• out door safety</li> <li>• injury prevention (burns, fires, and falls)</li> <li>• protection from drowning and road traffic accidents</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit appointment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• human papillomavirus vaccine (for girls, starting at 9 years)</li> <li>• tetanus toxoid-containing vaccine (TTCV) booster (4 years between booster doses)</li> </ul> </li> </ul>

Situational			
<ul style="list-style-type: none"> <li>• <b>Family support and care</b> <ul style="list-style-type: none"> <li>• parenting support (e.g. home visits, parenting group)</li> <li>• referral to social welfare</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community services as indicated</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Screening</b> <ul style="list-style-type: none"> <li>• anaemia</li> <li>• TB contact screening</li> <li>• vision and hearing screening (if not yet done)</li> <li>• behaviour and mental health screening</li> </ul> </li> <li>• <b>Referral or continuity of care</b> <ul style="list-style-type: none"> <li>• referral for further assessment, specialized, rehabilitation and/or disability support services as needed</li> <li>• coordinated continuity of care and family support</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Mental health</b> <ul style="list-style-type: none"> <li>• psychosocial and/or psychological interventions when needed</li> </ul> </li> <li>• <b>Safety</b> <ul style="list-style-type: none"> <li>• use of helmet and pad when riding or playing games</li> <li>• road crossing safety skills</li> <li>• relating to strangers</li> <li>• proper car seating and car safety and use</li> <li>• swimming as appropriate</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions e.g.,</b> <ul style="list-style-type: none"> <li>• insecticide treated bed nets</li> <li>• safety devices e.g. car seats</li> </ul> </li> <li>• <b>Supplementation</b> <ul style="list-style-type: none"> <li>• micronutrient supplementation as appropriate</li> </ul> </li> </ul>

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## 5.7 Adolescents (10–19 years)

Adolescence includes the period of pubertal development and is associated with rapid growth and hormonal changes, with maturing of cognitive abilities. It is a critical period in the life course, when many factors that contribute to lifelong well-being are, or are not, acquired or solidified. Adolescents develop the ability to plan and implement goals, form strong relationships and take care of others (32,38). Young people are increasingly self-aware, sensitive to rewards, and develop romantic and sexual interests. It is a period of great promise as character development begins, relationships with peers and wider members of society outside home are created and long-term positive behaviour is solidified, often for life.

It is also a stage of increasing risk, including behaviour that may have serious consequences, such as suicide, injury from violence and accidents, sexually transmitted diseases, substance use and early unintended pregnancy. The consequences of previous malnutrition (overnutrition, obesity and micronutrient deficiencies), poor attachments and regulation, and psychological trauma may become manifest as diabetes and behavioural and mental health conditions (32,38).

School health services are an important venue for nurturing and protecting young people (39); however, universal education is not available for adolescents and young people in many countries, and they spend increasing periods of their day away from home, in the community, with peers and at work. Initiatives for well-adolescent assessment and intervention should consider when and how to deliver services to ensure access for those who are not in school.

Health-care providers should consider the adolescent's consent and confidentiality during interviews and physical examinations in the presence of parents or caregivers.

Priorities for adolescents and their caregivers are:

- concerns of the young person, teachers, caregivers and family;
- psychosocial and environmental determinants (family, school and community);
- schooling and school performance;
- autonomy and parenting support;
- physical activity, healthy diet and lifestyles;
- puberty, physical health and emotional development;
- mental health and positive development;
- immunization and preventive interventions; and
- risk reduction, safety and injury prevention.

Tables 18 and 19 outline the schedules and proposed activities for adolescents.

**Table 18. Priorities for contact at 10–14 years of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to the concerns of parents, caregivers and young person</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Protective factors</b> <ul style="list-style-type: none"> <li>• supportive relationships with family, other adults, and peers</li> <li>• school performance</li> <li>• resiliency to stress and in decision-making</li> <li>• self-esteem and confidence</li> </ul> </li> <li>• <b>Risk factors</b> <ul style="list-style-type: none"> <li>• interpersonal and community violence</li> <li>• inadequate housing, low income, food insecurity, unsafe food, unhealthy food environment</li> <li>• depression and anxiety</li> <li>• family tobacco, alcohol, drug use</li> <li>• environmental risks, e.g. secondary smoke exposure, climate exposure hazards, indoor and outdoor air pollution, WASH, hazardous chemicals and heavy metals, waste</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• parental or caregiver or young person's concerns</li> <li>• behavioural and learning problems</li> <li>• concerns about puberty and sleeping problems</li> <li>• interaction with parents, teachers and peers</li> <li>• independence and self responsibility</li> </ul> </li> <li>• <b>Assessment and physical examination</b> <ul style="list-style-type: none"> <li>• confidentiality</li> <li>• observation of behaviour and adolescent-parent interaction</li> <li>• assessment for any illness or health problems</li> <li>• HEADSSS<sup>a</sup> assessment</li> <li>• physical examination including for pubertal and self injury signs</li> <li>• measurement and plotting of weight, height and BMI</li> </ul> </li> <li>• <b>Screening</b> <ul style="list-style-type: none"> <li>• ear health and hearing screening (for hearing loss)</li> <li>• depression screening</li> </ul> </li> <li>• <b>Mental health and developmental monitoring</b> <ul style="list-style-type: none"> <li>• demonstrates cognitive, emotional, social, and moral competencies</li> <li>• demonstrates problem-solving and independent decision-making skills</li> <li>• exhibits compassion and empathy</li> <li>• displays a sense of self-confidence and agency</li> </ul> </li> </ul>	<p><b>Counselling on issues identified</b></p> <ul style="list-style-type: none"> <li>• <b>Parenting and development</b> <ul style="list-style-type: none"> <li>• managing behaviour, and discipline</li> <li>• family routines, and helping out at home and in the community</li> <li>• reinforcement of values, and setting reasonable limits, friends and sexuality</li> <li>• limitation of TV, internet and other digital media use</li> <li>• responsibility, rules and consequences</li> </ul> </li> <li>• <b>School</b> <ul style="list-style-type: none"> <li>• responsibility for schoolwork</li> <li>• behaviour and learning problems</li> <li>• school performance and progress</li> <li>• involvement in school and after-school activities</li> <li>• problems at school and bullying</li> </ul> </li> <li>• <b>Physical health and health promotion</b> <ul style="list-style-type: none"> <li>• behaviour and life style</li> <li>• healthy dietary and eating practices</li> <li>• limitation of sugary drinks and snacks, and refined grains</li> <li>• healthy weight, physical activity and adequate sleep</li> <li>• oral hygiene and caries prevention</li> <li>• recognition of lifestyle or behavioural risk factors</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Emotional well-being</b> <ul style="list-style-type: none"> <li>• body image</li> <li>• pubertal physical changes and menstrual health</li> <li>• relationships</li> <li>• mood regulation and mental health</li> <li>• sexual maturation and sexual feelings</li> </ul> </li> <li>• <b>Risk reduction and safety</b> <ul style="list-style-type: none"> <li>• pregnancy and STIs prevention</li> <li>• smoking, e-cigarettes, alcohol consumption, and drugs use</li> <li>• safe practices while listening to music or playing video games</li> <li>• injury prevention and safe driving</li> <li>• protection from substance use, violence, cyberbullying and harmful marketing practices</li> </ul> </li> </ul> <p><b>Follow-up</b></p> <ul style="list-style-type: none"> <li>• schedule for next well care visit appointment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• Check vaccination status as per latest WHO or country recommendations</li> <li>• human papillomavirus vaccine</li> <li>• catch up on missed vaccines as appropriate</li> </ul> </li> </ul>



Situational			
<ul style="list-style-type: none"> <li>• <b>Support and care</b></li> <li>• group programmes</li> <li>• parenting programme</li> <li>• referral to social welfare</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community services as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Screening</b></li> <li>• visual acuity and compliance with spectacles</li> <li>• anaemia</li> <li>• HIV, TB and STIs testing</li> <li>• mental health check</li> <li>• <b>Referral or continuity of care as appropriate</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Mental health</b></li> <li>• psychosocial and/or psychological interventions when needed</li> <li>• <b>Safety</b></li> <li>• use of helmet and pad when riding or playing games</li> <li>• swimming skills</li> <li>• prevention of early or forced marriage</li> <li>• prevention of female genital mutilation</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions e.g.,</b></li> <li>• TTCV booster dose</li> <li>• insecticide treated bed nets</li> <li>• safety devices e.g. helmets, knee or shin pads</li> <li>• <b>Supplementation</b></li> <li>• micronutrient supplementation as appropriate</li> </ul>

<sup>a</sup> Home, education, activities or employment, drugs, suicidality and sex

**Table 19. Priorities for contact at 15–19 years of age**

Family care and support	Assessment and monitoring of health, growth and development	Counselling and anticipatory guidance	Prevention and protection
<b>Universal</b>			
<p><b>Eliciting and attending to parents', caregivers' and adolescents' concerns</b></p> <p><b>Risk and resilience assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Protective factors</b> <ul style="list-style-type: none"> <li>• supportive relationships with family, other adults, and peers</li> <li>• school performance</li> <li>• resiliency to stress and in decision-making</li> <li>• self-esteem and confidence</li> </ul> </li> <li>• <b>Risk factors</b> <ul style="list-style-type: none"> <li>• interpersonal and community violence</li> <li>• inadequate housing, low income, food insecurity, unsafe food, unhealthy food environment</li> <li>• depression and anxiety</li> <li>• family tobacco, alcohol, drug use environmental risks, e.g. secondary smoke exposure, climate exposure hazards, indoor and outdoor air pollution, WASH, hazardous chemicals and heavy metals, waste</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eliciting concerns</b> <ul style="list-style-type: none"> <li>• caregiver or young person's concerns</li> <li>• behavioural, sexuality and learning problems</li> <li>• interaction with parents, teachers and peers</li> <li>• eating and sleeping problems</li> <li>• independence and self-responsibility</li> </ul> </li> <li>• <b>Assessment and physical examination</b> <ul style="list-style-type: none"> <li>• confidentiality</li> <li>• observation for self-management and independent decision-making</li> <li>• observation of behaviour and adolescent-parent interaction</li> <li>• assessment for any illness or health problems</li> <li>• HEADSSS<sup>a</sup> assessment</li> <li>• physical examination including sexual maturity and self injury</li> <li>• measurement and plotting of blood pressure, weight, height and BMI</li> </ul> </li> <li>• <b>Screening</b> <ul style="list-style-type: none"> <li>• ear health and hearing screening (for hearing loss)</li> <li>• depression screening</li> </ul> </li> <li>• <b>Mental health and developmental monitoring</b> <ul style="list-style-type: none"> <li>• demonstrates cognitive, emotional, social, and moral competencies</li> <li>• demonstrates caring and supportive relationships</li> <li>• exhibits compassion and empathy</li> <li>• demonstrates problem-solving and independent decision-making skills</li> <li>• engages in behaviours that contribute to a healthy lifestyle</li> <li>• displays a sense of self-confidence and agency</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Counselling on issues identified</b> <ul style="list-style-type: none"> <li>• <b>Parenting and agency</b> <ul style="list-style-type: none"> <li>• managing behaviour, and discipline</li> <li>• family routines, and helping out at home and in the community</li> <li>• reinforcement of values, and setting reasonable limits, friends and sexuality</li> <li>• limitation of TV, internet and other digital media use</li> <li>• problem solving, independence and responsibility</li> <li>• employment and community volunteer opportunities</li> </ul> </li> <li>• <b>School</b> <ul style="list-style-type: none"> <li>• education and working experience opportunities</li> <li>• responsibility for schoolwork</li> <li>• behaviour and learning problems</li> <li>• school performance and progress</li> <li>• involvement in school and after-school activities</li> <li>• problems at school and bullying</li> </ul> </li> <li>• <b>Physical health and health promotion</b> <ul style="list-style-type: none"> <li>• behaviour and life style</li> <li>• healthy dietary and eating practices</li> <li>• limitation of sugary drinks and snacks, and refined grains</li> <li>• physical activity, healthy weight and adequate sleep</li> <li>• oral hygiene and caries prevention</li> <li>• recognition of lifestyle or behavioural risk factors</li> <li>• recognition of illness and finding help</li> </ul> </li> <li>• <b>Emotional well-being</b> <ul style="list-style-type: none"> <li>• body image</li> <li>• pubertal physical changes and menstrual health</li> <li>• relationships</li> <li>• mood regulation and mental health</li> <li>• sexual maturation and sexual feelings</li> </ul> </li> <li>• <b>Risk reduction and safety</b> <ul style="list-style-type: none"> <li>• pregnancy and STIs prevention</li> <li>• smoking, e-cigarettes, alcohol consumption, and drugs use</li> <li>• safe practices while listening to music or playing video games</li> <li>• injury prevention and safe driving</li> <li>• protection from substance use, violence, cyberbullying and harmful marketing practices</li> </ul> </li> </ul> </li> <li>• <b>Follow-up</b> <ul style="list-style-type: none"> <li>• schedule for next appointment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immunization</b> <ul style="list-style-type: none"> <li>• Check vaccination status as per latest WHO or country recommendations</li> <li>• catch up on missed vaccines (including human papillomavirus vaccine, if not previously given)</li> </ul> </li> </ul>

Situational			
<ul style="list-style-type: none"> <li>• <b>Support and education</b></li> <li>• group programmes</li> <li>• parenting programme</li> <li>• referral to social welfare</li> <li>• referral for substance use cessation programmes</li> <li>• referral to other community services as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Screening</b></li> <li>• visual acuity and compliance with spectacles</li> <li>• anaemia</li> <li>• HIV, STIs and TB testing</li> <li>• mental health check</li> <li>• oral health</li> <li>• <b>Referral or continuity of care as appropriate</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Mental health</b></li> <li>• psychosocial and/or psychological interventions when needed</li> <li>• <b>Safety</b></li> <li>• use of helmet and pad when riding or playing games</li> <li>• swimming skills</li> <li>• prevention of early or forced marriage</li> <li>• prevention of female genital mutilation</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Preventive interventions e.g.,</b></li> <li>• TTCV booster dose</li> <li>• insecticide treated bed nets</li> <li>• safety devices e.g. helmets, knee or shin pads</li> <li>• <b>Supplementation</b></li> <li>• micronutrient supplementation as appropriate</li> </ul>

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## 6 Children and adolescents who require extra support, care or referral





Beyond routine well-care visits, some children, adolescents or caregivers and families may require extra support or referral for specialized services. They include those with health or developmental problems or disability, learning difficulties, behavioural, emotional or mental health disorders, adverse environmental conditions and problematic socioeconomic and family circumstances (6,40,41). These people will need more specific, targeted, extra care for problems identified during routine well-care visits. The extra support may include arranging more frequent contacts for their condition, additional interventions, referral to specialist services for immediate, short or long-term management, provision of assistive devices, home visits, peer group support or referral to social welfare and child protection services.

The scheduling of any additional contacts and the type of additional care will depend on the problem. This is beyond the scope of this guidance and will be addressed in another publication. There should, however, as part of a routine well-care visits programme, be a system for providing extra support, care and services for problems identified during visits. Additional support may be both long and short or simply to help a child, adolescent, caregiver or family to get through a difficult period.

In general, during routine well-care visits, health-care providers identify individual problems that might require extra visits, support, care or referral to specialized services. For instance, babies born preterm or with a low birth weight, those with a physical disability or impairment and those with a chronic illness or condition require specialized services. Health-care providers should also identify children living in difficult situations, such as an orphanage, homeless or street children, and those in special care institutions. They should be alert to risk factors, such as signs and symptoms of child abuse, and follow local child protection procedures when there is cause for concern (41)

Early detection and intervention are crucial for recovery or resolution of some problems and, if full recovery is not possible, to ensure optimal functioning within their physical and mental abilities and to prevent further impairment. For children with a developmental delay or disability, mental health condition or chronic illness, providers should facilitate multidisciplinary assessment and support, ensure early intervention or referral to specialized care, and coordinate with other services to provide holistic support to families. It is essential that care providers continue to provide age-appropriate health actions throughout children's lives, including children and adolescents with disabilities.

Extra support to families may include referral to support services, home visits, peer support in youth or parent groups, training in life skills and integration into social networks (42). The interventions and actions may include parenting, mentoring and peer programmes designed to strengthen parent-child communication, promotion of positive peer norms, problem-solving skills and healthy, responsive relationships. In other situations, providers could give information on the available support, including social and welfare services, and provide assistance in accessing them. When providers identify a need for extra support for problems such as domestic violence, smoking, substance use or alcoholism, they should follow local programmes and guidelines.

# 7 Maximizing opportunities for promoting health and well-being



Promotion of the health and well-being of children and adolescents requires support from individuals, families, communities and institutions and an enabling environment. While well-care visits provide an opportunity for individual support to children, adolescents, parents, caregivers and families, other opportunities can be used to promote health and well-being. Promotion of universal health and well-being requires adoption of a holistic approach to empower individuals and communities to take action for their health, foster leadership for public health, promote intersectoral action to build healthy public policies in all sectors and create sustainable health systems. Enabling policies and supportive legal and regulatory frameworks ensure universal access to services and provide additional protection for the most vulnerable. Cross-sectoral governance and coordinated advocacy, planning and pooling of resources are therefore necessary to deliver health and well-being services efficiently and effectively.

For families and communities, individuals who are in regular contact with children and adolescents can help to identify problems and facilitate access to services. In a setting-based approach, health and well-being are promoted in specific settings, such as schools, residential areas, workplaces and communities. For children and adolescents attending school, schools can deliver various age-specific interventions, build their skills and confidence, including encouraging physical activity and good nutrition, and provide sexuality education. At the social and population level, well-designed laws and policies and well-resourced programmes can create opportunities, ensure safety and security and provide a supportive local environment.

**7.1 Linkage and optimization within and across sectors and services**

The scheduled well-care visits described in this document are predominantly delivered in the health sector, which also provides an entry to the other sectors and services necessary to support families, caregivers, children and adolescents, especially the most vulnerable. Fig. 4 summarizes links that present opportunities to maximize child and adolescent health and well-being. Well-functioning community structures and platforms, such as local authorities, women and community groups,

parents’ organizations, children’s clubs, support groups for children and adolescents with disabilities and youth centres, can promote health and provide interventions and services to support health and well-being. They can also address harmful gender norms and promote equality, such as enabling girls to realize their rights to education, social protection, education about management of menstruation and fertility, and freedom from many forms of violence. For boys, community platforms can support them in seeking health care, showing their feelings and addressing risks such as gender-based violence or negotiating condom use (2).

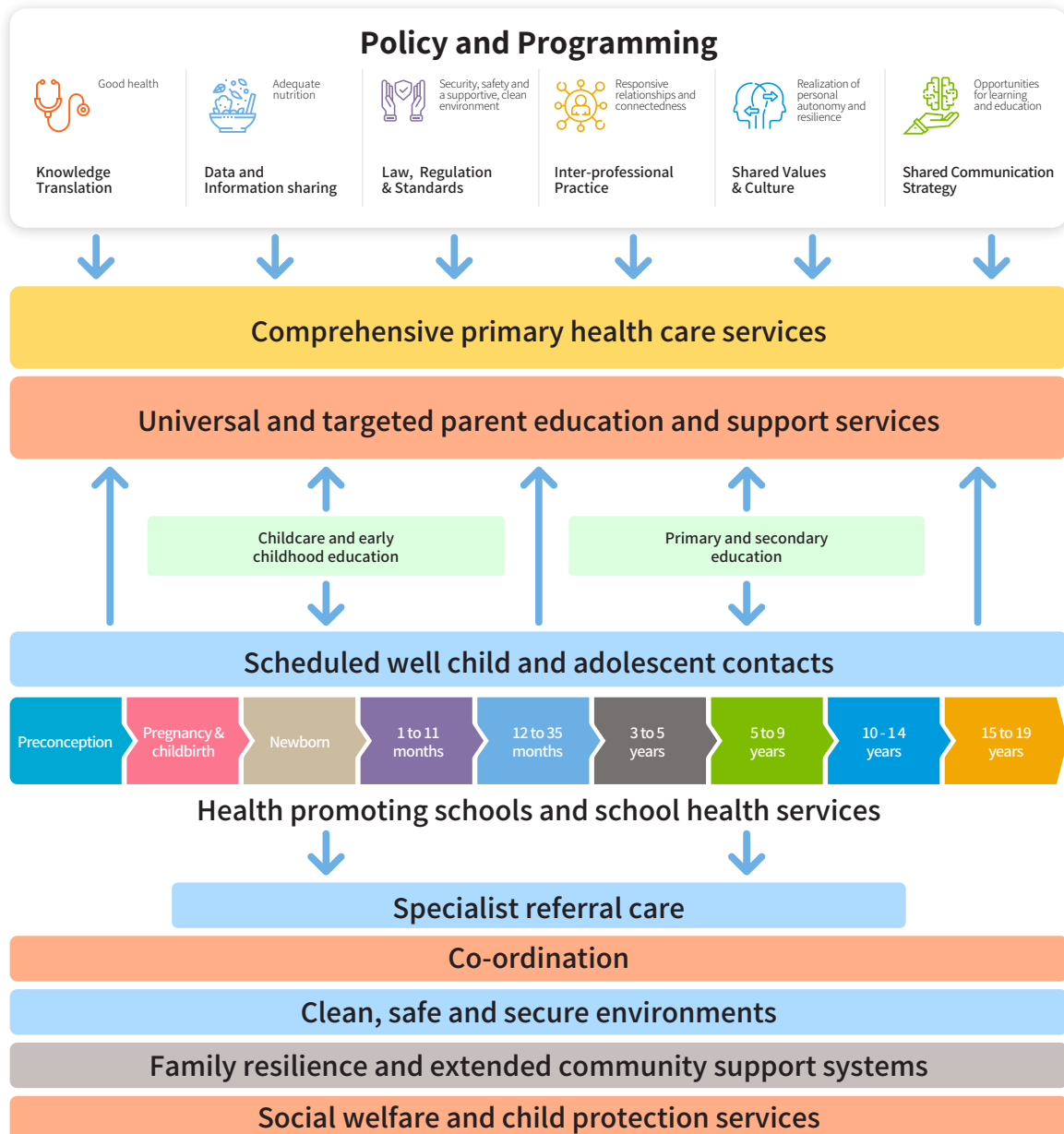


Fig. 4. Model components of a child and adolescent health and well-being system

## **7.2 Policies, regulation and programming**

Policies to promote health and well-being must be based on identified obstacles in health and non-health sectors and how barriers to access and inclusion can be addressed. Policies combine diverse but complementary approaches, including legislation, fiscal measures, taxation and organizational change.

Policies and services should reach the entire population, including vulnerable and marginalized families and communities. For example, access to health-related social protection schemes, such as social health insurance, should reflect the diverse requirements of the population. This will require coordination across sectors and at national, district and local levels, including local government and civic engagement in municipalities to advise on policy direction.

## **7.3 Optimizing contacts in the health sector**

Within the health sector, each contact with an individual child, adolescent or caregiver is an opportunity to promote health and well-being and to include relevant, targeted aspects of interventions or actions. For example, when caregivers, children and adolescents present for an initial, follow-up or chronic care visit, additional preventive and health promotion interventions can be given, such as vaccination, nutritional assessment, growth and developmental monitoring, counselling on parenting, detection of at-risk individuals and families and environmental assessment. The last may result in involvement of local community leaders, policy-makers and other sectors to find joint solutions.

Follow-up after an acute illness provides an opportunity for interventions to promote health, prevent disease recurrence and support responsive caregiving and healthy dietary practices. Long-term care, such as for HIV infection, sickle cell disease, mental health conditions, visual or auditory conditions, childhood or adolescent diabetes, asthma and heart disease, is also well suited to optimize health and well-being. Innovative methods can be used to maximize existing contacts, such as pre-visit questionnaires, group and virtual care options, multimedia communication or task-shifting to other cadres or groups (20,43,44).

## **7.4 Optimization within the education sector**

Many children and adolescents, teachers and other support workers spend most of their time together in early childhood education centres and schools, with close contact with and influence from their communities (2,39). Health-promoting schools are strategic not only for early learning and education about health but also for promoting positive development and healthy behaviour, such as physical activity, physical fitness, recreation and play, social emotional skills, a healthy diet, sensory health (vision and hearing) and preventing tobacco use, bullying and aggressive behaviour. The health and well-being of children and adolescents can be integrated and sustained in all aspects of school life (39).



### **7.5 Population level**

Population approaches address the health of an entire population by improving the physical and mental health outcomes and well-being of all people in a defined local, regional or national population, while reducing health inequality. They include actions to reduce the occurrence of ill health, to deliver appropriate health and care services and action on the wider determinants of health. They are opportunities to work with communities and related sectors.

Population-level health protection and health promotion programmes may include tobacco control, healthy homes, neighbourhoods and cities, food fortification programmes, clean air, access to safe, clean WASH and programmes to reduce inequality. Population approaches therefore seek not only to improve health and social services directly by introducing more holistic, preventive practices but also to influence the broader determinants of health, such as healthy eating, financial stability, physical activity, safe housing, access to education and employment and emerging issues such as addressing the effects of climate change.

### **7.6 Digital health technology**

Digital health technologies, which include mobile health, health information technologies, wearable devices, telemedicine and telehealth, provide more opportunities to support the health and well-being of families. Maximizing the potential of these technologies, including the Internet, smart applications, help lines and text messaging services, will provide parents with information and guidance and offer them more choice in health promotion information and services for their children.

Use of telemedicine through secure video connections and videoconference platforms can also allow providers to connect with children, adolescents and their families directly in their homes (45). The availability of mobile health applications and eHealth formats has increased rapidly to meet some needs of patients and providers. These expansions in digital health provide many opportunities to reach more families and improve communication, medical records, continuity of care and monitoring.





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# Annex: Selected resources and tools for well-care contacts

Various resources and tools are available for use in well-care visits, providing information and facilitating assessment, counselling and advice to parents, caregivers, older children and adolescents. They can be accessed through various programmes and, in some countries, include health booklets. WHO and UNICEF resources and tools that can be used to support well care visits are listed below.

- **Standard growth charts:** WHO growth standards for children, school-age children and adolescents are physical growth curves to be used by care providers to monitor growth trajectories and to counsel caregivers appropriately according to the outcome of the assessments. Standards are available for weight-for-age and length- or height-for-age, body mass index for age, head and arm circumference by sex and others (<https://www.who.int/tools/child-growth-standards/standards>).
- **The nurturing care practice guide:** The guide describes responsive caregiving, opportunities for early learning, safety and security, and support for caregiver well-being, including what managers can do to prepare services and better equip service providers. It also includes practical suggestions for what service providers can do during contacts with families (<https://nurturing-care.org/practiceguide/>).
- **Global scale for early development package:** This open-access package is designed to provide a standard method for measuring the development of children up to 36 months at population and programme levels (<https://www.who.int/teams/mental-health-and-substance-use/data-research/global-scale-for-early-development>).
- **Community infant and young child feeding counselling package:** The package includes counselling cards, a training package, messages, visuals, adaptation guides and guides on supportive supervision. The cards are used by care providers to counsel mothers and other caregivers about infant and young child feeding. Information is also provided on babies who have additional requirements, such as feeding a low-birth-weight or sick baby, and on mothers with health conditions such as HIV (<https://www.unicef.org/documents/community-iyfc-package>).
- **Counselling cards for child development:** The cards provide information to be used in counselling families on care for child development and for mothers, fathers and other caregivers for supporting their child's healthy development. The cards also provide recommendations for child development at various ages and stages and for possible problems and challenges. They include a checklist for care providers to use in assessing children (<https://www.unicef.org/media/91181/file/4-CCD-Counselling-Cards.pdf>).
- **Home-based records:** A home-based record is a document used to record the health services received by an individual, from antenatal notes or vaccination-only cards, to more extensive vaccination-plus cards, child or integrated maternal and child health books. They often include health education messages (<https://www.who.int/publications/i/item/9789241550352>).
- **Paediatric environmental history (“green checklist”):** A set of concise basic questions about the general environmental, including air, water, food, housing quality and exposures pertinent to the family, community and region (<https://www.who.int/publications/m/item/children-s-environmental-record--green-page>).
- **Basic ear and hearing care resource:** A resource on community involvement and raising awareness; provides useful information for preventing and addressing ear diseases and hearing loss (<https://www.who.int/publications/i/item/9789240001480>).







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