##

**IMPLEMENTATION GUIDELINE FOR ONE STOP CHILD HEALTH CARE SERVICE CENTER FOR CHILDREN AGED 0 TO 5 YEARS**

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**MINISTRY OF HEALTH**

**DEPARTMENT OF PUBLIC HEALTH**

**ROYAL GOVERNMENT OF BHUTAN**

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## TABLE OF CONTENTS

|  |  |  |
| --- | --- | --- |
| **Sl. no** | **CONTENTS** | **Page number** |
| 1 | Background………………………………………………………………………………………………………….. |  |
| 2 | Objective……………………………………………………………………………………………………………… |  |
| 3 | Strategy……………………………………………………………………………………………………………….. |  |
| 4 | Implementation Strategy…………………………………………………………………………………….. |  |
| 5 | BHUs and Small Hospital……………………………………………………………………………………… |  |
| 6 | Hospitals with 40 beds or more……………………………………………………………………………. |  |
| 7 | Supervision and monitoring…………………………………………………………………………………. |  |
| 8 | Staffing pattern for child health service……………………………………………………………….. |  |
| 9 | Infrastructure requirement for the child health service center……………………………. |  |
| 10 | Appendix……………………………………………………………………………………………………………… |  |

## BACKGROUND

The Health Services in Bhutan are delivered through a three tier system with Basic Health Units at the community level followed by District Hospitals and then the Regional Referral Hospitals. The National Referral Hospital at Thimphu is also the regional referral hospital of the Western Region. Preventive, Promotive, Curative and Rehabilitative services are provided at all levels.

Much have been achieved in terms of immunization coverage, Neonatal Mortality Rate, Infant Mortality Rate and Under Five Mortality Rate but the high prevalence of malnutrition and disability in children below five still leaves a huge challenge for the country. Stunting in particular which currently stands at a massive 37% is a serious public health concern for the country. Special interventions are needed to combat the problems that are prevalent in the health of the Bhutanese children. There are already many interventions in place that focuses on improving the health of the children- under five years of age - delivered by the health facilities across the country.

**RATIONALE**

However the health services for the children are not integrated and are usually provided independently. Interventions such as immunization, vitamin A supplementation, de-worming, growth monitoring, health education and counseling are provided through the Maternal and Child health Services of community heath units while the sick children are seen only in the Out-patient Department (OPD). In this arrangement, vulnerable children are apt to be left out of key interventions required at specific periods in their lives that would contribute holistically to their optimum survival, growth and development.

This system has created many inconveniences for both the service seekers and the healthcare providers, and has resulted in missing out some of the essential services. A typical example that represents the missed opportunity in providing proper child health care services is that despite recording 95% coverage for immunization services (REF), the growth monitoring has not been as successful with only 50% being recorded in the MCH clinics (REF).

Creating a one stop service for child health care which integrates every service necessary for optimal growth and development of a child would ease the inconveniences and enable the health facility to provide health care services in a holistic manner. The one stop service for child health care would package multiple services for all children below 5 years and systematically deliver the necessary care when visiting the health facility. This would ensure that every child receive the intended services without having to visit the health facility many times.

Further the majority of the interventions for child health in Bhutan are targeted for children aged 0 to 2 years. The service packages from the one stop service center will take the focus beyond the two years and catch children up to five years of age. The packages for service center will also serve as an attraction for the service seekers especially for children above 2 years of age to come to the health facility.

## OBJECTIVE

To create a one stop service center for child health which will provide integrated health services and nutritional interventions in a holistic approach, for optimal growth and development of children under five years of age

## STRATEGY

1. Assess the requirement for resources
2. Strengthen all the existing child health care services including nutritional interventions and provide as a package
3. Enhance the capacity of the service providers
4. Modify the infrastructure of the health centers making it conducive for providing the one stop service
5. Improve the coordination among the child health service providers
6. Advocate on the concept of “One stop service” to all the stakeholders

**IMPLEMENTATION PROCESS**

The one stop service will be implemented through the existing health care delivery system.

* All BHUs and smaller hospitals (less than 40 beds) across the country will implement the One stop service by January 2015
* Hospitals with 40 beds or more will implement the one stop service in a phase wise manner. Phase I will be implemented from January 2015 followed by phase II (but Phase II should have been implemented within the 11 FYP).

**BHU II AND SUBPOSTs**

BHU IIs and Sub-posts will have the following basic services at every visit as a point of entry into the one stop service center.

1. Registration
* Health workers will register the bio-data of the service seekers and give an OPD slip.
* Clear and precise information about the one stop services will be provided to the service seekers

The service seekers would then be triaged in the same room

1. Triaging
* The service seekers would be triaged into sick and well child
* Measurements of height, weight and temperature(for sick child with fever) will be taken and noted in the OPD slip
* The health worker treats the sick child by using IMNCI in the same room.
* The well child and sick child would be directed for appropriate services respectively

**Well baby**

A well child will be directed to the “**Well Baby Clinic**” where the child would receive the necessary services for optimum growth and development. The services would include:

1. Care for Child development (C4CD) services:
	* + This would include assessing for survival, growth and development using a standard tool
2. Immunization services
	* + Routine immunization services necessary for child health will be provide
3. Routine Vitamin A supplement and de-worming treatment
4. Counseling Services:

All caregivers will be ensured that they receive comprehensive counseling on

* + - Newborn care
		- C4CD
		- Infant and young child feeding practice (IYCF)
		- HIV and AIDS

**Sick Child**

Where ever appropriate treatment will be delivered by health care providers based on the child’s illness by using IMNCI protocol. A sick child will be referred to higher centers if needed. They will also be referred when appropriate services of Dental, eye etc. are needed

Counseling on IYCF and C4CD will be given to all sick children

**BHU I AND SMALL HOSPITALS**

BHU I and small hospitals will re-organize the way the child health services are provided, improving and delivering the services in a packaged manner (**annex 1**).

All BHU I and small hospitals will have the following basic services at every visit as a point of entry into the one stop service center. One specific room will be provisioned for the purpose.

1. Registration
* A receptionist will register the bio-data of the service seekers and give an OPD slip.
* The receptionist(wherever available otherwise this job will done by the health care providers) would also provide clear and precise information about the one stop services
* The service seekers would then be triaged in the same room by a health care provider
1. Triaging
* The service seekers would be triaged into sick and well child
* Measurements of height, weight and temperature(for sick child with fever) will be taken and noted in the OPD slip
* The health worker treats the sick child by using IMNCI in the same room.
* The well child and sick child would be directed for appropriate services respectively

**Well baby**

A well child will be directed to the “**Well Baby Clinic**” where the child would receive the necessary services for optimum growth and development. The services would include:

1. Care for Child development (C4CD) services:
	* + This would include assessing for survival, growth and development using a standard tool
2. Immunization services
	* + Routine immunization services necessary for child health will be provide
3. Routine Vitamin A supplement and de-worming treatment
4. Counseling Services:

All caregivers will be ensured that they receive comprehensive counseling on

* + - Newborn care
		- C4CD
		- Infant and young child feeding practice (IYCF)
		- HIV and AIDS

**Sick Child**

Where ever appropriate treatment will be delivered by health care providers based on the child’s illness by using facility based IMNCI protocol. A sick child will be referred to higher centers if needed. They will also be referred when appropriate services of Dental, eye etc. are needed.

Counseling on IYCF and C4CD will be given to all sick children

**HOSPITALS**

Hospitals with 40 beds or more will implement the one stop service for child health in two phases.

Phase I will involve introducing the one stop child health services at the existing hospital facility and without much restructuring.

The hospitals will undergo some re-organization in the way the child health services are provided. The services provided will be improved and delivered in a packaged manner.

The following basic services will be provided at every visit as a point of entry into the one stop service center. One specific room will be provisioned for the purpose.

1. Registration
* A receptionist will get their bio-data and given an OPD slip.
* The receptionist would also provide clear and precise information about the one stop service to the child
* The service seekers would then be triaged by a health worker in the same room
1. Triaging
* The health worker would triage the service seekers into sick and well child
* The health worker will take the measurements of height, weight and temperature(for sick child with fever) and note in the OPD slip
* The health worker treats the sick child by using IMNCI in the same room.
* The well child and sick child would be directed for the appropriate services respectively

**Well Baby**

A well child will be directed to the “**Well Baby Clinic**” where the child would receive the necessary services for optimum growth and development. The services would include:

1. Care for Child development (C4CD) services:
	* + This would include assessing for survival, growth and development using standard tools
2. Immunization services
	* + Routine immunization services necessary for child health will be provide
3. Routine Vitamin A supplement and de-worming treatment
4. Counseling Services:

All caregivers will be ensured that they receive comprehensive counseling on

* + - Newborn care
		- C4CD
		- Infant and young child feeding practice (IYCF)
		- HIV and AIDS

**Sick Child**

A sick child will be directed to the “**Sick Child OPD**” where appropriate treatment will be delivered by health care providers based on the child’s illness. A sick child will be referred to higher centers if needed. They will also be referred when appropriate services of Dental, eye etc. are needed.

Counseling on IYCF and C4CD will be given to all sick children

**Phase II**

A phase II would be implemented in the bigger hospitals to further improve the services for one stop services for child health. The phase will involve making structural changes in the health facility bringing all the service providers for child health as close as possible to each other. The changes made will ensure that the service seekers have easy and convenient access to the services.

Phase I will be implemented from January 2015 followed by phase II within the 11th FYP.

**SUPERVISION AND MONITORING**

The one stop service center for child health will be subjected to regular supervision and monitoring. The DHOs and health workers trained on supportive supervision on IMNCI will supervise and monitor the one stop services every six months at the district level. The focal person for child health program would coordinate and ensure annual supervision for the one stop child health service center from the central level.

**STAFFING PATTERN FOR THE ONE STOP CHILD HEALTH SERVICES**

The existing staffs working in the different service departments will be remobilized to work for the one stop child health service center.

* At BHU I : A receptionist, HA and relevant health care providers
* BHU II : A HA and relevant health care providers
* District hospitals—40 and less beds-one or two staff and relevant health care providers
* Hospitals-40 and more beds—two or three health staff depending on the work load and relevant health care providers

**INFRASTRUCTURE AND OTHER REQUIREMENTS FOR THE CHILD SERVICE CENTER**

* One room with a partition, one for well baby and one for sick child in the hospitals.
* A child recreation corner with age appropriate materials wherever possible.

**ANNEXTURE 1**

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| **Service package for one stop child health service center** |
| **Age of Child** | **Child Health Services** | **Frequency of services** |
| Day 0 | 1. Initiation of breast feeding
2. Vaccination (OPV 0, BCG, Hep B)
3. Vitamin K
4. Assess for danger signs and congenital deformities
5. Growth monitoring (weight & height)
6. IMNCI for sick child
7. Care for Child Development (C4CD) Services
 | At birth |
| Day 3 | 1. Assess for danger signs and infections
2. Vaccination (OPV 0, BCG) if not given at birth
3. Assess for breast feeding
4. IMNCI for sick child
5. C4CD Services
 | At Day 3 |
| 6 Weeks  | 1. Vaccination (OPV 1, Pentavalent 1)
2. Growth monitoring
3. Assess for danger signs and infections
4. Assess for breast feeding
5. IMNCI for sick child
6. C4CD services
 | At 6 weeks (1 & ½ months) |
| 10 Weeks | 1. Vaccination (OPV 2, Pentavalent 2)
2. Growth monitoring (weight only)
3. Assess for danger signs and infections
4. IMNCI for sick child
5. C4CD services
 | At 10 weeks ( 2 & ½ months) |
| 14 Weeks | 1. Vaccination (OPV 3, Pentavalent 3)
2. Growth monitoring ( wt & height)
3. Assess for breast feeding
4. IMNCI for sick child
5. C4CD services
 | At 14 weeks (3 & ½ months) |
| 6 Months | 1. Growth monitoring (Weight)
 | Every month from 6 months until 1 year |
| 1. Growth monitoring (Height)
 | Every 3 months from 6 months until 2 years |
| 1. Vitamin A
 | Every 6 months from 6 months up to 5 years |
| 1. Advice on IYCF
2. IMNCI for sick child
3. C4CD services
 | Every 3 month from 6months until 5years  |
| 9 Months | 1. MR 1
 | At 9 months |
| 1. Growth monitoring ( Weight)
 | Every month from 6 months until 1 year |
| 1. Growth monitoring (Height/Length)
 | Every 3 months from 6 months until 2 years |
| 1. Advice on IYCF
2. IMNCI for sick child
3. C4CD services
 | Every 3 month from 6months until 5years |
| 1 Year | 1. Growth monitoring ( weight)
 | Every 3 month from 1-5 years of age |
| 1. Growth monitoring (height)
 | Every 3 months from 6 months until 2 years |
| 1. Deworming
 | Every 6 months from 15 months upto 5 years of age |
| 1. C4CD services
2. Advice on IYCF
3. IMNCI for sick child
4. Assess for anemia through IMNCI
 | Every 3 month from 6months until 5years |
| 2 to 5 Years | 1. Growth monitoring (height/length)
 | Every 6 months from 2-5 years |
| 1. MR 2 and DTP
 | At 2 years of age |
| 1. Vitamin A
 | Every 6 months from 6 months upto 5 years |
| 1. De-worming
 | Every 6 months from 15 months upto 5 years of age |
|  | 1. C4CD services
2. Advice on IYCF
3. IMNCI for sick child
4. Assess for anemia through IMNCI
 | Every 3 month from 6months until 5years |

**ANNEXTURE II**

**Flow chart for one stop service center at BHUs and District Hospitals**

**REGISTRATION & TRIAGING**

1. Registration
* Bio-data information
* Give general information
1. Triaging
* Triage into sick and well child
* Measurements of height, weight and temperature(for sick child with fever)
* Manage sick child using IMNCI
* Direction for appropriate services

**WELL BABY**

WELL BABY CLINIC

* C4CD services
* Immunization services
* Routine Vitamin A supplement and de-worming treatment
* Counseling Services
	+ IYCF
	+ HIV & AIDs

**SICK BABY**

SICK CHILD OPD

* Appropriate treatment based on the child’s illness

Cross referral when needed

**ANNEXTURE III**

**Flow chart for one stop child health service center at Regional Referral Hospitals**

**REGISTRATION & TRIAGING**

1. Registration
* Bio-data information
* Give general information
1. Triaging
* Triage into sick and well child
* Measurements of height, weight and temperature(for sick child with fever)
* Manage sick child with IMNCI tools
* Direction for appropriate services

**WELL BABY**

WELL BABY CLINIC

* C4CD services
* Immunization services
* Routine Vitamin A supplement and de-worming treatment
* Counseling Services
	+ IYCF
	+ HIV & AIDs

**SICK BABY**

SICK CHILD OPD

* Specialized clinics like Pediatric, ENT, EYE, Dental, Dermatology, Pediatric surgery, Ortho etc.

Cross referral when needed

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| **List of participants who attended the Breifing/Orientation Program on One Stop Child Health Services 9 - 10 September 2014 Paro, Bhutan** |
|  |  |
|  |  |
|  |  |  |
| **Sl. No.** | **Name** | **Designation/Work Place** |
| 1 | Pema Tshewang | DHO, Samdrupjongkhar |
| 2 | Tashi Dawa | DHO, Tsirang |
| 3 | Deki Phuntsho | DHO, Mongar |
| 4 | Chejay Wangmo | HA, Sipsu Hospital |
| 5 | Gang Dorji | ADHO, Trashiyangtse |
| 6 | Gyembo Dorji | DHO, Haa |
| 7 | Sonam Wangchuk | DHO, Thimphu |
| 8 | Passang | HA, T/yangtse Hospital |
| 9 | Nirmala Pradhan | Sr. HA, Gedu Hospital |
| 10 | Kinley Zangmo | HA, Bumthang Hospital |
| 11 | Tshering | HA, Motithang SC |
| 12 | Wangdi Drukpa | Sr. HA, Geserboo Hosp. |
| 13 | Purna Kumar Chhetri | Sr. HA, Nganglam BHUI |
| 14 | T.B Neopany | HA, Punakha Hospital |
| 15 | Kamal Prasad Phuyel | SN, S/jongkhar Hosp. |
| 16 | Icha Ram Humagai | SN, Deothang Hospital |
| 17 | Karma Jurmi | HA, Damji BHU |
| 18 | Dorji Wangdi  | HA, T/gang Hospital |
| 19 | Tshering Zangmo | HA, Lhuntse Hosp. |
| 20 | Choki Wangmo | HA, Gasa BHUI |
| 21 | Ugyen Sangay | HA, L/zingkha BHUI |
| 22 | Kinley Dorji | DHO, Bumthang |
| 23 | Sonam Wangmo | HA, CRRH, Gelephu |
| 24 | Sonam Zangmo | Sr. HA, Chukha |
| 25 | Thinley Choden | ADHO, Samtse |
| 26 | Pema Choden | Sr. HA, Samtse |
| 27 | Dema  | HA, Trongsa Hospital |
| 28 | Karma Choki | HA, Bali BHU I |
| 29 | Lax Man Gurung  | HA, Yebilaptsa Hosp. |
| 30 | Dawa Dema  | Sr. HA, Damphu |
| 31 | Genden Zangmo | HA, ERRH, Mongar |
| 32 | Chimi Dema | Sr. HA, Phuntsholing |
| 33 | Passang Tshering | DHO, P/ling |
| 34 | Kencho Wangdi | DHO, Chukha |
| 35 | Thinley Norbu | Sr. HA, Tshochasa BHU |
| 36 | Sonam Wanngdi | Sr. HA, Khorsaney BHU |
| 37 | Dr. Drupthob Sonam | GP, JDWNRH |
| 38 | L.B Ghalley | DHO, Sarpang |
| 39 | Kinzang Namgyel | Dy. Chief DHO, Chukha |
| 40 | Kaloo Drukpa | Dy. Chief DHO, Dagana |
| 41 | Deki Pem | Lecturer, RIHS |
| 42 | Sonam Dema | HA, Lungtenphu Hosp. |
| 43 | Namgay Dawa | DHO, Wangdue |
| 44 | Karchung | DHO, Zhemgang |
| 45 | Kado Wangdi | Sr. HA, Zhemgang BHUI |
| 46 | Sushila Pradhan | Sr. HA, gidakom |
| 47 | Ugyen Dorji | DHO, Lhuntse |
| 48 | Gunja Raj Gurung | Sr. DHO, Trongsa |
| 49 | Jigme Kelzang | ADHO, Pemagatshel |
| 50 | Laigden Dzed | PO, Nutration Program |
| 51 | Tshering Choden | HA, Bajo Hospital |
| 52 | Dr. Dorji Wangchuk | DG, DoPH |
| 53 | Tandin Dorji | CPO, CDD |
| 54 | Sonam Zangpo | Sr. PO, IMNCI |