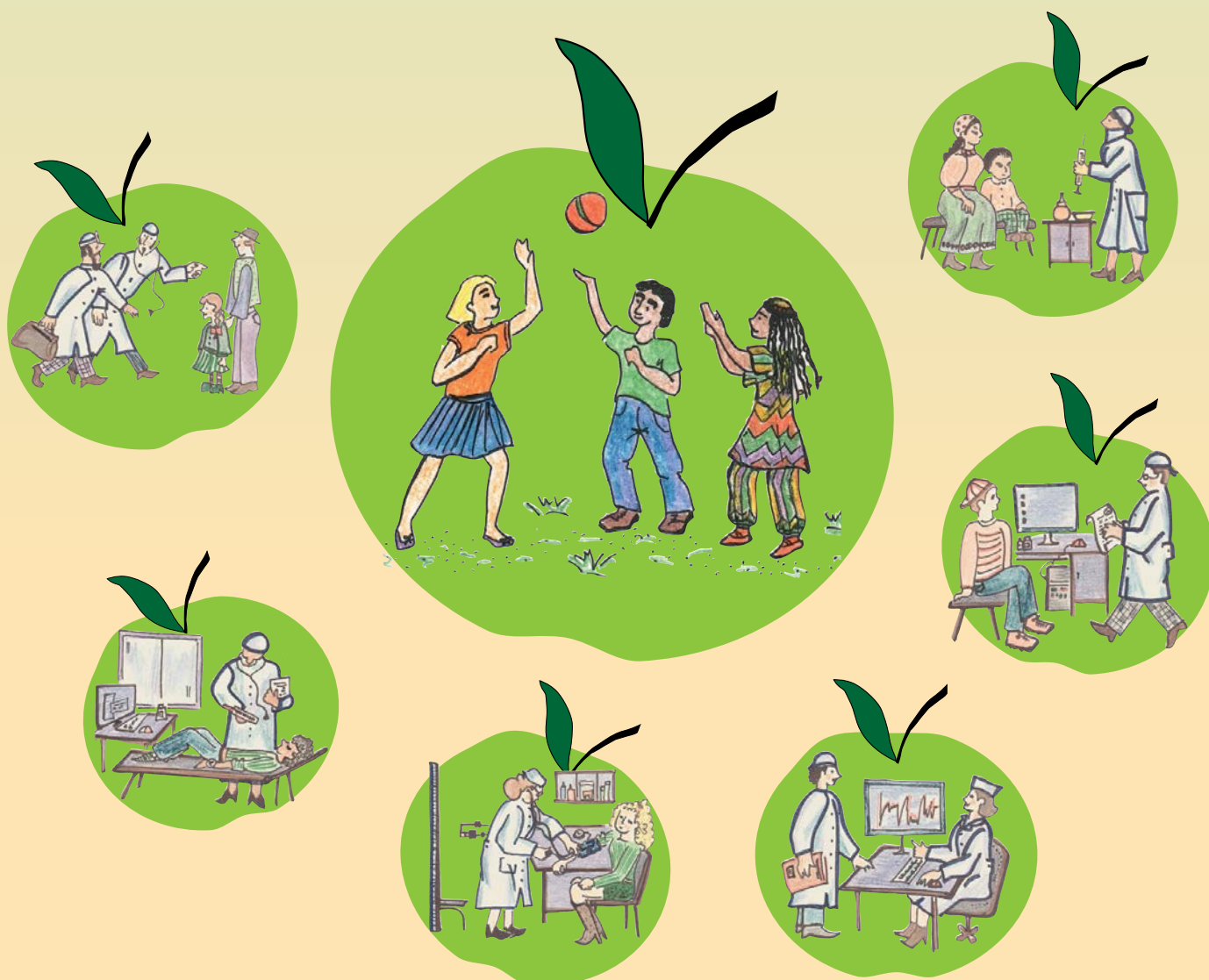


Children's rights in primary health care

Volume 2. Assessment and improvement

Tool for Children aged 6-11



World Health
Organization

REGIONAL OFFICE FOR Europe

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ABSTRACT

This publication presents a Manual and Tools for the assessment and improvement of children's rights in primary health care (PHC) for five groups of stakeholders, namely PHC services' management, health professionals, parents and carers, children aged 6-11 and children and adolescents aged 12-18. The Manual contains a short methodological guide and the five tools, which may be used through focus group discussions or as a survey.

The series Children's rights in Primary Health care consists of 6 volumes:

- Volume 1. Manual and Tools for assessment and improvement
- Volume 2. Assessment and improvement Tool for Children aged 6-11
- Volume 3. Assessment and improvement Tool for Children and Adolescents aged 12-18
- Volume 4. Assessment and improvement Tool for Health Professionals
- Volume 5. Assessment and improvement Tool for Management
- Volume 6. Assessment and improvement Tool for Parents and Carers

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INTRODUCTION

In the 25 years since the adoption of the Convention on the Rights of the Child (CRC) (1), significant experience and knowledge has been generated in relation to the interpretation of article 24 on children's right to health and its respect, protection and fulfilment in children's various life settings. The importance of adopting a human-rights based approach to health is reinforced in the recently adopted WHO Strategy 'Investing in children: child and adolescent health strategy for Europe 2015 –2020', which states that "as human rights become better respected, they become more effective in helping governments to strengthen their health systems, deliver health care for all and improve health (2)." Within children's right to health, the CRC places a great emphasis on primary health care (PHC), which is to be the gateway to pregnant women, mothers, newborns and children throughout their life stages. This is reinforced by General Comment Nº15 on article 24, which declares that "States should prioritize universal access for children to primary health care services provided as close as possible to where children and their families live, particularly in community settings" (3).

Furthermore, the centrality of the role of PHC within health systems is recognised by WHO in a number of strategies and legal instruments, including the Declaration of Alma-Ata¹ (4) and the European policy for health and well-being - Health 2020 (5). PHC is the closest care to the population and most children will have contact with its services and professionals throughout their development, which makes it a privileged setting to invest in. At the same time, PHC services have a great responsibility to provide quality services to children, to give them a voice and to enable them to reach their full potential.

The development of the Manual and Tools for the assessment and improvement of children's rights in PHC is part of an ongoing process at international level that aims to translate children's rights as enshrined in the CRC into practical principles and actions that health care services can apply in daily practice. The Manual and Tools should serve as a means of assessment, identification of areas for improvement and of raising awareness on children's rights of health professionals and other stakeholders working for and with children in the health sector.

The Manual and Tools for PHC have been adapted from the *Children's Rights in Hospital: Manual and Tools for assessment and improvement*, published in 2012 (6). The aforementioned tools addressed five groups of stakeholders namely, hospital management, health professionals, children aged 6-11, children and adolescents aged 12-18 and parents and carers.

In 2012-2013, WHO Europe implemented successfully the tools in hospitals in Kyrgyzstan, Tajikistan and Moldova, in the framework of its work on improvement of hospital care for children (7, 8). This experience demonstrated both the importance and the need to address and assess the respect of children's rights in healthcare settings. Taking into account the growing recognition of the importance of children's rights in healthcare and the good acceptance of the Manual and Tools in the aforementioned countries, WHO Europe initiated a process to prepare a similar set of tools on assessing and improving the respect of children's rights in PHC.

¹ The Declaration of Alma-Ata defines Primary Health Care as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

For the preparation of the present Manual and Tools for the assessment and improvement of children's rights in PHC, working groups were established in Armenia, Norway, Portugal and the UK. Health professionals working at different levels of health care service provision gave their inputs regarding the development and applicability of the standards and sub-standards, as well as, the suitability of the questions in their contexts. The development of the Manual and Tools was prepared in consultation with a team at the WHO European Office and Headquarters.

The contents of the Manual and Tools include:

- **Methodology section**, which provides general information about assessment processes and a proposed work methodology for the implementation of the tools in PHC settings;
- **Assessment and improvement tool for management**. Depending on the health system, this group of stakeholders may include managers of a health facility and senior health staff. If the PHC facility is organized under a regional structure, it may also include regional managers or equivalent.
- **Assessment and improvement tool for health professionals**. This group of stakeholders may include any professional working at a PHC facility, from medical to administrative and cleaning staff.
- **Assessment and improvement tool for children aged 6-11**. This tool does not follow the same structure of the remaining tools. It is adapted to young children and aims to assess their overall experience in PHC services. It is made-up of open-ended questions, which enable children to expand on their views and provide suggestions for improvements.
- **Assessment and improvement tool for children and adolescents aged 12-18**. This tool follows the same structure of the tools for management, health professionals and parents and carers. The tool includes a simple template for focus group discussions that can be adapted to groups made up of children or parents and carers;
- **Assessment and improvement tool for parents and carers**. This tool aims to gather the views of parents and other carers. As mentioned above, it also includes a template that can be used for a focus group discussion.

1. Can you please let us know whether you liked being cared for at your local PHC service?

Comments

2. What is most important to you when you visit a doctor or nurse?

Yes

No

Not applicable/ don't know

Comments

3. Did you like the waiting area?

Yes

No

Not applicable/ don't know

Comments

4. Was there a place to play?

Yes

No

Not applicable/ don't know

Comments

5. Did you feel cold in the waiting area or the place where you were seen by the doctor or nurse?

Yes

No

Not applicable/ don't know

Comments

6. Did you like the place where you were seen by the doctor or nurse?

Yes

No

Not applicable/ don't know

Comments

7. Did anyone tell you why you came to see the doctor?

Yes

No

Not applicable/ don't know

Comments

8. Did the doctor explain why you were hurting / what was wrong with you?

Yes

No

Not applicable/ don't know

Comments

9. Did you understand what she/he said?

Yes

No

Not applicable/ don't know

Comments

10. Did someone tell you how you can get better?

Yes

No

Not applicable/ don't know

Comments

11. Did you receive any written information about what is good to eat, what activities are good for you and how you can be healthy?

Yes

No

Not applicable/ don't know

Comments

12. Did anyone ask you if you were happy about the care you received?

Yes

No

Not applicable/ don't know

Comments

13. Would you like to say anything else about the care you received here?

Yes

No

Not applicable/ don't know

Comments

THANK YOU

Printed name
and initials
of Interviewer _____

Post held _____

Signature
of Interviewer _____

Date _____

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