Appendix: examples of the following forms and policies

- An evaluation form
- A format for writing an assessment report
- A policy for preventing and managing a needle stick injury
- Data that can be collected to provide information about a population's health
- A toy safety policy
- A consent form
- Essential equipment, medical supplies and drugs for emergencies
- Organising and running a training course
- Writing and funding a project proposal

Example of an evaluation form

Evaluation form for CFHI pilot project activities

(For the CFHI coordinator to complete after discussions with key people in a participating clinical area)

Clinical area: **Date:**

Please grade how useful you feel the following CFHI activities and materials have been

N/A = Not applicable (did not happen)
1 = no use or not very useful
2 = some use
3 = useful
4 = very useful

	N/A	1	2	3	4
The Child Friendly Healthcare Initiative					
The CFH 'Standards' for health workers					
The presentation/s given during visits to explain the CFHI					
The power point presentations showing pictures from other pilot sites					
The first visit by the CFH team (external assessors)					
The 'Report' on all the 'Standards' following the CFH Stage 1 assessment					
The Second Report on the area of work (Standard) chosen for improving following its CFH Stage 2 Assessment					
The Implementation Plan for your clinical area					
The benchmarking for the 'Standard' chosen for improvement by your clinical area					
The general support provided by the CFH team (external assessors)					
CFH Information Sheets					
Donated books					
A training or educational opportunity provided as part of the Implementation Plan					

Support with photocopying, laminating guidelines et.					
Specific material items provided by the project team (for example radios, items of medical equipment, pin boards etc)					
Guest lecture/s (if one was given during the visits)					
Attendance at a ward round (if this was formally asked for during a visit)					
A visitor working in your clinical area as part of the Implementation Plan (for example play specialist, doctor, nurse or other)					
Advocacy letter to your Minister of Health from the CFHI as part of the Implementation Plan					
The CFHI web site					
Advice obtained from a colleague or department in another country					
Support from a 'twinning' arranged as part of the CFH Implementation Plan					
Any specific sponsorship arranged as part of the Implementation Plan					
A CFHI progress visit The Stage 3 Assessment					
The progress visit Report					

ANY OTHER COMMENTS ABOUT THE CFHI
(Please attach a second sheet with your comments and suggestions)
Signature of coordinator:

An example of a format for writing an assessment report

Title page

Name of the program:
Report submitted to: (names of people report is going to)
By: (names of authors and their organizations)
Date:

Table of contents

Abbreviations and Acronyms

A list of commonly used abbreviations

Acknowledgments

Identify who contributed, making sure that local names and organisations are included, also donors.

Summary of contents of report

- Summarize the activities, the purpose of the report, the methods used to gather information for the report, the major findings and the recommendations in priority order.
- 2 - 3 pages is usually enough. This needs to be able to stand alone without reference to the rest of the report as it may be distributed separately.
- Say where further copies of the report may be obtained from, and in which languages

Introduction

- Describe the activity being assessed
- Summarise the context (This includes purposes, sponsors, people involved, duration, location etc)
- Describe assessment objectives and methodology
- Describe fully all the methods used

Findings

- State findings clearly with data presented graphically in tables and figures where possible
- Include the effects of the findings on the achievements of the program goals
- Identify reasons for success and/or failure and especially any continuing barriers to progress

Recommendations

- List the recommendations in priority order. This can often be presented in the form of a table.
- Include costs of implementing recommendations if this is possible
- Link recommendations with the findings, discussing their implication for the decision makers
- Suggest a time table for planning and implementing improvements and to review progress

Identify **lessons learned** for those planning, implementing or evaluating activities

Appendices

- List of people interviewed and sites visited
- Data collection tools (copies of questionnaire, surveys etc)
- Terms of reference
- Costs of the assessment and who will pay
- Country data related to the program

Example of a policy for preventing and managing needle stick injuries

Prevention

- Most needle stick injuries happen *after* rather than during a procedure, so this is the dangerous time. Always put a used needle, or scalpel blade into a "sharps bin". This is a strong tin which needles cannot go through to scratch someone who holds it, for example an old drink can. Only fill to ¾ capacity. Put the needle into the sharps bin *without putting the needle back in its cover.* This is the occasion when you are *most likely to prick yourself accidentally.* Tape should be applied over lid/bung for extra security when disposed of.
- Never put the plastic cap back on a used needle.
- Never bend or break needles prior to disposal.
- Make sure you destroy contaminated disposable syringes, etc. safely. Don't put them on a rubbish tip where someone might find them and use them again.
- Make needles unusable by burning them.
- For surgical needles, use needle-holders wherever possible.
- Put all sharp instruments into a receiver, instead of passing them from hand to hand.
- **Do not leave sharp instruments or needles ("sharps") in places other than "safe zones"**
- Tell other workers before passing sharps

Note: Where disposable needles are not available use the "one-handed" recap method:

Place the cap on a hard, flat surface

Hold the syringe with one hand and use the needle to "scoop up" the cap

When the cap covers the needle completely, hold the base of the needle and use the other hand to secure the cap.

Always use a new syringe and needle for each patient. **Caution!** Using a different needle for each patient, but the same syringe for several patients, is *not safe!* This is because blood sometimes goes up into the syringe and can pass from one person to another.

Management

Although the risk of infection is very small from a needle stick injury, best practice is for the health organisation/facility to have a written policy that all health workers know about and a system in place to carry out its recommendations. This enables an injury to be managed urgently, especially in hospitals where there are often many patients with HIV/aids and hepatitis. One possible strategy is:

1. Talk to the child's parents/carers about what has happened and ask if they know the child's hepatitis and HIV status. If during normal working hours discuss the need for testing the child and gain consent for this. Remember that best practice for anyone having an HIV test is to have access to counselling. If out of hours, or the family decline testing go to 3.

2. If the child has a negative test for HIV (usually an HIV ELISA) and is over 18 months infection is extremely unlikely. If the child is under 18 months a positive test may reflect maternal antibody and the risk for the health worker to become infected is still very low, however any positive test for HIV or for hepatitis proceed to 3.

3. Arrange base-line tests for HIV and/or hepatitis for the health worker after appropriate counselling. If positive the health worker will need to discuss further treatment with his or her own doctor.

4.1. HIV - If the health worker's base line test is negative but the patient is positive for HIV, anti - retroviral prophylaxis should be started urgently. Current recommendations advise 1 month of treatment. If positive the needle stick injury is not the reason for this, the health worker will need to discuss further treatment with his or her own doctor.

4.2. Hepatitis – If positive the health worker will need to discuss further management/treatment with his or her own doctor. If negative arrange for hepatitis immunisation if possible

5. Arrange for the tests to be repeated after 3- 6 months to check if status has changed

Best practice is for the policy to include:

- Name of health organisation/facility
- Name of health worker responsible for the policy
- Date the policy was issued
- Date for review

Examples of health and 'population' data that can be collected

- Health identification number of child/mother
- Date of birth/gender
- Post code/address
- Primary/community main health worker name (or code if one exists)
- Ethnic group (to enable appropriate care in response to differing needs)
- Mother's educational status (maternal educational attainment has a high correlation with poorer health and developmental outcomes/a vulnerable child)
- Birth order, birth weight
- Place of birth
- Best estimate of gestation in completed weeks
- Breastfeeding rates at important ages
- About an admission to a neonatal unit + date
- A significant health problem and its ICD coding
- Outcome of neonatal screening programs (for example result of test for phenylketonuria, hypothyroidism test, sickle cell disease, hearing and others)
- Information about nutrition and growth
- Neonatal examination (record of congenital abnormalities)
- Developmental progress at important ages
- School entry and leaving review of health and progress
- Any significant disability at important ages and/or significant special educational needs
- Immunisation status
- Child protection status (for example if on child abuse register + category)
- Care status (to identify children 'looked after' by carers who are not their parents)
- Attendance at an accident and emergency centre – diagnosis/reason for attendance including any significant accidents, date
- In-patient care – diagnosis/reason for admission, date of admission and discharge (length of in-patient stay)
- Specialist out-patient attendance – diagnosis/reason for attending, date
- Date of death
- Cause of death

An example of toy safety policy

Health workers who are involved with play should make sure toys are safe by:

1. Checking that new toys that are bought or donated for use in a health facility comply with any government 'Safety of Toys Regulations' (if in Europe with the European Community Regulations - look for the European Community (EC/CE) mark. If in the UK also try to make sure that they are made wholly to British Standard Institute 5665 Regulation Mark – look for the British Toy and Hobby Manufacturers Association 'Lion Mark' which is displayed on packaging of toys which have been manufactured to BS 5665)

2. Reading (and following) any attached warning notices on toys before they are given to a child to play with.

3. If possible buying well-known brand names that are known to make toys to the highest specifications.

4. Checking the flammability of new toys before they are used. Soft toys should be made of 'fire-safe' materials wherever possible. Look for any warning labels. If in any doubt about the fire-safety of second-hand toys, discard the toy. Toys must also not be explosive or likely to explode)

5. Making sure that a toy will not cause a health problem if ingested, inhaled, or is in contact with the skin, mucous tissues or eyes. When used properly toys should not be allowed to cause a health problem due to their chemical properties

6. Checking that electric toys are not powered by electricity exceeding 24 volts and that any batteries in toys are in good condition.

7. Making sure all the toys are kept clean in order to avoid any risk of carrying micro-organisms that could cause a healthcare related infection. (Toys that cannot be kept clean should not be used).

8. Making sure they are suitable for the developmental level of a child. Look out for warning labels that say for example 'NOT RECOMMENDED FOR CHILDREN UNDER 3 YEARS', and always assessing the risks of a toy related to the developmental ability of children, particularly of toys for the under 3's. This is the responsibility of the person supervising the child at play.

This Toy Safety Policy needs updating on …….
(Best practice is to review at least yearly, updating it as necessary)

Name and contact details of person issuing policy …….

Health organisation/facility/clinical area …….

Date……

An example of a consent form

THE CHILD FRIENDLY HEALTHCARE INITIATIVE (CFHI): Pilot Project
CONSENT FOR INTERVIEW

Health Workers or Parents/Carers/Children (*Circle relevant group)*

Area of Investigation:
Views and Experience surrounding their work or time in: *(Name of healthcare environment and Country)*

Explanation of the pilot project for the CFHI (For groups and/or individuals)
The pilot project for the CFHI is attempting to improve the healthcare experiences of children and their families by developing, assessing, supporting and acknowledging global 'Standards' for health workers derived from the United Nations Convention on the Rights of the Child (UNCRC). These Standards and their supporting parts define 'best possible' care. The initiative is being piloted (tried out) in hospitals in five countries and this is one of 10 hospitals that have agreed to contribute to the initiative.

Health treatments have advanced in recent years but these advances do not always reach all children in the world. Even if medical treatment is good, a visit to see a health worker, or a stay in a health facility, can still be a very frightening, traumatic, expensive and sometimes even dangerous experience for some children and their families. The CFHI is looking for ways to help local health workers focus on these issues and if necessary improve the care they give in a staged feasible way. To do this we need to find out what is, or has been, good about your experiences of health care here, and also what you feel could be done better or would help you.

The CFHI is working closely with your countries vision and plans for the care of their children, with international organisations such as WHO, UNICEF and existing on-going local projects. We hope that the CFHI will make it possible for health workers to compare the healthcare they give here with others in the same country and in different countries across the world, and also to learn from and support each other so that they can make they can build on what they have and make the best use of their resources.

It will not be possible for anyone else to know what you have said, but the information we get from talking to you will be used to contribute to a plan for improvements. Examples of the good ideas and sustainable solutions to problems that we see, or that you tell us about, will also be shared with others. You will not benefit personally from this interview, but the information you give us may result in improvements to the future care of ill children and their families both in this country and across the world.

For our records we need either your thumbprint or your signature to confirm that:

- You have had the project explained to you and the opportunity to ask questions
- You are satisfied with the answers received to any questions asked
- You understand that there will be no direct benefit to you (or your child) but equally no risk
- You understand that your answers and/or what you tell us will be kept until all the information is put together and the pilot project completed, and that anonymity will be maintained at all times.
- We can prove that we have interviewed a number of different people

If you have any questions about the project please do ask.

I have explained the above to the person whose signature or thumbprint is on the reverse side of this page,

Signature of interviewer…….

Essential equipment, medical supplies and drugs for emergencies

EMERGENCY MATERNAL AND CHILD HEALTHCARE (EMCH) PROJECT

EMERGENCY EQUIPMENT

Emergency equipment needed			
For all age groups	**For obstetric use only**	**For neonatal use only**	**For paediatric use only**
Clean table for preparing IV fluids and drugs	Ventouse	Radiant warmers	Nebuliser
Area for cleaning and disinfecting	Hydrostatic balloons	Low-cost resuscitaire – heater/light	Tracheotomy kit
Refrigerator and/or freezer	Nebuliser	Clock with second hand	Spacer systems
Leak proof containers for contaminated waste	Ultrasound scanner*	Mask/manometer system or mask and blow off valve system (NeoPuff or Tom Thumb)	Oxygen head-boxes
Receptacles for soiled linen etc.	Sponge holding forceps	Low cost locally made incubators	
Storage for supplies and drugs	Pinard stethoscopes	Bilirubinometer or plastic colour matching device (icterometer)	
Basic Xray equipment and supplies (especially chest, pelvic, abdominal and limb films)	Vaginal speculums (Cusco and Sims)	Low cost locally made phototherapy unit	
Wall charts – local language	Surgical instruments for Caesarian section and ruptured ectopic repair	Oxygen head-boxes	
Manuals on EMCH Reference – English and Local language Basic –English and Local language	Operating light	Small cheap Doppler ultrasound probe	
Triage cards	Operating table	Nasal CPAP system	
Powerful torches with spare batteries and bulb	Diathermy		

Hand-washing facilities (clean water and soap or alcohol based hand rub and hand drying systems/towels)	Suction		
Temperature control equipment (heaters, fans or air conditioners)m plus room thermometer	Pudendal needles		
Clock with large face and second hand			
Light sources	Hose and funnel for hydrostatic correction of inverted uterus		
Face masks (for oxygen with reservoir bags)			
Scissors and other basic instruments	Needle holding, dissecting, ovum and uterine forceps		
Tourniquets	Blunt curette		
Opthalmoscope /auroscope systems			
Reflex hammer	Destructive procedures equipment		
Decent stethoscopes	Small cheap Doppler ultrasound probe		
Bag/mask/valve/reservoir systems of size appropriate for neonates, children and mothers			
Thermometers plus low reading rectal (to 25 degrees)			
Weighing scales – for mothers, children and for babies/ for fluids (for babies need in 5-10gram increments). Ideally based on local culture eg balanced weights and not electrically powered			
Basic mercury BP machine and correct sizes of cuffs			
Pulse oximeter			
Micro-centrifuge for haematocrit			
Suction systems – manual			
Syringe pumps			
Laryngoscopes, blades & bulbs			
Mc Gills forceps			
Lumbar puncture needles			
Locally made drip stands			
Cervical collars			

Bright torches			
Normal values on charts			
Oro-pharyngeal (Guedal) airways of sizes suitable for infant child and mother			
Sterilising systems for equipment			
Microscope, slides, counting chamber, cover slips and light source			
Oxygen supply: cylinders, concentrators and flow meters (including low flow to 0.5 litres/minute for infants)			
Emergency splints			
Goggles			
ECG monitor			
Chest drain kits and Heimlich Valve			
Blood group and cross-match kit with screen for Hepatitis and HIV			
ET tube bougies and introducers			
Lumbar puncture needles			

EMERGENCY MATERNAL AND CHILD HEALTHCARE (EMCH) PROJECT

EMERGENCY MEDICAL SUPPLIES

EMERGENCY MEDICAL SUPPLIES NEEDED			
For all age groups	**For use only in obstetrics**	**For use only in neonates**	**For use only in children**
Nasal oxygen cannula for different ages	Hydrostatic balloon/condom catheter balloon	Sterile scalpel blades/razor blades for cord	Central venous catheters
Clean examination gloves	Trans-vaginal pressure packs	Zinc oxide adhesive tape (0.5 inch) for making name-bands	Lancets for blood sampling (ideally spring loaded eg tenderfoot or autolet)
High level disinfected or sterile gloves	Central venous catheters	UVC catheters (may use sterile NG tubes)	Intra-osseous needles
Heavy rubber protective gloves	Spinal needles 24 g (pencil point)	Clean cord ties	Nasal oxygen catheters 6F and 8F
Sharps boxes	Partogram sheets	Lancets for blood sampling (ideally spring loaded eg tenderfoot or autolet)	
Disposable aprons	Eclampsia sheets	Micro-dropper giving sets	
Strong waste bags	Anti-embolism stockings	Disinfectant for cleaning baby feeding equipment (eg 2% sodium hypochlorite)	
WHO Hemoglobin measuring sticks		Nasal prongs for giving CPAP	
Blood glucose measuring sticks			
Disinfectants: chlorine and glutaral based			
Anti-septic solutions: eg 4% or 20% (hibitane)Chlorhexidine gluconate, 2.5% polvidone iodine, 60-90% ethyl or isopropyl alcohol and for skin preparation 0.5% aqueous chlorhexidine			
Surgical spirit plus skin cleaning swabs			
Urine stick tests for glucose, protein, blood,			

Cotton wool balls			
Adhesive strapping			
IV cannula – range of sizes depending on age group (include butterfly sets) from 16G to 25 G for babies			
Charts for basic monitoring – T, P, R, BP, urine, SaO_2			
Urinary catheters and collecting bags			
Dressing packs			
Yankauer suction catheters			
Suction catheters			
ET tubes			
Lumbar puncture needles			
Tape			
Suture material and needles			
Sterile Gastric tubes – range of sizes (including 3.5F, 5F and 8F for babies)			
Syringes – 1ml, 5ml, 10ml, 20ml, 50ml			
3 way taps, extensions with T			
Needles from 19-27G			
IV giving sets with and without burettes			
Splints for cannula			
Chest drains			
Blood glucose paper reagent strips			
Oro-pharyngeal airways			
Litmus paper			
Lubricant as KY jelly or equivalent			
Swabs			
Specimen bottles and slides and lab request forms			
Capillary tubes			
Sterile drapes			

EMERGENCY MATERNAL AND CHILD HEALTHCARE (EMCH) PROJECT

EMERGENCY DRUGS

EMERGENCY DRUGS NEEDED			
For all age groups	**For use only in obstetrics**	**For use only in neonates**	**For use only in children**
Oxygen	Magnesium sulphate 50% 10ml amps	Vitamin K 10mg/ml (locally produced?)	Lorazepam
10% glucose IV bags	Hydralazine 20mg amps	Anti-retroviral drugs for use in preventing perinatal transmission of HIV infection	Aminophylline 25mg/ml
0.45% saline plus 5% glucose IV bags	Nifedipine 10mg caps		Metronidazole
0.9% saline IV bags	Ergometrine 0.5mg amps		Soluble short and intermediate acting insulin
Log books for recording dangerous drug use	Anti-retroviral drugs for use in preventing peri-natal transmission of HIV infection		Activated charcoal
50% glucose	Aminophylline 25mg/ml		Diptheria antitoxin
Hartmanns IV bags	Heparin sodium		Vitamin A
Lidocaine 1%	Oxytocin 5u/ml 1ml amps		Acetylcysteine
Diazepam IV 5mg/ml 2ml amps and rectal	Soluble short and intermediate acting insulin		Paraldehyde
Ketamine	Misoprostol 200 micrograms		IV Potassium chloride
Epinephrine 1 in 10,000 and 1 in 1000	Bupivacaine heavy 0.5%		Resomal ORS
Sodium bicarbonate 8.4%	Ephedrine 30mg/ml		Oral Potassium chloride
20% Mannitol	Lorazepam		Salbutamol MDI
ORS	Salbutamol MDI		Salbutamol nebules
Codeine phosphate	Salbutamol nebules		
Midazolam IV	Aspirin		Chlorphenamine
Paracetamol	IV chlorphenamine		Adenosine
Hydrocortisone	IV quinine		Chloral hydrate
Dexamethasone and betamethasone	Ergometrine 0.5mg with oxytocin 5u/ml 1ml amps		IV quinine
Prednisolone	Labetalol IV and oral		Iprotropium bromide

			nebules
Furosemide 40mg amps	Calcium gluconate 10% injection 10ml		
Digoxin (oral and IV)	Chlorpromazine tabs 10mg		
Aluminium hydroxide or magnesium trisilicate antacids			
Metronidazole			
Rectal Paraldehyde 10ml with vegetable oil			
Antitetanus human immunoglobulin			
Atropine			
Morphine or pethidine or other opiate			
Locally relevant snake antivenom			
Pralidoxime			
Phenobarbital			
Phenytoin sodium			
IV Ampicillin/amoxicillin			
IV Penicillin			
IVGentamicin			
IV Ceftriaxone			
Ciprofloxacin			
IV Flucloxacillin/cloxacillin			
IV Erythromycin			
IV Chloramphenicol			
Salbutamol MDI			
IV gentamycin			
Bupivacaine 0.25% and 0.5%			
IV Dopamine			
10% calcium gluconate 10ml amps			
Naloxone 400 micrograms in 1ml			
Vitamin A (retinol)			
Nystatin cream/mouth wash			
Promethazine 25mg tabs			
Water and 0.9% saline for injections 10ml amps			
Ibuprofen			

Organising and running a training course

Once a decision has been taken to run a course:

- Decide on the course contents/objectives and name. *What learning outcomes do you wish to achieve?*
- Ideally appoint a named course coordinator (? yourself), and if necessary form a course 'working party' (a course team)
- Identify a course budget and a source for finance, if financial support is needed
- Decide a date or possible dates and confirm the date as soon as possible
- Draft a time table for what needs to be done leading up to the course date
- Find a suitable a place to run the course, organise refreshments and accommodation if necessary
- Draft a course schedule/program
- Invite speakers and advise them on the contents/objectives of the course, other speakers, the exact nature of their contribution and how this fits into the programme. Remember to tell them what sort of health workers will be invited to attend (target audience).
- Advertise the course where likely participants will hear about it
- Create a course application form to give to people who would like to attend. Consider inviting people to attend
- Prepare course related materials that may be needed (abstracts forms for speakers, printouts of their talks/slides, name badges for participants, folders for participants, other course related aids etc.)
- Design and print an end of course certificate
- Prepare course evaluation forms
- Prepare an opening and closing statement (thanking speakers, participants and relevant others)
- Confirm speakers and program
- Distribute final programme and course related materials to confirmed participants
- Elect chairperson to introduce speakers, keep to time and supervise questions
- Distribute evaluation forms (this can be done during the course, better at the beginning than end)

Just before the course:

- Finalise plans and confirm speakers
- Check course related equipment availability
- Confirm venue and refreshment arrangements
- Organise logistics for registration
- Confirm arrangements for meeting speakers from trains/planes and taking to course venue or hotels

Immediately before:

- Check all room/s at venue including toilets
- Check equipment (also before each session)
- Arrange for speakers and participants to be met at course venue and made to feel welcome
- Supervise course registration (include confirmation of contact details for participants)
- Create a friendly environment and atmosphere
- Continue to facilitate throughout course
- Be positive, control your own and others stress
- Ensure speakers know how to use equipment. Acknowledge participants and ensure active participation
- Ensure sufficient chairs
- Motivate as necessary
- Make sure participants understand (explain with interpreter services if needed)
- Daily bulletin to cover changes + housekeeping arrangements

Afterwards:

- Write to thank and if necessary pay/reimburse speakers etc.
- Circulate feedback
- Tie up any other loose ends
- Review evaluation forms
- Debrief with working party (what went/worked well, what did not, what could be improved on, identify obstacles difficult to change etc.)
- Plan the next course

Remember that there are many reasons for attending a conference, course or training program. These include:

1. A genuine desire to learn
2. To escape from routine
3. To meet with colleagues
4. Other net-working possibilities
5. The social experience
6. To exchange good ideas, problem solving examples etc.
7. The chance to share own work/ideas
8. As a stimulus for change
9. To get a certificate (this gives a sense of achievement)

Finally if the course was successful, start planning the next one.

A life support course in Uganda

Writing, and finding funding for, a project proposal

Before you start writing a proposal for a project, consult widely and then decide:

- What you want to do. *What are your main objectives/goals, outputs and outcomes/How are you going to do the project/Who will you involve to help?*
- Why you want to do it. *Why is it necessary/Who thinks it is a problem/What is the problem your proposed project seeks to solve/What is the need/Who will benefit?*
- How the problem is currently affecting children. *Collect the evidence about the problem if possible, including any supportive data.*
- Who will benefit from the project? *Consider the children, their families and their communities.*
- How will it affect the health workers especially if additional work, training or increased motivation is necessary
- Why your project is a good/the best way to solve the problem *(see also information sheet 1 for more information about problem solving). Supporting evidence of previous successful projects undertaken may be helpful in convincing others.*
- Whether you have considered other possible solutions. *If you have, did you consult others to see if it has been done before and what happened, why did you decide this was the best way forward?*
- If there are special reasons for choosing this solution, for example access to people/resources that are already in place
- If you think that there will be any difficulties in carrying out the project. *Think about security, conflict, management, staffing and the logistics. Also consider specific barriers to implementing the project*
- How much you think your project will cost. *Only estimates are necessary at this stage.* Consider staffing, capital costs of equipment, administration and logistics.
- Who might fund this work? *You do not need to ask anybody at this point though it may have been mentioned in exploratory discussions.*
- How long you anticipate the project will take
- When you hope to start it
- How it will fit in with other projects
- How it will fit in with the existing and any planned health services for children
- How it will be sustainable
- How you will evaluate it

How to look for funding for a project

If you need funding from outside your organisation to solve a problem (the project) you may already have ideas as to who might provide this. If you do, keep these possible 'funders' informed while you are planning your project. They may be able to help you with your planning.

If you do not have a 'funder' in mind, start by looking for organisations that may provide the funds once you are clear about the project.

Possible sources for funds

- Ask your ministries of health and governments for information about possible grants. It is best to make appointments to talk to these possible 'funders' so that you can explain your project.
- Look for funding organisations on the internet, if you have access to this, or ask non-governmental organisations (NGOs), foundations, trusts, companies and individuals in your area who you think might make donations.
- Make sure your organisation and your project meets the criteria outlined by the possible 'funder'

- If you are not sure about their criteria, contact them for further clarification before you talk to them or put in an application. If their criteria for funds are not suitable, or you feel they are unrealistic, consider advocating to donors to change their criteria to be more appropriate

How to prepare your formal application for funds

- Use your written project proposal to help you
- Use the correct form from the 'funder', if there is one. If not, follow the guidance they give. Different 'funders' have different requirements.
- It is important to make sure your application fits any criteria laid down by the donor.
- Remember to include other information the 'funder' might need to see, such as accounts and letters of reference
- Remember to highlight the need for the proposed project, how the 'problem' you are solving is affecting your client group
- Remember to outline the benefits your project will bring to the children, their families and maybe even their communities
- Include details of how much it is likely to cost
- Consider how much your potential 'funder' may give. If it is not the whole sum then show how a proportion of the total will still make a valuable contribution to the whole project
- Always ask someone to read through your application to check it

Timing your application

- Keep a diary of application deadlines so you do not find yourself preparing applications in a hurry
- Bear in mind that 'funders' can take many months to reach a decision
- Remember that all 'funders' are over-subscribed and therefore funding is not guaranteed. Possible projects will be prioritised for selection

What other information might a 'funder' need?

Possible donors of funds will want to feel that you and your health workers can do the work you are asking them to fund. They may want information about:

- Your governance and management arrangements
- Your financial management systems
- Other financial support your organisation is receiving
- Your planning structures and systems
- How your work is integrated with other agencies/projects
- How you select, train and support the health workers in your team
- How you will assess and evaluate your project
- Any previous projects you have done

Finally keep trying if you are initially unsuccessful.