

TOOL 2

The Maternal and Child Friendly Healthcare Initiative (MCFHI)

**A manual for health workers based on a medical
ethics approach to healthcare**

STANDARD 1

“Promoting health and preventing severe illnesses, injuries and pregnancy complications”

DRAFT AUGUST 2015

STANDARD 1**PART 1: Check list**

Country _____

Health facility _____

Clinical area or healthcare care environment _____

For self-assessment or completion by an outside assessor after observations and discussions with the health workers responsible for the different aspects of care (written statements, policies and guidelines should be read and wherever possible observations made to support what is said).

Y = yes, N = no, DK = do not know, NA = not applicable or not relevant.

* A **vulnerable child** is a child whose right to survival, development, protection or participation is not being met or is compromised.

		Y/N/DK/NA
1.	Health workers from primary and secondary (community and referral level/specialist) services for children: <ul style="list-style-type: none"> ▪ Work together to plan and provide health care ▪ Work with community groups to plan and provide health care ▪ Use agreed referral strategies (such as IMCI*) ▪ Use the same programs for immunisation, child protection, screening for diseases, growth monitoring, developmental monitoring: <i>See also Standard 11</i> 	
2.	Secondary (referral level or specialist) out-patients and in-patient services: 2.1 Are easy to get to for most families 2.2 Care can be paid for by most families	
3.	Preventive services There are programs to identify and support: <ul style="list-style-type: none"> ▪ 3.1 The unborn child that include access to ante-natal care, obstetric care, post-natal care and sexual health (including advice on family spacing) for pregnant women (A safe motherhood program) ▪ 3.2 The new born child, Health care workers demonstrate healthy care practises for new born children ▪ 3.2 More vulnerable children for example children with disabilities, children from a disadvantaged ethnic group, children without a carer. <i>See also Standard 10</i> 	
5.	Health Workers all receive regular education/training about: <ul style="list-style-type: none"> ▪ The reasons and methods for referring children from primary to secondary services (such as those recommended in WHO's 'The Integrated Management of Childhood Illness' - IMCI) ▪ Important health policies shared between the community and referral/specialist services (immunisation, child protection, growth and developmental monitoring, breast feeding etc.) 	
6.	Data management (Key indicator) Written information is collected and examined about the following issues: <ul style="list-style-type: none"> ▪ Diagnoses made and outcomes of children with illness and trauma ▪ The outcomes of children referred from primary/community to secondary health services ▪ The outcomes of pregnancy including maternal and perinatal mortality rates 	
7.	Audit There are regular special meetings for all health workers to identify problems and ideally make changes to prevent these happening again	

	about: <ul style="list-style-type: none"> ▪ Compliance with policies to ensure these are followed ▪ Systems of health care including medical treatments to make sure their objectives are achieved ▪ Length of hospital admissions to ensure these are as short as possible 	
	<i>Score</i>	
	<i>Total possible score</i>	
	<i>Percentage</i>	

Attach comments (including examples of good practice) and recommendations on a separate sheet.

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

DRAFT AUGUST 2015

STANDARD 1**PART 2: Questions for health workers**

Please answer as many questions as you can.

Date _____

Health facility _____

Clinical area or health care environment _____

Length of employment in clinical area _____

Type of health worker _____

Date of professional qualification (if you have one) _____

Y = yes, N = no, DK = do not know, NA = not applicable or not relevant.

		Y/N/DK/NA
1.	Is it ever difficult for a child who has a special health problem to be seen by a health worker who specialises in their problem? If yes , please give an example.	
2.	Do you use written policies about: Primary (community) health workers only (Please tick) <input type="checkbox"/> Which children to refer <input type="checkbox"/> How to refer a child	
3.	Do you give written information to: Primary (community) health workers only (Please tick) <input type="checkbox"/> Parents/carers to help them give care to their child at home <input type="checkbox"/> To other health workers to help ensure consistent care	
4.	Do you think that all health workers in the primary and secondary health services work well together to meet each child's health needs? Please give an example that illustrates this. What could make it better?	
5.	Are there ever any unnecessary delays when a child is referred for	

	<p>specialist/referral level care? If yes, please give an example?</p>	
6.	<p>Do you think that it is part of your job to help prevent future health problems or accidents in the children you care for? If yes, how do you do this?</p>	
7.	<p>Do you always ask or know if a child has not had all their immunisations? If a child has not received all their immunisations, how do you make sure that they get these?</p>	
8.	<p>Have you had education/training (course, lecture or any other type of learning) attended by primary (community) and secondary (referral level/specialist) health workers during the last year? If yes, what was this about?</p>	
9.	<p>Have you ever attended an audit meeting (a special meeting to review an aspect of treatment or care to identify problems and make changes to prevent these happening again) attended by primary and secondary health workers? If yes, what was this about?</p>	

If you were the minister of health is there anything you would do to try to keep children healthy and out of hospital, or to minimise the time they spend in a hospital or other health facility?

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 1**PART 3: Interview for parents/carers or older school age child**

For completion by interviewer.

Date _____

Health facility _____

Clinical area or health care environment _____

Parent/carer/child _____

Age of child _____

Gender of child MALE FEMALE

Length of admission (if relevant) _____

Informed consent for interview obtained YES NO

Y = yes, N = no, DK = do not know, NA = not applicable or not relevant.

		Y/N/DK/NA
1.	Has a health care worker asked you if your child has had all his/her immunisations?	
2.	Did anything delay your getting here? If yes , what was this? Have there been any delays since you arrived here with your/your child's care or treatment that have concerned you? If yes , please tell me about these?	
3.	Are you/your family always able to afford the care and treatment? If not , how does this affect your care/your child's care, and your family?	

4.	Concerning this illness/health problem – have you had any information or help from health workers about how to care for yourself/your child at home? If yes , what was this?	
5.	Since you have been here have you received any information, help or support from a health worker to help you to keep your child healthy and safe in the future? If yes , please tell me what this was?	
<p>If you were the head of the healthy facility or the Minister of Health is there anything you would do that might help to keep children from getting very ill or having accidents?</p> <p style="text-align: center; opacity: 0.5; font-size: 2em; transform: rotate(-30deg);">DRAFT AUGUST 2015</p>		

THANK YOU

Printed name and initials of Interviewer _____

Post held _____

Signature of Interviewer _____ Date _____

Maternal and Child Health Focused Initiative

TOOL 2

STANDARD 2

“Supporting the ‘best possible’ healthcare”

(Support services, resources and activities)

DRAFT AUGUST 2015

STANDARD 2

PART 1: Check list

Country _____

Health facility _____

Clinical area or health care environment _____

For self-assessment or completion by an outside assessor after observations and discussions with the health workers responsible for the different aspects of care (written statements, policies and guidelines should be read and wherever possible observations made to support what is said).

Y = yes, N = no, DK = do not know, NA = not applicable or not relevant.

		Y/N/DK/NA																								
1.	<p>The aims of health workers are written down to help them achieve the best outcome for children with the resources they have (mission statement). This written statement:</p> <ul style="list-style-type: none"> ▪ Can easily be seen by health workers, children and families ▪ Can be understood by those able to read and is written in all the local languages ▪ Includes the name of the service, facility, clinical area or other and the health worker responsible for it ▪ Includes the date it was written ▪ Is compatible (agree) with the articles of the United Nations Convention on the Rights of the Child (UNCRC) 																									
2.	<p>There is a management team with a leader to manage all the health services and facilities that:</p> <ul style="list-style-type: none"> ▪ Is 'transparent' (open and fair) ▪ Ensures that essential jobs* are done ▪ Delegates the authority, responsibility, and accountability for organising each essential job (to include the systems of care, policies/job aides and their updating, the quality of the service provided, monitoring this and ensuring their health workers are appropriately trained and skilled) 																									
3.	<p>The management of health workers includes:</p> <p>3.1 A department or lead health worker/s with responsibility for:</p> <ul style="list-style-type: none"> ▪ Employing enough staff to give effective care ▪ Transparent (open and fair) appointments and dismissals ▪ Checking that professional qualifications are genuine and that a health worker is a safe person to look after children ▪ Monitoring professional standards ▪ Disciplinary procedures (transparent system for detection and correction of poor practice) 																									
4.	<p>There are clinical services to support providing healthcare (or access to these) that give a country or WHO recommended quality of service for:</p> <ul style="list-style-type: none"> ▪ Laboratory investigations ▪ Drugs and disposables: <i>See section 8 drugs and disposables</i> 																									
5.	<p>There are effective non-clinical support services for: (<i>See also Standards 3 and 5</i>)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="4">Standard of service provided is: (<i>Please tick</i>)</th> </tr> <tr> <th colspan="2"></th> <th>poor</th> <th>average</th> <th>good</th> <th>very good</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Security</td> <td style="text-align: center;">Select yes or no yes / no</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Buildings maintenance</td> <td style="text-align: center;">yes / no</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Standard of service provided is: (<i>Please tick</i>)						poor	average	good	very good	Security	Select yes or no yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buildings maintenance	yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Buildings maintenance	yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					

	<p>Cleaning yes / no <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Laundry yes / no <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Preparing food yes / no <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Electrical maintenance yes / no <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Sanitation and water, including warm water yes / no <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Communication technology (such as telephones and other ways of sharing information such as pagers or beepers). <i>See also Standard 5</i> yes / no <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Information (data) management (using either computers or a paper-based healthcare record system). <i>See also Standard 10</i> yes / no <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
6.	<p>There is enough essential basic equipment for:</p> <p>6.1 Helping to diagnose and treat health problems (such as stethoscopes, thermometers, auriscopes, weighing scales, needles, syringes, intravenous and blood giving sets, low-cost incubators etc.)</p> <p>6.2 Delivering healthcare in a health facility (such as and beds, bed linen, chairs, desks, lights etc.)</p> <p>For both there are:</p> <ul style="list-style-type: none"> ▪ Equipment lists (that meet health facility, Country or WHO standards) ▪ Secure supplies of all the equipment on the lists - or if no list, secure supply of all equipment used ▪ Secure supplies of spare parts ▪ Procurement systems ▪ Maintenance systems ▪ Maintenance policies 	
7.	<p>There are drugs and disposables (or access to these) that:</p> <ul style="list-style-type: none"> ▪ Include all those necessary for treating children effectively (that include those on the country or WHO essential lists for children) ▪ Include all those necessary for treating pregnant women effectively (that include those on the country or WHO essential lists* for pregnant women) ▪ Are free for children ▪ Are procured using a system ▪ Are secure (drugs and disposables on essential lists are always available) ▪ Are safely and securely stored: <i>See Standard 3</i> ▪ Are administered or used according to written policies 	
8.	<p>There are clinical guidelines and other job aides (<i>Key indicator</i>) appropriate to the resources available that are: (<i>See also other Standards</i>)</p> <ul style="list-style-type: none"> ▪ Used by all the health workers working in a healthcare environment ▪ Developed in consultation with all the health workers ▪ Based on evidence they work wherever possible ▪ The same throughout a healthcare environment ▪ Easily accessible to health workers ▪ Displayed prominently if very important ▪ Dated - that is the date that they came into use is written down ▪ Reviewed regularly 	
9.	<p>There is a program (<i>Key indicator</i>) of regular and relevant education/learning opportunities (continuing professional development) for all professional health workers that includes: (<i>See also other Standards</i>)</p> <ul style="list-style-type: none"> ▪ Induction training when starting work in a new or different healthcare environment ▪ Continuing professional development in their own healthcare environment ▪ Training about the UNCRC ▪ Individual records are kept about training by the individual (<i>Key indicator</i>) ▪ Records are kept about who has had training, the topics and the date of this 	

	<p>training by their manager or head of service/ department (<i>Key indicator</i>)</p> <ul style="list-style-type: none"> Access to up to date reference materials 	
10.	<p>There is an effective system for managing written health information/data with:</p> <ul style="list-style-type: none"> A single health record for each child used by all health professionals A policy, system and guidelines for recording information, especially in a health record, for use by all health workers Health records held by parent/carers and young people (12-18) wherever possible Records held by pregnant women wherever possible Access to health records for parents/carers and young people when they are kept by others Storage facilities for health records when these are stored in a healthcare environment A recall system for stored records Systems and/or policies that respect confidentiality Standardised Monitoring charts Standardised Investigation request forms Training on data management for all health workers Use of a diagnostic coding system Statistics produced for the key childhood indicators required by the country/WHO/UNICEF <p>(<i>Key indicator is number of clinical records completed in accordance with local standards</i>)</p>	
11.	<p>11.1 There are regular special meetings (audit) to review aspects of care to make sure their objectives are achieved. (<i>Key indicator</i>)</p> <p>11.2 These meetings:</p> <ul style="list-style-type: none"> Are attended by all professional health workers (are multidisciplinary) Identify good practice in order to praise it and share it with others Identify errors and problems in order to prevent them happening again without seeking to blame <p>11.3 The audit includes looking at:</p> <ul style="list-style-type: none"> Mortality Morbidity Critical events urgently (adverse events concerning care) Compliance with policies and systems of care Clinical guidelines and other job aides Care pathways 	
		<i>Score</i>
		<i>Total possible score</i>
		<i>Percentage</i>

See chapter 28 for information leaflets about mission statements, clinical guidelines and job aides, data management and audit

* Essential jobs include managing the support services and coordinating important clinical jobs such as immunisation, breastfeeding, nutrition, child protection, infection control and others

Attach comments (including examples of good practice) and recommendations on a separate sheet.

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 2**PART 2: Questions for health workers**

Please answer as many questions as you can.

Date _____

Health facility _____

Clinical area or health care environment _____

Length of employment in clinical area _____

Type of health worker _____

Date of professional qualification (if you have one) _____

Y = yes, N = no, DK = do not know, NA = does not apply here.

		Y/N/DK/NA
1.	Do you feel supported by your manager/leader? Do you feel valued by your manager/leader? Does your manager/leader help you plan your professional development/ continuing education?	
2.	Is it always possible to get the following basic laboratory tests for a child when needed: <i>(Tick those you can get regularly)</i> <input type="checkbox"/> Haemoglobin <input type="checkbox"/> Blood sugar If not , which tests are difficult to get, why and what could be done to make it better?	
3.	Is the equipment you need to do your job always available? If not , why and what could be done to make it better Is this always in a good state of repair? If not , why and what could be done to make it better	
6.	Is it always possible to get essential* drugs for a child? If not , which drugs are difficult to get and why? Is it always possible to get essential* disposables (needles, syringes.) for a child? If not , which items are difficult to get and why?	

8.	<p>How do you continue your learning? (life-long learning/ continuing professional development) <i>(Please tick)</i></p> <p><input type="checkbox"/> Read a clinical journal or text book</p> <p><input type="checkbox"/> Attend teaching sessions / CME</p> <p><input type="checkbox"/> Use internet for professional use</p> <p><input type="checkbox"/> Other (write what)</p>	
9.	<p>Do you think it is important to make and keep records? If yes, why?</p> <p>Are you always able to get a child's medical records about a previous attendance here? If not, why and what could be done to make it better?</p> <p>Do you ever see any statistical data that is collected about the children you look after? If yes how does this help you?</p>	
10.	<p>Do you ever meet to discuss specific cases of how care is delivered? If yes, give an example of how this has changed the care and treatment you give.</p>	
<p>If you were the hospital director or the minister of health what else would you do to make sure that children and their families receive the best possible medical and nursing care?</p>		

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 2

PART 3: Interview for parents/carers or older school age child

For completion by interviewer.

Date _____

Parent (mother/father/other) _____
/ child _____

Health facility _____

Clinical area or health care environment _____

Length of admission (*if relevant*) _____

Informed consent obtained for interview YES NO

Y = yes, N = no, DK = do not know, NA = not applicable or not relevant.

		Y/N/DK/NA
1.	Have you seen or read a statement about the services provided here	
2.	Do you think staff have the correct equipment to care for your child: If NO, what was missing? If YES <ul style="list-style-type: none"> ▪ Was there any delay in getting the equipment needed? ▪ Was it in working order? ▪ Was it clean? If there were any problems with the equipment, please tell me about these.	
3.	Has it always been possible to get the drugs/medicines you/your child needed? If not , please tell us about any difficulties and how it could be better.	

4.	Do you think that every child should have the same quality of care? If not , why?	
5.	Do you have a written record of your/your child's health problem? If not , do you think this would be a good idea? Why?	
6.	Do you think that you have/your child has received the best possible healthcare here? Why?	

If you were the hospital director or the minister of health is there anything else you would do to give children and their families the best possible medical and nursing care?

DRAFT AUGUST 2015

THANK YOU

Maternal and Child Health Focused Initiative

TOOL 2

STANDARD 3

“Giving resuscitation and emergency care for the seriously ill”

DRAFT AUGUST 2015



STANDARD 3**PART 1: Check list**

Name of country _____

Name of health facility _____

Name of clinical area or health care environment _____

For self-assessment or completion by an outside assessor after observations and discussions with the health workers responsible for the different aspects of care (written statements, policies and guidelines should be read and wherever possible observations made to support what is said).

Y = yes, N = no, DK = do not know, NA = not applicable or not relevant.

		Y/N/DK/NA
1.	<p>In a health facility there are written statements (mission statements/policies) about following issues:</p> <ul style="list-style-type: none"> ▪ General safety ▪ Security ▪ Providing safe healthcare (the safe use of drugs, blood and blood products, X-rays and safe procedures and treatments) ▪ How to reduce the risk of acquiring an infection while in a health facility 	
2.	<p>In a health facility or other healthcare environment there are general safety measures that include:</p> <ul style="list-style-type: none"> ▪ An effective system for fast and safe evacuation ▪ An effective system for managing a fire ▪ A 'no smoking' policy in all areas used by children ▪ A secure (generators for use during power cuts) and safe electricity supply ▪ Safe heating and/or air conditioning (temperature control systems) ▪ Safe windows ▪ Safe stairs ▪ Safe well-maintained buildings, decor, fixtures, fittings and furniture: <i>See also Standard 2</i> ▪ A system for reporting accidents and adverse clinical incidents ▪ A system for prioritising and dealing with identified safety risks ▪ All health workers are advised about safe lifting ▪ A system for protecting children and families from inappropriate information (such as advertising and information that is media related or on the internet): <i>See also Standard 5</i> ▪ Protection of breast feeding mothers from milk substitutes 	
3.	<p>Security for people and possessions in a health facility includes:</p> <ul style="list-style-type: none"> ▪ A security policy ▪ Security staff where appropriate ▪ Lock systems or other effective systems for security ▪ Name badges for all health worker: <i>See also Standards 2, 4 and 5</i> 	
4.	<p>The following exist to help ensure healthcare is given safely:</p> <ul style="list-style-type: none"> ▪ Policies and/or guidelines for how to do common procedures ▪ Guidelines about how to write prescriptions ▪ Policies for checking and giving drugs ▪ Safe storage of drugs at all times: <i>See also Standard 2</i> ▪ An antibiotic policy followed by all prescribing health workers ▪ A policy for safe prescribing 	
5.	The risk of acquiring an infection as a result of attending a health facility is made	

	<p>as small as possible by ensuring a clean healthcare environment that has:</p> <ul style="list-style-type: none"> ▪ A safe water supply ▪ A secure water supply ▪ Effective and adequate sanitation (sufficient toilets that work and systems for dealing with and disposing of body fluids) ▪ Effective waste disposal, especially of infected materials and fluids containing antibiotics and other drugs) with no visible free rubbish or overfull waste bins ▪ A system for the safe use and disposal of sharps with access to an effective system for managing a needle stick injury: <i>See also Standard 2</i> ▪ Effective resources for the safe disposal of sharps such as needle proof boxes ▪ The resources for effective hand washing (sinks, soap and a method for hand drying) ▪ The resources for cleaning (staff and cleaning materials) ▪ Control of rodent, insects and other dangerous pests and the resources to do this 	
6.	<p>The risk of acquiring an infection as a result of attending a health facility is made as small as possible by having policies and systems of care to protect child patients from the known or probable infections of others. These include:</p> <ul style="list-style-type: none"> ▪ An effective system for health worker, parent/carer, child, adult patient and visitor hand washing and general hygiene and the resources for this ▪ Having a policy for the use of gloves by health workers 	
7.	<p>The following clinical guidelines or job aides which improve the safety of healthcare should be close to where they are needed and the same throughout the health facility: <i>See also Standard 2</i></p> <ul style="list-style-type: none"> ▪ No smoking signs in all areas (with smoking only allowed in areas away from children where there is no risk of fire, such as outside the health facility) ▪ Fire exit plans and signs to fire exits (these should not be locked or should be easily unlocked from the inside) ▪ Advice about what to do for a needle-stick injury ▪ Guidelines for safe administration of drugs: <i>See also Standards 2 and 7</i> ▪ Guidelines for safe management of body fluids (specimens and spillages) 	
8.	<p>There is regular 'on the job' education/learning for all health workers, especially when starting work in a new healthcare environment, that includes training about:</p> <ul style="list-style-type: none"> ▪ The safety and security policies, ▪ How to give healthcare safely (including about the emotional needs of children and families receiving healthcare) and the systems of care ▪ All clinical guidelines and other job aides concerning safety and security ▪ Hand washing <p><i>(Key indicator: Compliance with and effectiveness of hand washing)</i></p>	
9.	<p>Written information (data) is collected and examined about the following: <i>See also Standard 2</i></p> <ul style="list-style-type: none"> ▪ Accidents (to children, parents/carers, visitors and health workers) in the health facility or other healthcare environment <p><i>(Key indicators)</i></p>	
10.	<p>There are regular special meetings (audit) for all professional health workers to review the following issues to ensure that any problems or errors/mistakes are identified and ideally prevented from happening again): <i>See also Standard 2</i></p> <ul style="list-style-type: none"> ▪ The following by all health workers of agreed policies and clinical guidelines ▪ Systems of care to see if they have achieved their objectives ▪ Accidents in the health facility or other healthcare environment ▪ Infections acquired in the health facility or other healthcare environment ▪ The practice and effectiveness of hand washing 	
	Score	
	Total possible score	

Percentage

Attach comments (including examples of good practice) and recommendations on a separate sheet.

THANK YOU

Printed name and
initials of Assessor _____

Post held _____

Signature of
Assessor _____ Date _____

DRAFT AUGUST 2015

STANDARD 3

PART 2: Questions for health workers

Please answer as many questions as you can.

Date _____

Health facility _____

Clinical area or health care environment _____

Length of employment in clinical area _____

Type of health worker _____

Date of qualification (if you have one) _____

Y = yes, N = no, DK = do not know, NA = not applicable or not relevant.

		Y/N/DK/NA
1.	<p>Do you feel safe from harm here? If not, what could make it safer?</p> <p>Do you think that the following are safe from theft:</p> <ul style="list-style-type: none"> ▪ Your possessions ▪ The things that belong to the health facility <p>If not, what could make it safer?</p>	
2.	<p>Have you taken part in a practice evacuation of the building here (for a pretend fire or any other reason)?</p>	
3.	<p>Do you think that the following are clean enough:</p> <ul style="list-style-type: none"> ▪ All the clinical areas ▪ The toilets and washbasins ▪ The fittings and furniture ▪ The equipment <p>If not, how could it/they be kept cleaner?</p>	
4.	<p>About hand washing to get rid of micro-organisms:</p> <ul style="list-style-type: none"> ▪ Is it difficult to wash your hands here? ▪ Is it difficult to dry your hands completely? 	

	<ul style="list-style-type: none"> ▪ Have you had any teaching here about how to wash your hands effectively? ▪ When should you wash your hands? <i>(Please tick all relevant boxes)</i> <input type="checkbox"/> When you enter each different clinical area <input type="checkbox"/> When you leave each clinical area <input type="checkbox"/> Before you handle food <input type="checkbox"/> After you use the toilet <input type="checkbox"/> Before you touch a child <input type="checkbox"/> After you touch a child <input type="checkbox"/> After taking off surgical gloves <input type="checkbox"/> Before you prepare and give medicines <input type="checkbox"/> Before you do any procedure <input type="checkbox"/> After you do any procedure <input type="checkbox"/> After you touch any body fluids* <input type="checkbox"/> After you touch dirty clothes or bed linen <input type="checkbox"/> After you clean something <input type="checkbox"/> Before you put on surgical gloves <p>If it is difficult to wash or dry your hands properly, why and what could be done to make it easier?</p> <p>Do you always wear gloves for procedures that involve touching body fluids (such as blood, urine, faeces etc.)? If not, why?</p>	
5.	<p>Do you ever see overflowing waste bins or rubbish not in bins here? If yes, what could make this better?</p>	
6.	<p>Do you use, or have you seen, any written infection control policies/ protocols or guidelines here? If yes, what are these about?</p> <p>Have you had any training about infection control and hygiene here?</p>	
7.	<p>Are guidelines used here for treating the illnesses that are seen most often? If yes, does everyone use these guidelines? If no, does everyone treat these illnesses the same way? If everyone used the same guidelines would the outcomes for children with these</p>	

	<p>illnesses be better? Why?</p> <p>Are there written guidelines for doing procedures (such as takin blood or collecting urine from a child etc)? If yes, does everyone follow these guidelines?</p>	
8.	<p>Do health workers cause/spread more infections in a healthcare environment than the parents and visitors?</p>	
9.	<p>Are there any dangers from a needle-stick injury? If yes, what are these?</p> <p>Have you ever had a work-related physical or mental health (including stress) problem that has kept you away from work or made working more difficult? What might have prevented this?</p> <p>Do you think that the staffing levels here are safe? If not, what could be done to make them better?</p>	
10.	<p>Have you ever taken part in an audit meeting (a special meeting to review an aspect of care to see if it has achieved it's objective, learn from any problems identified and make changes to prevent the problem(s) happening again) about:</p> <ul style="list-style-type: none"> ▪ An infection control topic ▪ Hand washing practices ▪ Compliance with safety and security policies ▪ Compliance with clinical guidelines and policies for procedures 	
<p>If you were the hospital director or the minister of health what else would you do to make care safer and security, safety and hygiene better here?</p>		

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 3**PART 3: Interview for parents/carers or older school age children****For completion by interviewer.**

Date _____

Health facility _____

Clinical area or health care
environment _____Carer (mother/father/other)
/ child _____

Age of child _____

Gender of child MALE FEMALELength of admission (*if
relevant*) _____Informed consent obtained and
confidentiality explained: YES NO**Y = yes, N = no, DK = do not know, NA = not applicable or not relevant.**

		Y/N/DK/NA
1.	Do you feel safe here? If not , why do you feel unsafe?	
2.	Are you worried about you/your child getting an infection while you are here? If yes , what makes you worried?	
3.	Do you think that all the areas, furniture and equipment that you use/your child uses are clean enough? If not , what concerns you?	
4.	Do the health workers always wash their hands before touching you/your child? If not , which health workers do not wash their hands (nurses, doctors, students, others)?	
5.	Have you been told by anyone here about when you should wash your hands?	

If you were the director of this health facility or the Minister of Health is there anything you would do to improve safety, security or hygiene?

DRAFT AUGUST 2015

THANK YOU

Printed name and initials of Interviewer _____

Post held _____

Signature of Interviewer _____ Date _____

Maternal and Child Health Focused Initiative

TOOL 2

STANDARD 4

“Giving healthcare focused on individual need”

- - Meets the needs of the individual woman, child and family
- - Is given by skilled health workers in partnership with the woman, child, and parents/carers
- - Supports a woman or child and family’s response to their individual problems

STANDARD 4**PART 1: Check list**

Country _____

Health facility _____

Clinical area or health care environment _____

For self-assessment or completion by an outside assessor after observations and discussions with the health workers responsible for the different aspects of care (written statements, policies and guidelines should be read and wherever possible observations made to support what is said).

Y = yes, N = no, DK = do not know, NA = not applicable or not relevant.

		Y/N/DK/NA
1.	<p>The healthcare facility or other healthcare environment has:</p> <ul style="list-style-type: none"> ▪ Areas specially designed for children's care that are separate from adult patients 	
2.	<p>There are health workers including:</p> <p>2.1 Professional (doctors and nurses) health workers to care for children that:</p> <ul style="list-style-type: none"> ▪ Are skilled (health workers who have experience and special training for the job they are doing) or supervised until skilled ▪ Wear name badges: <i>See also Standards 2, 3 and 5</i> <p>2.2 Sufficient skilled professional health workers to care for pregnant women</p> <p>2.3 In a health facility, sufficient skilled health workers to provide general support (cooks, cleaners, security staff and others)</p>	
3.	<p>The child and family are closely involved in the care given. This includes:</p> <ul style="list-style-type: none"> ▪ A parent/carer being permitted and encouraged to remain with their child especially during procedures (except during surgery when their child is unconscious) ▪ Encouraging the parent/carers to help health workers provide their child's care ▪ Encouraging the parent/carers to contribute to all decisions about care in close collaboration with health workers: <i>See also Standard 5</i> ▪ Encouraging the child if old enough to contribute to decisions about the healthcare given to them: <i>See also Standard 5</i> ▪ Encouraging and supporting breast feeding both for the child patient and for any brother or sister who are breastfed: <i>See also Standard 12</i> 	
4.	<p>To enable families to participate fully the following occurs:</p> <ul style="list-style-type: none"> ▪ Health workers share all information about the child with parent/carer: <i>See Standard 5</i> ▪ Health workers share all information with the child appropriately and in a way the child can understand: <i>See Standard 5 and 6</i> ▪ Before any investigation, procedure or treatment consent is obtained for it from the parent/carer (or from the child when old enough) after providing them with essential information about it to ensure that their consent is right (informed consent): <i>See Standards 5 and 6</i> 	
5.	<p>Education/training is given to all children's health workers about:</p> <ul style="list-style-type: none"> ▪ Child development (physical, sensory, learning and emotional) ▪ The special developmental needs of child patients ▪ The rights of children (especially those in the articles of the UNCRC) 	
6.	<p>There are regular special meetings for health workers of all kinds (multi-disciplinary audit) to review policies and systems of care to ensure that child and family centred care has been given. This includes reviewing that these policies,</p>	

	guidelines and systems of care are followed by everyone, identifying any problems and ideally preventing them happening again.	
	<i>Score</i>	
	<i>Total possible score</i>	
	<i>Percentage</i>	

Attach comments (including examples of good practice) **and recommendations on a separate sheet.**

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

DRAFT AUGUST 2015

STANDARD 4

PART 2: Questions for health workers

Please answer as many questions as you can.

Date _____

Health facility _____

Clinical area or health care environment _____

Length of employment in clinical area _____

Type of health worker _____

Date of qualification
(if you have one) _____

Child and family centred health care is health care that:

- Meets the needs of the individual child and family
- Is given in separate areas that are suited to the needs of the child and family
- Is given by skilled health workers in partnership with parents/carers and children
- Takes account of a child and family's normal daily routines and experiences and attempts to ensure that these are disrupted minimally only in the 'best interests' of the child
- Supports a child and family's response to their individual problems

Y = yes, **N** = no, **DK** = do not know, **NA** = does not apply here.

		Y/N/DK/NA
1.	<p>Have you had any training about the care of children? What was this?</p> <p>Do you have a qualification in the specific needs of children? If yes, what?</p> <p>Have you had any training or learning opportunity (attended courses, lectures etc) about children's healthcare during the last year? If yes, what was this about and where did this happen?</p>	
2.	<p>Do you think that your work environment is:</p> <p><input type="checkbox"/> Not good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Very good</p> <p>What could make it better?</p>	
3.	<p>Do you think the environment for the resident carers is:</p> <p><input type="checkbox"/> Not good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Very good</p> <p>What could make it better?</p>	

4.	<p>Do you think it is important to encourage and help a parent/carer to:</p> <ul style="list-style-type: none"> ▪ Share their child's care ▪ Stay with and support their child during a procedure <p>If you answered no to any of the above, why?</p>	
5.	<p>Do you think that a child ever feels frightened of you or the other health workers? If yes, please write down what could you do to make yourself less frightening.</p>	

If you were the hospital director or the minister of health is there anything else you would like to do to improve things for the children and families here

DRAFT AUGUST 2015

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 4**PART 3: Interview for parents/carers or older school age child****For completion by interviewer.**

Date _____

Country _____

Health facility _____

Clinical area or health care environment _____

Carer (mother/father/other) / child _____

Age of child _____

Gender of child MALE FEMALE

Length of admission (*if relevant*) _____

Informed consent obtained for interview YES NO

Y = yes, N = no, DK = do not know, NA = does not apply here.

		Y/N/DK/NA
1.	<p>Do you know the name of your child's health care worker? If no, would you like to know? If yes, how did you find out?</p> <p>Do you know the name of your/your child's nurse? If no, would you like to know? If yes, how did you find out?</p>	
2.	PARENT/CARER ONLY: Have you been asked if your child has any special problems or difficulties?	
3.	<p>If you/your child has had a procedure or invasive treatment (such as a blood test):</p> <p>Did a health worker explain what would happen and why it was necessary? If yes, did you understand this? Were you asked for permission to do the procedure? If yes, did you have enough information to give permission?</p>	

	<p>PARENT/CARER: Were you able to stay with your child? CHILD: Was your parent/carer able to stay with you? If not, would you have liked to stay/would you have liked them to stay? If yes, how was this helpful to you/your child?</p>	
<p>4.</p>	<p>Have your thoughts and opinions been asked for and considered when decisions were made that affected you/your child? If not, do you think they should be?</p> <p>Have your/your child's thoughts and opinions been asked for and considered when decisions were made? If not, do you think they should be?</p>	
<p>If you were the head of the health facility or the Minister of Health are there any changes you would make to improve the facilities and surroundings here or the way health workers behave towards you/your child?</p>		

THANK YOU

Printed name and initials of Interviewer _____

Post held _____

Signature of Interviewer _____ Date _____

STANDARD 4

PART 3: Interview with a young child (usually below school age)

Date _____

Country _____

Health facility _____

Clinical area or health care environment _____

Carer present (mother/father/other) _____

Age of child _____

Gender of child MALE FEMALE

Length of admission (if relevant) _____

Informed consent obtained for interview from parent/carer YES NO

Informed consent obtained for interview from child YES NO

1.	<p>What do you like about being here?</p> <p>What don't you like about being here?</p> <p>What would make it better here?</p>
2.	<p>Do you know the name of your health care worker today? If not, would you like to know?</p> <p>Does anything here frighten you? If yes, what?</p>
3.	<p>Is your mother or father or someone else that you know here with you? If yes, are they with you all the time? If not, would you like them to be?</p>

4.	<p>When the health care workers do things to you (like taking blood or giving you an injection or medicine):</p> <ul style="list-style-type: none"> ▪ Do they tell you about it? ▪ Does anyone ask you if it is OK to do it? <p>If not, do you think you should be asked?</p> <ul style="list-style-type: none"> ▪ Can your mother, father or someone you know stay with you? <p>If not, would you like this?</p>

Is there anything else you would like to tell me or ask me?

THANK YOU for talking to me

Printed name and
initials of
Interviewer _____

Post held _____

Signature of
Interviewer _____

Date _____

TOOL 2
Maternal and Child Health Focused Initiative

STANDARD 5

'Provides healthcare in a safe, secure, clean, woman, baby and child focused environment'

DRAFT AUGUST 2015

STANDARD 5**PART 1: Check list**

Country _____

Health facility _____

Clinical area or health care environment _____

For self-assessment or completion by an outside assessor after observations and discussions with the health workers responsible for the different aspects of care (written statements, policies and guidelines should be read and wherever possible observations made to support what is said).

Y = yes, N = no, DK = do not know, NA = not applicable or not relevant.

		Y/N/DK/NA
1.	<p>Sharing and exchanging information (communicating) with carers and children</p> <p>1.1 There are systems of care and written statements (policies) about:</p> <ul style="list-style-type: none"> ▪ Telling parents/carers and children about their rights to receive information about the investigations, procedures and other treatments being done ▪ Sharing all information about the child with parents/carers: <i>See also Standard 4</i> ▪ Sharing all information with the child appropriately and in a way the child can understand: <i>See also Standard 4 and 6</i> ▪ Encouraging the parents/carers to contribute to decisions on healthcare: <i>See also Standard 4</i> ▪ Encouraging the child if old enough to contribute to decisions on the healthcare given to them: <i>See also Standard 4</i> ▪ Before any investigation, procedure or treatment obtaining consent for it from the parent/carer (or child when old enough) after providing essential information about it to ensure that their consent is right (informed consent): <i>See also Standards 5 and 6</i> ▪ Protecting children from possible harmful information (such as advertising, media and internet information and other): <i>See also Standard 3</i> ▪ Identifying health workers to the child and family (for example by wearing name badges): <i>See also Standards 3 and 4</i> <p>1.2 There is written information, or information in picture form, available for children and families about:</p> <ul style="list-style-type: none"> ▪ A healthcare facility, its ways of working and the available services ▪ Procedures and investigations ▪ How to help their child (how to give medicine, how to hold during a procedure, etc.) ▪ How to complain about problems ▪ How to share good ideas with health workers ▪ How to keep their child healthy: <i>See also Standard 11</i> ▪ How to feed their child in the best way including breastfeeding: <i>See also Standard 12</i> ▪ Long-standing (chronic) health problems (such as asthma, diabetes and others) ▪ Possible problems for a child and family after discharge from a health facility, especially after an in-patient stay <p>1.3 There are standardised guidelines for health workers about 'How to give bad news'</p>	
2.	<p>Sharing and exchanging information (communication) between health professionals</p> <p>There are systems for:</p> <ul style="list-style-type: none"> ▪ Sharing health information within same professional group (for example nurses with nurses, doctors with doctors at shift handovers) 	

	<ul style="list-style-type: none"> ▪ Sharing health information with between all types of health worker (the multi-disciplinary team), for example ward rounds ▪ Sharing general (non health) information ▪ Multidisciplinary problem solving ▪ Identifying and sharing good ideas 	
3.	<p>There are material resources to help share information (communication tools) appropriate for the healthcare environment that include:</p> <ul style="list-style-type: none"> ▪ Effective monitoring charts: <i>See also Standard 8</i> ▪ Effective health records: <i>See also Standard 2</i> ▪ Signs in a health facility that identifies the different places and services ▪ Notice boards to share information between health workers ▪ Notice boards for giving information to children, families and visitors ▪ In a health facility an internal communication system to allow staff to contact each other e.g. telephones, a pager system, loud speakers, bells or other ▪ A separate emergency call system: <i>See also Standard 8</i> ▪ External telephones for health worker use or mobile phones (own or organisational) ▪ Where possible access to computers, the internet and electronic mail (internal and external) ▪ Facilities for getting good ideas, suggestions for improvements or complaints from all health workers such as a suggestion box ▪ A policy (data protection policy) and a system for ensuring that confidential information about the child and family is only shared with those people who need to know in order to provide healthcare for the child (protecting confidentiality): <i>See also Standard 6</i> 	
4.	<p>All health workers receive training about:</p> <ul style="list-style-type: none"> ▪ Using and keeping health records: <i>See also Standard 2</i> ▪ Using and keeping monitoring charts: <i>See also Standard 2</i> ▪ How to share information with children ▪ How to give bad news (tell the child or family about a death or about difficult to treat illnesses or health problems) ▪ Confidentiality and data protection <p><i>(Key indicator: all health workers have received training about how to break bad news)</i></p>	
5.	<p>There are special regular confidential meetings (audit) for all professional health workers to identify problems and make changes to ideally prevent these happening again that include discussing:</p> <ul style="list-style-type: none"> ▪ The healthcare given (case management), outcomes and any problems that arise from this so that ideally any problems or errors are prevented from happening again: <i>See also Standard 2</i> ▪ Complaints, suggestions and good ideas made by health workers and families: <i>See also Standard 2</i> 	
		Score
		Total score possible
		Percentage

Attach comments (including examples of good practice) and recommendations on a separate sheet.

THANK YOU for talking to me

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 5

PART 2: Questions for health workers

Please answer as many questions as you can.

Date _____

Health facility _____

Clinical area or health care environment _____

Length of employment in clinical area _____

Type of health worker _____

Date of professional qualification
(if you have one) _____

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	<p>Where you work are there written policies or guidelines about:</p> <ul style="list-style-type: none"> ▪ Giving information to parents ▪ Giving information to children ▪ Involving parents in making decisions ▪ Involving children in making decisions ▪ Consent prior to procedures / intervention ▪ Breaking bad news <p>If yes, where are these policies or guidelines kept?</p>	
2.	<p>Do you introduce yourself to new children and their parents/carers?</p> <p><input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never</p>	
3.	<p>Do you think that parents/carers should be given all the information about what is wrong with their child and about treatments?</p> <p>If yes, who should give them this information?</p> <p>Is consistent (the same by everyone) information given to families?</p> <p>If not, what could make this better?</p>	
4.	<p>Do you think that children should be told what is wrong with them and given information about treatments?</p> <p>If yes, who should tell them?</p>	
5.	<p>Think about a procedure that you were recently involved with:</p> <p>Did you: (Please tick all that apply)</p>	

	<input type="checkbox"/> Explain to the parent/carer (or child if old enough) what was going to happen <input type="checkbox"/> Ask the parent/carer (or child if old enough) if it was alright to do the procedure before you did it.	
9.	Have you had any education/training about: <ul style="list-style-type: none"> ▪ How to talk to children ▪ -about what is wrong with them ▪ -about their treatment ▪ -about their health needs ▪ How to break bad news 	
10.	Do you think that families who do not speak/read the main language used locally receive as much useful information as those that do? If not , how could this be improved?	
11.	In an emergency situation is it always possible to get help quickly? If not , how could this be improved?	
12.	Do you think that communication between health workers and parents/carers/children is as good as it could be? If not , how could this be improved? Do you think that communication between colleagues in the multi-disciplinary team (doctors, nurses and other health workers) is as good as it could be? If not , how could this be improved?	
<p>If you were the hospital director or the minister of health is there anything else you would like to do to improve communication/information sharing with children and families, and the participation of children and families in decisions about their health?</p>		

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 5**PART 3: Interview for parents/carers or older school age child****For completion by interviewer.**

Date _____

Health facility _____

Clinical area or health care environment _____

Carer (mother/father/other) or child _____

Age of child _____

Gender of child MALE FEMALE

Length of admission (*if relevant*) _____

Informed consent obtained for interview YES NO

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	<p>Do you know the name of the health care worker who is looking after you/your child?</p> <p>If no, would you like to know?</p> <p>If yes, how did you find this out?</p> <p>Do you think it is important to know the names of the health workers looking after you/your child?</p> <p>If yes, why?</p>	
2.	<p>Have you been told enough about your/your child's health problem?</p> <p>If not, would you like to have more information?</p> <p>Have you understood everything you have been told?</p> <p>If not, what might have helped you to understand better?</p> <p>Have you had the chance to ask questions?</p> <p>If not, would you like to be able to do this?</p> <p>If yes, were they answered properly?</p> <p>Has the information given been consistent (same/similar from all the health workers)?</p> <p>If not, please give an example.</p>	

3.	<p>Is it easy to complain?</p> <p>If yes, is there is a system to do this?</p> <p>If not, how could this made easier?</p>	
4.	<p>If you have/your child has had a procedure or treatment (such as an injection or taking blood):</p> <ul style="list-style-type: none"> ▪ Did a health worker explain what would happen and why it was necessary? ▪ Did you understand this? ▪ Were you asked for permission to do the procedure? ▪ Were you asked if you would like be with your child/to have your parent with you during the procedure? 	
<p>If you were the director of this health facility or the minister of health is there anything you would like to do to improve information sharing with the children and families here?</p> <p style="text-align: center; opacity: 0.5; font-size: 2em; transform: rotate(-45deg);">DRAFT AUGUST 2015</p>		

THANK YOU

Printed name and initials of Interviewer _____

Post held _____

Signature of Interviewer _____ Date _____

Maternal and Child Health Focused Initiative

TOOL 2

STANDARD 6

‘Informed consent for the healthcare given’

Equity is equal opportunity for healthcare that results in a child’s individual health needs being met

DRAFT AUGUST 2015

STANDARD 6**PART 1: Check list**

Country _____

Health facility _____

Clinical area or health care environment _____

For self-assessment or completion by an outside assessor after observations and discussions with the health workers responsible for the different aspects of care (written statements, policies and guidelines should be read and wherever possible observations made to support what is said).

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	<p>Healthcare is given on an equal basis to all children regardless of their family's ability to pay, where they live, or the characteristics of the child (for example whether a boy or girl, or whether or not the child has a disability) or of the family such as ethnic origin or religion.</p> <ul style="list-style-type: none"> ▪ There is same access to healthcare for every child ▪ There is the same standard/quality of healthcare for every child 	
2.	<p>There are policies or guidelines for systems of care that:</p> <p>2.1 Ensure no discrimination, that is worse or better care given for any reason</p> <p>2.2 Treat the child as an individual (that is support the individual differences in nature and behaviour of each child or family) provided this does not disturb the care given to other children in the same health facility</p> <p>2.3 Provide care in as dignified a way as possible (that is protect dignity by avoiding any possibly degrading care)</p> <p>2.4 Enable cultural and developmentally appropriate privacy for the child and family for things that can be seen (such as undressing), and for things that can be heard (such as going to the toilet).</p> <p>For the child this privacy is enabled:</p> <ul style="list-style-type: none"> ▪ When undressing or toileting ▪ For investigations, treatments and procedures etc ▪ When they have distressing symptoms <p>2.6 To ensure confidentiality for written and spoken sensitive health and other information</p>	
3.	<p>For a child with a disability there are:</p> <ul style="list-style-type: none"> ▪ Systems of care to ensure that the child has the same opportunities to receive healthcare as a child without a disability ▪ The facilities to ensure that the child has the same opportunities to receive healthcare as a child without a disability (such as wheelchair access, hearing aids, glasses to correct visual disability, artificial limbs and others) ▪ Systems of care that meet each child's individual health needs 	
4.	<p>Training and information is available for all health workers about the articles in the United Nations Convention on the Rights of the Child (UNCRC) and other 'rights' issues. (<i>Key indicator</i>)</p>	
5.	<p>Concerning data there are policies and systems to ensure that: (<i>Key indicators</i>)</p> <ul style="list-style-type: none"> ▪ Health records, other written health information and collected data are secure at all times and only shared with those who need to know in so that the best possible health care can be given to the child and to other children and their families: <i>See also Standards 2, 4 and 5</i> ▪ Parents/carers (or a child of old enough) can see their child's health records: <i>See</i> 	

	<i>also Standards 2 and 5</i>	
6.	There are regular special meetings (audit) for all health workers to identify problems and make changes to prevent these happening again. These include checking that policies or guidelines have been followed and systems of care have achieved their objectives: <i>See also Standard 2</i>	
		Score
		Total Possible score
		Percentage

Attach comments (including examples of good practice) **and recommendations on a separate sheet.**

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

DRAFT AUGUST 2015

STANDARD 6:

PART 2: Questions for health workers

Please answer as many questions as you can.

EQUITY is equal opportunity for healthcare that results in a child’s individual health needs being met

Date _____

Health facility _____

Clinical area or health care environment _____

Length of employment in clinical area _____

Type of health worker _____

Date of professional qualification (if you have one) _____

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	<p>Do you think that all children who come here are treated equally? If not, please give some examples?</p> <p>How could health workers make sure all children receive equal care and treatment?</p>	
2.	<p>Do you always know what name a child likes/prefers to be called? Do you call the child by this name? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	
3.	<p>Do you think that parents always understand enough to give informed consent? If not, please write what could help them understand better?</p> <p>Do you think that children should be asked for their consent to procedures? If not, please write why.</p> <p>Can children be given enough understandable information to give consent? If yes, what could help them understand better?</p>	

4.	<p>Do you think that a child's dignity is always respected here? If not, please give an example.</p>	
5.	<p>Do you think that the children you look after have enough privacy for:</p> <ul style="list-style-type: none"> ▪ Using the toilet ▪ Dressing or undressing ▪ Having treatments or investigations <p>If no to any of these, what could improve privacy here?</p>	
6.	<p>Is written information about children and their families always confidential? If not, what could health workers do to make it better/improve confidentiality?</p> <p>Is it ever possible for other people to hear sensitive information given to parents, children or families? If yes, what could health workers do to make this more private?</p>	
<p>If you were the minister of health what would you do to make sure that all children have equal access to and opportunities for the healthcare they need?</p>		

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 6**PART 3: Interview for parents/carers or older school age child**

For completion by interviewer.

Date _____

Health facility _____

Clinical area or health care environment _____

Carer (mother/father/other) / child _____

Age of child _____

Gender of child MALE FEMALE

Length of admission (if relevant) _____

Informed consent obtained for interview YES NO

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	Do you think that all children are cared for equally here? If not , please give an example and tell me about this and why you think this child was treated differently?	
2.	Have you had the same level/quality of care/treatment from all the health workers here? If not , please tell me about any good or bad experiences?	
3.	Do all the health workers call you/your child by the name you/they like? If not , would you/your child like to be called by their preferred name?	
4.	Has anything happened here to embarrass you or your child? If it has , please could you tell me about this?	

5.	<p>Is there enough privacy here for you and your child when you are:</p> <ul style="list-style-type: none"> ▪ Using the toilet ▪ Dressing or undressing ▪ Having treatments or investigations <p>If not, please could you tell me more about this?</p>	
6.	<p>Is private information about you or your child or family ever heard by other people? If yes, do you think this information should be given privately?</p> <p>What could be done to stop other people hearing private information?</p>	
8.	<p>If you/your child has had a procedure (such as a blood test or an injection): Were you (PARENT/CARER) asked for consent/permission to do this? If not, would you have liked to be asked? If yes, were you given enough understandable information?</p> <p>Would you have liked more information? Were you (CHILD)/was your child asked to give consent? If not, do you think it is important to ask for a child's consent? If yes, were you/was your child given enough understandable information?</p>	

If you were the head of this health facility or the Minister of Health is there anything you would do to make things more equal, more private and/or more confidential for children?

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

Maternal and Child Health Focused Initiative

TOOL 2

STANDARD 7

‘Recognises and relieves pain and discomfort’

Palliative care is the active total care by a multidisciplinary team of a patient with an incurable or other life-limiting condition to prevent suffering by controlling distressing symptoms and by providing other general and psychosocial supportive care to the patient and their family

DRAFT AUGUST 2015

STANDARD 7**PART 1: Check list**

Country _____

Health facility _____

Clinical area or health care environment _____

For self-assessment or completion by an outside assessor after observations and discussions with the health workers responsible for the different aspects of care (written statements, policies and guidelines should be read and wherever possible observations made to support what is said).

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	There is a written statement (mission statement) telling families how health workers aim to assess and relieve children's pain and other distressing symptoms: <i>See also Standard 2</i>	
2.	Health workers have advice and help from: <ul style="list-style-type: none"> ▪ There is a lead health worker for the team who coordinates the teams activities and ensures that children's pain and other symptoms are controlled and palliative care happens <i>(Key indicators)</i>	
3.	Pain and other distressing symptoms are recognised by using: <ul style="list-style-type: none"> ▪ Pain assessment tools (job aides) to help with recognising pain and assessing pain severity 	
4.	Pain and other distressing symptoms are relieved by: Non pharmacological symptom control 4.1 Using treatments that do not involve drugs <ul style="list-style-type: none"> ▪ Different methods are used (for example massage) ▪ Toys and other materials/facilities are available to use Pharmacological symptom control 4.2 Using non-opiate drugs <ul style="list-style-type: none"> ▪ There are always enough and regular supplies of non-opiate analgesics such as paracetamol ▪ There is a lockable storage facility for all these drugs ▪ There is a safe system for giving these drugs: <i>See also Standards 2 and 3</i> 4.3 Using opiate drugs for the relief of severe pain: <ul style="list-style-type: none"> ▪ There are policies and guidelines based on published evidence for their use and administration that are used by all health workers 	
5.	There are clinical guidelines based on evidence from published works used by all health workers that: <i>(See also Standards 2 and 3)</i> <ul style="list-style-type: none"> ▪ Contain advice about how to recognise, assess and relieve different types of pain ▪ Contain advice about how to recognise, assess and relieve discomfort due to other distressing symptoms (e.g. nausea) ▪ Contain information about non pharmacological methods of relieving pain and other distressing symptoms ▪ Contain information about the use of non-opiate drugs ▪ Contain suggested age and weight related doses of non-opiate drugs to give to control different symptoms ▪ Contain information about the uses of opiate drugs 	

6.	<ul style="list-style-type: none"> ▪ Education/training is given to all health care workers about how to recognise and relieve pain and other distressing symptoms <p><i>(Key indicator): See also Standard 2</i></p>	
7.	<p>There are regular special meetings (audit) for all health workers to identify problems and make changes to prevent these happening again. These include seeing if:</p> <ul style="list-style-type: none"> ▪ Policies and guidelines for the recognition, assessment and relief of pain and other distressing symptoms have been followed 	
		<i>Score</i>
		<i>Total possible score</i>
		<i>Percentage</i>

Attach comments (including examples of good practice) **and recommendations on a separate sheet.**

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

DRAFT AUGUST 2015

STANDARD 7**PART 2: Questions for health workers**

Please answer as many questions as you can.

Date _____

Health facility _____

Clinical area or health care environment _____

Length of employment in clinical area _____

Type of health worker _____

Date of professional qualification (if you have one) _____

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	Do you know of any written policies, guidelines or other job aides (such as pain tools) about how to recognise children's pain and discomfort that are used <u>here</u> ? If yes , what do you use?	
2.	Do you always ask the parent/carer about their child's pain? Do you always ask the child about their pain?	
3.	Can: <ul style="list-style-type: none"> ▪ Children of any age (includes babies and infants) feel pain? ▪ A child in pain play? ▪ A child who is asleep be in pain? ▪ A newborn baby feel pain? 	
4.	Are there any things that can make a child's pain or discomfort worse? If yes , what are these?	
5.	5.1 Are there any physiological/clinical signs that might suggest that a child is in pain? If yes , what are these? 5.2 Is there any behaviour that might suggest that a child is in pain? If yes , what?	
6.	Can pain and discomfort be helped without medicines? If yes , give examples of what could help?	

7.	<p>Are there any written guidelines or job aides that <u>everyone</u> here uses for prescribing analgesic drugs to children of different weights and ages?</p> <p>If not, what could help make prescribing consistent so that there is the best possible relief of children's pain?</p>	
8.	<p>About opiate drugs:</p> <ul style="list-style-type: none"> ▪ Is addiction and/or dependence likely to result from the appropriate use of opiates for pain relief? ▪ Are opiates the most effective drugs for <u>all</u> types of severe pain? ▪ Do opiates have any side effects? If yes, what are these? ▪ Is there a drug that can reverse the effect of opiates? 	
9.	<p>How would you know that you had given the right dose of a symptom or pain relieving drug in a child receiving palliative care (what main principle or aim would guide you)?</p>	

If you were the hospital director or the minister of health is there anything else you would like to do to improve symptom relief and palliative care for children?

DRAFT AUGUST 2015

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 7

PART 2: Answers

For assessors only

3. Can infants and children of any age feel pain – YES

Can a child in pain play – YES

Can a sleeping child be in pain – YES

Can a newborn baby feel pain – YES

4. What can make a child's pain or discomfort worse?

(4 for maximum score)

Examples include: lack of preparation, fear or anxiety, being alone, away from parents and familiar carers, no information about when pain will stop, no control over the pain or the situation, an unfriendly approach, lack of comfort or reassurance, lack of or ineffective analgesia/pain control, restraint

5.1 What physiological / clinical signs might suggest that a child is in pain?

(4 for maximum score)

Examples include: Increased heart rate, respiratory rate, BP and sweating, changes in skin colour

5.2 What behaviour might suggest that a child is in pain?

(4 for maximum score)

Examples include: Verbal agitation, unusually quiet/withdrawn, crying, guarding, rubbing, facial expressions such as grimacing, positioning such as knees raised, possible feeding difficulties

6. What can ease pain (not medicines)?

(4 for maximum score)

Examples include: preparation, presence of parents or known carers, reassurance, truthful information, comfort, stroking/touch or massage, warm or cool packs, play strategies, distraction, positional changes

8. Answers to the questions about opiate drugs:

Is it likely that addiction/dependence will result from the appropriate use of opiates for pain relief? NO

Are opiates the most effective drugs for all types of severe pain? NO

The side effects of opiates include: nausea, depressed respiratory rate, excessive sedation, constipation, itching, urine retention, muscle spasm, twitching, lower BP, hallucinations

(2 for ½ point, 4 for 1 point, 5+ for extra ½ point)

The drug that can reverse the effect of opiates is Naloxone/Narcan

9. The correct amount of a symptom-relieving drug for a child receiving palliative care is the amount that relieves the symptom but does not cause symptoms unacceptable to the child

References

Child Advocacy International (2001) **International Child Health Care. A Manual for Hospitals Worldwide**, BMJ Publishing Group, London ISBN 0727914766

Royal College of Paediatrics and Child Health (1997) **Prevention and control of Pain in Children**, BMJ Publishing Group, London. ISBN 0727911783

Morton NS (1998) **Acute Paediatric Pain Management. A Practical Guide**, WB Saunders, London. ISBN 0702022195

Royal College of Nursing (1999) **The Recognition and Assessment of Acute Pain in Children: Recommendations and Children's Experiences of Pain Report**, RCN (UK) Publishing, Bristol.

Lansdown R (1996) **Children in Hospital. A Guide for Family and Carers**, Oxford University Press, Oxford. ISBN 0192623575

STANDARD 7**PART 3: Interview for parents/carers or older school age child****For completion by interviewer.**

Date _____

Health facility _____

Clinical area or health care environment _____

Carer (mother/father/other) or child _____

Age of child _____

Gender of child MALE FEMALE

Length of admission (*if relevant*) _____

Informed consent obtained for interview YES NO

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	Have you/your child had any pain during this illness? If yes , please give an example.	
2.	Do the health workers ask you/your child if you/they have pain?	
3.	Do the health workers (doctors and nurses) examine you/your child to see if he/she has pain?	
4.	Do health workers use any toys or pictures/charts to help you/your child describe their pain or other symptoms?	
5.	Have you/your child been given any medicine to prevent or relieve pain? If yes : <ul style="list-style-type: none"> ▪ Have you/your child been given any injections in the arm, leg or bottom for pain? (Interviewer: Try to find out if this was given IV or IM?) ▪ Was the medicine given often enough to prevent the pain coming? ▪ Did the medicine help you/your child feel more comfortable? ▪ Has anybody tried to help your/your child's pain without using medicines? If yes, please tell me what has helped? 	

6.	<p>Have you/your child had any other distressing or unpleasant symptoms? If yes, what were these?</p>	
7.	<p>Have you/your child had any procedure or painful treatments (such as having blood taken or given, or a dressing changed, or injections)? If yes, CHILD: were you asked if you would like your parent/carer to stay with you? PARENT/CARER: were you asked if you would like to stay with your child during the procedure? If yes, was this helpful? Was the procedure/treatment painful or uncomfortable? If yes, was any medicine given to help the pain/discomfort?</p>	

If you were the hospital director or the minister of health is there anything else you would like to do for the children and families here to improve the relief of pain and other distressing symptoms?

THANK YOU

Interview for children under school age.

Use appropriate words for questions - ask parents if possible what words the child usually uses, for example: pain = 'hurt' or 'sore'.

Age of child _____

Gender of child MALE FEMALE

Length of admission (if relevant) _____

Informed consent obtained for interview YES NO

		Y/N/DK/NA
1.	Does anybody looking after you ask if you have pain (or hurt/are sore)? If yes, who asks you?	
2.	Have you had pain or had part of you that hurts when you have been ill / in hospital? If yes: <ul style="list-style-type: none"> ▪ What things have hurt? ▪ Do the people looking after you give you medicine to stop the pain/things hurting? ▪ Does the medicine work/help? ▪ Does the medicine hurt? ▪ Do the people looking after you do any other things to help make the pain/hurt feel better other than giving you medicines? If yes, please tell me what has helped you? 	
3.	If you could, is there anything else you would like to make things better for the children and families here?	

THANK YOU FOR HELPING US

Printed name and initials of Interviewer _____

Post held _____

Signature of Interviewer _____ Date _____

Maternal and Child Health Focused Initiative

TOOL 2

STANDARD 8

‘Providing appropriate reproductive healthcare’

Appropriate emergency care is the ‘best possible’ care that does not compromise the health needs of other children sharing the same health worker, health facility or health service.

DRAFT AUGUST 2015

STANDARD 8**PART 1: Check list**

Country _____

Health facility _____

Clinical area or health care environment _____

For self-assessment or completion by an outside assessor after observations and discussions with the health workers responsible for the different aspects of care (written statements, policies and guidelines should be read and wherever possible observations made to support what is said).

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	<p>Concerning triage (seeing the sickest children first)</p> <p>1.1 There is a policy and system for triage that includes:</p> <ul style="list-style-type: none"> ▪ A system to easily identify a child who needs urgent or emergency care. ▪ Easy access to effective, safe resuscitation equipment and job aides: <i>See Standard 2</i> ▪ A way of summoning help quickly when a child is very ill: <i>See Standard 5</i> ▪ Starting appropriate treatment in the community without delay ▪ Using fever reducing methods ▪ Getting a very ill child seen in the community to a health facility quickly <p>1.2 In a health facility there is also an area where triage is done that:</p> <ul style="list-style-type: none"> ▪ Has an accessible free supply of oral fluids for use after triage 	
2.	<p>In a health facility there is a system for providing appropriate emergency care with:</p> <ul style="list-style-type: none"> ▪ A lead doctor and nurse to co-ordinate the care given ▪ Standardised guidelines for resuscitation ▪ An area (in or near the clinical area) for resuscitation and emergency care that: <ul style="list-style-type: none"> - Provides health workers with easy to access to the child - Has job aides on the walls that include algorithms for Basic Life Support and Advanced Life Support - Has a reliable system for working out drug doses of emergency drugs (e.g. a job aide such as a chart with the doses of emergency drugs and antibiotics for children of different weights) ▪ A system to ensure that gas cylinders are stored safely and refilled on time, or replaced immediately they run out. 	
3.	<p>In a health facility the environment and equipment available helps health care workers provide effective emergency care:-</p> <ul style="list-style-type: none"> ▪ Emergency drugs are always available ▪ Emergency drugs are free of charge ▪ A secure external supply of emergency drugs, including antibiotics ▪ A secure supply (does not run out) of compressed oxygen with suitable flow meters and attached spanners to release oxygen from the cylinders ▪ Clean essential emergency equipment always available ▪ Basic effective equipment to help diagnose illness (such as thermometers, weighing scales, stethoscopes, auriscopes): <i>See Standard 2</i> 	

4.	There are policies and systems for the safe transfer of acutely ill children: <ul style="list-style-type: none"> ▪ From the community to a health facility ▪ From the health facility to a hospital 	
5.	5.1 There is regular theoretical and practical education/training for all professional health workers about: <ul style="list-style-type: none"> ▪ Triage ▪ Resuscitation and emergency care ▪ Use, cleaning of and maintenance of equipment 5.2 A record is kept about training by the individual and their manager or head of department (<i>Key indicator</i>)	
6.	There are special regular meetings (audit) for all health workers to identify problems, learn from these and make changes to ideally prevent them happening again. These include looking at: <ul style="list-style-type: none"> ▪ Whether policies, guidelines and other job aides and systems of care for resuscitating and looking after critically ill children have been followed by all health workers ▪ The circumstances surrounding a critically ill child or a child that dies and the care given 	
		<i>Total score</i>
		<i>Total possible score</i>
		<i>Percentage</i>

*Most countries have a list of equipment regarded as essential for providing emergency care. Everything on this list needs to be available to the health workers providing emergency care. All the drugs on WHO's list of essential drugs for children also ideally need to be available.

See CFH manual for an example of an essential equipment list.

Attach comments (including examples of good practice) **and recommendations on a separate sheet.**

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 8**PART 2: Questions for health workers**

Please answer as many questions as you can from sections 1 and 2.

SECTION 1

Date _____

Health facility _____

Clinical area or health care environment _____

Length of employment in clinical area _____

Type of health worker _____

Date of professional qualification (*if you have one*) _____

Have you had any education/ training in resuscitation and/or emergency care? If so, was it theoretical (class room teaching) or practical (using real life situations)	YES / NO
---	-------------

Please answer the following questions about the last time you were involved in the care and treatment of a very sick child.

		YES / NO
1.	Did the child receive triage on arrival (Triage is any formal system that helps health workers recognise children that need immediate treatment and prioritises the needs of others, or is any system for seeing and treating the most ill children first)? If yes, was the serious condition of the child recognised and treated immediately?	
2.	Was there any delay in starting care/treatment? If yes, why? What could be done to avoid the same delay happening again?	
3.	Was there a senior health care worker available to help you?	
4.	Was a parent/carer present? If not , do you think they should be present if they want to be? If yes , was this helpful? If yes , why?	

5.	<p>Was an appropriate clinical guideline about emergency treatment <u>easily</u> available for you to use?</p> <p>If yes, did this provide all the information you needed?</p> <p>If not what else would have been helpful?</p>	
6.	<p>Was all the equipment you needed available, clean and in the right sizes?</p> <p>If not to any of the above, what was the problem and what could be done to avoid this happening again?</p>	
7.	<p>Were all the drugs you needed immediately available?</p> <p>If not, what could be done to ensure that the drugs you need are always available immediately you need them?</p>	
8.	<p>Was what happened written down accurately at the time?</p>	
9.	<p>Have you ever attended a meeting where the management and outcome of a sick child was discussed?</p>	

Please make other comments about the emergency care given here if you wish to, especially about any problems that make it difficult for you to look after the babies/children as well as you would like to.

DRAFT AUGUST 2015

THANK YOU

SECTION 2: Questions about recognising a sick child

1. About triage - which clinical signs in a child are 'emergency signs' (**not diagnoses**) or signs that mean the child needs immediate treatment?

2. What clinical signs might be found in a child with **severe respiratory insufficiency**/distress/failure?

3. What clinical signs or symptoms would you expect to find in a child with **shock** (from any cause), and what are the two most urgent treatments to give?

4. What immediate actions or treatments are needed for a **convulsing eight-month** old baby?

5. What clinical signs or symptoms might be found in a **severely dehydrated three-year** old child?

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____

Date _____

SECTION 3: Practical assessment by assessor (optional)

For completion by assessor.

Date _____

Health facility _____

Clinical area _____

Type of health worker _____

Length of employment on this clinical area _____

Date of professional qualification
(if health worker has one) _____

Date and details of certified life support courses attended by the health worker _____

Assessor - Using a baby model or doll model ask a health worker to **demonstrate two** of the following procedures - **one from each section**. Score from 1 - 4 with 4 the highest score.

Section 1		1	2	3	4
1.	Show me how you would quickly assess the conscious state of a child (AVPU or other method)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Show me how you would assess whether a baby/child needed resuscitation, tell me what you are doing and why (A, B, C & D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Show me how to use the bag and mask to support respiration in a child/baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Show me how you would do cardiac massage on a child/baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2		1	2	3	4
1.	Show me how you would manage a choking episode in a young child and in an older child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Show me how to measure capillary refill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Show me how to measure blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Show me how you would insert an intra-osseous needle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU

Attach comments (including examples of good practice) and recommendations on a separate sheet.

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 8

PART 2: Answers to Section 2: recognising a sick child for health workers

For assessors only.

	SCORES
<p>1. QUESTION. Concerning triage, which clinical signs (not diagnosis) in a child are emergency signs (clinical signs that need immediate assessment & treatment)?</p> <p>ANSWERS (<i>Give 1 point for each, ½ for incomplete answer</i>)</p> <ul style="list-style-type: none"> ▪ apnoea ▪ obstructed breathing ▪ signs of severe respiratory distress ▪ <u>central</u> cyanosis ▪ shock (Weak, fast pulse, Cold hands/pallor, Capillary refill > 2 - 3 seconds) ▪ cardiac arrest or <u>severe</u> pallor and unwell ▪ unconscious/coma ▪ convulsing child ▪ signs of severe dehydration (Sunken eyes, Skin pinch > 2 - 3 seconds or ↓ skin turgor, lethargy/ altered conscious state) ▪ child suspected in advance of arrival of having multiple injuries, poisoning or severe bleeding <p style="text-align: right;"><i>TOTAL possible score 10</i></p>	
<p>2. QUESTION. What clinical signs might you find in a two-year old with severe respiratory insufficiency/distress/failure?</p> <p>ANSWERS</p> <p>1. Increased work of breathing (<i>Give 1 point for each correct answer. When an answer is incorrect or incomplete, ½ point maximum can be given for anything mentioned in the italics after the bullet'</i>)</p> <ul style="list-style-type: none"> ▪ altered respiratory rate - <i>usually increased but decreased terminally before respiratory arrest</i> ▪ recession - <i>flaring alae nasi, tracheal tug, intercostal, sub-sternal or sub-costal recession</i> ▪ noisy breathing - <i>grunting, inspiratory wheeze, expiratory wheeze, bi-phasic wheeze, sighing etc.</i> ▪ but breathing may be <u>quiet</u> prior to respiratory arrest <p style="text-align: right;"><i>TOTAL possible score 4</i></p> <p>2. Decreased effectiveness of breathing</p> <ul style="list-style-type: none"> ▪ silent chest on auscultation (<i>1 point</i>) ▪ reduced chest expansion (<i>1 point</i>) <p style="text-align: right;"><i>TOTAL possible score 2</i></p> <p>3. Changes in other systems (cardiovascular, neurological) (<i>Give 1 point for each correct answer. When an answer is incorrect or incomplete, ½ point maximum can be given for anything mentioned in the italics after the bullet'</i>)</p> <ul style="list-style-type: none"> ▪ difficulty with talking or unable to talk ▪ difficulty with drinking/breastfeeding or unable to drink/breastfeed (<i>low or no urine output</i>) ▪ altered conscious state or lethargy/exhaustion ▪ central cyanosis (<i>tachycardia or altered skin colour</i>) <p style="text-align: right;"><i>TOTAL possible score 4</i></p>	

3.	<p>QUESTION A. What clinical signs or symptoms you would expect to find in a shocked child?</p> <p>ANSWERS</p> <ul style="list-style-type: none"> ▪ weak (or thready) pulse <i>(1 point)</i> ▪ fast pulse <i>(½ point)</i> ▪ fold hands and general pallor/mottling <i>(½ point)</i> ▪ fapillary refill 2 - 3 seconds or longer <i>(1 point)</i> ▪ altered / depressed conscious state or drowsiness <i>(½ point)</i> ▪ low blood pressure or falling BP <i>(½ point)</i> ▪ acidotic or gasping breathing <i>(½ point)</i> ▪ difficulty with breathing or poor breathing <i>(½ point)</i> <p style="text-align: right;"><i>TOTAL possible score 5</i></p> <p>QUESTION B. What are the two most urgent treatments?</p> <p>ANSWERS</p> <ul style="list-style-type: none"> ▪ give oxygen <i>(2 points)</i> ▪ give rapid volume replacement (initially 20 ml/Kg as a push review then repeat 20ml/Kg if no significant improvement) <i>(2 points)</i> ▪ lie child down/put in flat position <i>(1 point)</i> <p style="text-align: right;"><i>TOTAL possible score 5</i></p>	
4.	<p>QUESTION. What immediate actions would you take for a convulsing eight month old?</p> <p>ANSWERS</p> <ul style="list-style-type: none"> ▪ protect airway by positioning <i>(2 points)</i> ▪ give oxygen while fitting <i>(2 points)</i> ▪ give anticonvulsants to stop fit <i>(2 points)</i> ▪ check temperature, if high start a temperature reducing measure (such as giving an antipyretic drug or taking off clothes) <i>(1 point)</i> ▪ position to make safe from injury <i>(1 point)</i> ▪ check blood sugar using strip test if these are available <i>(1 point)</i> ▪ give 10% dextrose if <2 mmol/l or no strip/ test available/possible <i>(1 point)</i> <p style="text-align: right;"><i>TOTAL possible score 10</i></p>	
5.	<p>QUESTION. What clinical signs or symptoms might you find in a severely dehydrated 3 year old?</p> <p>ANSWERS</p> <ul style="list-style-type: none"> ▪ sunken eyes <i>(2 points)</i> ▪ reduced skin turgor (2+ seconds) <i>(2 points)</i> ▪ altered conscious state <i>(2 points)</i> ▪ dry mucous membranes, crying without tears <i>(2 points)</i> ▪ tachycardia, tachypnoea or signs of shock <i>(½ point each)</i> ▪ reduced urine output, unable to drink or poor drinking <i>(½ point each)</i> <p style="text-align: right;"><i>TOTAL possible score 10</i></p>	
Score		
Total possible score		50
Percentage		

Maternal and Child Health Focused Initiative

TOOL 2

STANDARD 9

‘Recognises, protects and supports vulnerable and/or abused women and children’

DRAFT AUGUST 2015

STANDARD 9**PART 1: Check list**

Country _____

Health facility _____

Clinical area or health care environment _____

For self-assessment or completion by an outside assessor after observations and discussions with the health workers responsible for the different aspects of care (written statements, policies and guidelines should be read and wherever possible observations made to support what is said).

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

PLAY (stimulation)

		Y/N/DK/NA
1.	<p>Support for play</p> <ul style="list-style-type: none"> ▪ There is a written statement (mission statement) about supporting play ▪ Play is supported and encouraged. ▪ The person responsible for setting up and supervising play in a health facility has the following skills: <ul style="list-style-type: none"> - Experience with supervising and organising play - A basic knowledge of child development - A play qualification (if one exists in the country) - Knowledge about the therapeutic uses of play 	
2.	<p>Resources for play in a health facility include:</p> <ul style="list-style-type: none"> ▪ A separate place for play set up in the clinical area, providing there is space for this (ideally there should be an area for play in, or near, each clinical area where children are cared for) ▪ Play materials ▪ Secure storage for play materials so that they do not get stolen 	
3.	<p>Concerning play materials in a health facility:</p> <ul style="list-style-type: none"> ▪ These are accessible to the child (it is easy for the child to get their toys) ▪ They are appropriate to the individual child's developmental level ▪ There is a policy* and system for ensuring toys are kept clean: <i>See also Standard 3</i> ▪ There is a system for checking that toys provided by the health facility are safe*: <i>See also Standard 3</i> 	
4.	<p>Strategies for play are promoted and used as part of healthcare for:</p> <ul style="list-style-type: none"> ▪ Stimulating development ▪ Preparation for procedures ▪ Distraction when a child is anxious, frightened or upset ▪ Promoting health ▪ Helping a child to express their views and feelings ▪ As a non-pharmacological way of relieving pain and discomfort along with other pain relief methods: <i>See also Standard 7</i> 	
		Score
		Total possible score

Percentage

* See example of a Toy safety policy in CFH manual Chapter 14

Attach comments (including examples of good practice) **and recommendations on a separate sheet.**

Printed name and
initials of Assessor _____

Post held _____

Signature of
Assessor _____ Date _____

DRAFT AUGUST 2015

Standard 9

PART 2: Questions for health workers

Please answer as many questions as you can.

Date _____

Health facility _____

Clinical area or health care environment _____

Length of employment in clinical area _____

Type of health worker _____

Date of play qualification
(if you have one) _____

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	Do you think that children should be able to play in a healthcare environment?	
2.	<ul style="list-style-type: none"> ▪ Do you think that ill children: ▪ Might want to play? ▪ Be able to play? ▪ Can play help a child? If yes, how?	
3.	Do you ever use any play activities/stimulation to help you care for a child? If yes, does that include play activities used for: <i>(Tick any that you routinely do)</i> <ul style="list-style-type: none"> ▪ Preparing a child for a procedure ▪ Distraction during treatments or procedures ▪ Teaching and information giving about health issues ▪ Assisting a child's development ▪ Rehabilitation ▪ Pain relief ▪ Relief of stress/anxiety/fear ▪ Helping a child express themselves/their feelings ▪ Any other reason (please specify) 	

4.	Is play/stimulation important for a child's 'normal' development? If yes , in what ways is it important?	
5.	Have you had any training/education about play or sensory stimulation? If yes , when was this and what was this about?	
6.	Do you think health workers should contact a child's school if the child has a health problem that might interfere with education or cause a learning problem? If yes , please give some examples.	

If you were the hospital director or the minister of health is there anything else you would like to do to improve the opportunities for children to play and learn here?

DRAFT AUGUST 2015

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 9

PART 3: Interview for parents/carers or school age child

For completion by interviewer.

Date _____

Health facility _____

Clinical area or health care environment _____

Carer (mother/father/other) / child _____

Age of child _____

Gender of child MALE FEMALE

Informed consent obtained for interview YES NO

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	Do you think you/your child should be able to play even when sick/ill? If not , when might play/stimulation be helpful?	
2.	Is it safe for you/your child to play here? If not , what could make it safer?	
3.	Has play ever been used to help you/your child cope with an investigation, treatment or procedure? If yes , what was this and how did it help? If not , would play have helped?	
4.	Have you/has your child a health problem that might cause difficulties at school or might make learning hard in any way? If yes , has anybody contacted your/your child's schoolteacher about this? If not , do you think this would be helpful and why?	

If you were the hospital director or the minister of health is there anything else you would like to do to improve play/stimulation and learning for the children and families here?

THANK YOU

Maternal and Child Health Focused Initiative

TOOL 2

STANDARD 10

‘Supports best possible nutrition’

A **vulnerable child** is a child whose right to survival, development, protection or participation is not being met or is compromised.

Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

(World Health Organisation - 1999)

DRAFT AUGUST 2015



Ways of preventing child ill treatment and abuse adapted from the World Health Organisation's Report on Child Abuse Prevention: Geneva, 29-32 March 1999

<p>Primary prevention (activities directed to whole population/country-wide health promotion) - programs aimed at the prevention of child abuse that include:</p> <ul style="list-style-type: none"> ▪ Pre-natal and peri-natal health programs ▪ Child health program ▪ Promotion of good parenting ▪ Raising public awareness of child abuse ▪ Raising community awareness about the UNCRC ▪ Social welfare system ▪ School activities re: non-violence 	<p>Secondary prevention (activities directed at at-risk population) - programs aimed at the prevention of child abuse that include:</p> <ul style="list-style-type: none"> ▪ An identification system for at-risk families ▪ Family support systems eg Home visits ▪ Clear referral systems to support services ▪ Substance abuse treatment programs ▪ Community based family centred support assistance and networks (social welfare system) ▪ Information available about community services ▪ Schools based social services 	<p>Tertiary prevention (activities directed at families after abuse has occurred) - programs aimed at protecting children from further abuse and providing support for abused children and their families that include:</p> <p>Early diagnosis</p> <p>Interdisciplinary services to ensure:</p> <ul style="list-style-type: none"> ▪ Medical treatment ▪ Care ▪ Counselling ▪ Management and support of victims ▪ Management and support of families ▪ Re-integration into community/schools ▪ Adequate child protection laws ▪ Child Friendly courts
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DRAFT AUGUST 2015

STANDARD 10**PART 1: Detailed check list**

Country _____

Health facility _____

Clinical area or health care environment _____

For self-assessment or completion by an outside assessor after observations and discussions with the health workers responsible for the different aspects of care (written statements, policies and guidelines should be read and wherever possible observations made to support what is said).

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	<p>There are ways of recognising and preventing ill treatment or abuse (protecting children) that include:</p> <ul style="list-style-type: none"> ▪ Having a lead health care worker and/or a child protection team for co-ordinating all child protection related activities (<i>Key indicator</i>) ▪ Providing advice and written information on child care, especially on issues concerning abuse (such as the dangers of shaking a young baby, how to manage a screaming baby etc), to pregnant women, carers, young people, and others: <i>See also Standard 11</i> ▪ Systems to identify vulnerable families* (families in which abuse might occur): <i>See also Standard 1</i> ▪ Defined referral procedures for children suspected of being abused ▪ A knowledge of the countries legal framework for protecting children 	
2.	<p>When child abuse is suspected there is/are:</p> <ul style="list-style-type: none"> ▪ A written policy for managing suspected abuse ▪ A system for involving the lead health care worker (and/or child protection team if one exists) at an early stage to supervise and coordinate the management of the child and family ▪ Guidelines about how to record information in the child's health record are used ▪ Clinical guidelines are available to all health workers to help with the diagnosis and investigation of suspected abuse ▪ A system for protecting a child suspected of being abused and an abused child ▪ A system for protecting the siblings of an abused child ▪ A system for supporting an abused child ▪ A system for giving general and emotional support to other family members 	
3.	<p>3.1 Training/education about child protection is compulsory for all professional health workers about:</p> <ul style="list-style-type: none"> ▪ Child protection policies ▪ Guidelines for managing suspected abuse ▪ All types of child abuse <p>3.2 This training occurs at regular intervals</p>	
4.	<p>Data (written information) management includes:</p> <ul style="list-style-type: none"> ▪ Systems/procedures for how and when to record information about suspected and confirmed abuse in the child's health record 	
5.	<p>There are regular special meetings (audit) for all health workers to identify problems, learn from these and make changes to ideally prevent these happening again that look at individual cases of child abuse, exploitation and/or neglect</p>	

		Score
		Total possible score
		Percentage

Attach comments (including examples of good practice) **and recommendations on a separate sheet.**

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

DRAFT AUGUST 2015

STANDARD 10**PART 2: Section 1: Questions for health workers**

Please answer as many questions as you can.

A **vulnerable child** is a child whose right to survival, development, protection or participation is not being met or is compromised (UNCRC).

Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (*World Health Organisation 1999*).

Date _____

Health facility _____

Clinical area or health care environment _____

Length of employment on this clinical area _____

Type of health worker _____

Date of children's qualification
(if you have one) _____

Y = yes, **N** = no, **DK** = do not know, **NA** = does not apply here or not relevant.

		Y/N/DK/NA
1.	Have you had any education/training about 'vulnerable' children and families? <i>(If yes, please tick each that applies to you)</i> <input type="checkbox"/> As a student <input type="checkbox"/> As part of continuing professional development or during post-graduate training <input type="checkbox"/> Attendance at a Course on Child Protection Would you like/do you need more training on this issue? If none of the above, do you think such training is necessary/important for your work?	
2.	Have you had any training about 'child abuse or child protection' <i>(If yes, please tick each that applies to you)</i> <input type="checkbox"/> As a student <input type="checkbox"/> As part of continuing professional development or during post-graduate training <input type="checkbox"/> Attendance at a Course on Child Protection If none of the above, do you think such training is necessary/important for your work? If you have had some training on this topic do you think you need more?	
3.	Do you use any policies or guidelines to help you identify vulnerable children? If yes , do you find these helpful? Do you use any clinical guidelines to help you identify abused children? If yes , does everyone here use the same guidelines?	

Section 2

		Y/N/DK/NA
1.	Should you usually believe a child if they tell you that someone has hurt them or ill-treated them?	
2.	Does sexual abuse occur in both pre-pubertal girls and boys?	
3.	Is child abuse/ill-treatment more likely when there is domestic violence (the parents are violent with each other)?	
4.	Do parents ever poison or suffocate their own child?	
5.	Is a bruise in a baby of less than six months of age usually due to an accident?	
6.	Are most bone fractures in a child less than one year old due to biochemical bone disease?	
7.	Is shaking a baby a common cause of intra-cranial and retinal haemorrhages?	
8.	Is equal scalding of both feet usually accidental?	

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____

Date _____

STANDARD 10

PART 2: Answers to Section 2

For assessors only.

1. Yes
2. Yes
3. Yes
4. Yes
5. No
6. No
7. Yes
8. No

DRAFT AUGUST 2015

Maternal and Child Health Focused Initiative

TOOL 2

STANDARD 11

‘Recognising and providing support and treatment for women and children with mental illness’

DRAFT AUGUST 2015

STANDARD 11**PART 1: Check list**

Country _____

Health facility _____

Clinical area or health care environment _____

For self-assessment or completion by an outside assessor after observations and discussions with the health workers responsible for the different aspects of care (written statements, policies and guidelines should be read and wherever possible observations made to support what is said).

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	<p>Support for immunisation includes having:</p> <ul style="list-style-type: none"> ▪ A written statement about the services provided (mission statement) ▪ Lead health care workers to coordinate immunisation ▪ A policy to immunise all children who are not immunised or who are behind with their immunisations <p>Resources including:</p> <ul style="list-style-type: none"> ▪ A secure supply of effective vaccines to deliver the country schedule of immunisation ▪ ‘Cold chain’ protection where required ▪ Records to give to parents/carers about the immunisations given to their child (<i>best practice is an entry into a ‘parent held’ comprehensive health record for their child</i>) (<i>Key indicator</i>) ▪ Emergency drugs and equipment to manage an severe reaction to an immunisation: <i>See Standard 8</i> <p>Clinical guidelines and other job aides (such as wall charts for managing a severe reaction) that are used by all health workers The guidelines need to include information about how to:</p> <ul style="list-style-type: none"> ▪ Give vaccines ▪ Store vaccines ▪ Manage adverse reactions 	
2.	<p>There is a system for monitoring the growth of all children: (<i>See also Standard 12</i>)</p> <p>This includes:</p> <ul style="list-style-type: none"> ▪ Weighing all children ▪ Using a standardised method for measuring all children’s growth and nutritional status ▪ Effective equipment for weighing ▪ Effective equipment for measuring length/height ▪ Tape measures for measuring head circumference and arm circumference ▪ Using appropriate growth charts with normal parameters for growth to guide health workers ▪ Using standardised guidelines for acting when a child’s growth is abnormal ▪ Recording the weight and height of each child ▪ Giving parents and older children these measurements (<i>Key indicator: percentage of parents/carers given the written weight and height of their child after these</i> 	

	<i>measurements are taken)</i>	
3.	There is a system to identify children that have delay in development so that advice and information can be given to families.	
4.	There is/are: <ul style="list-style-type: none"> ▪ A safe motherhood program* for all pregnant women: <i>See Standard 1</i> ▪ Skilled children’s health workers for giving care to the newborn: <i>See also Standards 1 and 8</i> 	
5.	There is a health education program that has: <ul style="list-style-type: none"> ▪ Lead health workers for supervising and delivering the program ▪ A policy and a system for delivering this to children, families, breast feeding mothers and pregnant women ▪ A regular secure (always available) supply of health education materials that includes written and/or pictorial information about: <p><i>(Please tick)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Breast feeding <input type="checkbox"/> Child nutrition <input type="checkbox"/> How to recognise a very ill child <input type="checkbox"/> Hand washing and hygiene (general and food) <input type="checkbox"/> Accident prevention <input type="checkbox"/> Common childhood illnesses <input type="checkbox"/> Sexual health including family spacing and HIV/aids <input type="checkbox"/> Human rights + the UNCRC <input type="checkbox"/> Food safety <input type="checkbox"/> A health lifestyle <input type="checkbox"/> Child development 	
6.	There is regular education/training for all professional health workers about: <ul style="list-style-type: none"> ▪ The immunisation policies, guidelines and systems of care ▪ Growth ▪ Nutrition including malnutrition ▪ Child development and disabilities ▪ Country wide health initiatives 	
7.	Data (written information) management includes: <ul style="list-style-type: none"> ▪ All parents/carers being given an immunisation record for their child or their child’s existing ‘parent held’ health record being completed when an immunisation is given (<i>Key indicator</i>) ▪ Collecting and examining data about malnutrition rates and outcomes ▪ Collecting and examining data on disease incidence <p><i>(Key indicator: percentage of children up-to-date with immunisation on discharge from a health facility or on completed consultation)</i></p>	
8.	There are regular special meetings (audit) for all health workers to identify problems, learn from these and make changes to ideally prevent the problems happening again. These include reviewing: <ul style="list-style-type: none"> ▪ Compliance with programs, policies and guidelines ▪ Programs to see if they have achieved their objectives ▪ The rates for immunisation 	
	<i>Score</i>	
	<i>Total possible score</i>	

Percentage

Attach comments (including examples of good practice) **and recommendations on a separate sheet.**

Printed name and
initials of Assessor _____

Post held _____

Signature of
Assessor _____

Date _____

DRAFT AUGUST 2015

STANDARD 11

PART 2: Questions for health workers

Please answer as many questions as you can.

Date _____

Health facility _____

Clinical area or health care environment _____

Length of employment in clinical area _____

Type of health worker _____

Date of children's qualification (if you have one) _____

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	<p>Is there a health worker here who has responsibility for the immunisation program? If yes, what is their name?</p> <p>Is there a health worker here who has overall responsibility for health education? If yes, what is their name?</p>	
2.	<p>Have you had any training about the immunisation policy?</p> <p>Have you had any training about the management of reactions to immunisation?</p> <p>Do you ask parents/carers if their child has had all their immunisations? If yes and the child has not received all their immunisations how do you make sure that they get these?</p>	
3.	<p>Have you had any education/training about how to measure and assess children's growth and nutritional status?</p> <p>Is it always possible to weigh a child here or get a child weighed? If no, why?</p> <p>Is it always possible to measure a child's height/length here? If no, why?</p>	

	<p>Do you use any other measurements here to assess a child's growth or nutritional status? If yes, what?</p> <p>Do you always:</p> <ul style="list-style-type: none"> ▪ Tell parents/carers their child's measurements (weight, height or other) ▪ Tell parents/carers if their child's growth and nutritional status is satisfactory ▪ Tell school age children ▪ Record measurements made in the health record ▪ Record these in a 'parent-held' record <p>Do you use, or refer to, charts or guidelines to help you assess a child's growth/nutrition: <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	
4.	<p>Have you had any education/training about children's development?</p> <p>Do you ever use a job aide (such as a chart of normal developmental milestones) to help you decide if a child is developing normally? If yes, what?</p>	
5.	<p>Do you think parents/carers are given enough information here about how to keep their child healthy?</p> <p>Do you think that school age children are given enough information here about how to keep themselves healthy?</p> <p>Are parents/carers given information or have access to written information here about common health issues e.g. breast feeding?</p>	

If you were the hospital director or the minister of health is there anything else you would like to do to protect children from health problems and promote health and a healthy lifestyle?

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 11**PART 3: Interview for parents/carers or school age children**

For completion by interviewer.

Date _____

Health facility _____

Clinical area or health care environment _____

Carer (mother/father/other) or child _____

Age of child _____

Gender of child MALE FEMALE

Length of admission (if relevant) _____

Informed consent for interview obtained YES NO

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	Have you been asked about your/your child's immunisations? If yes , have you been told what to do if you/your child has not had all these?	
2.	Have you/your child been weighed? If yes , <ul style="list-style-type: none"> ▪ Were you told how much you/your child weighed? ▪ Were you told if this weight was OK? If not , would you like to know what it is?	
3.	Has your/your child's height been measured? If yes , <ul style="list-style-type: none"> ▪ Were you told this measurement? ▪ Were you told if this was OK? If not , would you like to know what it is?	
4.	Parent/child held health record: <ul style="list-style-type: none"> ▪ Do you think it is important for you to have and keep a record of your/your child's health and development (growth, immunisation, general development and any health problems)? 	

	<ul style="list-style-type: none"> ▪ Have you got a written record about your/your child's health? ▪ Do the health workers use this (look at it, write in it)? If not, why do you think they don't use it and could anything be done to make this better? 	
5.	<p>Health information:</p> <ul style="list-style-type: none"> ▪ Has a health worker here given you information about how to care for your/your child's health problem at home? If yes, what information did they give you? ▪ Do you feel that you have been given enough information about how to keep yourself/your child healthy? If not, what would you like to have more information about? ▪ Is the information you have been given useful? If not, why not? 	

If you were the hospital director or the minister of health is there anything you would like to do to improve health education for children and families and to keep children healthy?

THANK YOU

Printed name and initials of Interviewer _____

Post held _____

Signature of Interviewer _____ Date _____

Maternal and Child Health Focused Initiative

TOOL 2

STANDARD 12

‘Valuing health workers’

DRAFT AUGUST 2015

STANDARD 12**PART 1: Check list**

Country _____

Health facility _____

Clinical area or health care environment _____

	UNICEF/WHO accredited 'Baby Friendly Status'		
	In the maternity unit	In the community	In the paediatric ward in the health facility (hospital)
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applied for/working towards this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not possible in the country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not possible but action taken to review practice against the 10 steps + action taken to implement these	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For self-assessment or completion by an outside assessor after observations and discussions with the health workers responsible for the different aspects of care (written statements, policies and guidelines should be read and wherever possible observations made to support what is said).

		Y/N/DK/NA
1.	Organisation and management of nutrition: <ul style="list-style-type: none"> ▪ Advice is available from a lead health worker(s) with skills and/or training about breast feeding and nutrition (<i>Key indicator</i>) 	
2.	There are systems of care and/or policies for: <ul style="list-style-type: none"> ▪ Breast feeding ▪ Assessing each child's nutritional status: <i>See also Standard 11</i> ▪ Prescribing and giving vitamins and minerals that comply with any country support programs 	
3.	Resources in a health facility include: <ul style="list-style-type: none"> ▪ A safe, secure supply of drinking water: <i>See also Standard 3</i> ▪ A secure free supply of recommended supplements ▪ Equipment for growth monitoring: <i>See also Standard 11</i> 	
4.	There are standardised clinical guidelines or job aides about: <i>See Standard 2</i> <ul style="list-style-type: none"> ▪ Normal nutritional requirements of children ▪ How to assess nutritional status: <i>See Standard 11</i> ▪ The management of malnutrition: <i>See also Standard 8</i> ▪ Prescribing mineral and vitamin supplements 	
5.	Health education advice is given to children and families about breast feeding and feeding and diets for children of different ages: <i>See also Standard 11</i>	

	<ul style="list-style-type: none"> ▪ Verbally ▪ In written format ▪ In pictorial format 	
6.	<p>All health workers have received training/education about (<i>Key indicator</i>):</p> <ul style="list-style-type: none"> ▪ Food safety ▪ Nutrition including about supporting effective breast feeding the management of severe malnutrition 	
7.	<p>Data management includes the collection and putting together of data about (<i>Key indicator</i>):</p> <ul style="list-style-type: none"> ▪ Birth weights ▪ Breast feeding rates ▪ Nutritional status ▪ Malnutrition rates 	
8.	<p>There are special regular meetings (audit) for all health workers to identify problems, learn from these and make changes to ideally prevent these happening again that include looking at compliance with nutrition policies and systems of care</p>	
		Score
		Total possible score
		Percentage

Attach comments (including examples of good practice) **and recommendations on a separate sheet.**

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

THANK YOU

DRAFT AUGUST 2015

STANDARD 12

PART 2: Questions for health workers

Please answer as many questions as you can.

Date _____

Health facility _____

Clinical area or health care environment _____

Length of employment on this clinical area _____

Type of health worker _____

Date of children's qualification (if you have one) _____

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	<p>What is the internationally recommended time in months to breastfeed a baby exclusively (that is give only breast milk and no substitute milks or other foods)?</p> <p><i>(Please tick the box you think is correct)</i></p> <p><input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months</p>	
2.	<p>Do you routinely assess a child's nutritional status?</p> <p>If yes, how?</p> <p>To help you with this, do you use:</p> <ul style="list-style-type: none"> ▪ Written guidelines? ▪ Growth charts? ▪ Other job aides? 	
3.	<p>If you have concerns about a child's nutritional status do you do anything to make things better for the child?</p> <p>If yes, what?</p>	
4.	<p>Do you use any policies or guidelines about nutrition to help you give the best possible general advice to children?</p> <p>Do you use a clinical guideline to help you look after a child with severe malnutrition?</p> <p>Does everyone here use the same policies and guidelines?</p> <p>If not, why?</p>	

5.	Have you had any training about: <ul style="list-style-type: none">▪ Breast feeding▪ Children's nutrition (such as how to assess their nutritional state and how to advise about the right foods)?▪	
----	---	--

If you were the hospital director or the minister of health what would you do to improve the incidence of breast feeding and children's nutrition?

DRAFT AUGUST 2015

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

STANDARD 12**PART 3: Interview for parents/carers or school age children****For completion by interviewer.**

Date _____

Health facility _____

Clinical area or health care environment _____

Carer (mother/father/other) / child _____

Age of child _____

Gender of child MALE FEMALE

Length of admission (if relevant) _____

Informed consent for interview obtained YES NO

Y = yes, N = no, DK = do not know, NA = does not apply here or not relevant.

		Y/N/DK/NA
1.	Have you/has your child been weighed here? If yes , were you told if this weight is satisfactory? Has your/has your child's height been measured here? If yes , were you told if this height is satisfactory?	
2.	MOTHER ONLY: (child under 1 year) A. Are you currently breastfeeding your child? If yes , have you been given advice or information about breastfeeding? Is there other help or information about breast feeding would you have liked? B. Are you currently bottle feeding your child? If yes , have you been given enough advice about how to make milk feeds safely? Is there other help or information about bottle feeding would you have liked?	
3.	Have you been given advice about the foods you need /your child needs? If not , what else would you like advice about?	

If you were the hospital director or the minister of health is there anything you would you do to improve children's nutrition?

THANK YOU

Printed name and
initials of
Interviewer _____

Post held _____

Signature of
Interviewer _____

Date _____

THE CHILD FRIENDLY HEALTHCARE INITIATIVE (CFHI)

Implemented by Child Advocacy International (CAI) Charity No: 1071486 with the technical support of the Department of Child and Adolescent Health and Development of the World Health Organization (WHO), the support of the Royal College of Nursing (UK), and the Royal College of Paediatrics and Child Health (UK) and in collaboration with the United Nations Children's fund (UNICEF). Funded by The National Lotteries Charities Board (UK).

CONSENT FOR INTERVIEW

For carers (father/mother/other) or older school age child or Health Workers (*Circle relevant group*)

AREA OF INVESTIGATION

Views and experience of time spent here/or of Standard..... :

EXPLANATION about the CFHI (*For groups and/or individuals*)

The CFHI is a program that is attempting to improve the experiences of children and their families who receive healthcare 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 if practiced well help to ensure that children and families receive the 'best possible' care.

Health treatments have advanced in recent years but these advances do not always reach all children in the world, and 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 helps local health workers to 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.

It will not be possible for anyone else to know what you have said, but all the information we get from talking to parents/carers/children and health workers will be used to contribute to a plan for improvements. Examples of good ideas and sustainable solutions to problems will be shared with others.

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 with other existing 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.

You will not benefit personally from this interview, but the information you give us may result in improving the future care of ill children and their families both in this country and across the world.

For our records we need either your thumb print, or your signature, to confirm that:

- You have had the program explained to you and the opportunity to ask questions
- You are satisfied with the answers
- 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 that anonymity will be maintained at all times.
- We have interviewed a number of different people.

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

Signature or thumb print	Health worker/carer/child	Date

I have explained the program and reason for interview to all whose signatures or thumb prints are on this page.

FOR INTERVIEWER(S) ONLY

Printed name and
initials of
Interviewer

Post held

Signature of
Interviewer

Date

Note to Interviewer. REMEMBER TO PROTECT CONFIDENTIALITY AT ALL TIMES

DRAFT AUGUST 2015