

# TOOL 1

## PART 1

*A check list for children's healthcare*

## PART 2

*Interview or questionnaire for health workers*

## PART 3

*Interview with parents / carers and/or older school age children*



*child friendly healthcare initiative*

# **TOOL 1**

PART 1

*A check list for children's healthcare*



## Part 1: A check list for children's healthcare

For self-assessment, or completion by an external assessor after observation and discussions with the health workers responsible for different aspects of care.

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

### STANDARD 1: 'Keeping a child out of hospital'

A **safe motherhood program** is healthcare given to the mother and child during pregnancy, during delivery, after delivery. This includes advice given on sexual health, breastfeeding and family spacing.

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.	<p>The health workers <u>in all</u> the health services <u>here</u> (primary and secondary) <b>work together to plan, provide and give healthcare to children</b></p> <p>This includes <b>sharing important policies</b> (for example, immunisation, child protection, growth and developmental monitoring, breast feeding)</p>	
2.	<p>The services <u>here</u> for children are <b>easy to get to for most families</b> and give <b>free care or care that can be paid for by most families</b>. <i>If families are too poor to pay their child receives healthcare of the same quality as those who can pay. See also Standard 6</i></p>	
3.	<p><b>Health facilities</b> that admit children:</p> <ul style="list-style-type: none"> <li>▪ Admit and keep a child only when this is best for the child</li> <li>▪ Provide advice for parents/carers and primary (community) health workers when each child returns home: <i>See also Standard 5</i></li> <li>▪ Provide when possible healthcare during a one day admission with the child returning home to sleep</li> <li>▪ Provide a link between hospital and homecare when this is best for the child</li> </ul>	
4.	<p>There are <b>programs that help prevent illnesses and injuries</b> for:</p> <ul style="list-style-type: none"> <li>▪ Vulnerable children and families. <i>See also Standard 10</i></li> <li>▪ The unborn child and pregnant mother (A Safe Motherhood Program). <i>See also Standard 11</i></li> <li>▪ <i>Promoting and monitoring health. See Standard 11</i></li> </ul>	

**STANDARD 2: ‘Supporting the ‘best possible’ healthcare’**

		Y/N/DK/NA
1.	There is a <b>mission statement</b> (the aims of the health workers here are written down to help them achieve the best outcome for children with the resources they have): <i>See also Section 5, Information Sheet 9: Mission Statements</i>	
2.	Health workers here are <b>managed by a team with a leader</b> that: <ul style="list-style-type: none"> <li>▪ Plans and organises the care to be given</li> <li>▪ Ensures that important jobs<sup>1</sup> are done</li> <li>▪ Monitors the quality of care given</li> </ul> <i>See also Section 5, Information Sheet 11: Team Working and Leadership</i>	
3.	<b>The management of health workers</b> here also <b>includes</b> : <ul style="list-style-type: none"> <li>▪ A person or department with responsibility for employing sufficient skilled health workers to give effective care</li> <li>▪ A system to provide advice, support and treatment for health workers who develop health problems</li> </ul>	
4.	Health workers here have access to <b>services</b> that support the healthcare they give. These include radiology, blood transfusion, laboratory, rehabilitation and mental health services.	
5.	In the health facility there are also <b>effective non-clinical support services</b> for: <i>See also Standards 3 and 5</i> <ul style="list-style-type: none"> <li>▪ Security</li> <li>▪ Buildings maintenance</li> <li>▪ Non-clinical equipment (such as furniture and fittings) maintenance</li> <li>▪ Clinical equipment maintenance</li> <li>▪ Cleaning</li> <li>▪ Laundry</li> <li>▪ Food provision and safe preparation</li> <li>▪ Electrical maintenance</li> <li>▪ Temperature control and ventilation</li> <li>▪ Sanitation and water (including warm water)</li> <li>▪ ‘Communication’ including telephone and other ways of sharing information such as pagers and bleep services: <i>See Standard 5</i></li> </ul>	
6.	To help investigate, diagnose and treat health problems health workers here have <b>basic clinical equipment</b> <sup>2</sup> that works properly, is adequate for the level of care provided and is safe.  <b>There is enough basic furniture</b> (such as chairs, beds, bed clothes) for the level of care provided that works properly, is safe and compares in quality with the furniture found in the average family home: <i>See also Standards 3 and 4</i>	
7.	Health workers have <b>drugs and disposables</b> <sup>2</sup> for treating children effectively. These drugs and disposables are <b>secure</b> (always available) and <b>free or easily affordable</b>	

8.	<p>Health workers here have <b>written guidelines</b> (appropriate for the level of care given) about how to manage the common illnesses. Whenever possible these are <b>based on evidence</b> that they work</p> <p>They are <b>used by all the health workers here</b></p> <p>There are other <b>job aides</b> for health workers to use as reminders (for example, lists of drug doses, the WHO emergency and priority signs for triage, basic life support algorithms, hand washing advice)  <i>See also Section 5, Information Sheet 5: Clinical Guidelines and other Job Aides</i></p>	
9.	<p>There is a program of regular lifelong <b>education/training</b><sup>3</sup> for all health workers.  <i>See also Section 5, information sheet 7: Lifelong learning</i></p>	
10.	<p>There is an effective system for <b>managing data</b> (collecting, organising and examining written health information)</p> <p>This uses <b>paper based medical record systems</b> and/or <b>computers</b></p> <p>Data are collected about important aspects of care<sup>4</sup>  <i>See also Section 5, Information Sheet 6: Data Management</i></p>	
11.	<p>Regular special meetings (<b>audit</b>)<sup>5</sup> take place here for health workers to review all aspects of the healthcare they give  <i>See Section 5, Information Sheet 3: Audit</i></p>	
12.	<p>Health workers here can get advice on <b>ethical issues</b></p>	

<sup>1</sup>**Important jobs** include managing the different services and coordinating other health related tasks such as:

**'Rights' issues** *Standards 4, 6*

**Family welfare** *All Standards, especially 1, 3, 4, 5, 6*

Breast Feeding *Standard 12*

Nutrition *Standard 12*

Health Promotion *Standard 11*

Immunisation *Standard 11*

Disability/rehabilitation *All Standards*

Hygiene Promotion/Infection Control *Standard 3*

Child Protection *Standard 10*

Pain and symptom control (Palliative Care) *Standard 7*

Resuscitation and emergency care *Standard 8*

Standardised clinical guidelines *Standards 2, 7, 8, 10, 12*

**Data** *All Standards*

Continual Professional Development (education/learning)

**Audit** *All Standards*

**Ethics** *All Standards*

**Play** *Standard 9*

Learning/education *Standard 9*

Risk assessment and management *Standard 3*

<sup>2</sup>Most country's health organisations have lists of recommended **drugs, disposables and equipment** that are regarded as **essential** for treating children. These lists must contain all the **drugs, disposables and equipment** recommended by the World Health Association. When they exist, all items need to be available.

<sup>3</sup> **Education/training** – examples of important aspects of care that all professional health workers need to learn about):

The emotional and psychosocial needs of children and families  
Referral policies, especially from primary/community to secondary/specialist care  
The important country policies for children, for example immunisation  
The recognition and needs of vulnerable children, especially of those abandoned by their families  
The policies, systems of care and guidelines used where they are employed  
The importance of hand washing and general hygiene  
How to communicate with children and carers, especially 'how to give bad news'  
The United Nations Convention on the Rights of the Child (UNCRC)  
The recognition, assessment and management of pain and other distressing symptoms  
Triage and emergency care  
The care of very ill children  
The importance of play and learning  
Normal Child Development  
Childhood disabilities, and how to care for a child with a disability  
The recognition and management of suspected child abuse  
The Ten Successful Steps to Breastfeeding  
All aspects of nutrition, especially about how to recognise and assess poor nutrition or growth and how to manage a child with malnutrition or poor growth

<sup>4</sup> **Data collection** – examples of important aspects of care for **data collection** include:

Children's names and birth dates  
Diagnoses of children admitted to a hospital  
Outcomes for children admitted with trauma or illness  
Length of time a child stays in a hospital  
Number of children abandoned in a hospital and their outcomes  
Accidents in the health facility  
Healthcare related infections acquired in the health facility  
The training/education experiences of health workers  
Abused children  
Malnourished children and their outcomes, especially those with severe malnutrition  
Children with disabilities

<sup>5</sup> **Audit** – examples of important topics for **audit** include:

The preventive programs  
Lengths of stay in a hospital  
Accidents in the health facility  
Healthcare related infections  
The policies and systems of care used  
The different healthcare guidelines and job aides used  
Triage outcomes  
Resuscitation outcomes  
The management and treatment of an individual child  
The record cycle  
The deaths of all children

**STANDARD 3: ‘Giving care safely in secure, safe, clean child-friendly surroundings’**

		Y/N/DK/NA
1.	<p>There are <b>written policies and systems of care to support them</b> about:</p> <ul style="list-style-type: none"> <li>▪ The security and general safety of children, parents/carers, visitors and health workers in a health facility</li> <li>▪ The safe use of antibiotics, X-rays, blood and blood products</li> <li>▪ Procedures so they are done safely</li> </ul>	
2.	<p>In this healthcare environment <b>the risk of acquiring a healthcare related infection</b> is made as small as possible by having:</p> <ul style="list-style-type: none"> <li>▪ A lead health worker and/or team responsible for the prevention of a healthcare related infection</li> <li>▪ A safe, secure water supply</li> <li>▪ Effective sanitation (including enough toilets that work and are clean)</li> <li>▪ Effective ways for disposing of rubbish (especially used needles, antibiotics, dressings and other infected material, such as fluid from drainage bottles)</li> <li>▪ Effective cleaning of surroundings, including control of rodents, insects and other dangerous pests</li> <li>▪ Effective cleaning of equipment, furniture and toys and laundry</li> <li>▪ Policies and systems for safe food preparation and storage</li> <li>▪ Effective hand washing systems, guidelines and facilities</li> <li>▪ Systems of care to protect a child from the infections of others</li> <li>▪ Measures to prevent malaria, if relevant here</li> </ul>	
3.	In this health facility there is a <b>risk assessment/management team</b>	

**STANDARD 4: ‘Giving ‘child centred’ care’**

‘**Child centred**’ healthcare is dedicated (separate) healthcare that:

Is based on the child’s needs

Is given by skilled health workers in partnership with parents/carers

Is given in stimulating surroundings suitable for the individual child and family

Takes account of a child and family’s normal daily routines and experiences and tries not to change these unless it is in the ‘best interests’ of the child

Supports a child and family’s response to their individual problems

A **skilled health worker** has experience and special training to equip them for the job they are doing. They may or may not have a professional qualification relating to children’s healthcare.

		Y/N/DK/NA
1.	<p>This health facility has:</p> <ul style="list-style-type: none"> <li>▪ <b>Special areas</b> for children’s care that are stimulating for the child and appropriate for their age and development</li> <li>▪ <b>Facilities</b> for children, resident and visiting parents/carers, other visitors, breast feeding mothers, bereaved families and health workers that are <b>of the same quality as found in the average home</b></li> </ul>	
2.	<p>To ensure that a <b>child’s health needs are met</b> there are:</p> <ul style="list-style-type: none"> <li>▪ Sufficient numbers of skilled health workers to give safe effective care: <i>See also Standards 2 and 3</i></li> <li>▪ Individual plans for each child’s healthcare are made and used</li> <li>▪ Also, in this health facility each child patient has a named health worker throughout the twenty four hours (ideally a named nurse and doctor)</li> </ul>	
3.	<p><b>Partnership</b> – the child and family are closely involved in the healthcare given by:</p> <ul style="list-style-type: none"> <li>▪ Health workers sharing the child’s healthcare with their parents/carers</li> <li>▪ Encouraging and supporting the parent/carer to remain with their child all the time, especially during procedures (<i>except during surgery when the child is unconscious</i>)</li> <li>▪ Encouraging the parent/carer and child patient if old enough to contribute to all decisions about their health care: <i>See also Standard 5</i></li> <li>▪ <i>Obtaining the consent of the parent/carer and child when old enough before any treatment or investigation is done, and making sure that this consent is right by giving essential information about this first (‘informed consent’): See Standards 5 and 6</i></li> </ul> <p>Also in this health facility by:</p> <ul style="list-style-type: none"> <li>▪ Encouraging and supporting the child’s non-resident parent, other family members, brothers, sisters and friends to visit the child</li> <li>▪ Not giving healthcare during normal family routines, such as eating and sleeping, whenever possible</li> </ul>	
4.	<p><b>General and psychosocial</b> support and help is given to children and families with difficulties</p>	



**STANDARD 5: ‘Sharing information’**

		Y/N/DK/NA
1.	<p>Health workers here share and exchange information (<b>communicate</b>) with parents/carers and children. Parents/carers and children are:</p> <ul style="list-style-type: none"> <li>▪ Informed about their rights to be told about all aspects of their healthcare</li> <li>▪ Always kept fully informed about their healthcare, especially about any changes: <i>See also Standard 4</i></li> <li>▪ Encouraged to contribute to all decisions: <i>See also Standard 4</i></li> <li>▪ Asked for consent before any treatment, investigation or other healthcare is given: <i>See also Standard 4</i></li> <li>▪ Given enough information to make healthcare decisions: <i>See also Standard 4</i></li> <li>▪ Given information that they can understand</li> </ul>	
2.	The health workers here make sure that any sensitive information they give to a child and family is <b>not heard or seen by a person that does not need to know about it</b>	
3.	Children and their carers are <b>protected from possibly harmful information</b> (such as advertising for bottle feeding)	
4.	All the health workers here <b>identify themselves to the child and family</b> , for example by introducing themselves and by wearing name badges: <i>See also Standard 4</i>	
5	<p><b>Written information or information in picture form</b> is available here for children and families about:</p> <ul style="list-style-type: none"> <li>▪ The health facility</li> <li>▪ Procedures and investigations</li> <li>▪ How to complain about problems</li> <li>▪ How to share their good ideas about how to improve the care given</li> <li>▪ How to keep their child healthy: <i>See also Standard 11</i></li> </ul>	
6.	<p><b>Information is shared</b> by health workers here:</p> <ul style="list-style-type: none"> <li>▪ Between different health worker groups</li> <li>▪ About general information and good ideas</li> <li>▪ About a child’s health problems confidentially (information about the child and family is only shared with those who need to know this in order to provide healthcare to the child)</li> </ul> <p><i>There is effective recording, organising and examining of health information: See Standard 2</i></p>	
7.	<b>‘Communication tools’</b> appropriate for the country, health facility or other healthcare environment are used here (such as pagers, beeps, speakers around the health facility to contact health workers, bells, buzzers, internal/external telephone systems, and if possible internal and external email)	
8.	The health workers here have and use <b>written guidelines</b> about how to give families bad news (such as telling the child and/or family about difficult to treat illnesses or that the child may die)	

**STANDARD 6: ‘Equity and respecting a child as an individual with rights’**

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

		Y/N/DK/NA
1.	Healthcare here is available on an equal basis to all children regardless of their family’s ability to pay, or the characteristics of the child (for example whether a boy or a girl) or of the family (such as ethnic origin or religion): <i>See also Standard 2</i>	
2.	A child is respected here as an <b>individual with rights</b> by written policies supported by systems of care that: <ul style="list-style-type: none"> <li>▪ Avoid discrimination (that is worse or better care given for any reason)</li> <li>▪ Support the individual differences in nature and behaviour of each child or family (individuality) whenever possible</li> <li>▪ Provide care in as dignified a way as possible</li> <li>▪ Support cultural and age and development appropriate privacy for things that can be seen (for example undressing in public) and that can be heard (for example for going to the toilet or vomiting)</li> <li>▪ <i>Make sure that sensitive spoken information is heard only by those who need to know about it to provide healthcare: See Standard 5</i></li> </ul>	
3.	A <b>child</b> with a <b>disability</b> has the same opportunities here to receive healthcare that meets their individual health needs as a child without a disability.	
4.	All the health workers here know about the <b>United Nations Convention on the Rights of the Child</b> and other ‘rights’ issues	
5.	<i>Written health records and other sensitive written information are kept securely and confidentially (only seen by those who need to see it to provide healthcare): See also Standards 2, 3 and 5</i>	
6.	<b>Parents/carers can see their child’s health records and charts</b>	

**STANDARD 7: ‘Recognising and relieving children’s pain and discomfort’**

**Palliative care** is the care of a child with an incurable or life-shortening condition to prevent suffering by controlling distressing symptoms and by providing other general and psychosocial supportive care.

		Y/N/DK/NA
1.	Health workers here have <b>advice and help from a special team</b> that deals with pain management and palliative care  <b>The lead health worker</b> for this team ensures that pain control and palliative care happen	
2.	To help <b>recognise and assess pain and other distressing symptoms</b> health workers here use: <ul style="list-style-type: none"> <li>▪ Written guidelines</li> <li>▪ Systems of care that support these guidelines</li> <li>▪ Pain recognition and assessment tools</li> </ul>	
3.	Health workers here <b>control pain</b> and other distressing symptoms by: <ul style="list-style-type: none"> <li>▪ Using care plans specially prepared for each individual child</li> <li>▪ Using treatments that do not involve drugs (for example encouraging a parent/carer to stay with their child, massage and distraction) in place of, or in addition to drugs</li> <li>▪ Using drugs of a strength that will control the symptoms</li> <li>▪ Using powerful drugs, such as opiates (morphine) to control severe pain</li> </ul>	
4.	About the <b>drugs</b> used here for controlling pain and other distressing symptoms: <ul style="list-style-type: none"> <li>▪ These are always available</li> <li>▪ There are policies and guidelines for using them that are based on evidence from publications that they work</li> <li>▪ Powerful drugs are stored in a secure way: <i>See also Standard 3</i></li> <li>▪ There are systems for ensuring that powerful drugs are given in safe amounts</li> <li>▪ There are systems for accounting for all drugs used</li> <li>▪ Separate records are made, kept and are available of signed documentation when opiates are prescribed and used</li> </ul>	
5.	Children with incurable and life limiting illness are given <b>palliative care</b> here. This includes: <ul style="list-style-type: none"> <li>▪ Making a care plan for each child</li> <li>▪ Providing general and psychosocial support for a child, their family and the health workers caring for them: <i>See also Standards 2 and 8</i></li> </ul>	

**STANDARD 8: ‘Giving appropriate acute care’****(Triage, resuscitation, emergency care and the care of very/critically ill children)**

**Appropriate** resuscitation, emergency and continuing care is the ‘best possible’ healthcare that can be given with the resources available that does not compromise the health needs of other children sharing the same health worker, health facility or health service.

**Triage** is any system for seeing the sickest child first. There are many different systems. One of the easiest to use is the WHO system. This categorises an acutely ill child into one of three levels of severity. The child either has emergency signs that need immediate treatment, priority signs that need urgent assessment and treatment or ‘non-urgent signs’. A child in the last category does not need urgent intervention and can wait. However, as signs may change quickly, especially in infants and young children, they need reviewing frequently. *(The most ill children ideally need to be seen first on ward rounds in a health facility)*

		Y/N/DK/NA
1.	<p>About <b>triage</b> here:</p> <ul style="list-style-type: none"> <li>▪ There is a system for triage</li> <li>▪ Very ill/sick children are seen first</li> <li>▪ Help for a very ill child can be summoned quickly</li> <li>▪ Fever reducing methods are used during triage</li> <li>▪ There are accessible free oral fluids for each child</li> <li>▪ There is basic equipment to help diagnose illness (such as stethoscopes and thermometers, weighing scales)</li> <li>▪ Job aides are used by triage health workers (such as charts with the WHO emergency and priority signs, emergency drug doses for different weights of child): <i>See also Standard 2</i></li> </ul>	
2.	<p>About <b>resuscitation and emergency care</b> here:</p> <ul style="list-style-type: none"> <li>▪ There is a system for giving appropriate resuscitation and emergency care</li> <li>▪ This is coordinated by a skilled health worker/s</li> <li>▪ There is a written resuscitation policy (who, how and how long)</li> <li>▪ There is a secure (does not run out) supply of compressed oxygen with suitable flow meters and a system for ensuring that cylinders are refilled on time and stored safely <i>(the spanners to release oxygen from cylinders should be attached to the cylinders)</i></li> <li>▪ Clean resuscitation/emergency equipment* is always available</li> <li>▪ Drugs* used for resuscitation and emergency care are accessible, free of charge and always available</li> <li>▪ Job aides are used to help health workers resuscitate a child and give emergency care (for example a reliable written method for calculating drug doses, emergency life support charts and guidelines for giving care)</li> </ul>	
3.	<p><b>Continuing healthcare</b> here for <b>very ill children</b> includes:</p> <ul style="list-style-type: none"> <li>▪ Monitoring basic indicators: heart rate, respiratory rate, body temperature and fluid output. These are taken at least twice in 24 hours</li> <li>▪ Additional monitoring of blood pressure, ECG, fluid balance and oxygen saturation for the most seriously ill</li> <li>▪ Recording these indicators on charts</li> <li>▪ Changes in these indicators being easy to see on the charts</li> <li>▪ Using written guidelines about monitoring to help health workers</li> </ul>	

	<p>(these guidelines include the normal values of the basic indicators)</p> <ul style="list-style-type: none"> <li>▪ Using effective, electrically safe monitoring equipment</li> <li>▪ Using written guidelines (based on published evidence) to help manage and treat children with common serious acute illnesses</li> </ul>	
4.	<p>About the <b>transfer of a very ill child</b>:</p> <ul style="list-style-type: none"> <li>▪ There are systems for the safe transfer of very ill children to a health facility, to other sites within the health facility (for example from a ward to the X-ray department) and/or to another specialist health facility.</li> <li>▪ During transfer children can be monitored and treated (for example with oxygen, fluids and drugs)</li> </ul>	
5.	<p>If needed, <b>psychosocial support</b> is available for a very ill child and their family, and for the health workers caring for the child: <i>See also Standards 2 and 7</i></p>	

**\*Equipment and drugs** will vary depending on the level of care the health facility gives, and country policies. The emergency equipment and drugs regarded as essential by WHO should always be available.

**STANDARD 9: ‘Enabling children to play and learn (school type education)’****Play (stimulation)**

		Y/N/DK/NA
1.	<b>Every child is encouraged and enabled to play</b> when they are awake and well enough, especially at the bedside if the child is too ill, or unable for any other reason, to go to an area set aside for play	
2.	In the health facility <b>support for play</b> also includes: <ul style="list-style-type: none"> <li>▪ A play service with skilled play worker/s, and/or a lead health worker with the skills to organise and supervise play for all attending or resident children</li> <li>▪ Asking parents/carers to bring locally available play materials for their child to use, providing they have the resources to do this</li> <li>▪ Systems for only using safe and clean toys</li> <li>▪ A system for cleaning toys</li> </ul>	
3.	In the health facility <b>resources for play</b> include: <ul style="list-style-type: none"> <li>▪ A specially set up separate space for play, providing space is available</li> <li>▪ Safe, suitable and accessible locally available toys and play materials</li> <li>▪ Secure storage for toys and play materials</li> </ul>	
4.	<b>Advice and information</b> is given to parents/carers about the importance of play, and about safe and suitable locally available play materials	
5.	<b>Strategies involving play</b> are promoted and used during healthcare. For example, for stimulating development, preparing a child for procedures and/or surgery, diverting the attention (distraction) of an anxious child, promoting health, helping a child to express their views and feelings and for relieving distressing symptoms	

**Learning/school type education (for school-age children)**

		Y/N/DK/NA
1.	<b>Learning/school type education</b> for each school-age child is <b>encouraged and enabled</b> (especially for a well enough child who is in a health facility for more than a few days)  The parents/carers of children in a health facility are asked to bring education materials, including those from the child’s school if this is possible	
2.	In the health facility <b>resources to support learning</b> include: <ul style="list-style-type: none"> <li>▪ A lead health worker with teaching skills, or a specially supported teacher who supervises education</li> <li>▪ A separate place for continuing school type education</li> <li>▪ The use of education materials, either provided and/or the child’s own</li> </ul>	

3.	<p>Health workers here provide:</p> <ul style="list-style-type: none"> <li>▪ Relevant information to a child’s school about each child with a disability or health problem that affects, or may affect their education.</li> <li>▪ Advice and information to schools on general health issues</li> </ul>	
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### **STANDARD 10: ‘Protecting children-recognising and supporting vulnerable and abused children’**

**Child abuse or maltreatment** includes 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.

**WHO definition of child abuse (1999)**

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.	<p>Health workers here <b>prevent ill treatment and abuse</b> by:</p> <ul style="list-style-type: none"> <li>▪ Giving advice to pregnant women, carers, young people, children and others: <i>See also Standard 11</i></li> <li>▪ Identifying vulnerable families in which abuse might occur: <i>See also Standard 1</i></li> <li>▪ Referring vulnerable families to community support systems (if they exist): <i>See also Standard 1</i></li> <li>▪ Knowing about their country’s legal framework for protecting children</li> <li>▪ Using clearly defined referral procedures for children they suspect may be abused</li> <li>▪ Referring vulnerable and abused children to a social welfare service (or similar support service, if one exists)</li> </ul>	
2.	<p><b>When child abuse is suspected:</b></p> <ul style="list-style-type: none"> <li>▪ Health workers here follow a written policy for managing the suspected abuse</li> <li>▪ A named health worker coordinates all the activities</li> <li>▪ Health workers record and share information about the child: <i>See also Standard 5</i></li> <li>▪ Health workers use written guidelines to help with the diagnosis and investigation of suspected abuse</li> <li>▪ Health workers protect and support the child and their family, using clearly defined systems and procedures</li> </ul>	
3.	<p>There is a <b>register/list</b> of children known to have been abused (‘child abuse register’) which can be accessed by health workers here 24 hours a day</p>	

**STANDARD 11: 'Promoting and monitoring health'**

		Y/N/DK/NA
1.	<p><b>Immunisation</b></p> <ul style="list-style-type: none"> <li>▪ There is a system here for immunising children that follows the country program</li> <li>▪ The system includes 'catch-up' immunisations for each child that has missed an immunisation</li> <li>▪ A named health worker coordinates this</li> <li>▪ Standardised guidelines are used for giving the vaccines used</li> <li>▪ Standardised guidelines are used for managing adverse reactions</li> <li>▪ There is a secure supply of effective vaccines</li> <li>▪ The 'cold chain' is secure</li> <li>▪ Parents are given a record of each immunisation given</li> </ul>	
2.	<p><b>Growth monitoring</b></p> <ul style="list-style-type: none"> <li>▪ There is a system here for monitoring the growth of each child.</li> <li>▪ There is equipment for weighing and for measuring height</li> <li>▪ Growth charts are used</li> <li>▪ Growth is recorded on the healthcare record</li> <li>▪ The measurements are given to the parents/carers</li> </ul>	
3.	<p><b>Monitoring development</b></p> <ul style="list-style-type: none"> <li>▪ There is a system here for monitoring the development of each child</li> <li>▪ Normal development is recorded in the child's health record</li> <li>▪ There is a system for how to proceed if problems with development are suspected</li> <li>▪ There is access to a named health worker who guides the investigation and treatment of children with developmental problems</li> <li>▪ There is access to therapy to help a child with a disability or developmental problems</li> </ul>	
4.	<p>There is a '<b>safe motherhood program</b>' here for all pregnant women: <i>See also Standard 1</i></p>	
5.	<p><b>Health education materials</b> (for example about immunisation, normal child development and healthy nutrition) are given to all families</p>	
6.	<p>Country <b>screening programs</b> for detecting health problems that can be treated are followed</p>	
7.	<p><b>Genetic counselling</b> is given to families when a genetic problem is found</p>	



**STANDARD 12: ‘Supporting the best possible nutrition’**

		Y/N/DK/NA
1.	<p><b>For breastfeeding:</b></p> <ul style="list-style-type: none"> <li>▪ The <b>Ten Steps to Successful Breastfeeding</b> are followed by the maternity unit, the community and the children’s ward</li> <li>▪ There is UNICEF/WHO <b>Baby Friendly Status</b>, if this is possible in the country</li> </ul>	
2.	<p>The <b>nutritional status</b> of each child is assessed: <i>See also Standard 11</i></p> <p>There is <b>equipment for monitoring nutritional status</b>: <i>See also Standard 11</i></p> <p>Also in the health facility:</p> <ul style="list-style-type: none"> <li>▪ Advice about nutrition is given by a lead health worker with nutritional training and skills</li> <li>▪ Help with feeding is given</li> <li>▪ There is access to a feeding support service for special foods given orally or by gastric or jejeunal tubes (enteral feeding)</li> <li>▪ There is access to a feeding support service for foods given intravenously, if such resources are available (parenteral feeding)</li> </ul>	
3.	<p>There is a <b>secure supply of free or easily affordable food, mineral and vitamin supplements</b> for children who need these</p>	
4.	<p><b>Resources for nutrition</b> in the health facility also include:</p> <ul style="list-style-type: none"> <li>▪ A safe, secure supply of drinking water. <i>See also Standard 3</i></li> <li>▪ A secure free supply of food for children: <i>See also Standard 3</i></li> <li>▪ A secure supply of appropriate food for the child patient groups with specific dietary needs (<i>for example diets for children with phenylketonuria</i>)</li> <li>▪ A secure supply of free or easily affordable food for pregnant mothers and breastfeeding mothers</li> <li>▪ Safe, clean food storage and preparation facilities</li> <li>▪ Kitchen/food preparation equipment which is clean and electrically safe: <i>See also Standard 3</i></li> <li>▪</li> </ul>	▪
5.	<p>Health workers here have and use <b>job aides and written guidelines</b> about: <i>See also Standard 2</i></p> <ul style="list-style-type: none"> <li>▪ The normal nutritional requirements of children</li> <li>▪ How to assess nutritional status: <i>See also Standard 11</i></li> <li>▪ How to manage a child with malnutrition (especially when severe)</li> <li>▪ Prescribing supplemental feeding (food, minerals and vitamins)</li> <li>▪ The special feeds and diets available</li> <li>▪</li> </ul>	
6.	<p><b>Information and advice</b> is provided for children and families about nutrition: <i>See Standards 5 and 11</i></p>	

**Examples of good practice and recommendations**

Printed name and  
initials of assessor \_\_\_\_\_

Post held \_\_\_\_\_

Signature of  
assessor \_\_\_\_\_ Date \_\_\_\_\_

*child friendly healthcare initiative*

**TOOL 1**

**PART 2**

**Interview or questionnaire for health workers**



**Part 2: Interview or questionnaire for health workers**

**Please ask or answer as many questions as you can.**

Date \_\_\_\_\_

Health facility or service \_\_\_\_\_

Health care area or environment \_\_\_\_\_

Length of employment \_\_\_\_\_

Type of health worker \_\_\_\_\_

Date of professional qualification *(if you have one)* \_\_\_\_\_

Did you choose to work with children?  YES  NO

Are you happy working with children?  YES  NO

What do you think is done especially well here (what are you proud of)?

What is not good about working here ?

If you have a good idea, is there anyone you could take this to? Have any of your ideas been put into practice? Are you ever asked for your thoughts and opinions about anything?

### Questions about individual child friendly healthcare 'Standards'

#### 1. Keeping children out of hospital

How can health workers here keep children out of hospital or limit the time they spend in a hospital?
Is there anything that sometimes happens here that might lead to unnecessary delay with a child's treatment or with going home?

#### 2. Supporting the best possible care

What do you think about the quality of care given to children and their families here and is there anything that you would like to see done better?
Is there anything you would like to see changed about your working arrangements or the support you get?
Are you able to attend meetings/lectures/courses here and outside this healthcare environment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you able to use a medical library? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you take part in clinical audit? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you know how many children were seen here here last year? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many?

#### 3. Safe care given in a secure clean environment

Are there any dangers for children here? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how could this/these be made better?
Do you think it is clean enough here? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, where and what could be done to improve this?
Which group causes the most 'healthcare related infections'? <i>(Please tick one)</i> <input type="checkbox"/> HEALTH WORKERS <input type="checkbox"/> OTHER PATIENTS <input type="checkbox"/> VISITORS
What is the most important thing a health worker can do to help reduce the spread of infection?
Is it difficult to wash your hands here? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, why?

**4. Giving 'child centred' care**

Do you think children/parents should know your name?

YES       NO

If **yes**, how do they find out your name?

Do you always know about a families special problems and difficulties,

YES       NO

If **yes**, how do you help?

Do you think the facilities and environment are homely and stimulating for all ages of children, also good enough for them and their parents/carers?

YES       NO

If **not**, is there anything you would like to see improved for children and/or their families?

**5. Information sharing**

Are there any problems with the methods of sharing information between the different health workers?

Do you think that parents always get enough information to be able to contribute fully to decisions about their child's care?

YES       NO

Do you think that children always get enough information and are able to contribute to decisions about their care?

YES       NO

If **no** to either of above, how could this be improved?

**6. Equity and respecting a child as an individual with rights**

If you were a child here or a parent/carer or visitor of a child would you feel welcome?

YES       NO

If **not**, why?

Are there any children or families who don't get the same quality of care as others?

YES       NO

If **not** why, and what do you think would ensure that all children are treated equally?

Do you think that children and their carers have enough privacy, and that confidentiality is respected?

YES       NO

If **not**, give an example of this.

Do know what the UNCRC is/have you ever heard about this?

YES       NO

If **yes**, what it is about?

--

**7. Recognising and relieving children’s pain and discomfort**

Do you think children are ever in pain here despite treatment? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
--

What methods do you use to recognise and assess pain in children (babies/children/adolescents)?
---

What methods do you use to help children cope with pain, other than give medicines?
---

**8. Giving appropriate emergency care**

Have you had any life support training (theory and practical)? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> If yes, what and when was this?
---

Please think about the last resuscitation you were involved in: Did the baby/child survive? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> Were there any difficulties with equipment or drugs? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> What would you do differently next time?
--

**9. Enabling play and learning**

How do you encourage and help a child to play and learn (school type learning) here?
--

Do you ever use any form of play to help you during examination, treatment or procedures? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> If yes, what?
--

**10. Protecting children**

Have you had any training about child protection/abuse? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> If yes what, where and when?
---

Please tell me about what you did when you last suspected that a child might have been abused (harmed, exploited or neglected)?
---

**11. Promoting health**

If a child has not had all his/her immunisations what do you do about this?
How do you find out if a child you see is well nourished and growing properly?
How do you find out if a child you see is developing normally?
What methods do you use to give a child and family advice about their health?

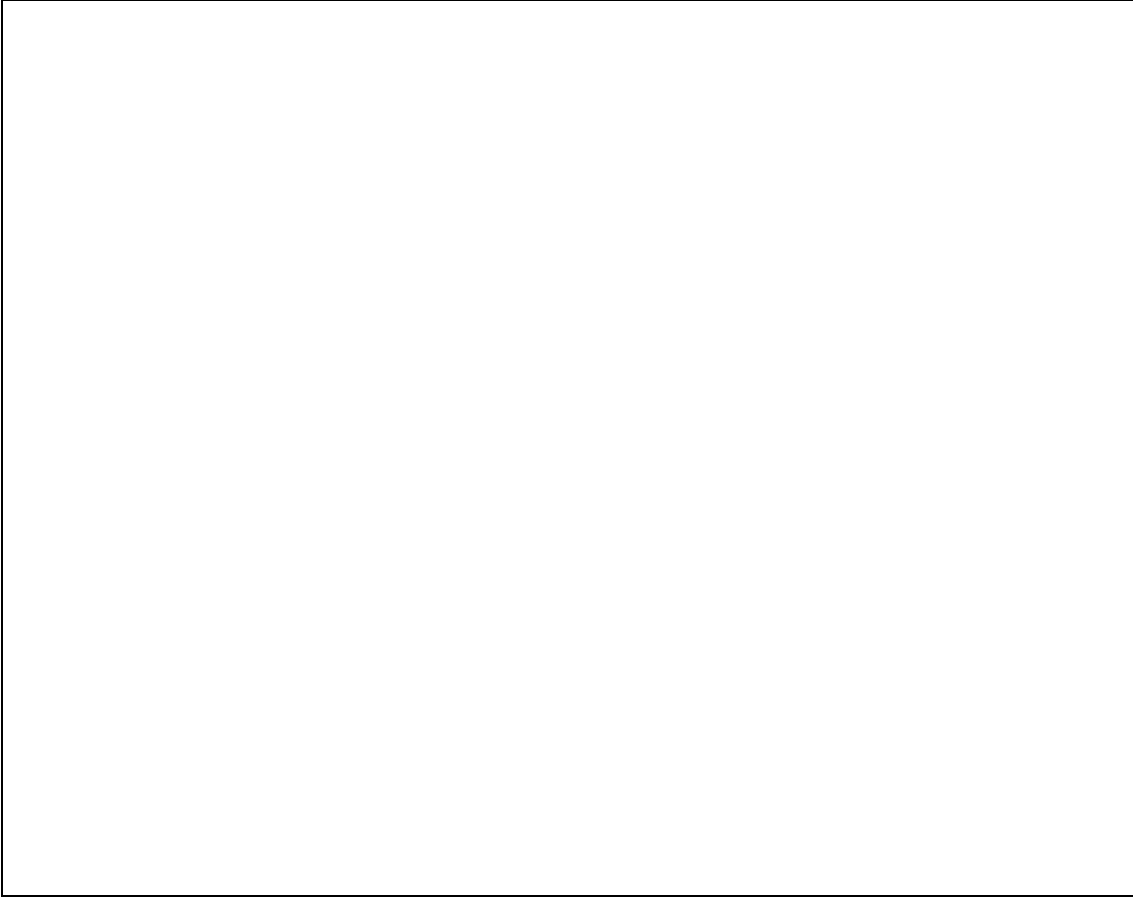
**12. Supporting the best possible nutrition**

<p>Have you received training (theory and practical) about how to help a mother breastfeed her baby successfully?  <input type="checkbox"/> YES      <input type="checkbox"/> NO                      If yes, when was this?</p>
<p>Has an expert on breastfeeding (such as a breastfeeding coordinator) confirmed your skills within the last 3 years?  <input type="checkbox"/> YES      <input type="checkbox"/> NO                      If no, have you ever had your skills checked?</p>
<p>Do you always check to see that a child is well nourished and growing properly?  <input type="checkbox"/> YES      <input type="checkbox"/> NO                      If yes, how?</p>
<p>Have you enough skills to advise a mother about feeding her child?  <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>What do you think about the food provided for children here (amount, appropriateness for developmental level, nutritional adequacy, presentation, timing of meals)?</p>

**LAST QUESTION (please answer this)**

<p><b>If you were the director/chief of this hospital or other type healthcare facility, or the minister of health, what changes would you make to improve things for children and families, and for health workers?</b></p>
--





*THANK YOU*

*TOOL 1: Part 3*

*child friendly healthcare initiative*

**TOOL 1**

**PART 3**

*Interview with parents /carers and/or older school age children*



**Part3: Interview with parents/carers and/or older school age children**

**For completion by interviewer.**

Date \_\_\_\_\_

Country \_\_\_\_\_

Health facility \_\_\_\_\_

Clinical area or health care environment \_\_\_\_\_

Length of admission (if relevant) \_\_\_\_\_

Carer (mother/father/other) or child \_\_\_\_\_

Age of child \_\_\_\_\_

Gender of child  MALE  FEMALE

Informed consent obtained and confidentiality explained  YES  NO

*Thank you for agreeing to talk to me/us, please will you tell me:*

<p>Why are you/your child here? Do you know what is wrong with you/your child?</p>
<p>Did you/your child have any treatment before arriving here?  <input type="checkbox"/> YES <input type="checkbox"/> NO                  If yes what, and who gave this?</p>
<p>How far away do you live? How did you get here? Was this easy?</p>
<p>What have been the good things about being/coming here and what is not so good? Is there anything would you like to see changed?</p>
<p>Do you know when you/your child will go home?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

**Suggested questions about the Standards but only ask if relevant and/or appropriate**

**1. Keeping children out of hospital**

Is there anything you can think of that might help prevent your child and other children from getting ill/sick/hurt?

YES       NO

Do you think that you/your child could have been looked after at home?

YES       NO

Do you think that you need/your child needs to be here now?

YES       NO

Have you had any long waits for anything (such as admission, investigations, treatments, drugs)?

YES       NO

**2. Supporting the 'Best possible' healthcare**

Do you think that you have/your child has received the best healthcare that is possible?

YES       NO

**3. Giving safe care in a secure, clean environment**

Do you think that you are/your child is safe here?

YES       NO

Are there any *other* possible dangers (*for example running away, risk of infection, accidents*)?

YES       NO

Do you think it is clean enough here?

YES       NO

If not, what how could it be made cleaner?

Do all the health workers always wash their hands before and after examining or treating you/your child?

YES       NO

**4. Giving 'child centred' healthcare**

Are you able/encouraged to be here all the time? Can your parent (or another carer) stay with you all the time, even during procedures?

YES       NO

If **not**, would you like them to?

YES       NO

Are you able to help plan your/your child's care? Are you able to share your/your child's care?

YES       NO

Are any special or extra problems your family has, known about by a health worker?

YES       NO

If **yes**, have you been given any help/support with these?

YES       NO

What do you think about the facilities here compared with those at home? (*Please tick one*)

**BETTER THAN HOME**       **SAME AS HOME**       **WORSE THAN HOME**

**5. Sharing information**

Do you think that you are given enough information about what is wrong with you/your

child? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you understand everything that you are told by the health workers? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have your thoughts and opinions been asked for and listened to? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you ever given different or conflicting advice/information by different health workers? <input type="checkbox"/> YES <input type="checkbox"/> NO If <b>yes</b> , how do you think health workers could make sure you always get the same information and advice?

**6. Equity and respecting a child as an individual with rights**

Do you feel welcome here? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you think that everyone is treated the same? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do the health workers always use your preferred name? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you/your child treated with respect? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is there enough privacy (for dressing, washing, toileting, possessions, from noise etc.) and is confidentiality protected? <input type="checkbox"/> YES <input type="checkbox"/> NO If <b>not</b> , please can you give me some examples?

**7. Recognising and relieving children's pain and discomfort**

Have you or your child been in pain here and have any of the tests or treatments been painful? <input type="checkbox"/> YES <input type="checkbox"/> NO If <b>yes</b> , do you think that it was recognised by the health workers?
Were you given any treatment for this pain? <input type="checkbox"/> YES <input type="checkbox"/> NO If <b>yes</b> , did it work? <i>(Please tick one)</i> <input type="checkbox"/> FULLY <input type="checkbox"/> ENOUGH <input type="checkbox"/> NOT AT ALL

**8. Giving appropriate emergency care: ask about experience only if relevant**

When you arrived here and you were/your child was very ill it must have been very worrying. Please can you tell me what was particularly bad about it and if there anything that was good about the care you received?
Would anything have made the ordeal easier for you?

**9. Enabling play and learning**

<p>Have you/your child had the opportunity to play and learn here? <i>(Please tick one)</i></p> <p><input type="checkbox"/> <b>YES</b>                      <input type="checkbox"/> <b>VERY LITTLE</b>                      <input type="checkbox"/> <b>NO</b></p> <p>If <b>not</b>, or <b>very little</b>, do you think this would have been helpful?</p>
<p>Have you been asked to bring in toys or school work (if school age)?</p> <p><input type="checkbox"/> <b>YES</b>            <input type="checkbox"/> <b>NO</b></p>

**10. Protecting children**

*(ask only if relevant – suspected or proven abuse, neglect, an avoidable accident or obviously vulnerable)*

<p>Please will you tell me about what has happened to you/your child since arriving here?</p>
<p>How do you feel about this? Do you think you have been treated fairly? Have you been treated with understanding and respect?</p> <p><input type="checkbox"/> <b>YES</b>            <input type="checkbox"/> <b>NO</b></p>

**11. Health promotion**

<p>Have you been given any advice/information about keeping yourself/your child healthy?</p> <p><input type="checkbox"/> <b>YES</b>            <input type="checkbox"/> <b>NO</b></p> <p>If <b>yes</b>, was this enough?</p> <p><input type="checkbox"/> <b>YES</b>            <input type="checkbox"/> <b>NO</b></p> <p>If <b>yes</b>, was this information given verbally or in written/pictorial form? <i>(Please tick)</i></p> <p><input type="checkbox"/> <b>VERBALLY</b>            <input type="checkbox"/> <b>WRITTEN/PICTORIAL</b></p>
<p>What other information would you have liked, and in what form?</p>

**12. Nutrition/breastfeeding**

**Parents only**

How long have you/did you breastfeed your child for?

How old was your baby when you first gave him/her some extra food or drink other than breastfeeding?

How long did a health worker advise you to continue to breastfeed for?

Did your health worker give you useful help and advice on breastfeeding?

**YES**       **NO**

If **not**, who helped you?

Do you know if you are/your child is growing well?

**YES**       **NO**

What do you think about the food you/your child is given here (is it suitable for child's age and health problem, is it nutritious, well presented and sufficient)?

Are the foods you/your child need(s) difficult to get or afford?

**YES**       **NO**

**LAST QUESTION**

**If you were the director/chief here or the minister of health what changes would make here to improve things for children and families, and for health workers?**

***THANK YOU***



*TOOL 1: Part 3*

Printed name and  
initials of  
Interviewer \_\_\_\_\_

Post held \_\_\_\_\_

Signature of  
Interviewer \_\_\_\_\_ Date \_\_\_\_\_