

TOOL 2

STANDARD 1

'Keeping a child out of hospital'



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.	<p>Health workers from primary and secondary (community and referral level/specialist) services for children:</p> <ul style="list-style-type: none"> ▪ Work together to plan and provide health care ▪ Involve children and parents/carers when planning 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.	<p>Secondary (referral level or specialist) out-patients and in-patient services:</p> <p>2.1 Are easy to get to for most families</p> <p>2.2 All families have access to services that give care for:</p> <ul style="list-style-type: none"> ▪ Obstetric problems ▪ Neonatal problems ▪ Acute health problems (medical and surgical, including trauma): <i>See also Standard 8</i> ▪ Chronic health problems (medical and surgical) ▪ Developmental problems ▪ Mental health problems ▪ Dental Health problems <p>2.3 Care is free or can be paid for by most families</p>	
3.	<p>In-patient services:</p> <p>3.1 Have policies and/or systems of care to:</p> <ul style="list-style-type: none"> ▪ Admit and keep a child as an in-patient only when this is best for the child (in their best interests) ▪ Discharge a child as soon as it is safe for them to be cared for at home ▪ Review daily the need and reason for a child to remain as an in-patient ▪ Provide advice to community health workers when each child goes home ▪ Provide advice to parents/carers when their child goes home <p>3.2 Have written guidelines about:</p> <ul style="list-style-type: none"> ▪ Which child health problems need in-patient healthcare ▪ How to admit a child <p>3.3 Provide when possible healthcare during a one day admission with child returning home at night</p> <p>3.4 Provide a link between hospital and homecare when care at home is best for the child and family</p>	

4.	<p>Preventive services</p> <p>There are programs to identify and support:</p> <p>4.1 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)</p> <p>4.2 The new born child that involve skilled children’s health workers in the emergency care of neonates</p> <p>4.2 Vulnerable children that include: <i>See also Standard 10</i></p> <ul style="list-style-type: none"> ▪ A system to identify a vulnerable child and/or family ▪ A system to refer the family of a vulnerable child to any existing support services near the child’s home ▪ Seeking fostering and/or adoption for a child in need of new carers, rather than place the child in a children’s home, or if this is not possible there is advocacy for a fostering service ▪ Rapid access to fostering or other placement for an abandoned child ▪ Providing normal care to each child abandoned in a health facility with a named health worker for each child while the child is waiting for a fostering placement 	
5.	<p>Health Workers all receive regular education/training about:</p> <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.) ▪ The recognition and needs of vulnerable children, especially the needs of those abandoned in a health facility 	
6.	<p>Data management (<i>Key indicator</i>)</p> <p>Written information is collected and examined about the following issues:</p> <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 length of in-patient stays ▪ Vulnerable children ▪ The outcomes of pregnancy including maternal and perinatal mortality rates 	
7.	<p>Audit</p> <p>There are regular special meetings for all health workers to identify problems and ideally make changes to prevent these happening again about:</p> <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 _____

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 <input type="checkbox"/> What to do during the child's admission <input type="checkbox"/> What to do when the child is discharged Secondary (referral level/specialist) health workers only (Please tick) <input type="checkbox"/> Which children to admit <input type="checkbox"/> What to do when you admit a child/how to admit the child <input type="checkbox"/> Daily review of child's need to stay in the health facility (hospital) <input type="checkbox"/> What to do when the child is discharged	
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 Secondary (referral level/specialist) health workers only (Please tick) <input type="checkbox"/> Parents/carers to help them give appropriate care for their child at home <input type="checkbox"/> To community health workers to help them give appropriate care to a child after discharge	
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.	

	<p>What could make it better?</p>	
5.	<p>Are there ever any unnecessary delays when a child is referred for specialist/referral level care? If yes, please give an example?</p> <p>Are there ever any unnecessary delays for a child going home after receiving 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>Do you think that the care received here by abandoned* children is: <i>(Please tick relevant box)</i></p> <p><input type="checkbox"/> Poor <input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Very good</p> <p>If you think it is poor or adequate, how could it be better?</p> <p>Do you always identify vulnerable children and family? If yes, how do you help them?</p>	
9.	<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?</p>	

	If yes, what was this about?	
10.	<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?</p> <p>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.	In your experience, do you think that all the different health services and health workers who see children work well together? If not , please tell me why?	
2.	If you have not/your child has not been immunised, or are behind with immunisations (or only partly immunised), have the ones you need/your child needs been given since you arrived here? If not , how will you get these?	
3.	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?	

4.	<p>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?</p> <p>Have you/your family any special difficulties or problems that might make you more likely to have a health problem or illness? If yes, please can you tell me about these?</p>	
5.	<p>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?</p>	
6.	<p>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>	
<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>		

THANK YOU

Printed name and initials of Interviewer _____

Post held _____

Signature of Interviewer _____ Date _____

child friendly healthcare initiative

TOOL 2

STANDARD 2

'Providing support for the 'best possible' healthcare'

(Support services, resources and activities)



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) <p>3.2 A system/service or separate health worker/s with responsibility for:</p> <ul style="list-style-type: none"> ▪ Health screening for employment ▪ Supporting the physical work related health problems of health workers ▪ Supporting work related emotional, psychological and mental health problems of health workers: <i>See also Standard 3</i> ▪ Supporting health workers with a health problem/s that affects their ability to work ▪ Health promotion for health workers, including health education on work related safety: <i>See also Standard 11</i> 	
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"> ▪ Radiology 	

	<ul style="list-style-type: none"> ▪ Laboratory investigations ▪ Giving blood and blood products ▪ Rehabilitation ▪ Dietetics/nutrition: <i>See Standard 12</i> ▪ Drugs and disposables: <i>See section 8 drugs and disposables</i> 																																																																			
<p>5.</p>	<p>There are effective non-clinical support services for: (<i>See also Standards 3 and 5</i>)</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;">Select yes or no</td> <td colspan="4" style="text-align: center;">Standard of service provided is: (<i>Please tick</i>)</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">poor</td> <td style="text-align: center;">average</td> <td style="text-align: center;">good</td> <td style="text-align: center;">very good</td> </tr> <tr> <td>Security</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> <tr> <td>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> <tr> <td>Cleaning</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> <tr> <td>Laundry</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> <tr> <td>Preparing food</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> <tr> <td>Electrical 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> <tr> <td>Sanitation and water, including warm water</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> <tr> <td>Communication technology (such as telephones and other ways of sharing information such as pagers or beepers). <i>See also Standard 5</i></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> <tr> <td>Information (data) management (using either computers or a paper-based healthcare record system). <i>See also Standard 10</i></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> </table>		Select yes or no	Standard of service provided is: (<i>Please tick</i>)						poor	average	good	very good	Security	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"/>	Cleaning	yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laundry	yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparing food	yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical maintenance	yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanitation and water, including warm water	yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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"/>	
	Select yes or no	Standard of service provided is: (<i>Please tick</i>)																																																																		
		poor	average	good	very good																																																															
Security	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"/>																																																															
Cleaning	yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
Laundry	yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
Preparing food	yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
Electrical maintenance	yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
Sanitation and water, including warm water	yes / no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
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"/>																																																															
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>	<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 <p>The equipment is sufficient in number and quality, safe (in a good state of repair and works properly) for using by:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td colspan="4" style="text-align: center;">Adequacy and safety is: (<i>Please tick</i>)</td> </tr> <tr> <td></td> <td style="text-align: center;">poor</td> <td style="text-align: center;">average</td> <td style="text-align: center;">good</td> <td style="text-align: center;">very good</td> </tr> <tr> <td>Child patients</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>Resident carer(s)</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>Visitors</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>Health workers</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> </table>		Adequacy and safety is: (<i>Please tick</i>)					poor	average	good	very good	Child patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident carer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
	Adequacy and safety is: (<i>Please tick</i>)																																																																			
	poor	average	good	very good																																																																
Child patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
Resident carer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
Health workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
<p>7.</p>	<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 																																																																			

	<ul style="list-style-type: none"> ▪ Are free for pregnant women ▪ 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 ▪ Are monitored for quality - this monitoring includes a system for reporting drug reactions, prescribing accidents and problems with disposables <p>Health workers who prescribe can get throughout 24 hours:</p> <ul style="list-style-type: none"> ▪ Advice on drug prescribing ▪ Advice on how to manage a child with a drug reaction ▪ Advice on how to manage a child who has accidentally taken drugs or other dangerous substances 	
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 ▪ Continuing professional development outside their own health care environment and/or health facility ▪ Shared education/learning opportunities for primary and secondary care health workers ▪ 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 training by their manager or head of service/department (<i>Key indicator</i>) ▪ Access to an effective health library ▪ Access to the Internet and an electronic mailing service) 	
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 	

	<ul style="list-style-type: none"> ▪ Use of a diagnostic coding system ▪ Statistics produced for the key childhood indicators required by the country/WHO/UNICEF <p><i>(A Key indicator is the number of clinical records that are 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 	
12.	<p>Access to advice on ethical issues concerning the healthcare given is available:</p> <ul style="list-style-type: none"> ▪ For all health workers ▪ On Research ▪ On all issues about healthcare 	
		<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 _____

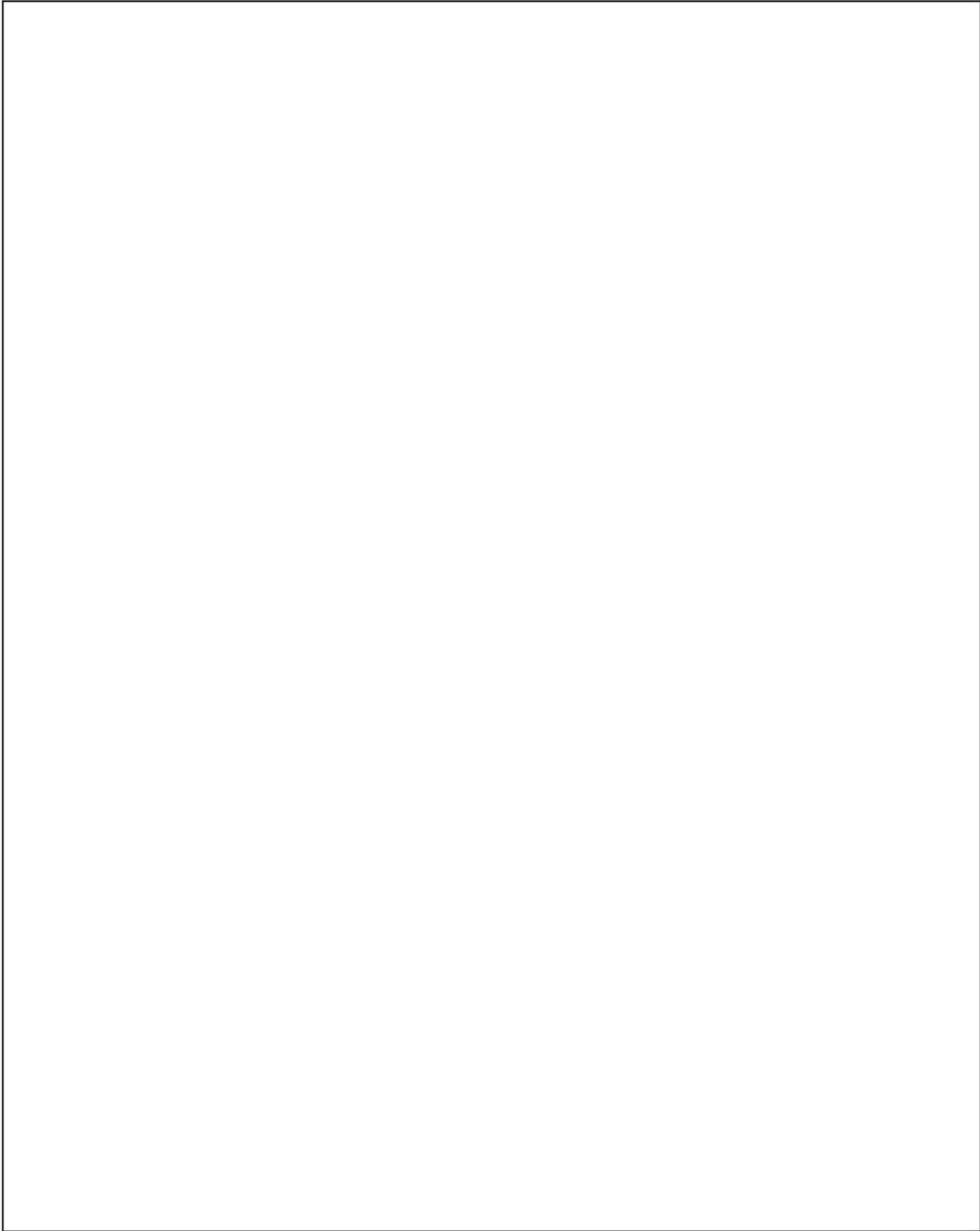
Date of professional qualification (if you have one) _____

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

		Y/N/DK/NA												
1.	<p>Do you feel supported by your manager/leader?</p> <p>Do you feel valued by your manager/leader?</p> <p>Does your manager/leader help you plan your professional development/continuing education?</p>													
2.	<p>Is it always possible to get the following basic laboratory tests for a child when needed: <i>(Tick those you can get regularly)</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Haemoglobin</td> <td><input type="checkbox"/> Blood microscopy</td> </tr> <tr> <td><input type="checkbox"/> Urea</td> <td><input type="checkbox"/> Blood culture</td> </tr> <tr> <td><input type="checkbox"/> Electrolytes</td> <td><input type="checkbox"/> Urine culture</td> </tr> <tr> <td><input type="checkbox"/> Blood sugar</td> <td><input type="checkbox"/> Spinal fluid microscopy</td> </tr> <tr> <td><input type="checkbox"/> Blood group</td> <td><input type="checkbox"/> Spinal fluid culture</td> </tr> <tr> <td><input type="checkbox"/> Blood gas</td> <td><input type="checkbox"/> Cross-match</td> </tr> </table> <p>If not, which tests are difficult to get, why and what could be done to make it better?</p>	<input type="checkbox"/> Haemoglobin	<input type="checkbox"/> Blood microscopy	<input type="checkbox"/> Urea	<input type="checkbox"/> Blood culture	<input type="checkbox"/> Electrolytes	<input type="checkbox"/> Urine culture	<input type="checkbox"/> Blood sugar	<input type="checkbox"/> Spinal fluid microscopy	<input type="checkbox"/> Blood group	<input type="checkbox"/> Spinal fluid culture	<input type="checkbox"/> Blood gas	<input type="checkbox"/> Cross-match	
<input type="checkbox"/> Haemoglobin	<input type="checkbox"/> Blood microscopy													
<input type="checkbox"/> Urea	<input type="checkbox"/> Blood culture													
<input type="checkbox"/> Electrolytes	<input type="checkbox"/> Urine culture													
<input type="checkbox"/> Blood sugar	<input type="checkbox"/> Spinal fluid microscopy													
<input type="checkbox"/> Blood group	<input type="checkbox"/> Spinal fluid culture													
<input type="checkbox"/> Blood gas	<input type="checkbox"/> Cross-match													
3.	<p>Is it always possible to get an X-ray for a child if it is necessary?</p> <p>If not, why and what could be done to make it better?</p> <p>Are standardised (the same used by every health worker) guidelines used to help decide when to ask for X-rays?</p> <p>If not, do you think this would be a good idea?</p>													
4.	<p>Is the equipment you need to do your job always available?</p> <p>If not, why and what could be done to make it better?</p>													

	<p>Is this always in a good state of repair? If not, why and what could be done to make it better</p>									
5.	<p>Are there always seats available for a parent/carer waiting for their child to be seen by a health worker? Are there always seats for a child waiting to be seen by a health worker? Are these always available for a child who is an inpatient or having day care? <i>(Please tick)</i></p> <p><input type="checkbox"/> Bed/cot <input type="checkbox"/> Bed linen <input type="checkbox"/> Table or surface to use for meals <input type="checkbox"/> Mattress <input type="checkbox"/> Chair <input type="checkbox"/> Storage facility for possessions</p> <p>Are these always available for a resident carer?</p> <p><input type="checkbox"/> Bed/cot <input type="checkbox"/> Bed linen <input type="checkbox"/> Table or surface to use for meals <input type="checkbox"/> Mattress <input type="checkbox"/> Chair <input type="checkbox"/> Storage facility for possessions</p> <p>Are all the above items in a good state of repair?</p> <table style="width: 100%; text-align: center;"> <tr> <td>All in good condition</td> <td>Most in good condition</td> <td>Most in poor condition</td> <td>All in a poor condition</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	All in good condition	Most in good condition	Most in poor condition	All in a poor condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All in good condition	Most in good condition	Most in poor condition	All in a poor condition							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
6.	<p>Is it always possible to get essential* drugs for a child? If not, which drugs are difficult to get and why?</p> <p>Is it always possible to get essential* disposables (needles, syringes, fluid giving sets, blood giving sets, naso-gastric tubes, oxygen tubing etc.) for a child? If not, which items are difficult to get and why?</p>									
7.	<p>Is it a good idea to use written policies, standardised (to be used by all) clinical guidelines and other job aides based on the published evidence? If not, why do you think they are not a good idea or would not work?</p> <p>If you think they are a good idea would you use them?</p> <p><input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never</p> <p>If you already have these do you use them?</p> <p><input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never</p>									

8.	<p>How do you continue your learning? (life-long learning/ continuing professional development) <i>(Please tick)</i></p> <p><input type="checkbox"/> Use the library at least monthly to read books</p> <p><input type="checkbox"/> Read a clinical journal weekly</p> <p><input type="checkbox"/> Attend teaching sessions weekly</p> <p><input type="checkbox"/> Attend a course at least once a year</p> <p><input type="checkbox"/> Use the library to search for articles</p> <p><input type="checkbox"/> Attend multi-professional teaching sessions</p> <p><input type="checkbox"/> Use internet weekly 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> <p>Have you ever had any instruction or training about record keeping, data management and filling in forms?</p>	
10.	<p>Do you take part in audit? If yes, give an example of how this has changed the care and treatment you give.</p> <p>Do you have access to advice on ethical issues? If not, would you like to have access to this?</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.	<p>Have you seen or read a statement about the services provided here (mission statement)?</p> <p>If not, would it be a good idea to have one?</p> <p>If yes, what was good about it or helpful to you, and what could make it better?</p>	
2.	<p>Do you think that there are enough doctors here throughout the 24 hours to give you/your child the best possible healthcare?</p> <p>Do you think that there are enough nurses here all the time to give you/your child the best possible healthcare?</p> <p>If not, what could be done to make it better?</p>	
3.	<p>Have you/has your child had a blood test?</p> <p>If yes, were there any difficulties with arranging this or with having it done?</p> <p>If yes, please tell me about these.</p>	

	<p>Were you told the result? If not, would you have liked to be told?</p> <p>Have you/has your child had an X-ray? If yes, were there any difficulties with arranging this or with having it done? If yes, please tell me about these.</p> <p>Were you told the result? If not, would you have liked to be told?</p>	
4.	<p>If you/your child has needed to use any equipment here:</p> <ul style="list-style-type: none"> ▪ Was there any delay in getting the equipment needed? ▪ Was it in working order? ▪ Was it clean? <p>If there were any problems with the equipment, please tell me about these.</p> <p>Do you think there is enough equipment here for you/your child to get the best possible care?</p>	
5.	<p>Is there always a seat to sit on when you are waiting here? Are these always available to use (for child who is an inpatient or having day care)? <i>(Please tick)</i></p> <p><input type="checkbox"/> Bed/cot <input type="checkbox"/> Bed linen <input type="checkbox"/> Table or surface to use for meals <input type="checkbox"/> Mattress <input type="checkbox"/> Chair <input type="checkbox"/> Storage facility for possessions</p> <p>Are these always available for a parent/resident carer to use?</p> <p><input type="checkbox"/> Bed/cot <input type="checkbox"/> Bed linen <input type="checkbox"/> Table or surface to use for meals <input type="checkbox"/> Mattress <input type="checkbox"/> Chair <input type="checkbox"/> Storage facility for possessions</p> <p>Are all the above items in a good state of repair?</p> <p style="text-align: center;"> <input type="checkbox"/> All in good condition <input type="checkbox"/> Most in good condition <input type="checkbox"/> Most in poor condition <input type="checkbox"/> All in a poor condition </p>	
6.	<p>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.</p>	

	<p>Has it always been possible to get other treatments (such as blood, dental care, counselling, surgery) you/your child has needed?</p> <p>If not, please tell us about any difficulties you have had and how it could be better.</p>	
7.	<p>Has it always been possible to get equipment such as needles, syringes, feeding tubes etc for you/your child?</p> <p>If not, please tell us about any problems and how it could be better.</p>	
8.	<p>Does every child with the same health problem get the same amount of care here?</p> <p>If not, please give me an example?</p> <p>Do you think that every child should have the same quality of care?</p> <p>If not, why?</p>	
9.	<p>Do you have a written record of your/your child's health problem?</p> <p>If not, do you think this would be a good idea?</p> <p>Why?</p> <p>Are you able to see or read your/your child's clinical records?</p> <p>If not, do you think that you should be able to?</p> <p>Are you able to write in your/your child's clinical records?</p> <p>If not, do you think that you should be able to?</p> <p>Do you think you/your parent should be given a copy of any written information given by the secondary/specialist/referral service to your primary care/community health worker(s)?</p> <p>Why?</p>	
10.	<p>Do you think that you have/your child has received the best possible healthcare here?</p> <p>Why?</p>	

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?

THANK YOU

child friendly healthcare initiative

TOOL 2

STANDARD 3

'Giving safe care in a secure, clean environment'



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 ▪ When possible, resources to warn and protect from fire such as smoke and fire alarms, fire doors and effective fire extinguishers that work properly ▪ 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 ▪ Safe staffing levels with adequate skill levels deployed throughout the 24 hours: <i>See also Standard 2</i> 	
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 ▪ A system for identifying child in-patients such as wrist bands ▪ 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 	

	<ul style="list-style-type: none"> ▪ Safe storage of drugs at all times: <i>See also Standard 2</i> ▪ The resources to store drugs safely such as lockable cupboards or trolleys, especially for opiates ▪ An antibiotic policy followed by all prescribing health workers ▪ A policy for the safe prescribing, use and administration of blood and blood products ▪ A policy for the use of x-rays ▪ A system to protect pregnant women from radiation ▪ Lead aprons for use by parents and carers during x-rays ▪ Gonad protectors for use by all children during x-ray ▪ Radiation measuring devices for all x-ray health workers 	
5.	<p>The risk of acquiring an infection as a result of attending a health facility is made 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 ▪ Effective resources for disposing waste safely such as foot-operated bags or bins for the different types of waste ▪ 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) ▪ Systems for effective hand washing and personal hygiene (health workers, parents/carers, children and visitors) ▪ A system for cleaning facilities, fittings, furniture and other non-medical equipment (<i>Key indicator: cleanliness of toilets throughout the 24 hours</i>) ▪ A system to ensure that all equipment is clean ▪ A system to ensure that toys are clean: <i>See also Standard 9</i> ▪ The resources for cleaning (staff and cleaning materials) ▪ A system to clean mattresses, bedding and other laundry ▪ The resources to wash laundry at appropriate temperatures ▪ Safe preparation and storage of food ▪ The resources to store food safely that include reliable refrigerators ▪ Control of rodent, insects and other dangerous pests and the resources to do this ▪ Resources to prevent malaria if relevant (such as bed nets and window meshes) and a system to ensure their use 	
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 ▪ Ensuring there is no 'crowding' (safe space) ▪ Using a system to 'isolate' a child with a communicable disease, a high-risk infection or an infection caused by a multi-resistant organism ▪ Having and using a standardised evidenced-based policy for the use of uniforms and protective clothing (protective clothing (preferably used only once) is used by a child or their parents/carers and visitors only when evidence supports its use) ▪ Having a standardised evidenced-based 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"> ▪ Appropriate instructions about how to wash hands near all sinks ▪ Appropriate instructions about when to wash hands near all sinks ▪ 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 ▪ Food safety advice ▪ Waste colour coding posters in all areas if this system is used, or other waste separation advice ▪ Guidelines for the safe use of blood ▪ Guidelines for safe administration of drugs: <i>See also Standards 2 and 7</i> ▪ Guidelines for safe management of body fluids (specimens and spillages) ▪ Guidelines for umbilical cord management ▪ Guidelines for wound management ▪ Radiation protection information such as warning signs for areas where there is a risk of radiation 	
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 ▪ Infections acquired by children during their stay in a healthcare facility ▪ The work related health problems (physical and mental) of health workers <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 _____

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 abduction or 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> <p>Do you think that the following are safe from damage:</p> <ul style="list-style-type: none"> ▪ You ▪ Your possessions ▪ The health facility ▪ All 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> <table style="width: 100%; text-align: center;"> <tr> <td>In the last 3 months</td> <td>In the last 6 months</td> <td>In the last year</td> <td>Never</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	In the last 3 months	In the last 6 months	In the last year	Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In the last 3 months	In the last 6 months	In the last year	Never							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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 kitchens ▪ 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? ▪ 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> <p><input type="checkbox"/> When you enter each different clinical area</p> <p><input type="checkbox"/> When you leave each clinical area</p> <p><input type="checkbox"/> Before you handle food</p> <p><input type="checkbox"/> After you use the toilet</p> <p><input type="checkbox"/> Before you touch a child</p> <p><input type="checkbox"/> After you touch a child</p> <p><input type="checkbox"/> After taking off surgical gloves</p> <p><input type="checkbox"/> Before you prepare and give medicines</p> <p><input type="checkbox"/> Before you do any procedure</p> <p><input type="checkbox"/> After you do any procedure</p> <p><input type="checkbox"/> After you touch any body fluids*</p> <p><input type="checkbox"/> After you touch dirty clothes or bed linen</p> <p><input type="checkbox"/> After you clean something</p> <p><input type="checkbox"/> Before you put on surgical gloves</p> <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</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 FEMALE

Length 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 all your possessions safe here? If not , what is not safe and why do you think this?	
3.	Are you worried about you/your child getting an infection while you are here? If yes , what makes you worried?	
4.	Do you think that all the areas, furniture and equipment that you use/your child uses are clean enough? If not , what concerns you?	
5.	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)?	

6.	Have you been told by anyone here about the importance of washing your hands?	
7.	<p>When should health workers and you wash your hands? <i>(Please tick all relevant boxes)</i></p> <p><input type="checkbox"/> Each time they/you enter the ward</p> <p><input type="checkbox"/> Before giving medicines</p> <p><input type="checkbox"/> Before touching food</p> <p><input type="checkbox"/> After using the toilet</p> <p><input type="checkbox"/> Before touching a child /your child</p> <p><input type="checkbox"/> When they/you leave the ward</p> <p><input type="checkbox"/> After touching dirty bed linen or clothes</p> <p><input type="checkbox"/> After touching food</p> <p><input type="checkbox"/> After touching body fluids (faeces, urine, blood, saliva etc.)</p> <p><input type="checkbox"/> After touching a child/your child</p>	
8.	<p>Is it easy to wash and dry your hands (for example are there enough sinks, are these easy to get to, is there always soap, are there clean towels etc.)? If not, why is this not easy and what could make it better?</p>	
9.	<p>Is it easy to keep yourself/your child clean here? If not, why is this and what could make it better?</p>	
10.	<p>Do you have any other concerns about the safety and hygiene here? If yes, what are these?</p>	

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?

THANK YOU

Printed name and
initials of
Interviewer

Post held

Signature of

Interviewer _____

Date _____

child friendly healthcare initiative

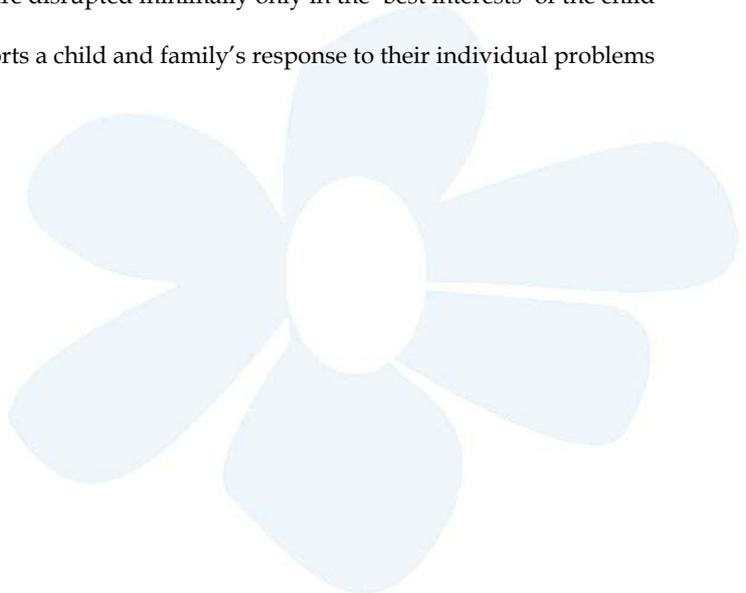
TOOL 2

STANDARD 4

'Giving 'child and family centred' care'

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



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 Children’s areas that are appropriate to the age and development of the child and stimulating to the child Separate areas that resident parents, visitors, breast feeding mothers and bereaved families can use Facilities for children, parents/ carers, visitors and health workers that are the same standard as found in the home of an average family (acceptable standard) <p><i>(Tick relevant boxes)</i></p> <table border="1"> <thead> <tr> <th rowspan="2">Patient groups</th> <th rowspan="2">Separate areas</th> <th rowspan="2">Acceptable standard</th> <th colspan="4">Stimulating, appropriate environment</th> </tr> <tr> <th>not good</th> <th>satisfactory</th> <th>good</th> <th>very good</th> </tr> </thead> <tbody> <tr> <td>Neonates</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Infants</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Young children</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Adolescents/ young people</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Resident parents/ carers</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Visitors</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Breast feeding mothers</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bereaved families</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Patient groups	Separate areas	Acceptable standard	Stimulating, appropriate environment				not good	satisfactory	good	very good	Neonates	<input type="checkbox"/>	Infants	<input type="checkbox"/>	Young children	<input type="checkbox"/>	Adolescents/ young people	<input type="checkbox"/>	Resident parents/ carers	<input type="checkbox"/>	Visitors	<input type="checkbox"/>	Breast feeding mothers	<input type="checkbox"/>	Bereaved families	<input type="checkbox"/>																																									
Patient groups	Separate areas				Acceptable standard	Stimulating, appropriate environment																																																															
		not good	satisfactory	good		very good																																																															
Neonates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
Infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
Young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
Adolescents/ young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
Resident parents/ carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
Breast feeding mothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
Bereaved families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																															
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 Training include a children’s qualification or being in training for this if such a training qualification exists in the country Are sufficient in number to give safe effective care throughout the 24 hours: <i>See also Standards 2 and 3</i> Wherever possible only look after children Wear name badges: <i>See also Standards 2, 3 and 5</i> Enable each child to have a named nurse and doctor throughout the 24 hours 																																																																				

	<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 healthcare support (laboratory, blood transfusion, x-ray, rehabilitation and others): <i>See also Standard 2</i></p> <p>2.4 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 (working together/in partnership with the health workers). This partnership 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) ▪ Parent/carer staying with their child if they wish to at night ▪ Making and using care plans for each child ▪ Close family members (especially brothers and sisters) and friends being encouraged and permitted to visit the child ▪ If possible fitting healthcare into family routines such as sleeping times and others) ▪ 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> ▪ When possible providing food suitable for the child's age group. ▪ Providing special diets for illnesses such as coeliac disease, phenylketonuria, severe malnutrition and others: <i>See Standard 12</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 in this partnership 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 after providing them with essential information about it to ensure that their consent is right (informed consent): <i>See Standards 5 and 6</i> ▪ Before any investigation, procedure or treatment consent is obtained for it from the child when old enough after providing essential understandable information to the child to ensure that their consent is right (informed consent): <i>See Standards 5 and 6 (Key indicator)</i> 	
5.	<p>There is general and psychosocial support for children and families with special problems and difficulties that helps them cope with these (For example from a family coordinator and/or from a social welfare, counselling or other similar service): <i>See also Standard 2</i></p>	
6.	<p>Written information (data) about the following issues is collected and examined:</p> <ul style="list-style-type: none"> ▪ In a health facility, the percentage of child patients whose care is given in areas specially for them ▪ The percentage of children who are cared for by health workers trained and experienced in the care of children (skilled) <p><i>(Key indicators)</i></p>	
7.	<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) 	

8.	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, 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 _____

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>Do you only look after children and their families? If not, which other patient groups do you look after?</p> <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>	

--	--	--

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

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/your child’s doctor, 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.	<p>Compared with your home, are the facilities and surroundings here: <input type="checkbox"/> Very bad <input type="checkbox"/> Bad <input type="checkbox"/> Similar or as good <input type="checkbox"/> Better If very bad or bad what could make it better for you (parent and child)?</p> <p>Are the facilities and surroundings here stimulating for you/your child: Not stimulating at all <input type="checkbox"/> Slightly stimulating <input type="checkbox"/> Satisfactory/OK <input type="checkbox"/> Very stimulating <input type="checkbox"/> If not stimulating or only slightly stimulating, what could make it better?</p>	

	<p>Has there always been a seat for you and your parent to use?</p> <p>Do you think the furniture here (beds, chairs, furniture for storing your clothes and your things: if relevant) is:</p> <p><input type="checkbox"/> Not good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Very good</p> <p>If you think it is not good or satisfactory, please tell me why and what could make it better?</p>	
<p>3.</p>	<p>PARENT/CARER: Are you able to stay with your child all day? CHILD: Is your parent or other carer able to stay with you all day? If yes: Is this helpful to you/your child? Are you/is your parent/carer made to feel welcome? Please tell me how this affects your families' normal routines?</p> <p>PARENT/CARER: Are you able to stay at night? CHILD: Is your parent/carer able to stay with you at night? If yes: Is there somewhere near your child for you to sleep/ Is your parent/carer able to sleep near you at night if you want them to? Is this helpful to you/your child? Are you/your parent/carer made to feel welcome? Please tell me how this affects your families' normal routines?</p>	
<p>4.</p>	<p>Have you been asked about your/your child's normal routines? Have you been asked if you have/your child has any special likes/dislikes? Are you able to provide normal care for your child here/ Is your parent able to look after you here like they usually do? What more would you like to be able to do for your child/ What more would you like them to be able to do for you?</p> <p>Are you/is your parent able to help with any special care or treatment you/your child needs? If not, what would you like to do/would you like them to do?</p>	

<p>5.</p>	<p>PARENT/CARER ONLY: Have you been asked if your child has any special problems or difficulties?</p> <p>If yes, have you received any help with these? If not, what would be helpful?</p> <p>Have you been asked if your family has any special problems or difficulties? If yes, have they received any help with these? If not, what would be helpful?</p>	
<p>6.</p>	<p>Are there any changes you would like made about visiting for other family members? If yes, what changes?</p> <p>Are there any changes you would like made to the visiting arrangements for your/your child's friends? If yes, what changes?</p> <p>Is it easy to keep your family informed about what is happening to you/your child here? If not, what could make this easier?</p>	
<p>7.</p>	<p>If you/your child has had a procedure or invasive treatment (such as a blood test, a lumbar puncture etc): 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?</p>	

	<p>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>If your child has/you have had an operation: Did a health worker explain what was going to happen and why it was necessary? If yes, did you understand this? Were you asked to give your permission before the operation? If yes, did you understand this enough to give permission?</p> <p>Were you told what to expect after the operation? If not, what could be done to make you better prepared?</p> <p>PARENT/CARER: Were you able to stay with your child until he/she was asleep? CHILD: Was your parent able to stay with you until you were asleep? If not, would you have liked to stay/them to stay? PARENT/CARER: Were you able to be there when your child woke up? CHILD: Was your parent there when you woke up? If not, would you have liked to be there/them to be there?</p>	
<p>8.</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</p>		

make to improve the facilities and surroundings here or the way health workers behave towards you/your child?

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 nurse today? If not, would you like to know?</p> <p>Do you know the name of your doctor? If not, would you like to know?</p> <p>Do you ever feel frightened of the nurses or doctors? If yes, why?</p> <p>Does anything else 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>IN-PATIENTS ONLY: Can the rest of your family and your friends come to see you here? If not, would you like to see them?</p>
5.	<p>When the doctors or nurses do things to you (like an operation, 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

child friendly healthcare initiative

TOOL 2

STANDARD 5

'Sharing Information'



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 in close collaboration (working together/partnership) with health workers: <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/carers after providing essential information about it to ensure that their consent is right (informed consent): <i>See also Standards 5 and 6</i> ▪ Before any investigation, procedure or treatment obtaining consent for it from the child when old enough after providing essential information about it that the child can understand to ensure that their consent is right (informed consent): <i>See also Standards 5 and 6 (Key indicator)</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> ▪ Providing information in the child and families main language (for example using interpreters and providing written information in a language the child and family can read) <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 	

	1.3 There are standardised guidelines for health workers about 'How to give bad news'	
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) ▪ 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> ▪ A signing system 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 healthcare organisation regular information circular/news sheets for health workers ▪ In a health facility an internal communication system (a reliable system for contacting others such as telephones, a pager system, loud speakers, bells, buzzers or other) ▪ A separate emergency call system: <i>See also Standard 8</i> ▪ External telephones for health worker use <i>or mobile phones (own or organisational)</i> ▪ External phones in a health facility for parents/carers and children to use ▪ 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) ▪ The information sharing policies ▪ Information technology (how to use computers, the internet and electronic mail) ▪ 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> 	

TOOL 2: Standard 5

	<ul style="list-style-type: none">▪ Agreed policies and guidelines to see if these are followed▪ Complaints, suggestions and good ideas made by health workers and families: <i>See also Standard 2</i>	
		<i>Score</i>
		<i>Total score possible</i>
		<i>Percentage</i>

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 give general information to new children and their families about the healthcare environment (such as about ward facilities/routines)?</p> <p>If yes, how?</p>	

<p>4.</p>	<p>Do you think that parents/carers should be given all the information about what is wrong with their child? If yes, who should give them this information?</p> <p>Do you think that parents/carers should be given all the information about their child's treatment? If yes, who should give this?</p> <p>Is consistent (the same by everyone) information given to families? If not, what could make this better?</p>	
<p>5.</p>	<p>Do you think that children should be told what is wrong with them? If yes, who should tell them?</p> <p>Do you think that children should be told about their treatment? If yes, who should tell them?</p> <p>If no to either, why?</p>	
<p>6.</p>	<p>What does 'informed consent' mean?</p>	

7.	<p>Think about the last 4 procedures or operations that you did or helped with:</p> <p>Did you get consent from the parent/carer before it happened? <i>(Please tick one)</i></p> <p><input type="checkbox"/> All 4 <input type="checkbox"/> 3 <input type="checkbox"/> 1 - 2 <input type="checkbox"/> None</p> <p>If you did get consent for any, did you check that the parent/carer understood enough about the procedure/operation to understand fully what they were giving consent to, the need for this and what was going to happen?</p> <p>If you did not get consent yourself, did you check that consent had been given for any of the 4, before they happened?</p>	
8.	<p>Think about the last 4 operations or procedures that you were involved with that concerned school age children:</p> <p>How many times did you personally get informed consent from the child? <input type="checkbox"/> All 4 <input type="checkbox"/> 3 <input type="checkbox"/> 1 - 2 <input type="checkbox"/> None</p> <p>If you do usually get informed consent from children do you: <i>(Please tick all that apply)</i></p> <p><input type="checkbox"/> Ask them if it is OK to go ahead <input type="checkbox"/> Ask them if they understand what is going to happen <input type="checkbox"/> Ask them if they understand why the operation/procedure is needed <input type="checkbox"/> Tell them how it will probably feel during this <input type="checkbox"/> Tell them how it will probably feel after this <input type="checkbox"/> Ask them to explain back to you what is going to happen <input type="checkbox"/> Ask them to explain back to you why it is necessary <input type="checkbox"/> Ask them if they have any questions <input type="checkbox"/> Show them on a doll or model what is going to happen <input type="checkbox"/> Use any other method not mentioned above - If so, what?</p> <p>If you do not usually get informed consent from children, why is this?</p>	
9.	<p>Have you had any education/training about:</p> <ul style="list-style-type: none"> ▪ Communication /information sharing ▪ Children's rights to information and to participation <p>If not, do you think this would be helpful? If yes, did this include:</p> <ul style="list-style-type: none"> ▪ How to talk to parents/carers ▪ How to talk to children ▪ Listening skills and non verbal communication ▪ How to break bad news ▪ How to share information with health workers ▪ How to teach ▪ How to develop and use different communication tools and methods (such as notice boards, information leaflets/posters, using information technology) ▪ Other information about children's rights and the UNCRC 	

10.	<p>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?</p>	
11.	<p>In an emergency situation is it always possible to get help quickly? If not, how could this be improved?</p>	
12.	<p>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?</p> <p>Do you think that communication within your professional group is as good as it could be? If not, how could this be improved?</p> <p>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?

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 doctor who is looking after you/your child? If no, would you like to know? If yes, how did you find this out?</p> <p>Do you know the name of your/your child's nurse(s)? If no, would you like to know? If yes, how did you find this/these out?</p> <p>Do you know the names of any other health worker(s) caring for you/your child? If no, would you like to know? If yes, which other health worker(s) and how did you find out their names?</p> <p>Do you think it is important to know the names of the health workers looking after you/your child? If yes, why?</p>	
2.	<p>Have you been told enough about your/your child's health problem? If not, would you like to have more information? Have you understood everything you have been told? If not, what might have helped you to understand better?</p> <p>Have you had the chance to ask questions? 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>Has anyone asked what you think and feel about how you/your child is being treated/cared for?</p> <p>If not, would you like to be asked?</p> <p>Are you involved in decisions about your care/the care of your child?</p> <p>If not, would you like to be more involved?</p>	
4.	<p>Is it easy to tell health workers about any ideas you have about how your child's, or all children's, care could be improved (or share other good ideas)?</p> <p>If not why, and what could health workers do to help you do this?</p> <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>	
5.	<p>Is it easy to keep in contact with your family and friends?</p> <p>If not, what would make this easier?</p>	
6.	<p>Is it easy to find your way around the hospital without asking someone?</p> <p>If not, what would make this easier?</p>	
7.	<p>If you have/your child has had a procedure or treatment (such as an injection, taking blood, a feeding tube):</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? 	
8.	<p>If you/your child has had an operation:</p> <ul style="list-style-type: none"> ▪ Did a health worker explain what was going to happen and why it was necessary? ▪ If yes, did you understand this? ▪ Were you told what to expect after the operation? 	

	<ul style="list-style-type: none">▪ Were you asked to give your permission before the operation?	
<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>		

THANK YOU

Printed name and
initials of
Interviewer

Post held _____
Signature of _____
Interviewer _____ Date _____

child friendly healthcare initiative

TOOL 2

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



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>Respect for a child as an individual</p> <ul style="list-style-type: none"> ▪ All births are registered ▪ Each child from birth has a medical record number ▪ A child patient's preferred name is known and used by health workers ▪ Each child patient is permitted and encouraged to wear their own clothes ▪ Each child patient is permitted to have and use their own possessions ▪ Each child has a secure place for storing their clothes and possessions that is near the child and accessible to the child 	
3.	<p>There are policies or guidelines for systems of care that:</p> <p>3.1 Ensure no discrimination, that is worse or better care given for any reason</p> <p>3.2 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>3.3 Provide care in as dignified a way as possible (that is protect dignity by avoiding any possibly degrading care) when:</p> <ul style="list-style-type: none"> ▪ Restraining children ▪ Caring for a child with nocturnal enuresis ▪ Treating head/body lice ▪ During other sensitive procedures <p>3.4 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 dressing, washing and toileting ▪ When they are sleeping (noise levels are kept low whenever possible) ▪ For investigations, treatments and procedures etc ▪ When they have distressing symptoms ▪ When they are critically ill or dying ▪ When they and/or their family are given bad news or other sensitive information: <i>See also Standard 5</i> <p>And for a parent/carer resident in a health facility:</p> <ul style="list-style-type: none"> ▪ When they are dressing, washing and toileting 	

	<ul style="list-style-type: none"> ▪ When they are sleeping (noise levels are kept low whenever possible) ▪ When they are given bad news or other sensitive information: <i>See also Standard 5</i> ▪ When their child is critically ill or dying ▪ If their child has died, when they spend time with their child <p>3.6 To ensure confidentiality for written and spoken sensitive health and other information</p>	
4.	<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 	
5.	<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>	
6.	<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 can see their child’s health records: <i>See also Standards 2 and 5</i> ▪ A child if old enough can see their health records: <i>See also Standards 2 and 5</i> ▪ Data are available about how children with a disability are cared for in a way that ensures the best possible treatment 	
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 checking that policies or guidelines have been followed and systems of care have achieved their objectives: <i>See also Standard 2</i></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 _____

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> <p>Do you think that children receive the same level/quality of care in all the different areas here? (Other wards, laboratories, clinics, waiting areas, other clinical areas and department) If not, why is this?</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 know what informed consent means? If yes, what please write what this means.</p>	

	<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:</p> <ul style="list-style-type: none"> ▪ Procedures ▪ Surgery <p>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> <p>Can children take part in other decisions that affect them?</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 ▪ Washing ▪ Dressing or undressing ▪ Having treatments or investigations ▪ Having a procedure ▪ When they are very ill ▪ When they die <p>If no to any of these, what could improve privacy here?</p> <p>Do you think that a child's parents/carers have enough privacy for:</p> <ul style="list-style-type: none"> ▪ Using the toilet ▪ Washing ▪ Dressing or undressing ▪ Sleeping ▪ When they are upset 	

	<p>If no to any of these, what could improve privacy here?</p> <p>Do children ever have to share things such as beds and other equipment? If sharing is unavoidable what could make it better?</p>	
6.	<p>Is it quiet enough when children are:</p> <ul style="list-style-type: none"> ▪ Resting ▪ Sleeping ▪ Very ill ▪ Dying <p>If not, what could health workers do to improve this/make it better?</p>	
7.	<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>	
8.	<p>Have you been given any information about the United Nations Convention on the Rights of the Child (UNCRC)? If yes, what are the four main rights of children promoted by the CRC?</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 	

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?

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 in all the areas you have been to (wards, laboratories, clinics, waiting areas, any other clinical area or department)? If not , please tell me about any good or bad experiences? 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?	

	<p>Do you think that what is written about you is kept confidential? If not, what could health workers do to improve this?</p>	
<p>8.</p>	<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> <p>If your child has had an operation: Were you (PARENT/CARER) asked for consent to do the operation? 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 the 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 _____

child friendly healthcare initiative

TOOL 2

STANDARD 7

'Recognising and relieving children's pain and discomfort'

Palliative care is the active total care by a multidisciplinary team of a child 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 child and their family



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"> ▪ A special team (the team should include a doctor and nurse) who are experts at assessing and relieving pain and other distressing symptoms and preventing suffering in a child with an incurable or life-limiting condition (palliative care) ▪ 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"> ▪ Systems of care to recognise and assess the severity of pain ▪ Systems of care to recognise and assess the severity of other distressing symptoms ▪ Pain assessment tools (job aides) to help with recognising pain and assessing pain severity 	
4.	Pain and other distressing symptoms are relieved by: <p>4.1 Making and using plans specially prepared for each individual child</p> <p>Non pharmacological symptom control</p> <p>4.2 Using treatments that do not involve drugs</p> <ul style="list-style-type: none"> ▪ Different methods are used (for example massage) ▪ Toys and other materials/facilities are available to use <p>Pharmacological symptom control</p> <p>4.3 Using non-opiate drugs</p> <ul style="list-style-type: none"> ▪ There are always enough and regular supplies of non-opiate analgesics such as paracetamol ▪ There are always enough drugs to control other distressing symptoms ▪ 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> <p>4.4 Using opiate drugs for the relief of severe pain:</p> <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 ▪ There are always enough opiates to use (secure and regular supply) ▪ There is naloxone (narcane) available if needed to reverse side-effects ▪ There is a system to ensure that these drugs are stored securely at all times ▪ There are lockable storage facilities 	

	<ul style="list-style-type: none"> ▪ There is a method to check that the right dose has been prescribed (that the amounts given are safe) and that the amount prescribed is given ▪ There is a method to ensure that all opiate drugs can be accounted that includes using and keeping separate signed documentation 	
5.	<p>There are clinical guidelines based on evidence from published works used by all health workers that: <i>(See also Standards 2 and 3)</i></p> <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 ▪ 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 ▪ Contain age and weight related doses of opiate drugs to give to control pain ▪ Give information about the possible side-effects of these drugs in the different patient age groups and how to manage them ▪ Give information about the use of these drugs in children with different diagnoses 	
6.	<p>For children with incurable or other life-limiting illnesses or children with persistent distressing symptoms there is:</p> <p>5.1 General and psychosocial support for:</p> <ul style="list-style-type: none"> ▪ The child ▪ Their family ▪ The health workers caring for them: <i>See also Standard 2</i> <p>5.2 A system for palliative care that includes a well-structured care plan</p>	
7.	<p>Education/training is given to all doctors and nurses about: <i>See also Standard 2</i></p> <ul style="list-style-type: none"> ▪ How to recognise and relieve pain and other distressing symptoms ▪ Palliative care <p><i>(Key indicator)</i></p>	
8.	<p>Written information (data) is recorded and examined about: <i>See Standard 2</i></p> <ul style="list-style-type: none"> ▪ The use of opiates ▪ The children receiving palliative care <p><i>(Key indicator)</i></p>	
9.	<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 ▪ Systems of care have achieved their objectives ▪ Palliative care has been achieved 	
		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 _____

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?	

	<p>5.2 Is there any behaviour that might suggest that a child is in pain? If yes, what?</p>	
6.	<p>Can pain and discomfort be helped without medicines? If yes, give examples of what could help?</p>	
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? If not, what could help make prescribing consistent so that there is the best possible relief of children's pain?</p>	
8.	<p>Is there anything to check before prescribing or giving a non-steroidal anti-inflammatory drug (NSAID) such as Ibuprofen or diclofenac? If yes, what?</p>	
9.	<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? 	
10.	<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?

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. Before prescribing NSAID's check for contra-indications

(4 for maximum score)

These include: A history of GI bleeding or ulceration, a problem with clotting, low platelets, poor renal function, asthma

9. 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**

10. 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> <p>Was anything done by the health workers to make these better? If yes, please tell me about what helped to make them better?</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 a feeding tube put down the nose, or injections, or intravenous drugs)?</p> <p>If yes,</p> <p>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?</p> <p>If yes, was this helpful? Were you told that it might hurt or be uncomfortable? If not, do you think you should have been told? Was the procedure/treatment painful or uncomfortable? If yes, was any medicine given to help the pain/discomfort? If yes, when was this given (before, during, after), what was given and did it work?</p> <p>What else was done to make you/your child feel more comfortable during the procedure? If yes, what was done and did it help?</p>	
8.	<p>Have you/your child had an operation?</p> <p>If yes,</p> <p>CHILD: Were you asked if you would like your parent/carer to stay with you until you went to sleep PARENT/CARER: Were you asked if you would like to stay with your child until he/she was asleep?</p> <p>Were you told that it might hurt or be uncomfortable afterwards? If not do you think you should have been told? Was the operation painful or uncomfortable? If yes, were any medicines given to help the pain/discomfort? If yes, do you know what these were, and did they work?</p> <p>What else was done to make you/your child feel more comfortable and did it</p>	

	work?	
--	-------	--

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.	Have you felt ill/unwell/poorly in any other way? If yes: What made/makes you feel poorly?	

	<p>Please tell me how it felt?</p> <p>Did anyone or anything help?</p>	
4.	<p>If you could, is there anything else you would like to make things better for the children and families here?</p>	

THANK YOU FOR HELPING US

Printed name and
initials of
Interviewer _____

Post held _____
Signature of _____

Interviewer _____

Date _____

child friendly healthcare initiative

TOOL 2

STANDARD 8

'Giving appropriate emergency care'

(triage, resuscitation and critical care)

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.



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"> ▪ Colour coding or another way (such as that included in The World Health Organisation's 'Integrated Management of Childhood Illness' - IMCI) to easily identify a child who needs urgent or emergency care/has WHO emergency or priority signs* ▪ Basic effective equipment to help diagnose illness (such as thermometers, weighing scales, stethoscopes, auriscopes and ophthalmoscopes): <i>See Standard 2</i> ▪ Ideally having, or having easy access to, effective, safe resuscitation equipment and job aides such as algorithms for emergency treatment: <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 (such as antibiotics for suspected meningococcal disease and the treatments recommended in the IMCI program) ▪ Using fever reducing methods ▪ Having access to a secure supply of emergency drugs, including antibiotics ▪ Having a reliable system for working out drug doses of emergency drugs (that is a job aide such as a chart with the doses of emergency drugs and antibiotics for children of different weights) ▪ 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"> ▪ Ideally has its own resuscitation equipment or is very near an area where emergency treatment can be given and/or where the child can be examined and further assessed ▪ Has facilities and décor that is child friendly and appropriate for the developmental age of the child: <i>See Standard 4</i> ▪ Is near an area where the parents/carers and families can wait: <i>See Standard 4</i> ▪ 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 resuscitation and emergency care with:</p> <ul style="list-style-type: none"> ▪ A lead doctor and nurse to co-ordinate the care given ▪ A written resuscitation policy that includes who and how to resuscitate and when to stop ▪ A separate area (in or near the clinical area) for resuscitation and emergency care that: 	

	<ul style="list-style-type: none"> - Is appropriate for the developmental age of the child: <i>See also Standard 4</i> - Is near triage and assessment areas - Provides health workers with easy to access to the child - Provides some privacy from other child patients and families: <i>See also Standard 6</i> - Has job aides on the walls that include algorithms for Basic Life Support and Advanced Life Support - Has a clock or other way of allowing health workers to record the length of time of a resuscitation - Has a board for recording resuscitation details with a secure supply of writing materials such as pens or chalk ▪ A secure supply (does not run out) of compressed oxygen with suitable flow meters and attached spanners to release oxygen from the cylinders ▪ A secure supply (does not run out) of compressed air ▪ A system to ensure that gas cylinders are stored safely and refilled on time, or replaced immediately they run out. ▪ Clean essential emergency equipment* always available ▪ Accessible and free of charge essential emergency drugs* always available, accessible and free ▪ Job aides to help doctors and nurses give emergency care that include: <ul style="list-style-type: none"> - Calculators - Algorithms for Basic Life Support and Advanced Life Support - Clinical guidelines for the management of the common emergencies - Coma scale charts - Charts for weight related drug doses - Charts for equipment sizes related to age and weight ▪ A separate waiting area for carers and families: <i>See also Standard 4</i> ▪ A separate private area for children who die that is also suitable for bereaved families to be with their child if they want to: <i>See also Standard 4 and 6</i> 	
3.	<p>3.1 There are systems for giving care to very ill children (critically ill children) appropriate for the type of health care environment</p> <p>3.2 For giving intensive or high dependency care to very ill children in a health facility there are:</p> <ul style="list-style-type: none"> ▪ Monitoring policies that include measuring and recording the following basic indicators at least twice in 24 hours for all patients: <ul style="list-style-type: none"> - heart rates - respiratory rates - temperature - fluid input and output ▪ Charts used to show any changes in these basic indicators ▪ Additional parameters monitored in the most seriously ill children. These include: <ul style="list-style-type: none"> - blood pressure - ECG - fluid balance - oxygen saturation ▪ Charts used to show changes in these additional indicators ▪ 'Monitoring' guidelines that include how to monitor and also monitoring parameters for all the indicators with suggested limits to guide further action 	

	<ul style="list-style-type: none"> ▪ Clinical guidelines based on the published evidence that are used by all professional health workers for the management of the common serious acute illnesses: <i>See Chapter 28</i> ▪ Essential monitoring equipment* that is effective (works properly), clean and electrically safe 	
4.	<p>4.1 There are policies and systems for the safe transfer of acutely ill children:</p> <ul style="list-style-type: none"> ▪ From the community to a health facility ▪ To other clinical areas within same health facility (internal transfer) ▪ From a health facility to a specialist health facility (external transfer) <p>4.2 There is essential equipment for transfer that includes:</p> <ul style="list-style-type: none"> ▪ Incubators for neonates, ▪ Compressed oxygen ▪ Resuscitation equipment, especially self-inflating bag/valve/mask systems ▪ Monitoring equipment ▪ Disposables for giving fluids and drugs ▪ Emergency and other treatment drugs 	
5.	<p>Supportive care (psycho-social and emotional) is available when a child has a critical illness for: <i>See also Standard 2</i></p> <ul style="list-style-type: none"> ▪ The child and their family ▪ The health workers caring for the child 	
6.	<p>6.1 There is regular theoretical and practical education/training for <u>all</u> professional health workers about:</p> <ul style="list-style-type: none"> ▪ Triage ▪ Resuscitation and emergency care ▪ The care of very ill children (critical care) ▪ Use, cleaning of and maintenance of equipment ▪ Monitoring parameters <p>6.2 A record is kept about training by the individual and their manager or head of department (<i>Key indicator</i>)</p> <p>6.3 There is training equipment, such as manikins (doll models), resuscitation bags and other essential resuscitation equipment available for basic and advanced life support training that works properly and is clean. (<i>Key indicator</i>)</p>	
7.	<p>Data management includes:</p> <ul style="list-style-type: none"> ▪ Making timely records of all aspects of a resuscitation ▪ Collecting and examining the outcomes of resuscitation (<i>Key indicator</i>) ▪ Collecting and examining the outcomes for children who are very ill ▪ Collection and examining information about the probable cause of the death (<i>Key indicator</i>) 	
8.	<p>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:</p> <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 outcomes for children who have been resuscitated (whether resuscitation achieves its objective) ▪ The circumstances surrounding the death of each 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?	YES / NO
--	----------

<i>If yes please tick which apply to you</i>	Theory	Practical
As a student	<input type="checkbox"/>	<input type="checkbox"/>
Induction training when starting in this clinical area	<input type="checkbox"/>	<input type="checkbox"/>
A country or internationally recognised paediatric or neonatal basic life support course that issues a certificate	<input type="checkbox"/>	<input type="checkbox"/>
A country or Internationally recognised advanced paediatric or neonatal life support course that issues a certificate	<input type="checkbox"/>	<input type="checkbox"/>
Practical training about the resuscitation equipment used here	<input type="checkbox"/>	<input type="checkbox"/>
Any other relevant education/training or other learning experience? Please describe	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions about the last resuscitation you were involved with (a baby or child that died or who survived a respiratory arrest, cardiac arrest and/or treatment for shock).

Did the child survive?	YES / NO
------------------------	----------

		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	

	<p>first)?</p> <p>If yes, was the serious condition of the child recognised and treated immediately?</p>	
2.	<p>Was there any delay in starting resuscitation?</p> <p>If yes, why?</p> <p>What could be done to avoid the same delay happening again?</p>	
3.	<p>Were there two or more skilled (trained in resuscitation) health workers present at the start of the resuscitation?</p> <p>Did you need to get a senior health worker to help (or were you the senior summoned to help)?</p> <p>If you did need to get help, did the help arrive quickly/ did you arrive quickly?</p> <p>If yes, how long did this take?</p> <p>If not, what could be done to make it better?</p>	
4.	<p>Was a parent/carer present during the resuscitation?</p> <p>If not, do you think they should be present if they want to be?</p> <p>If yes, was this helpful?</p> <p>If yes, why?</p> <p>Was there a separate health worker to look after the family during the resuscitation?</p> <p>Was the resuscitation (and/or death) private for the child and parent(s) or other carers?</p>	
5.	<p>Was an appropriate clinical guideline about resuscitation <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>Can you get support from anyone if you are upset by a resuscitation or death?</p> <p>If yes, who do you get support from?</p>	
9.	<p>Was what happened written down accurately at the time of the resuscitation?</p> <p>Were these details written in the child's record immediately after the resuscitation?</p> <p>If not what could make this better?</p>	
10.	<p>Have you ever attended a mortality audit meeting?</p> <p>Have you ever attended a critical event/incident audit? <i>This is a special meeting that reviews the circumstances that led to the event to identify problems and plan change(s) to prevent them happening again. It does not seek to blame but seeks to learn from what happened and to improve care</i></p> <p>Do you know approximately how many babies/children die in your clinical area a year?</p> <p>If yes, how many?</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.

THANK YOU

SECTION 2: Questions about basic life support

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?
6. What would be good reasons for not doing a lumbar puncture in a child with suspected meningitis (what are the contraindications)?

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

SECTION 3: Questions about advanced life support

Only answer this section if you have received advanced life support training, or care for children who are intubated and or ventilated

<p>1. Which usually happens first in a child, a respiratory or a cardiac arrest, and what are the two commonest physiological causes of a cardiac arrest in a child (the underlying causes not the diagnoses)?</p>
<p>2. What method would you use to get airway access in a child with a severe upper airway obstruction when bag and mask ventilation is ineffective, and intubation is not possible?</p>
<p>3. What ratio of cardiac massage to assisted breathing would you use for resuscitating a one to eight-year old?</p>
<p>4. In a child with severe shock:</p> <ul style="list-style-type: none"> ▪ How and where would it be possible to get fast vascular access if venous cannulation has failed? ▪ What volume of fluid would you give to treat the shock and how would you give it?
<p>5. What is the normal 24 hour fluid requirement for a child weighing 25Kg?</p> <ul style="list-style-type: none"> ▪ If the child is 10% dehydrated what is the fluid deficit and how would you replace this?
<p>6. What is the normal 24 hour urine output for a child weighing 20Kg?</p>
<p>7. What is the normal 24 hour sodium requirement for a child weighing 10Kg?</p>

8. What job aides can be used to assess a child's level of consciousness?
9. What dose of glucose/dextrose would you give to an unconscious child who you know or suspect is hypoglycaemic and how would you give this?
10. After a freshwater drowning, how long would you continue resuscitation if the child's pupils were fixed and dilated?

THANK YOU

Printed name and initials of Assessor _____

Post held _____

Signature of Assessor _____ Date _____

References

Management of the Child with a Serious Infection or Severe Malnutrition.
WHO. ISBN 92 4 154531 3

International Child Health Care - A practice manual for hospitals worldwide.
Child Advocacy International 2002. BMJ Books. ISBN 0 7279 1476

Advanced Paediatric Life Support. The Practical Approach (APLS). 2nd edition.
BMJ Publishing Group. ISBN 0-7279-1069-8

Pediatric advanced Life Support. American Academy of Pediatrics (PALS).
ISBN 0-87493-635-7

SECTION 4: 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-osseus 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: basic life support questions for health workers****For assessors only.**

		SCORES
1.	<p>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>	
2.	<p>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;">TOTAL possible score 4</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 <u>or</u> 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;">TOTAL possible score 5</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;">TOTAL possible score 5</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;">TOTAL possible score 10</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 (2 points) ▪ reduced skin turgor (2+ seconds) (2 points) ▪ altered conscious state (2 points) ▪ dry mucous membranes, crying without tears (2 points) ▪ tachycardia, tachypnoea or signs of shock (½ point each) ▪ reduced urine output, unable to drink or poor drinking (½ point each) <p style="text-align: right;">TOTAL possible score 10</p>	
6.	<p>QUESTION. What would be good reasons for not doing a lumbar puncture in a child with suspected meningitis?</p> <p>ANSWERS</p> <ul style="list-style-type: none"> ▪ coma/unconscious (1 point) ▪ convulsions/convulsing (1 point) ▪ signs of raised intracranial pressure or papilloedema, bradycardia, hypertension, pupils unequal/other cranial nerve palsies: (½ point each) ▪ severe respiratory distress or shallow irregular breathing/apnoeas (½ point each) ▪ bleeding/clotting disorder (½ point each) ▪ infection or other major lesion at LP site (+) (½ point each) ▪ very ill or shock or cardio-respiratory collapse (½ point each) ▪ widespread petechial rash (1 point) ▪ lack of sterile equipment (1 point) ▪ parents refuse consent (1 point) <p style="text-align: right;">TOTAL possible score 10</p>	

Score	
Total possible score	60
Percentage	

PART 2: SECTION 3

Answers to APLS questions for health workers who have received advanced life support training

For assessors only

Give a point as indicated only if answer is correct

1. Questions: Which usually happens first in a child, a respiratory or a cardiac arrest? and what are the two commonest physiological causes of a cardiac arrest in a child (the underlying causes not specific diagnoses)?

Answers:

Respiratory (1 point)

Hypoxia/respiratory failure (1 point) and shock/circulatory failure (1 point)

2. Question: What method would you use to get airway access in a child with a severe upper airway obstruction where bag and mask ventilation is ineffective and intubation is not possible

Answers:

Cricothyroidotomy/cricothyrotomy (1 point)

3. Question: What ratio for cardiac massage to assisted breathing would you use for resuscitating a 1 – 8 year old?

Answer:

5 effective cardiac compressions to 1 effective respiration (1 point)

4. Questions: In a severely shocked child how and where would it be possible to get fast vascular access if venous cannulation has failed?

Answers:

By intra-osseous access (1 point)

on the anterior surface of tibia, 2 – 3 cm below tibial tuberosity (APLS),

or 1 – 3 cm below tibial tuberosity on medial surface of tibia, approximately 1 finger width below and medial to the tibial tuberosity (PALS),

or on the antero-medial surface of tibia, 1-2 cm below tibial tubercle (WHO)

(1 point for any one correct answer)

and what volume of fluid per Kg would you give to treat the shock and how would you give this?

Answers: 20 ml/kg, followed by further 20 ml/kg if no significant improvement (1 point). Give as a push using a syringe as fast as possible (1 point).

5. Question: What is the normal 24 hour fluid requirement for a child weighing 25Kg?

Answer:

Using the following formula:

100 ml/kg/24 hours for first 10 kg

+ 50 ml/kg/24 hours for next 10 kg

+ 20 ml/kg/24 hours for rest

= 1000 + 500 + 100 = 1600mls/24 hours (1 point)

If the child is 10% dehydrated what is the fluid deficit and how would you replace this?

Answer:

Using the formula ‘% dehydration x weight in kg x 10’ = 2500 mls fluid deficit in mls (1 point).

Replace this over 24 hours in addition to normal fluid requirements (1 point).

6. Questions: What is a normal 24 hour urine output for a child weighing 20 Kg and what would be abnormal.

Answer:

Between 480 and 960 ml in 24 hours *(1 point)* and below 500 ml *(1 point)*.

(normal urine output in a child is 1-2 mls/kg/hour, in an infant \geq 2 mls/kg/hour)

7. Question: What is the normal 24 hours sodium requirement for a child of 10 Kg?

Answer: 20 – 40 mmols *(1 point)*

(It also depends on the child's weight and losses)

2 – 4 mmol/kg/24 hours for first 10 kg body weight

1 – 2 mmol/kg/24 hours for second 10 kg body weight

0.5 – 1.0 mmol/kg/24 hours for subsequent kg body weight)

8. Question: What job aides or methods could you use to assess a child's level of consciousness?

Answer:

AVPU

A + alert

V = responds to voice

P = only responds to pain

U = unresponsive

The other method commonly used is the Glasgow coma scale *(1 point for either method, 2 if both mentioned)*

9. Question: What dose of glucose/dextrose would you give an unconscious child who you know or suspect is hypoglycaemic?

Answer:

0.5 gm/kg or 5 mls/kg of 10% dextrose *(1 point for either answer)* (50% dextrose is best not used therefore no score if this is in the answer, unless there is mention of dilution)

10. Question: After freshwater drowning, how long would you continue resuscitation if the child's pupils were fixed and dilated?

Answer:

Longer than normal/40 minutes is recommended *(1 point for either answer)* + continue for longer if core temperature is below 320 *(1 point)*

Total possible score = 20 (100%)

References

Management of the Child with a Serious Infection or Severe Malnutrition.

WHO. ISBN 92 4 154531 3

Advanced Paediatric Life Support. The Practical Approach (APLS). 2nd edition.

BMJ Publishing Group. ISBN 0-7279-1069-8

Pediatric advanced Life Support. American Academy of Pediatrics (PALS).

ISBN 0-87493-635-7

International Child Health Care - A practice manual for hospitals worldwide.

Child Advocacy International 2002. BMJ Books. ISBN 0 7279 1476.

Dr D Carapiet, Department of Anaesthesia, Queen Alexandra Hospital, Portsmouth PO6 3LY published in Archives Diseases Childhood 2001

STANDARD 8**PART 3: Interview for parents/carers or older school age child**

(only for those parents/carers or children who have recovered from or are recovering from a very serious illness)

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.	Please tell me about what has happened to you/your child?	
2.	Have there been any delays in getting, or starting treatment since you came here? If yes , what were these?	
3.	Were you able to stay with your child when he/she was very ill (including during resuscitation if relevant)? If not , would you have liked to?	
4.	Looking back, is there anything you would have liked done differently? If yes , what?	

5.	What might have made it easier for you? If yes, what?	
----	--	--

If you were the Minister of Health, is there anything you would do to make things better here for children who are very ill?

THANK YOU

Printed name and
initials of
Interviewer _____

Post held _____

Signature of
Interviewer _____ Date _____

child friendly healthcare initiative

TOOL 2

STANDARD 9

'Enabling a child to play and learn'



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, encouraged and enabled for all children who are well enough when the child is awake, especially at the bedside if the child is too ill or unable to go to an area set aside for play or no play area is available. ▪ In a health facility there is a play service with either separate play worker(s) (<i>Key indicator</i>), or health worker(s) who set up and supervise play. ▪ 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 ▪ Parents/carers of a child attending or staying overnight in a health facility are actively encouraged to bring play materials with them for their child to use 	
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, ▪ Individual storage facilities for each child's own toys: <i>See Standard 6</i> 	
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> ▪ There is a policy and system to make sure that only safe* toys are permitted for use in the health facility: <i>See also Standard 3</i> 	

4.	<p>Information and advice is given to or is available in the healthcare environment for all families about: <i>(See also Standards 5 and 11)</i></p> <ul style="list-style-type: none"> ▪ The importance of play ▪ Safe and appropriate play materials 	
5.	<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 and surgery ▪ 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> 	
		<i>Score</i>
		<i>Total possible score</i>
		<i>Percentage</i>

* 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 _____

LEARNING (School-age children)

Check list for self-assessment or for completion by an outside assessor after observations and discussions with the health workers responsible for these aspects of children’s healthcare. (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 learning:</p> <ul style="list-style-type: none"> ▪ There is a written statement about supporting and enabling school type education for school age children with health problems ▪ For each school-age child who is in a health facility for more than a few days and is well enough, continuing school-type education is made possible ▪ Learning is supervised at the bedside when a child is unable to leave their bed for any health reason ▪ For children seen in other healthcare environments learning is supported and encouraged ▪ The child and their parents/carers are encouraged to bring their own learning materials to a health facility 	
2.	<p>Resources for learning in the health facility include:</p> <ul style="list-style-type: none"> ▪ A lead health worker with teaching skills, or a qualified teacher who comes into the health facility to supervise learning ▪ A dedicated (separate) place to learn where a school type education can be given in the clinical area or nearby ▪ Learning materials that are either provided by the health facility or the child’s own 	
3.	<p>There are systems to provide:</p> <ul style="list-style-type: none"> ▪ Relevant information to a child’s individual school if the child has (<i>Key indicator</i>): <ul style="list-style-type: none"> - A significant health problem that is likely to affect learning or school attendance - Special needs, including a disability that is likely to affect their learning or school attendance - A contagious illness that may affect other children - Advice and information to schools on general health issues 	
<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 _____

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.	<p>Is play/stimulation important for a child's 'normal' development? If yes, in what ways is it important?</p>	
5.	<p>Have you had any training/education about play or sensory stimulation? If yes, when was this and what was this about?</p>	
6.	<p>Have you ever contacted a child's schoolteacher for any reason? If yes, what was this about?</p> <p>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.</p>	

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?

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.	<p>Are there enough things for you/your child to do here? If not, what could the health workers here do to make this better?</p>	
2.	<p>Do you think you/your child should be able to play even when sick/ill? If not, when might play/stimulation be helpful?</p> <p>Do you think it is important to be able to play here when you/your child is well enough? If yes, have you/your child enough opportunities for play here? If not, what could make it better?</p>	
3.	<p>Are there enough toys/play materials here?</p> <p>In-patients only: Are you encouraged to bring toys/play materials with you? If yes, is there somewhere safe to keep them?</p>	

4.	<p>Do the health workers encourage, or help, you to play/with your child? If yes, how?</p>	
5.	<p>Is it safe for you/your child to play here? If not, what could make it safer?</p> <p>Is there a separate place to play? If yes, is it possible to use this all day, every day? If not why, and what could make this possible?</p>	
6.	<p>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?</p>	
7.	<p>Are you/is your child worried about missing school? If yes, what could help with this?</p>	
8.	<p>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?</p>	
9.	<p>Only ask if child is an in-patient and has been in hospital for more than one week</p> <ul style="list-style-type: none"> ▪ Have you been asked to bring in schoolwork for yourself/your child? ▪ Would you like to (or do you) do schoolwork here? ▪ Are you helped with this in any way? <p>If yes how, and if not, do you think you should be?</p>	

	<ul style="list-style-type: none">▪ Has anybody contacted your/your child's schoolteacher about your/your child's health since you have been here? If not, would this be helpful?	
--	--	--

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

Interview for a young child (usually one below school age)

Usually these questions are best asked with a carer present and after or during the interview with this carer.

Consent obtained for interview from child and carer YES NO

		Y/N
1.	Do you ever feel bored here? If yes, what would you like to be able to do?	
2.	Do you like to play even when you are sick /ill or in hospital?	
3.	Are there enough things here for you to play with?	
3.	Can you play whenever you want to?	
4.	Does anyone here help you play?	

Is there anything else you would like to tell me about playing here and also what it is like for you being here?

THANK YOU FOR HELPING US

Printed name and initials of Interviewer _____

Post held _____

Signature of Interviewer _____ Date _____

child friendly healthcare initiative

TOOL 2

STANDARD 10

*'Protecting children –
recognising and supporting vulnerable and abused children'*

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)



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
---	---	---

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 doctor and nurse 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> ▪ Referral of vulnerable families to community systems* that can support them ▪ Clearly defined referral procedures for children suspected of being abused ▪ A knowledge of the countries legal framework for protecting children ▪ Referral to a social welfare service (or similar support service if one exists) that can provide general and emotional support to vulnerable families ▪ Referral to a social welfare service (or similar support service if one exists) that can provide general and emotional support to abused children, their siblings and other family members 	
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 doctor and nurse (and/or child protection team if one exists) at an early stage to supervise and coordinate the management of the child and family ▪ Systems/procedures for sharing information about suspected and confirmed abuse with others in the relevant services and organisations ▪ 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:</p> <ul style="list-style-type: none"> ▪ Before starting work in a new or different health facility or other healthcare environment ▪ At regular intervals <p>3.3 The lead doctor and nurse keep records about an individual health workers training (<i>Key indicator</i>)</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 ▪ Collecting confidential information about all abused children attending a health facility that contributes to a register of abused children (<i>Key indicator</i>) ▪ This register is accessible to doctors and nurses throughout the 24 hours 	
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 include looking at:</p> <ul style="list-style-type: none"> ▪ Compliance (followed by all health workers) with policies, systems of care and guidelines on the management of suspected abuse so that these can be seen to have been achieved ▪ Individual cases of child abuse, exploitation and/or neglect ▪ Outcomes for abused children ▪ The deaths of an abused child 	
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 _____

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.	<p>Have you had any education/training about 'vulnerable' children and families? <i>(If yes, please tick each that applies to you)</i></p> <p><input type="checkbox"/> As a student</p> <p><input type="checkbox"/> When starting to work in my present job (induction training)</p> <p><input type="checkbox"/> As part of continuing professional development or during post-graduate training</p> <p><input type="checkbox"/> Attendance at a Course on Child Protection</p> <p>Would you like/ do you need more training on this issue?</p> <p>If none of the above, do you think such training is necessary/important for your work?</p>	
2.	<p>Have you had any training about 'child abuse or child protection' <i>(If yes, please tick each that applies to you)</i></p> <p><input type="checkbox"/> As a student</p> <p><input type="checkbox"/> When starting to work in my present job (induction training)</p> <p><input type="checkbox"/> As part of continuing professional development or during post-graduate training</p> <p><input type="checkbox"/> Attendance at a Course on Child Protection</p> <p>If none of the above, do you think such training is necessary/important for your work?</p> <p>If you have had some training on this topic do you think you need more?</p>	
3.	Do you use any policies or guidelines to help you identify vulnerable children?	

If you were the director of the health facility or the Minister of Health is there anything you would do to help vulnerable children and protect children from abuse, exploitation and neglect?

THANK YOU

If you have had any education/training about child abuse, please complete the next section.

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.	In any child, is physical abuse/ill-treatment the commonest cause of multiple fractures (broken bones) of different ages?	
8.	Is shaking a baby a common cause of intra-cranial and retinal haemorrhages?	
9.	Is abuse/ill treatment a possible cause of a bruise on a child's abdomen and signs of peritonitis and shock?	
10.	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. Yes
9. Yes
10. No

STANDARD 10

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

To be completed by interviewer.

This needs to be a sensitive interview with parents/carers of vulnerable or abused children or an older vulnerable or abused child that is non-judgmental. It is aimed at learning from their experiences in order to improve systems of care and practice. This should be undertaken some time after the abuse has been recognised and managed. It should not be undertaken at the time of initial disclosure/recognition and management or during the period immediately afterwards.

Do not ask the questions unless the older child or parent/carer wants to talk to you, if they seem uncomfortable about talking, tell them that they do not have to answer any questions unless they want to. Ensure that the parent or child has appropriate support available for during and after the interview.

Date _____

Health facility (*if relevant*) _____
 Clinical area, health care
 environment or home _____

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.	Are you able to tell me what has happened to you/you and your child and how you feel about this? If yes , please tell me about this?	
2.	Do you understand everything that has happened (since you came here)? If not , what don't you understand?	

3.	<p>Do you feel that you/you and your child have been well looked after (here)? If not, why not?</p>	
4.	<p>Do you think you/you and your child have been treated with proper respect? If not, please explain why?</p>	
5.	<p>Are you worried about what might happen to you/you and your child? If yes, what is worrying you?</p>	
6.	<p>FOR PARENT/CARER ONLY: Is there any help that you would like to enable you to look after your child?</p> <p>FOR CHILD ONLY: Is there anything that the health workers here could do to help your parents/family look after you and protect you? If yes, what?</p>	
7.	<p>Is there anything that you think could have been done differently or better? If yes, what? If not, what have they done that you have especially liked?</p>	

8.	Is there anything that would have prevented the abuse/prevented you from being vulnerable? If yes, what?	
----	---	--

If you were the minister of health what would you do to help prevent children from being abused (whichever is applicable: physical, sexual, emotional abuse, or exploitation or neglect) and/or vulnerable?

THANK YOU FOR TALKING TO ME/US

Printed name and
initials of
Interviewer _____

Post held _____

Signature of
Interviewer _____ Date _____

child friendly healthcare initiative

TOOL 2

STANDARD 11

'Monitoring and promoting health'



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 workers (doctor and nurse) to coordinate immunisation ▪ A policy and system of care 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 for polio, tetanus, diphtheria, whooping cough, measles, tuberculosis and hepatitis ▪ Vaccines for, rubella, mumps, haemophilus (HiB), meningococcus C, and rabies ▪ Those needed for 'cold chain' protection ▪ 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 ▪ Standardised (the same) guidelines used by all health workers for how to weigh and measure children of different ages ▪ Using appropriate growth charts with normal parameters for growth to guide health workers 	

	<ul style="list-style-type: none"> ▪ 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 measurements are taken</i>) 																															
3.	<p>There is a system for monitoring the development of all children. This includes:</p> <ul style="list-style-type: none"> ▪ Using job aides (such as special toys, hearing testing equipment, charts of normal development) for confirming normal development ▪ Recording normal development and telling parents about this ▪ Using systems for how to proceed if problems with development are suspected ▪ A lead health professional and/or team who are experts in child development to confirm any type of delay and guide the investigation and healthcare of the child. (<i>Key indicator: percentage of parents/carers of a child with a significant delay in one or more aspects of their development who have been seen by them</i>) ▪ Services, or access to services, to help a child with: <ul style="list-style-type: none"> - A problem with movement or posture (delay or difficulty with sitting or walking etc) - Loss or absence of a limb - A sensory delay or confirmed sensory loss such as a deaf or blind child - A learning difficulty 																															
4.	<p>There is/are:</p> <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 resuscitating and giving care to the newborn: <i>See also Standards 1 and 8</i> 																															
5.	<p>There is a health education program that has:</p> <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 as follows: <table border="1" data-bbox="316 1301 1155 1603"> <thead> <tr> <th></th> <th colspan="4">Health education advice is given to:</th> </tr> <tr> <th><i>(Please tick)</i></th> <th>Verbally</th> <th>As written information</th> <th>As pictorial information</th> <th>In local languages</th> </tr> </thead> <tbody> <tr> <td>Children</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Carers/Families</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Breast feeding mothers</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pregnant women</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <ul style="list-style-type: none"> ▪ 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 		Health education advice is given to:				<i>(Please tick)</i>	Verbally	As written information	As pictorial information	In local languages	Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carers/Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast feeding mothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Health education advice is given to:																															
<i>(Please tick)</i>	Verbally	As written information	As pictorial information	In local languages																												
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
Carers/Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
Breast feeding mothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												

	<input type="checkbox"/> Food safety <input type="checkbox"/> A health lifestyle <input type="checkbox"/> Child development	
6.	<p>There are screening programs for detecting health problems that can be treated with the resources available in the country. These programs have:</p> <ul style="list-style-type: none"> ▪ A system/systems in place to make sure they are followed ▪ Systems in place to refer each child with a possible health problem detected by screening for further investigation and confirmation of the problem ▪ Services to investigate and treat a child with a confirmed health problem/disease detected by the screening ▪ Access to genetic advice for families 	
7.	<p>There is regular education/training for all professional health workers about:</p> <ul style="list-style-type: none"> ▪ The immunisation policies, guidelines and systems of care ▪ Growth ▪ Nutrition including malnutrition ▪ Child development ▪ Childhood disabilities ▪ Country disease screening programs ▪ The immunisation coordinator keeps a record about individual health workers immunisation training (<i>Key indicator</i>) 	
8.	<p>Data (written information) management includes:</p> <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 on immunisation rates at important ages and on discharge from a health facility ▪ Collecting and examining data about malnutrition rates and outcomes ▪ Collecting and examining data about children with disabilities and outcomes ▪ Collecting and examining data on disease screening rates and 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>	
9.	<p>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:</p> <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 	
		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 _____

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 children who have a problem with their development? 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> <p>If you do not give these yourself do you check later to see if they have been given?</p>	

<p>3.</p>	<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>	
<p>5.</p>	<p>Have you had any education/training about children's development?</p> <p>Do you routinely monitor a child's development when they come here? If not, who does this?</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>	

6.	<p>Do you always ask parents what health issues they would like information about?</p> <p>Do you think parents/carers are given enough information here about how to keep their child healthy?</p> <p>Do you always ask school age children what health issues they would like information about?</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:</p> <p><i>(Please tick)</i></p> <p><input type="checkbox"/> Healthy lifestyles</p> <p><input type="checkbox"/> Immunisation</p> <p><input type="checkbox"/> Breast feeding</p> <p><input type="checkbox"/> Food safety</p> <p><input type="checkbox"/> How to recognise if their child is ill</p> <p><input type="checkbox"/> Dental health</p> <p><input type="checkbox"/> Accident prevention</p> <p><input type="checkbox"/> Sexual health, including HIV/aids and family spacing</p> <p><input type="checkbox"/> Nutrition</p> <p><input type="checkbox"/> The importance of hand-washing and hygiene</p> <p><input type="checkbox"/> The health effects of smoking</p> <p><input type="checkbox"/> Other issues</p> <p>Do you give information to school age children about how to be healthy?</p> <p>If yes, what issues do you usually give them information about?</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 	

	<p>and any health problems)?</p> <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"> ▪ Have you any worries about keeping yourself/your child healthy? If yes, what are these? ▪ 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? ▪ Has a health worker here given you information about other general health issues/a healthy lifestyle? If yes, what were these? ▪ 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? 	
6.	<p>Ask only if child has a disability or chronic (long term/continuous) health problem</p> <p>Have you had/do you have enough advice and support from the health workers? If not, what else would be helpful?</p>	

--	--	--

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

child friendly healthcare initiative

TOOL 2

STANDARD 12

'Supporting the best possible nutrition for children'



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.	<p>Organisation and management of nutrition:</p> <ul style="list-style-type: none"> ▪ Appropriate food is prepared for pregnant women, breast feeding mothers and children in an in-patient health facility ▪ Advice is available from a lead health worker(s) with skills and/or training about breast feeding and nutrition (<i>Key indicator</i>) ▪ In an in-patient health facility skilled help with feeding is available ▪ There is access to a feeding support service for special feeding with foods given orally, or by gastric or jejunal tubes (enteral feeding) ▪ There is access to a feeding support service for foods given intravenously (parenteral feeding) if this resource is available 	
2.	<p>There are systems of care and/or policies for:</p> <ul style="list-style-type: none"> ▪ Breast feeding ▪ Assessing each child's nutritional status: <i>See also Standard 11</i> ▪ Meeting each child's nutritional needs: <i>See also Standard 11</i> ▪ Promoting, and in an in-patient health facility for preparing food safely: <i>See also Standard 3</i> ▪ Promoting, and in an in-patient health facility for storing food safely: <i>See also Standard 3</i> ▪ Prescribing and giving food supplements ▪ Prescribing and giving vitamin supplements that comply with any country support programs ▪ Prescribing and giving mineral supplements ▪ Prescribing and giving Special feeds and diets 	

	<ul style="list-style-type: none"> ▪ Prescribing and giving enteral and parenteral (if resources permit) feeding 	
3.	<p>Resources in a health facility include:</p> <ul style="list-style-type: none"> ▪ A safe, secure supply of drinking water: <i>See also Standard 3</i> ▪ A secure free supply of food for children ▪ Appropriate food for the different age/ developmental levels ▪ A secure supply of free or easily affordable food for pregnant mothers ▪ A secure free supply of recommended supplements ▪ A secure supply of special feeds, or access to these ▪ A secure supply of enteral and parenteral feeds or access to these ▪ Safe storage facilities ▪ Kitchen and food preparation equipment which is electrically safe and safe from infection transmission: <i>See also Standard 3</i> ▪ Equipment for growth monitoring: <i>See also Standard 11</i> 	
4.	<p>There are standardised clinical guidelines or job aides about: <i>See Standard 2</i></p> <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 supplements ▪ Special feeds and diets ▪ Enteral and parenteral feeding 	
5.	<p>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></p> <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 breast feeding the management of severe malnutrition ▪ Feeding problems 	
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:</p> <ul style="list-style-type: none"> ▪ Compliance with nutrition policies and systems of care ▪ Compliance with nutrition guidelines ▪ Compliance with country nutritional support programs 	
		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

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.	<p>Is it always possible to get prescribed food supplements or special diets here? If not, what could be done to make this better/improve this?</p>	
6.	<p>If food is given to children here, do you think that it is always suitable? If not, why is it unsuitable?</p> <p>What could be done to make the food better?</p> <p>Do you think that the food here is prepared safely? If not, why do you think it is unsafe?</p> <p>What could make it better/improve food safety?</p>	
7.	<p>Have you had any training about:</p> <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)? ▪ The UNICEF/WHO 10 recommended steps to successful breastfeeding? ▪ The policies about feeding that are followed here? 	
8.	<p>Do you think that all the children in your care have enough help with feeding? If not, which children don’t?</p> <p>How could this be better?</p>	

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?

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: A. Did you/do you breastfeed your child? If yes , have you been given enough help and advice about breastfeeding? If not , what other help or information would you have liked? B. Did you/do you bottle feed your child? If yes , were you given enough help and advice about this by a health worker? If yes , did a health worker advise you how to make milk feeds safely? If not , what other help or information would you have liked?	
3.	Have you been given enough advice about the foods you need /your child needs? If not , what else would you like advice about?	

4.	<p>Have you/ your child been given: <i>(Please tick)</i> <input type="checkbox"/> Extra food <input type="checkbox"/> Extra vitamins <input type="checkbox"/> Extra minerals <input type="checkbox"/> Special meals</p> <p>If yes, will you need to give this/these at home? Will this be possible? If not, why not?</p>	
5.	<p>Do you think the food <u>here</u> is safe for you/your child to eat? If not, please tell me why?</p>	
6.	<p>Is the food <u>here</u> suitable for you/you and your child? If not, please tell me why?</p> <p>Are you are able to get the right foods for your child when you are at home? If not, please tell me why?</p>	

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.

TOOL 2: Standard 12

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