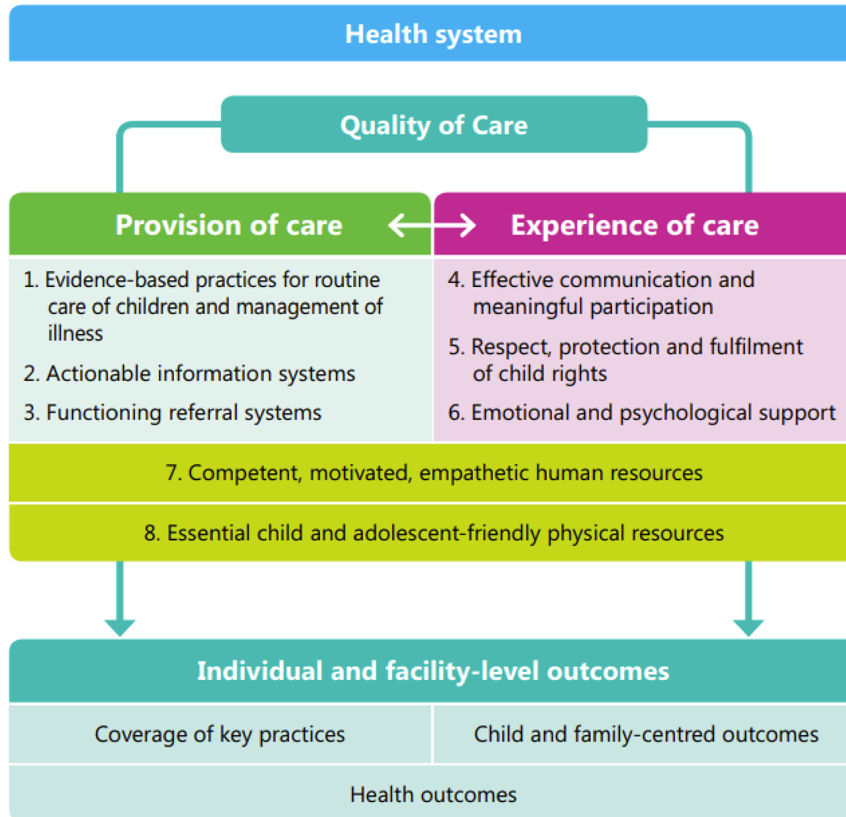
Supplementary Appendix

Appendix A: WHO framework for improving the quality of paediatric care



Reproduced from WHO Standards for improving quality of care for children and young adolescents in health facilities[4]

Appendix B – Search strategies for systematic review on assessment tools for quality of care for children attending health facilities

MEDLINE Search strategy

#1	*"quality of health care"/ or *Quality Indicators, Health Care/
#2	(quality and health*).hw. and (mt or st or td or sn).fs.
#3	*"Delivery of Health Care"/
#4	1 and 3
#5	epidemiologic methods/ or data collection/ or datasets as topic/ or "surveys and questionnaires"/ or health care surveys/ or health surveys/ or exp population surveillance/
#6	Psychometrics/ or Interviews as Topic/ or reliability.tw.
#7	(tool or tools or observation*1).tw,kf.
#8	(evaluat* or measur* or assess* or data or monitor*).tw,kf.
#9	epidemiologic measurements/ or censuses/
#10	(1 or 2) and (5 or 6 or 7) and (8 or 9)
#11	*"quality of health care"/ or *"standard of care"/ or *culturally competent care/ or *health resources/ or exp *health services accessibility/ or *comparative effectiveness research/ or *"global burden of disease"/
#12	11 and (2 or 6) and (8 or 9)
#13	4 or 10 or 12
#14	*"quality of health care"/
#15	health facilities/ or hospital units/ or hospitals/
#16	(health-facilit* or (health* adj2 centre*) or (health* adj2 center*) or medical-center* or medical-centre*).tw,kf.
#17	(13 or 14) and (15 or 16)
#18	limit 17 to "all child (0 to 18 years)"
#19	limit 18 to (english language and yr="2008 -Current")

PubMed keyword search strategy

#1	Title/Abstract	(“quality of health care” OR “quality of health-care” OR “quality of healthcare” OR health-care-quality OR healthcare-quality OR “standard of health care” OR “standards of health care” OR “standard of health-care” OR “standards of health-care” OR “standard of healthcare” OR “standards of healthcare” OR health-care-standard* OR healthcare-standard*) AND
	Title/Abstract	(survey* OR questionnaire* OR psychometric* OR tool OR tools OR evaluat* OR measur* OR assess* OR monitor*) AND
	Title/Abstract	(Health-facilit* OR medical-facilit* OR hospital OR hospitals* OR health-centre* OR health-center* OR medical-center* OR medical-centre*) AND
#2	All fields	(newborn* OR new-born* OR baby OR babies OR neonat* OR neo-nat* OR infan* OR toddler* OR pre-schooler* OR preschooler* OR child OR children OR pediatric* OR paediatric*) AND (NOTNLM OR publisher[sb] OR inprocess[sb] OR pubmednotmedline[sb] OR indatareview[sb] OR pubstatusaheadofprint)
#3		#1 AND #2 Filters: Publication date from 01/01/2008 to 31/12/2020 Filters: English

Search results yielded for each database/ search site

	21/08/2020
MEDLINE	658
Global Health database	163
PubMed	255
International Journal for Quality in Healthcare	42
WHO Bulletin	62
WHO IRIS	27
World Bank	7
Hand-picked publications	9
Total	1223

Appendix C – Quality standards, quality statements and quality measures detailed in the WHO "Standards for improving quality of care for children and young adolescents in health facilities"

STANDARD 1: Every child receives evidence-based care and management of illness according to WHO guidelines.			
Quality Statement	**Input**	**Process/Output**	**Outcome**
1.1 All children are triaged and promptly assessed for emergency and priority signs to determine whether they require resuscitation and receive appropriate care according to WHO guidelines.	1. The health facility has written, up-to-date clinical protocols and procedures for emergency triage, assessment and management of common paediatric emergencies and trauma consistent with evidence-based and/or WHO guidelines. 2. The health facility has the essential equipment and supplies for assessing and monitoring paediatric emergencies (e.g. weighing scales, thermometer, blood pressure measuring device, blood glucose and oxygen saturation tests). 3. The health facility has a 24-h triage system for every sick child to ensure a rapid visual inspection within a few minutes of arrival that is not delayed by administrative or payment procedures. 4. The health facility receiving a referred paediatric patient with danger or emergency signs or injuries has a system for immediate emergency care, and a full initial assessment is made by suitably trained staff within 15 min of arrival. 5. The health facility has a designated emergency care area, room or trolley in the outpatient area and wards equipped with appropriate paediatric equipment, supplies and essential medicines for emergency resuscitation and initial treatment. 6. The designated emergency care area, room or trolley in the outpatient area and wards has visible emergency care aids (e.g. standardized algorithms or protocols, medicines, fluids and treatment dosage wall charts). 7. The health facility professional staff organize emergency care drills at least once every 12 months for all staff working in paediatric emergency areas and on wards to which severely ill children are admitted. 8. The health facility maintains an update-to-date 24-h staff duty roster, with a functioning contact mechanism for finding additional support, which ensures that staff responsible for paediatric triage are available at all times.	9. Proportion of all children with general danger or emergency signs or injuries who were assessed within 15 min of arrival at the facility 10. Proportion of all children with general danger or emergency signs who required referral who received correct emergency and/or prereferral treatment. 11. Proportion of all children under 5 years of age who did not require urgent referral or admission who were properly assessed according to WHO Integrated management of childhood and neonatal illnesses (IMNCI) guidelines. 12. Proportion of all professional health staff who care for children in a health facility who received training or refresher courses in emergency triage, assessment and treatment or paediatric emergency care during the past 12 months. 13. Proportion of all professional health staff who care for children in a health facility who received training and/or refresher sessions in the management of common paediatric conditions during the past 12 months. 14. Proportion of all sick children who attended the health facility who were immediately triaged on arrival, before receiving definitive care or a full assessment by a health professional. 15. Proportion of all children in shock who were adequately assessed for signs of shock and were appropriately resuscitated according to WHO guidelines.	16. Proportion of all cases of children who died within 24 h of admission whose cases were audited and reviewed as part of performance improvement. 17. Proportion of sick children who attended the health facility who were triaged before seeing a doctor for treatment in either the outpatient department or the emergency unit. 18. The age-disaggregated child mortality rate in the health facility: number of child deaths in the total number of children who presented to the health facility). 19. Proportion of all children with emergency signs who were resuscitated and received emergency care consistent with WHO emergency care protocols and guidelines.

1.2 All sick infants, especially small newborns, are thoroughly assessed for serious bacterial infection and receive appropriate care according to WHO guidelines	1. The health facility has written, up-to-date clinical protocols for assessing, identifying and appropriately managing newborns and young infants with PSBI, local infections or jaundice, consistent with WHO guidelines. 2. The health facility has supplies of antibiotics (first- and second-line) for prereferral treatment and/or full treatment of neonatal sepsis and meningitis that are adequate for the expected case load without stock outs. 3. The health facility clinical staff who care for newborn and young infants receive training or regular refresher sessions in recognizing and managing sick young infants at least once every 12 months. 4. The referral receiving facility for high-risk and severely ill newborn and young infants has appropriate diagnostic tests and medical devices for appropriate investigation and management. 5. The referral receiving facility has adequate material to provide optimal thermal care to preterm and small infants, including facilities for Kangaroo mother care. 6. The referral receiving facility for newborns with severe jaundice has procedures in place to assess severity, check bilirubin and provide effective phototherapy. 7. The referral facility has a separate area or room in which sick newborns and young infants are admitted and managed. 8. The referral receiving health facility has facilities for Kangaroo mother care and practices rooming-in of parents with their sick infants.	9. Proportion of all sick young infants admitted to the health facility with any signs of PSBI who were appropriately classified and managed for PSBI or sepsis. 10. Proportion of all sick young infants classified as having PSBI or sepsis who were prescribed appropriate antibiotics (correct choice, dose, frequency, route of administration and duration) according to WHO guidelines. 11. Proportion of all sick young infants admitted to the facility with PSBI or fast breathing who were appropriately assessed for oxygen requirements with a pulse oximeter and received the documented appropriate amount of oxygen. 12. Proportion of all sick young infants admitted to the facility with convulsions whose blood glucose was checked and who were appropriately investigated and treated. 13. Proportion of all sick young infants with severe jaundice whose bilirubin level was checked and who were appropriately managed according to WHO guidelines. 14. Proportion of pre-term and/or small infants weighing < 2000 g who received Kangaroo mother care as part of clinical management in the health facility. 15. Proportion of all sick young infants admitted to the facility who were maintained on exclusive breastfeeding and/or received only expressed breast milk during hospitalization, up to discharge.	16. Proportion of all sick young infants treated for PSBI or sepsis who died in the health facility (case fatality rate). 17. Proportion of all sick young infants who were readmitted within 48 h of discharge. 18. Proportion of all newborns (0–28 days) managed in the health facility who died in the health facility. 19. The death rate of low-birth-weight infants in the health facility disaggregated by birth weight: 2000–2499 g, 1500–1999 g, < 1500 g.
1.3 All children with cough or difficult breathing are correctly assessed, classified and investigated and receive appropriate care and/or antibiotics for pneumonia, according to WHO guidelines.	1. The health facility has a written, up-to-date, evidence-based clinical protocol for identifying and managing children with cough or difficult breathing, consistent with IMCI and paediatric care guidelines. 2. The referral receiving health facility has basic laboratory and diagnostic tests (e.g. pulse oximetry, full blood count, culture, ultrasound and chest X-ray) available for appropriate investigation of children with severe pneumonia. 3. The health facility has adequate supplies of antibiotics (first- and second-line) for	7. Proportion of all children with cough or difficult breathing who are correctly assessed, investigated, classified and diagnosed according to the severity of pneumonia. 8. Proportion of children < 5 years with cough or difficult breathing treated as outpatients who were correctly classified according to IMCI guidelines. 9. Proportion of all children with pneumonia or severe pneumonia who received correct antibiotic treatment (formulation, dose, frequency and duration) according to WHO guidelines.	15. Proportion of all children managed for pneumonia in the health facility who died of pneumonia (case fatality rate). 16. Proportion all children who died of pneumonia among all children admitted to the health facility. 17. Proportion of all children managed for pneumonia in the health facility who died of pneumonia within the initial 24 h of admission. 18. Proportion of all children managed for wheeze or asthma in the health facility who died of wheeze.

	treatment of severe pneumonia and pneumonia for the expected case load with no stock outs. 4. The health facility has adequate supplies of inhalation bronchodilators and delivery devices for treatment of wheeze for the expected case load with no stock outs. 5. The health facility has an adequate supply of pulse oximeters and a reliable, functioning oxygen supply at all times for the expected case load with no stock outs. 6. The health facility clinical staff who care for children receive training and regular refresher sessions in assessing and managing children with cough or wheeze at least once every 12 months.	10. Proportion of all children with asthma who were appropriately administered inhalation bronchodilator treatment. 11. Proportion of all children with pneumonia to whom oxygen was appropriately administered for the clinical indication (signs of hypoxaemia or oxygen saturation < 90%). 12. Proportion of all children admitted with severe pneumonia whose respiratory rate and oxygen saturation were appropriately monitored. 13. Proportion of all children with cough for ≥ 14 days who were referred or further assessed and investigated for TB or other causes of chronic infection. 14. Proportion of all children with only cough and cold (with no signs of pneumonia or severe pneumonia) who received antibiotics.	
1.4 All children with diarrhoea are correctly assessed and classified and receive appropriate rehydration and care, including continued feeding, according to WHO guidelines.	1. The health facility has a written, up-to-date clinical protocol for identifying and managing children with diarrhoea, consistent with WHO guidelines. 2. The health facility staff use standard guidelines to assess, document and appropriately manage children with diarrhoea and dehydration or dysentery, based on WHO guidelines. 3. The health facility paediatric outpatient areas and inpatient wards have rehydration algorithms and plan A, B and C charts available and visibly displayed on the walls for use by health care workers and carers. 4. The health facility has adequate supplies for diarrhoea management (IV fluids, oral rehydration salts [ORS], zinc, antibiotics) for the expected case load without stock outs in the past 3 months. 5. The health facility has an appropriate designated space with safe, clean water and adequate supplies for preparing ORS for children with diarrhoea and dehydration. 6. The health facility clinical staff who care for children receive IMCI training and regular refresher sessions in assessing and managing children with diarrhoea who are dehydrated or have dysentery at least once every 12 months.	7. Proportion of all children with appropriately classified diarrhoea who were documented as having received an appropriate rehydration treatment plan (A, B or C) according to WHO guidelines. 8. Proportion of all children with dysentery who were correctly prescribed an appropriate course of antibiotics. 9. Proportion of all children with diarrhoea and severe dehydration who were correctly administered IV fluids according to rehydration plan C. 10. Proportion of all children managed for diarrhoea and some or no dehydration who were correctly prescribed ORS and zinc supplementation. 11. Proportion all children treated for diarrhoea and dehydration who were not prescribed medicines to reduce stool frequency (anti-motility agents) 12. Proportion of all children admitted with diarrhoea who were correctly monitored for their intake of fluids and foods 13. Proportion of all children admitted with diarrhoea and dehydration whose fluid intake and feeding were appropriately monitored and documented. 14. Proportion of all children with diarrhoea and severe dehydration who could not be managed in the facility who were correctly referred	17. Proportion of all children with some dehydration who were successfully rehydrated in the outpatient department and discharged for home treatment. 18. Proportion of all children managed for diarrhoea with severe dehydration in the health facility who died of diarrhoea. 19. Proportion of children who were treated for diarrhoea and who returned to the same health facility with diarrhoea within 7 days of the initial discharge

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		after receiving appropriate prereferral treatment. 15. Proportion of all children with persistent diarrhoea who were correctly assessed for dehydration and nutritional status and correctly treated. 16. Number of days on which the health facilities did not have medicines or supplies to treat diarrhoea (ORS, zinc, IV fluids and supplies, antibiotics) in the past 3 months.	
1.5 All children with fever are correctly assessed, classified and investigated and receive appropriate care according to WHO guidelines.	1. The health facility has a written, up-to-date, evidence-based clinical protocol for identifying and managing children with fever that is consistent with WHO guidelines. 2. The health facility has basic laboratory and diagnostic tests and supplies (e.g. otoscopes, blood glucose tests, malaria smear and/or rapid diagnostic tests, urine tests) available for appropriate assessment of children with fever. 3. The referral receiving health facility for children with severe febrile illness has appropriate laboratory and diagnostic tests available for further investigation and management. 4. The health facility has adequate supplies of first- and second-line antibiotics for treatment of bacterial infections and antimalarial agents for treatment of malaria in sufficient quantities for the expected case load with no stock outs. 5. The health facility clinical staff that care for children receive training and regular refresher sessions in the assessment and management of children with fever at least once every 12 months.	6. Proportion of all children seen in the health facility for whom a raised temperature was documented in their medical record. 7. Proportion of all children admitted to the health facility with fever for whom a documented differential diagnosis was appropriately investigated. 8. Proportion of all children treated for malaria for whom there is documented evidence of a positive malaria rapid diagnostic test or positive microscopy. 9. Proportion of all children treated for severe malaria who had documented confirmed malaria and evidence of severe disease. 10. Proportion of all children with severe malaria who received the correct treatment (drug, dose, frequency, route of administration and duration) and supportive care according to WHO guidelines. 11. Proportion of all children with severe febrile illness and suspected meningitis for whom there was documented evidence of lumbar puncture in the medical records. 12. Proportion of all children with meningitis who received correct antibiotic treatment (choice of drug, dose frequency, route of administration and duration) and supportive care according to WHO guidelines. 13. Proportion of all children with severe febrile illness (e.g. malaria, meningitis, septicaemia, dengue) who were monitored regularly for vital signs and level of consciousness until resolution of severe signs of illness. 14. Proportion of all children with severe febrile illness with suspected septicaemia who were appropriately investigated (e.g. full blood	16. Proportion of all children treated for severe malaria and/or meningitis who had physical or neurological sequelae. 17. Severe malaria case fatality rate disaggregated by age 18. Meningitis case fatality rate disaggregated by age. 19. Proportion of all children treated for septicaemia who died (septicaemia case fatality rate).

		count, urine analysis, blood and urine bacteriology culture). 15. Proportion of all children treated for septic shock who received the correct antibiotic treatment (choice of drug, dose, frequency, route of administration and duration) and supportive care according to WHO guidelines.	
1.6 All infants and young children are assessed for growth, breastfeeding and nutrition, and their carers receive appropriate support and counselling, according to WHO guidelines.	1. The health facility has a written, up-to-date policy for exclusive breastfeeding and appropriate feeding, according to WHO guidelines. 2. The health facility maintains a baby-friendly status that supports breastfeeding according to WHO guidelines. 3. The health facility fully complies with the International Code of marketing of breast-milk substitutes and has systems in place to monitor compliance with the Code. 4. The health facility has the necessary supplies and materials to support breastfeeding and, when appropriate, alternative feeding (feeding cups and spoons, infant formula, nasogastric tubes, syringe drivers, IV fluids and tubing). 5. The professional staff of the health facility who care for children receive training and regular refresher sessions in counselling on breastfeeding and optimal feeding and nutrition of infants and young children at least once every 12 months. 6. The health facility can regularly assess the competence of staff for supporting carers in sustaining optimal infant and young child feeding and nutrition at least once every 12 months.	7. Proportion of all children aged < 6 months in the health facility who are exclusively breastfed or given only expressed breast milk. 8. Proportion of all children < 5 years in the health facility who have been assessed for routine growth and delayed development, as documented on their child health card or booklet. 9. Proportion of children aged 6–23 months in the health facility who receive appropriate complementary foods according to WHO guidelines. 10. Proportion of preterm or small sick infants who receive assisted feeding for whom a correctly prescribed feed volume appropriate for their weight and gestation age is documented. 11. Proportion of all newborn infants in the health facility who receive fully established breastfeeding at the time of discharge.	12. Proportion of carers in the health facility who have received counselling on breastfeeding and nutrition to ensure continued, appropriate feeding of the children in their care.
1.7 All children at risk for acute malnutrition and anaemia are correctly assessed and classified and receive appropriate care according to WHO guidelines.	1. The health facility has written, up-to-date clinical protocols for assessment, identification and management of children with acute malnutrition and anaemia consistent with WHO guidelines. 2. The health facility has adequate, functioning equipment (e.g. weighing scales, length and height boards, mid-upper arm circumference tapes) and other supplies for assessing and managing acute malnutrition for the expected case load without stock outs. 3. The health facility has or is linked to an outpatient or community therapeutic feeding	8. Proportion of all sick children aged < 5 years seen in the health facility whose nutritional and anaemia status was assessed and classified according to the IMCI guidelines. 9. Proportion of all sick children seen in the health facility whose weight and height were assessed and checked against the recommended WHO growth standards. 10. Proportion of all children seen in the health facility with uncomplicated severe acute malnutrition who received correct, appropriate outpatient care according to WHO guidelines.	16. Case fatality rate from complicated severe acute malnutrition (monthly or every 3 months depending on the number of cases managed).

	centre that provides nutritional support and counselling. 4. The health facility that is managing children with complicated severe acute malnutrition has adequate medical and nutrition supplies (e.g. antibiotics, F75, F100, Resomal and ready-to-use therapeutic food) available for the expected case load without stocks-outs. 5. The health facility has a separate room for all children with complicated severe acute malnutrition, with facilities for keeping them warm (e.g. overhead heaters) and provisions for developmental stimulation. 6. The professional staff at the health facility who care for children receive training and regular refresher sessions in assessment, identification, appropriate management and follow-up of children with acute malnutrition at least once every 12 months. 7. The health facility has basic laboratory and diagnostic tests (e.g. blood glucose, full blood count, blood culture, urinalysis, serum electrolytes, chest X-ray) for appropriate investigation and management of children with complicated severe acute malnutrition.	11. Proportion of all children admitted to the health facility with complicated severe acute malnutrition whose temperature was measured and recorded on admission. 12. Proportion of all children admitted to the health facility with complicated severe acute malnutrition whose vital signs, feed intake and weight were regularly and adequately monitored during hospitalization. 13. Proportion of all children admitted with complicated severe acute malnutrition who received appropriate feeding at a correct frequency both day and night according to WHO guidelines. 14. Proportion of all children with acute malnutrition whose carers have been counselled and informed about age-appropriate feeding. 15. Proportion of all children classified or diagnosed with anaemia who are appropriately investigated and prescribed treatment correctly according to WHO guidelines.	
1.8 All children at risk for TB and/or HIV infection are correctly assessed and investigated and receive appropriate management according to WHO guidelines.	1. The health facility has written, up-to-date guidance on assessing and managing children with suspected TB infection. 2. The health facility offers routine screening for TB symptoms among children at risk (e.g. history of contact with a case of active TB, malnourished or with HIV/ AIDS). 3. Health facilities in areas with a high prevalence of HIV infection routinely offer HIV counselling and testing to all children. 4. The health facility has child-friendly single or fixed-dose formulations of anti-TB medicines available at all times in adequate quantities without stock outs. 5. The health facility has adequate supplies of antiretroviral therapy and preventive therapy (co-trimoxazole) available at all times for infants and children exposed to and/or infected with HIV. 6. The professional staff at the health facility receive training and regular refresher sessions on TB prevention, case-finding and management at least once every 12 months.	7. Proportion of all children with a household contact with active TB who received TB preventive treatment. 8. Proportion of all children with suspected TB who were investigated with an Xpert MTB/RIF for diagnosis of TB. 9. Proportion of all children with diagnosed TB who received correct, appropriate treatment (i.e formulation, combination, dose and duration of treatment). 10. Proportion of all children with diagnosed multi-drug-resistant TB who were appropriately referred. 11. Proportion of all children started on TB treatment in the health facility who successfully completed the full course. 12. Proportion of all children who attend health facilities in settings with a high HIV prevalence whose HIV status is known and documented in their medical records. 13. Proportion of all HIV-positive women who delivered in the health facility who receive appropriate prophylaxis to prevent mother-to-	16. Cure rate for childhood TB infection in the health facility. 17. Case fatality rate among children with HIV infection in the facility.

		child transmission and antiretroviral therapy according to WHO guidelines. 14. Proportion of all children born to HIV-infected mothers who were tested for HIV infection within 8 weeks of birth and received appropriate antiretroviral therapy according to WHO guidelines. 15. Proportion of all children with confirmed HIV infection who have started antiretroviral therapy.	
1.9 All children are assessed and checked for immunization status and receive appropriate vaccinations according to the guidelines of the WHO expanded programme on immunization.	1. The health facility has written, up-to-date protocols and guidelines for providing routine child immunization services that are consistent with WHO guidelines. 2. The health facility has a functioning refrigerator with a temperature monitoring device and sufficient storage capacity to accommodate all the vaccines required for the expected case load. 3. The health facility has adequate supplies of immunization cards, tally sheets, ice packs and other supplies to provide daily immunization services at all times with no stock outs. 4. The health facility has adequate supplies of all age-appropriate primary vaccines and human papillomavirus available to provide daily immunization services with no stock outs. 5. The health facility has adequate supplies of puncture-resistant, rigid, leak resistant containers designed to hold used sharps safely during collection, disposal and destruction. 6. The health facility has at least one health professional trained in immunization service delivery, who receives regular refresher sessions at least once every 24 months.	7. Proportion of days on which the refrigerator temperature, monitored twice daily, was not out of the range 2–8 ᵃC in the past month. 8. Proportion of all children seen in the health facility whose vaccination and vitamin A status was checked. 9. Proportion of all children under 5 years of age who attended the health facility and received vitamin A supplementation in the past 6 months. 10. Proportion of all carers whose children are eligible for the next dose of vaccine who were counselled and know when to return.	11. Proportion of all children under 5 years of age who attended the health facility and left without receiving age-appropriate, up-to-date vaccination according to the guidelines of the WHO expanded programme on immunization. 12. Proportion of all children admitted to the health facility for more than 24 h who were not fully vaccinated for their age.
1.10: All children with chronic conditions receive appropriate care, and they and their families are sufficiently informed about their condition(s) and are supported to optimize their health, development and quality of life.	1. The health facility has written, up-to-date policies, protocols and guidelines for screening, managing and ensuring the continuity of care in the community for children with common chronic conditions. 2. The health facility has a model for chronic care that includes a coordinated, multidisciplinary team approach and the participation of children and their families.	6. Proportion of all children with chronic conditions (e.g. asthma, sickle-cell anaemia, diabetes, epilepsy, cardiac disease) who are regularly followed up as per scheduled plan. 7. Proportion of children with a chronic condition and/or their carers who understand and are able to describe their condition and the treatment being received correctly. (78.31) 8. Proportion of children who require palliative care, whose physical and emotional care,	10. Proportion of all children with asthma who are followed at the health facility who were admitted with a severe acute asthmatic attack in the past 3 months. 11. Proportion of all children with chronic, repeated seizures (epilepsy) who are followed up at the health facility who were admitted with status epilepticus in the past 12 months. 12. Proportion of children with a chronic condition who know and can correctly

	3. The health facility has the facilities, supplies and materials necessary to provide optimal care during both acute episodes and routine follow-up of children with chronic conditions. 4. Health professionals receive in-service training or refresher sessions in the appropriate care of common chronic childhood conditions (e.g. asthma, sickle cell disease, diabetes, epilepsy and cardiac disease) at least once every 12 months. 5. The health facility has an established system for age-appropriate education and counselling for children about their condition, self-management and prevention of complications.	including pain, side-effects and other symptoms, is assessed and documented. 9. Proportion of health professionals who care for children in the health facility who have received in-service training or refresher sessions in appropriate care of common chronic childhood conditions at least once every 12 months.	describe the signs and symptoms that alert them to seek care for their condition.
1.11 All children are screened for evidence of maltreatment, including neglect and violence, and receive appropriate care.	1. The health facility has a comprehensive written protocol for identifying, assessing and managing children with suspected maltreatment. 2. The health facility staff receive training and refresher sessions on screening, preventing, protecting and managing children with evidence of maltreatment, including neglect and violence. 3. The health facility has the facilities, supplies and materials to provide optimal, coordinated care to children with suspected maltreatment.	4. Proportion of all children with suspected maltreatment who were managed according to established health facility procedures and protocols. 5. Proportion of all children attending the health facility with suspected maltreatment who received psychological services.	6. Proportion of children with maltreatment for whom a legal opinion was requested. 7. Proportion of maltreatment events in which coordination was sought with other agencies or organizations (e.g. social services, police, judiciary) according to national laws and policies.
1.12: All children with surgical conditions are screened for surgical emergencies and injuries and receive appropriate surgical care.	1. The health facility has written, up-to-date clinical protocols for emergency triage and assessment and appropriate case management of paediatric trauma and surgical conditions, consistent with WHO guidelines. 2. The health facility that provides surgical care for children has a system to ensure a coordinated multidisciplinary team that includes a health professional with competence and skills in child surgery. 3. Health professionals receive in-service training and refresher sessions in appropriate care of child injuries, trauma and other common paediatric surgical conditions at least once every 12 months. 4. The health facility has a designated area for the management of children with surgical problems by health professionals who are trained or who have knowledge and skills in child care.	6. Proportion of children undergoing major surgery who received appropriate perioperative antibiotic prophylaxis within 30 min of incision, when indicated. 7. Proportion of all children undergoing surgery who were admitted to a designated paediatric area staffed by health professionals trained in child care. 8. Proportion of all children with trauma or injuries who were assessed within 15 min of arrival at the health facility. 9. Proportion all children with moderate or severe pain whose pain was relieved (where indicated) within 30 min of arrival at the health facility.	10. Health facility complication rates for patients who underwent surgery. 11. Health facility mortality rate for all children who underwent surgery. 12. Case fatality rate of children with trauma and/or injuries.

	5. All children who have undergone surgery are closely monitored, with careful documentation of intake (fluids and feeds) and output (e.g. urine, nasogastric drainage).		
1.13: All sick children, especially those who are most seriously ill, are adequately monitored, reassessed periodically and receive supportive care according to WHO guidelines.	1. The health facility has written, up-to-date protocols for monitoring and providing supportive care for various conditions for all children admitted to the wards. 2. The health facility has age-appropriate patient monitoring charts that include a provision for recording details of clinical progress and vital signs and of the treatment and supportive care provided. 3. The health facility has a designated area for managing seriously sick children that is close and easily visible to the nursing staff on the ward. 4. Health professionals receive in-service training and regular refresher sessions on patient monitoring and supportive care at least once every 12 months.	5. Proportion of all unconscious children admitted to the wards who received a nasogastric tube for feeding. 6. Proportion of all severely ill children who cannot feed orally for whom blood glucose monitoring is documented on their observation chart. 7. Proportion of all children who received oxygen for which the prescribed method and rate of delivery are documented. 8. Proportion of all children admitted to the health facility who were appropriately monitored and for whom observations were recorded by a nurse according to the guidelines. 9. Proportion of all children admitted to the health facility who are reassessed every working day by a clinician trained in child health care. 10. Proportion of all children with convulsions who were appropriately investigated and correctly prescribed anticonvulsant treatment (appropriate choice, dose and frequency). 11. Proportion of all children who required antipyretics who were prescribed the correct treatment (appropriate choice, dose and frequency) to reduce their temperature. 12. Proportion of all children in pain for whom analgesic treatment was correctly prescribed (appropriate choice, dose and frequency). 13. Proportion of all children who required a blood transfusion for severe anaemia who received the transfusion.	14. Proportion of all severely ill children who died in the health facility whose death was attributed to aspiration.
1.14: All children receive care with standard precautions to prevent health care-associated infections.	1. The health facility has written, up-to-date guidelines, protocols and standard operating procedures for the prevention and control of infection in the facility. 2. The health facility has specific guidelines and protocols on hand hygiene and aseptic technique and device management for clinical procedures (e.g. injection safety, use of	10. Proportion of health professionals in the health facility who have been trained in use of the WHO "5 moments for hand hygiene" audit tool. 11. Evidence that the facility staff member or team responsible for infection prevention and control regularly collects data on episodes of hospital-acquired infection and has conducted	14. Proportion of children admitted to the health facility who had proven hospital acquired infections.

	indwelling catheters and other invasive procedures). 3. The health facility has plans for infection prevention and control preparedness and response for public health emergencies due to communicable diseases (e.g. pandemics). 4. The health facility has a functioning improved water source and hand-washing stations with soap and single-use hand towels and/or alcohol-based hand rub in all wards and consulting rooms. 5. The health facility has appropriate sterilizing facilities and disinfectants for medical materials. 6. The health facility has a functioning incinerator or other appropriate method for treatment of infectious waste and used instruments. 7. The health facility has a system to ensure safe handling, collection, storage (puncture resistant) and final disposal of infectious waste. 8. The health facility has at least one designated trained staff member and/or infection control team, with a sufficient budget to perform the tasks of the facility infection prevention and control programme. 9. Health professionals who care for children receive training in standard infection prevention and control at least once every 12 months.	at least one assessment of infection prevention and control practices in the past 6 months. 12. Proportion of all children who received IV infusions who had an episode of phlebitis. 13. Proportion of staff members in the health facility who meet biosafety standards when administering parenteral drugs.	
1.15: All children are protected from unnecessary or harmful practices during their care.	1. The health facility has written, up-to-date guidance on unnecessary procedures, harmful practices and unnecessary interventions for children. 2. The health facility does not promote infant formula on the wards, and samples are not distributed to mothers or staff. 3. The health facility does not display infant formula or bottles and teats, including on posters or placards. 4. Health care staff in the facility receive in-service training and regular refresher sessions on harmful practices and unnecessary interventions at least once every 12 months.	5. Proportion of young infants on formula when this is not indicated for the health of the mother or the infant. 6. Proportion of children admitted to wards with no indication for hospital admission. 7. Proportion of children admitted to the health facility who receive IV fluids with no clear indication. 8. Proportion of children admitted to the health facility who receive blood when not indicated. 9. Proportion of children up to 5 years seen at the health facility with cough who receive harmful cough remedies for respiratory tract infections. 10. Proportion of children admitted to the health facility for whom there were proven	

		medication errors or hospital-acquired infections. 11. Proportion of children seen at the health facility who received unnecessary oral or parenteral medicines. 12. Proportion of children admitted to the health facility who received antibiotics when not indicated.	
STANDARD 2: The health information system ensures the collection, analysis and use of data to ensure early, appropriate action to improve the care of every child.			
Quality Statement	**Input**	**Process/Output**	**Outcome**
2.1: Every child has a complete, accurate, standardized, up-to-date medical record, which is accessible throughout their care, on discharge and on follow-up.	1. The health facility has standardized, age-appropriate child care registers, clinical records, observation charts and patient cards in place at all times for recording and monitoring all care processes and outcomes. 2. The health facility has an established storage system for medical records that ensures confidentiality and safety and allows rapid retrieval, access and distribution of patients' medical records. 3. The health facility has a registration system for admissions, discharges, births and deaths that is linked to the national vital registration system at all times. 4. The health facility has a standardized system for classifying clinical conditions, diseases and health outcomes, including births and deaths, which is aligned with the ICD. 5. The health facility has a system for creating unique identifiers for new patients and locating pre-existing unique identifiers for returning patients. 6. The health facility staff receive training and refresher sessions at least once every 12 months on the use of standardized medical records, including birth and death registration, and classification of conditions and diseases in accordance with the ICD. 7. The health facility has sufficient supplies of the necessary registers, patient medical forms, charts and patient cards (e.g. immunization cards) in stock at all times.	8. Proportion of all children currently in the health facility who have a patient identifier and individual clinical medical record. 9. Proportion of medical records in which every entry is dated, timed (24-h clock), legible and signed by the person making the entry. 10. Proportion of all children discharged from the health facility within the past 24 h who had an accurately completed discharge summary of the care provided, outcomes and diagnoses (with ICD codes). 11. Proportion of all births and deaths occurring in the health facility that were appropriately registered in the national vital registration system.	12. Proportion of all medical records that include legible documentation of relevant demographic and clinical information on the child and the process and outcomes of the care provided. 13. Proportion of all deaths that occurred in the health facility in the past 3 months that were appropriately recorded, with a correct, complete death notification and the cause of death consistent with the ICD classification.
2.2: Every health facility has a functional mechanism for data collection, analysis and use as part of its activities for monitoring performance and quality improvement.	1. The health facility has a system with standard operating procedures and protocols for data collection and for checking, validating and analysing relevant indicators to make timely reports and visual charts.	6. Number of meetings between health facility management and community representatives in the past 6 months. 7. Proportion of all paediatric deaths that occurred in the health facility in the past 3	8. Proportion of all recommendations from paediatric death reviews conducted at the health facility in the past 6 months that were fully implemented.

	2. Managers, health professionals and support staff in the health facility meet regularly (at least once a month) to review patient care and outcomes for decision-making and monitoring performance. 3. The health facility managers and community representatives meet regularly (at least every 3 months) to review the health facility statistics and performance and use the recommendations for decision-making. 4. The health facility regularly (at least once a month) reviews paediatric deaths and has mechanisms in place to implement the recommendations of the reviews. 5. Evidence that the health facility analyses and produces monthly visual charts and reports for monitoring performance.	months that were reviewed with standard death audit tools.	9. Proportion of monthly reports from the health facility received by the next highest level of administration in the past 6 months.
2.3: Every health facility has a mechanism for collecting, analysing and providing feedback on the services provided and the perception of children and their families of the care received.	1. The health facility has a functioning, age-appropriate system and procedures in place for collecting information and responding to the perceptions of children and their carers of the services provided. 2. The health facility has visual materials to inform children and their carers on how to make a complaint (e.g. a suggestion box) and provide feedback to the health facility. 3. Health facility staff (clinical and nonclinical) receive training or orientation in customer service and provision of child- and family-centred care at least once every 12 months.	4. Proportion of carers of children who are aware of the mechanism for patient complaints and feedback (e.g. suggestion box) in the health facility. 5. Proportion of children and/or their carers who participated in patient satisfaction surveys or provided feedback on the services received in the past 3 months.	6. Proportion of children and/or their carers who are satisfied with the time they spent waiting for care, the procedures and other processes in the health facility. 7. Proportion of all complaints from children and/or their carers received by the health facility in the past 6 months that were reviewed and acted upon.
STANDARD 3: Every child with condition(s) that cannot be treated effectively with the available resources receives appropriate, timely referral, with seamless continuity of care.			
Quality Statements	**Input**	**Process/Output**	**Outcome**
3.1: Every child who requires referral receives appropriate prereferral care, and the decision to refer is made without delay.	1. The health facility has written, up-to-date clinical protocols and guidelines for prereferral management of all infants, children who require referral. 2. The health facility is equipped with age-appropriate medicines and other supplies for stabilization and prereferral treatment of critically ill children who require referral. 3. The health facility has at least one health professional on duty at all times who is trained and competent in first aid, emergency triage, assessment and treatment or basic paediatric life support.	5. Proportion of all children who require referral who are given prereferral treatment and transferred within 2 h of arrival at the referring health facility. 6. Proportion of all children with surgical emergencies that require referral to a facility with surgical capacity who were transferred within 2 h of arrival at the referring health facility. 7. Proportion of all children who require referral who received appropriate prereferral treatment when indicated.	8. Proportion of children seen in the health facility within the past 3 months who fulfilled the facility's criteria for referral and who were actually transferred to a referral facility. 9. Proportion of all children with an indication that requires referral who died at the health facility. 10. Number of children who died as a result of delayed referral.

	4. The professional staff communicate clearly with family members about the condition of their child and about why and where the child will be referred for further care.		
3.2: Every child who requires referral receives seamless, coordinated care and referral according to a plan that ensures timeliness.	1. The health facility is part of a referral network of facilities in the same geographical area with agreed arrangements. 2. The health facility has local financial arrangements to ensure that children who cannot be managed at the health facility are referred and transferred with their parent or caregiver without delay, 24 h a day, 7 days a week. 3. The health facility has a functioning vehicle with fuel or proximate access to a vehicle that is routinely available for emergency transport to referral facilities. 4. The health facility vehicle is regularly maintained, clean and carries basic consumables, medications and equipment suitable for resuscitation and supportive care of children of all ages.	5. Proportion of children who were referred without appropriate emergency transport. 6. Proportion of children referred from the health facility whose families or carers contributed financially to their referral transport. 7. Proportion of all severely ill children who required referral who were transferred to a receiving facility accompanied by a health care professional. 8. Proportion of children referred to a referral health facility or their carers who reported receiving immediate attention (within 15 min) on arrival at the referral health facility.	9. Proportion of children who died before or during transfer to a higher-level facility for further management. 10. Proportion of newborns referred from the facility who reached the referral facility. 11. Proportion of all children referred from the health facility who completed their referral. 12. Proportion of all children referred from the health facility whose families refused referral
3.3: For every child referred or counter-referred within or among health facilities, there is appropriate information exchange and feedback to relevant health care staff.	1. The health facility has a standardized referral form to document relevant demographic and clinical information (summary of history, clinical findings, investigations, diagnosis and treatment given) and the reason for referral. 2. The health facility has reliable methods of communication (mobile phone, landline or radio) that are functioning at all times for facilitating referrals. 3. The health facility has formal agreements, communication arrangements and a feedback system with the network referral facilities.	4. Proportion of all children referred by a health facility for whom written counter-referral feedback information was provided by the receiving facility. 5. Proportion of all children referred for whom there were documented prereferral communications (verbal, written) with the receiving facility.	6. Proportion of all children referred who had an appropriate referral note.

STANDARD 4: Communication with children and their families is effective, with meaningful participation, and responds to their needs and preferences.			
Quality Statement	**Input**	**Process/Output**	**Outcome**
4.1 All children and their carers are given information about the child's illness and care effectively, so that they understand and cope with the condition and the necessary treatment.	1. The health facility has an up-to-date, written policy and provisions to ensure that all staff are identifiable, with name badges, and that they always introduce themselves to children and their carers, state their name and role and use the name of the child or carer when communicating with them. 2. Health facility policy provides that children and their families are entitled to receive appropriate information about the child's care and other relevant aspects during their stay in the facility. 3. The health facility provides information materials to children and their families to help them understand the opportunities for engagement, how to participate in their care and the roles of the different members of the health care team. 4. The health facility makes available child-friendly, age-appropriate health information materials that are accessible, in the language(s) relevant to the population and in appropriate formats (e.g audiovisual or visual material, diagrams, illustrations) to facilitate understanding by children and carers. 5. The health facility has a system for providing information to patients about their medical conditions and their treatment care plan in a way that is understandable to them and allays their doubts and fears. 6. Health care staff receive training and regular mentoring or refresher training at least every 12 months in fully explaining a condition to children and their carers, giving "bad news" and supporting children and parents in coping with the information given.	7. Proportion of health care staff in the health facility wearing identification badges. 8. Proportion of health care staff, by cadre and social professionals who received proper continuous training in communication and counselling. 9. Proportion of health care staff in the health facility who demonstrate good communication skills: asking and listening to children and carers, enabling them to ask questions, explaining with examples to ensure understanding and verifying their understanding. 10. Proportion of children and their carers who consider that they were given the information they required in a timely, respectful manner.	11. Proportion of children and/or carers seen in the outpatient department of the health facility who can correctly state the reason that a particular treatment was given, when to return and how to take the treatment at home. 12. Proportion of children discharged from the health facility or their carers who were given written instructions about treatment and care at home and can describe correctly how to take or give the discharge treatment at home. 13. Proportion of children and/or their carers who reported that they were satisfied with the quality of the health information and support they received from health care staff during their care.
4.2 All children and their carers experience coordinated care, with clear, accurate information exchange among relevant health and social care professionals and other staff.	1. The health facility has a written, up-to-date, structured, standard form to facilitate written hand-over of patients among caring teams at shift changes or during transfer among facilities. 2. The health facility has a functioning communication system for exchanging information among relevant service providers	4. Proportion of clinical records that demonstrate that all correspondence about investigations and clinical interventions received were reviewed by health care staff, signed and acted upon in a timely manner. 5. Proportion of children admitted to the health facility for whom there is an up-to-date, appropriately completed monitoring chart that	7. Proportion of children or their carers who express satisfaction with the information shared and the continuity of care received from different health care providers. 8. Proportion of health care staff, by cadre, who are satisfied that the information in daily patient notes ensures understanding of current diagnoses, the treatment plan and planned or pending investigations.

	that reaches all critical staff 24 h a day, 7 days a week. 3. Staff who care for children receive orientation or refresher sessions in clinical hand-over policy and communication at least once every 12 months.	indicates that vital signs were monitored regularly. 6. Proportion of all children admitted to the health facility or their carers who know their primary health care provider by name.	9. Proportion of paediatric transfers within the facility for which there is a complete transfer form with clinical notes, including timely reception of diagnostic test results for transferred patients.
4.3 All children and their carers are enabled to participate actively in the child's care, in decision making, in exercising the right to informed consent and in making choices, in accordance with their evolving capacity.	1. The health facility has up-to-date protocols, guidelines and job aides for providing information to children and their carers about the purpose, importance, benefits, risks and possible costs of proposed investigations, referrals or treatments. 2. The health facility has an up-to-date "clients' charter" that states the policies for child- and family-centred care, guidance on confidentiality and the practice and culture of family presence during clinical examinations, procedures and treatment of children. 3. The health facility has appropriate forms for patients, parents or carers to sign in order to give their consent to procedures, investigations and treatment. When consent is given orally, this is registered on the patient's chart. 4. The health facility has various visual resources (e.g. models, charts, posters, videos, electronic material) in the consulting room for use by clinical staff and other health professionals to provide explanations to children and their carers. 5. Staff who care for children receive orientation or training in patient-centred care and legal and medical ethical principles of autonomy, informed consent, confidentiality and privacy at least once every 12 months.	6. Proportion of children or their carers who were informed about their right to express their views and participate in making decisions about their care. 7. Proportion of parents or carers in the health facility who were offered the option and were present with their child during medical procedures.	8. Proportion of children and/or their carers who considered that their views had been taken into consideration or sought in making decisions about their care. 9. Proportion of children of legal age in the health facility who gave documented informed consent for procedures or treatment provided. 10. Proportion of parents or caregivers who gave their informed, documented consent for procedures and treatment of their children.
4.4 All children and their carers receive appropriate counselling and health education, according to their capacity, about the current illness and promotion of the child's health and well-being.	1. The health facility has information materials for distribution to children and carers about common conditions, promoting and supporting appropriate feeding and nutrition and promoting disease prevention, including hygiene and sanitation practices. 2. The health facility provides a booklet for the health record of each child at birth or at the first visit to the health facility, which is kept by a parent or carer and used by health providers to document relevant information.	6. Proportion of children or their parents or carers who attended at least one health education or promotion session at the health facility. 7. Proportion of children under 2 years of age whose parents or carers were counselled and received information about breastfeeding, complementary foods and feeding practices during the current illness. 8. Proportion of children with chronic diseases for whom regular follow-up is routinely	10. Proportion of all children whose vaccination card or history indicates that their vaccination is not complete who leave the health facility with all the necessary vaccinations. 11. Proportion of children under 5 years whose carers are advised to give them extra fluid and to continue feeding. 12. Proportion of children or carers who received targeted health information or counselling for the condition of their child, including

	3. The health facility holds regular "well-being clinics" (e.g. well-child and immunization clinics, counselling services, growth and development monitoring clinics, adolescent clinics), which are used as opportunities for health promotion and preventive care. 4. The health facility has a system for detecting whether a child has missed a vaccination and offers "catch-up" vaccination within the national immunization programme, according to WHO guidelines. 5. The health facility has an effective system for implementing community-based activities to promote children's health and well-being.	scheduled and documented in the health facility records. 9. Proportion of adolescents seen individually by a health professional without the presence of a parent.	malnutrition, obesity, mental health or substance abuse. 13. Proportion of all children with diarrhoea whose carers know how to prepare and administer ORS, give extra fluids, continue feeding and recognize danger signs.
STANDARD 5: Every child's rights are respected, protected and fulfilled at all times during care, without discrimination.			
Quality Statement	**Input**	**Process/Output**	**Outcome**
5.1 All children have the right to access health care and services, with no discrimination of any kind.	1. The health facility has adopted and implements a policy that guarantees free or affordable health care for all children, in accordance with and as defined by national legal or regulatory frameworks. 2. The health facility has adopted and implements a policy that guarantees non-discrimination of any kind against children or their carers in the provision of care, including poor, vulnerable and disabled children. 3. The health facility has measures and facilities in place to ensure that children with disabilities or developmental delay have full physical access to all the facilities and services they require, including sanitation and recreation facilities. 4. The health facility staff receive training and periodic refresher courses on non-discrimination practices, promoting equity and cultural competence.	5. Proportion of children and their parents or carers who were exempted from out-of-pocket payment for treatment, medicines, interventions and other health care-related costs. 6. Proportion of children with a disability or their carers who report no physical barriers to accessing services and facilities in the health facility.	7. Proportion of children and their carers who report any form of discrimination or refusal of care because of their economic, social, religious, linguistic or other status. 8. Proportion of children in a minority, migrant or other vulnerable group who were satisfied with the services provided. 9. Proportion of children who receive care in the health facility whose financial access is mitigated or covered by health insurance.
5.2 All children and their carers are made aware of and given information about children's rights to health and health care.	1. The health facility has an up-to-date charter of children's rights, in line with the United Nations Convention on the Rights of the Child. 2. The health facility visibly displays and makes available information about the charter in leaflets and posters, including child-friendly formats, in all areas in which children are cared for (wards, waiting rooms and play areas).	6. Proportion of staff in the health facility who care for children who understand the charter on children's rights and how to apply it in practice. 7. Proportion of children or their carers who are told about the charter on children's rights as it pertains to the right to care in an appropriate local language at admission.	8. Proportion of children and their parents or caregivers who consider that they were adequately informed about their rights to care. 9. Proportion of children in the health facility who were admitted appropriately on the basis of clinical findings, diagnosis or the severity of the condition.

	3. The health facility promotes awareness-raising events about children's rights, such as celebrating a children's day. 4. The charter on children's rights is integrated into the system for improving the quality of care in the health facility. 5. The health facility has a team or focal person responsible for overseeing observance of the charter on children's rights in the health facility.		
5.3 All children and their carers are treated with respect and dignity, and their right to privacy and confidentiality is respected.	1. The health facility has written, up-to-date policies, guidelines and mechanisms to ensure written and verbal confidentiality. 2. The health facility has a policy on children's right to confidential advice and counselling services without the presence of a parent or carer. 3. The health facility has facilities in which children can be examined with both visual and auditory privacy when required. 4. Health facility staff are trained in providing care with respect for dignity and for maintaining confidentiality during the care of children and have received refresher training at least once in the past 12 months.	5. Proportion of health facility health care providers who have attended training or received orientation in respecting and protecting the dignity of children and their carers.	6. Proportion of older children cared for in the health facility who were satisfied with the privacy they enjoyed during care. 7. Proportion of children and their carers in the health facility who perceived that they were treated with compassion and respect and their dignity was preserved.
5.4 All children are protected from any violation of their human rights, physical or mental violence, injury, abuse, neglect or any other form of maltreatment.	1. The health facility has clear mechanisms, procedures and up-to-date national protocols that comply and are consistent with the Convention on the Rights of the Child and legal requirements for protecting children subject to suspected maltreatment. 2. The health facility has protocols, job aides or checklists that provide guidance for staff on detecting, documenting (taking forensic samples, photographs when allowed and forensic examination) and caring for child victims of maltreatment. 3. The health facility has a system for registering and/or monitoring children who have been or are victims of any kind of suspected maltreatment. 4. The health facility has clear mechanisms and protocols for sharing appropriate information and concerns with relevant agencies. 5. The health facility has an effective multidisciplinary team and/or responsible person to investigate, care for and provide the	7. Number of cases of suspected child maltreatment identified in the health facility in the past 12 months. 8. Proportion of staff who care for children at the health facility who are trained in child protection, care and support.	9. Proportion of children identified as victims of maltreatment who received protection, psychological support and appropriate referral.

	necessary appropriate support to children with suspected maltreatment. 6. The health facility staff receive training and orientation in identifying, assessing, communicating with and providing care and support for child victims of any form of maltreatment and on child protection procedures.		
5.5 All children have access to safe, adequate nutrition that is appropriate for both their age and their health condition during their care in a facility.	1. The health facility has a food and nutrition policy and guidelines to meet children's nutritional needs, including special needs, consistent with dietary requirements. 2. The health facility has an up-to-date, written policy on breastfeeding that adheres to the International Code of Marketing of Breast-milk Substitutes and is routinely communicated to all health care staff. 3. The health facility has an adequately equipped, designated kitchen (area or room) with facilities for food preparation. 4. The health facility has a dedicated staff (or nutrition specialist) responsible for preparing children's menus. 5. The health facility provides regular, safe, nutritious, appetizing, high-quality meals of sufficient variety to meet the needs of paediatric patients.	6. Proportion of health facility staff who received training or orientation on child nutrition, including counselling on breastfeeding, at least once in the past 12 months. 7. Proportion of breastfeeding mothers who report that they were shown how to express breast milk or who were given written information about expressing breast milk. 8. Proportion of children and their carers in the health facility who are satisfied with the facility meal service in terms of choice, quantity and number of servings per day.	9. Proportion of children admitted to the health facility who were given food appropriate to their dietary requirements. 10. Proportion of young infants under 6 months of age who are exclusively breastfed at discharge from the health facility.
STANDARD 6: All children and their families are provided with educational, emotional and psychosocial support that is sensitive to their needs and strengthens their capability.			
Quality Statement	**Input**	**Process/Output**	**Outcome**
6.1 All children are allowed to be with their carers, and the role of carers is recognized and supported at all times during care, including rooming-in during the child's hospitalization.	1. The health facility has an up-to-date, family-centred policy on parents' and carers' right to stay with their children at all times, including during medical procedures. 2. The health facility has a rooming-in policy so that parents or carers can stay with their children and provides accommodation close to the child's bed. 3. The health facility has areas where parents or carers can breastfeed, prepare special meals for their children or for themselves and meet family and friends. 4. The health facility staff receive training and regular mentoring or refresher training in children's rights, including the right not be separated from their parents, and also in parents' rights and responsibilities.	5. Proportion of parents and/or carers who were given the opportunity to room-in with their children. 6. Proportion of infants under 6 months of age admitted to the facility who are exclusively breastfeeding or given only expressed breast milk by cup and spoon.	7. Proportion of children in the health facility whose parents or carers stayed with them during medical procedures. 8. Proportion of children admitted to the health facility whose parents or carers were allowed to room-in or were provided with nearby accommodation at night. 9. Proportion of children admitted to the health facility whose parents or carers were provided with food or had access to facilities to prepare food.

<table>
<tr><td>6.2 All children and their families are given emotional support that is sensitive to their needs, with opportunities for play and learning that stimulate and strengthen their capability.</td><td>1. The health facility has a written, up-to-date policy to protect children’s right to play and learn while at the facility.
2. The health facility has a system for meeting the educational and learning needs of school-aged children.
3. The health facility has dedicated spaces for age-appropriate play, which are accessible to all children, including those with a disability.
4. The health facility staff are trained in using various forms of play, including sensory stimulation for young infants.</td><td>5. Proportion of children in the health facility who were involved in play and recreation provided by the facility within the past 24 h.
6. Proportion of health providers who routinely use play techniques during medical procedures as part of therapeutic care.</td><td>7. Proportion of children who accessed the playroom during their stay in the health facility.
8. Proportion of children who cannot leave their room who had access to some form of play provided by the health facility or a play therapist.
9. Proportion of children who received play therapy during their most recent medical procedure or treatment.
10. Proportion of school-aged children who accessed and used the facility’s educational programme during their hospitalization.</td></tr>
<tr><td>6.3 Every child is assessed routinely for pain or symptoms of distress and receives appropriate management according to WHO guidelines.</td><td>1. The health facility has an up-to-date policy and protocols for the assessment, recognition, prevention and management of pain in infants, children and young adolescents.
2. The health facility has guidelines and tools used by clinical staff in assessing and managing pain in infants, children and young adolescents.
3. The health facility uses individual plans for pain treatment or nonpharmacological strategies to reduce pain and relieve distressing symptoms, with the active involvement of children.
4. The health facility has facilities for providing psychological and spiritual support to children who require palliative care and to their families.
5. The health staff receive training and regular refresher courses in assessing, preventing and controlling children’s pain at least once every 12 months.
6. The health facility has protocols and procedures in place to support the safe storage and use of pain-control medicines and conducts regular audits of pain management.</td><td>7. Proportion of health professionals in the facility who are aware of the facility’s protocols and procedures for pain management.
8. Proportion of staff who have received training or refresher training in children’s pain management and palliative care within the past 12 months.
9. Proportion of health professionals who know how to perform both pharmacological and non-pharmacological interventions to manage pain in children.
10. Proportion of children’s clinical records reviewed that include an assessment or a pain score card.
11. Proportion of children seen in the health facility in the past 6 months who required palliative care and who received it or were referred to an appropriate centre.</td><td>12. Proportion of children who received adequate analgesia after surgery or a painful medical procedure.
13. Proportion of parents or carers who reported that their child’s pain or symptoms of distress were alleviated by the action of health workers.</td></tr>
<tr><td colspan="4">STANDARD 7: For every child, competent, motivated, empathic staff are consistently available to provide routine care and management of common childhood illnesses</td></tr>
<tr><td>Quality Statement</td><td>Input</td><td>Process/Output</td><td>Outcome</td></tr>
<tr><td>7.1 All children and their families have access at all times to sufficient health professionals and support staff for routine care and management of childhood illnesses.</td><td>1. The health facility has a written, up-to-date staffing policy that defines the staffing criteria and standards, lists the numbers, types and competence (job description) of each staff member and is reviewed regularly according to the work load.</td><td>8. Proportion of available posts in the health facility that were filled by staff with the necessary competence for the job description to ensure that the facility can provide 24-h service.</td><td>12. Proportion of children in the health facility who were attended by health professionals specifically trained in child health care.
13. Proportion of children and their families who attended the health facility who reported</td></tr>
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	2. The health facility has standard procedures and plans for recruitment, deployment, motivation (recognition and reward scheme) and retention of all staff. 3. The health facility has a written, up-to-date policy on triage and waiting times for emergency and non-emergency consultations and treatment. 4. The health facility has a roster displayed in all areas with the names of staff on duty, the times of their shifts and their specific roles and responsibilities. 5. The health facility has competent child health care providers available at all times, in sufficient numbers to meet the anticipated work load. 6. The health facility has a system for access to the staff necessary for the psychosocial, developmental, communication and cultural needs of children at all times. 7. The health facility has a clear structure and communication channels to reach staff on duty at all times.	9. Proportion of staff who have been oriented to their functions, roles and responsibilities in the facility or unit to which they are assigned. 10. Proportion of children or carers who attended the health facility who reported being attended to within the appropriate time for their condition as per facility policy on triage and waiting times. 11. Proportion of nurses who care for children admitted to the facility who have had paediatric training or in-service medical education in child care.	satisfactory, prompt access to appropriate medical and support staff when required. 14. Proportion of health professional and support staff in the health facility who are satisfied with their workload in terms of their roles and responsibilities in the facility or the unit to which they are assigned. 15. Proportion of all health professional staff who care for children in the health facility who left the facility or were transferred during the past 12 months.
7.2 Health professionals and support staff have the appropriate skills to fulfil the health, psychological, developmental, communication and cultural needs of children.	1. The health facility has a programme for continuing professional education and attitude and skills development for all child health care professionals and support staff. 2. The health facility periodically appraises all staff, has a mechanism for recognizing good performance and has protocols for staff feedback. 3. The health facility has sufficient numbers of competent, licensed, motivated, regulated child health professionals, with an appropriate skills mix, working in multidisciplinary teams. 4. Health professionals and staff who care for children in the health facility receive in-service training and supportive supervision with regard to the legal entitlements and rights of children in relation to health care. 5. The health facility provides an enabling, supportive environment for professional staff development, with regular supervision and mentoring. 6. The health facility facilitates interprofessional collaborative practice, with clear roles and responsibilities for quality improvement	7. Proportion of clinical and nonclinical health care staff at the health facility who received a written job description on deployment to the facility. 8. Evidence that the health facility has a mechanism in place for soliciting feedback from staff on issues that might affect or improve staff performance. 9. Proportion of health professionals who care for children who received in-service training and/or refresher sessions within the past 12 months. 10. Number of supervisory visits to the health facility to improve clinical competence and performance in the past 12 months. 11. Proportion of staff at the health facility who had a performance assessment with feedback at least once in the past 12 months. 12. Proportion of staff who had interactions with professional mentors to ensure clinical competence and improve performance in the past 3 months.	13. Proportion of all staff at the health facility who could identify and report on at least one activity for improving clinical quality in which they were personally involved in the past 6 months. 14. Proportion of health professionals and support staff who care for children at the health facility whose preceding performance appraisal was satisfactory. 15. Proportion of all children and their carers at the health facility who were satisfied with the care and support they received from facility staff. 16. Proportion of all staff at the health facility who reported that they were "highly satisfied" with their job. 17. Number of improvement projects completed in the past 6 months.

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<tr><td></td><td>according to the professional scope of practice and the needs for child health care.</td><td></td><td></td></tr>
<tr><td>7.3 Every health facility has managerial leadership that collectively develops, implements and monitors appropriate policies and legal entitlements that foster an environment for continuous quality improvement.</td><td>1. The health facility has a written, up-to-date leadership structure, with defined roles and responsibilities, standard governing policies and protocols and lines for reporting and accountability.
2. The health facility has a written, up-to-date plan for ensuring patient safety and improvement of the quality of care.
3. The health facility has a system of regular meetings between administrators and health professionals to exchange feedback on the performance of staff and of the facility leadership to ensure quality improvement.
4. The health facility has a team or at least one person designated to champion or lead initiatives for improving the quality of care in the facility.
5. The health facility has a costed, budgeted plan and established mechanisms to support identified activities for quality improvement.
6. The health facility holds at least one meeting a month to review data, monitor performance, make recommendations to address any problems, honour good performance and encourage staff or teams who are struggling to improve quality.
7. The health facility holds at least two meetings a year with stakeholders (e.g. the community, service users, partners) to review its performance, identify problems and make recommendations for joint actions to improve quality.</td><td>8. Proportion of health facility leaders trained in quality improvement leadership and management, data use and leading change (use of information, enabling behaviour, continuous learning).
9. Evidence that the health facility regularly tracks and monitors performance to improve the quality of care from up-to-date dashboards or performance charts.</td><td>10. Proportion of all children and their families who were satisfied with the care and support received from facility staff.
11. Proportion of staff members who gave positive feedback about internal policies and activities for continuous quality improvement, including on-the-job training and personal mentoring.
12. Proportion of health professionals who actively participated in a quality improvement activity (meeting, audit, project) in the health facility in the past 12 months</td></tr>
<tr><td colspan="4">STANDARD 8: The health facility has an appropriate, child friendly physical environment, with adequate water, sanitation, waste management, energy supply, medicines, medical supplies and equipment for routine care and management of common childhood illnesses.</td></tr>
<tr><td>Quality Statement</td><td>Input</td><td>Process/Output</td><td>Outcome</td></tr>
<tr><td>8.1 Children are cared for in a well-maintained, safe, secure physical environment with an adequate energy supply and which is appropriately designed, furnished and decorated to meet their needs, preferences and developmental age.</td><td>1. The health facility is designed to provide child-friendly, seamless access to dedicated areas for the care of children (neonates, children and young adolescents), which are separate from reception, emergency care, outpatient and inpatient areas or wards.
2. The health facility areas dedicated for children (outpatients and inpatients) are furnished and</td><td>12. Number of power failures lasting > 2 h during the past month.</td><td>13. Proportion of all children and their families who attended the health facility who were satisfied with its cleanliness.
14. Proportion of all children and their families who attended the health facility who were satisfied with the availability of child-friendly amenities for education and play.
15. Proportion of children and their families who attended the health facility who would</td></tr>
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	decorated appropriately for the children's age and educational and play needs. 3. The health facility has a room or a screened-off area in the outpatient department and on wards that is sufficient to ensure normal conversation without being overheard and for examination of children unobserved by other patients. 4. The surgical services of the health facility have dedicated recovery and hospitalization areas for children located close to the children's ward. 5. The health facility practises and has facilities for rooming-in for mothers or carers with their children 24 h a day. 6. The health facility is adequately maintained, safe, clean, appropriately lit and well ventilated and ensures privacy for children and their families when required. 7. The health facility has a power source (e.g. solar, generator, grid) that can meet all the demands of the facility and associated infrastructure for electricity at all times, with a back-up power source. 8. The health facility has an energy management plan supported by an adequate budget, maintained by appropriately trained staff and regulated by a competent authority. 9. The health facility has a fuel management plan and a local buffer stock, supported by an adequate budget for all the fuel needs for vehicles, cooking and heating, as relevant and as required, at all times. 10. The health facility has sufficient funds and staff for rehabilitation, improvement and continuous operation and maintenance of the facility infrastructure. 11. The health facility has sufficient safety measures, including safe windows and doors, operational fire extinguishers for each area and floor, a clearly designed plan of evacuation in case of emergency and sufficient external barriers.		recommend the health facility to friends and family.
8.2 Child-friendly water, sanitation, hand hygiene and waste disposal facilities are easily accessible, functional, reliable, safe and sufficient to meet the needs of children, their carers and staff.	1. The health facility has written, up-to-date protocols and awareness-raising materials (e.g. posters) on cleaning, disinfection, hand	16. Proportion of days in the past 3 months when water from an improved source was not available on the premises.	20. Proportion of children and their families at the health facility who are satisfied with the water, sanitation and waste management services.

	hygiene, maintenance of water, sanitation and hygiene facilities and safe waste management. 2. The health facility has a functioning source of safe water located on the premises that is adequate to meet all demands (according to WHO standards), for drinking, personal hygiene, medical interventions (formula, ORS, nutritional supplements and medicines), cleaning, laundry and cooking for use by staff, children and their families. 3. The health facility has drinking-water stations that are either low or have a stool for easy reach, and small cups are available for children. 4. The health facility has leak-proof, covered, labelled waste bins and impermeable sharps containers in every treatment area to allow segregation of waste into three categories: sharps, non-sharps infectious waste and general non-infectious waste. 5. The health facility has at least one functioning hand hygiene station per 10 beds, with soap and water or alcohol-based hand rubs, in all wards, at least one of which is accessible to children (i.e. lower or with a stool to reach taps). 6. The health facility has baths and other hygiene facilities on the premises that are appropriately lit, accessible to people with limited mobility, adapted for use by young children and segregated by sex for older children and carers. 7. The health facility has sanitation facilities (e.g. pans, toilets, latrines) on the premises for infants, children and young adolescents that are adapted for their use (with, e.g. smaller seats or latrines, child-sized bed pans), segregated by sex for older children, appropriately lit and accessible to people with limited mobility. 8. The health facility that offers surgery has a designated station for preoperative hand scrubbing and adequate supplies of appropriate surgical scrub materials. 9. The health facility has a dedicated nappy-changing station, with appropriate waste disposal and hand-washing facilities nearby.	17. Proportion of days in the past 3 months when soap or hand disinfectant were not available. 18. Proportion of days per calendar year on which wastes were not safely segregated into at least three bins in the consultation area and sharps and infectious wastes were not treated and disposed of safely. 19. Proportion of health facility health professionals and support staff who received training or mentoring in sanitation, hand hygiene and infection prevention and control in the past 6 months.	21. Proportion of all health care staff at the health facility who are satisfied with the water, sanitation and waste management services. 22. Proportion of children and their families who attended the health facility who observed that the health providers washed their hands or used an alcohol rub before examining them.

	10. The health facility has sufficient trained, competent staff for cleaning, operating and maintaining water, sanitation, hygiene and health care waste facilities, on site when needed, and clear descriptions of their responsibilities. 11. The health facility has sufficient funds for rehabilitation, improvement and continuous operation and maintenance of water, sanitation, hygiene and waste management infrastructure. 12. The health facility has adequate laundry facilities, including water, detergent and space for drying. 13. Health facility professionals and support staff and carers are educated and trained in good hygiene, including regular hand-washing after changing nappies, before feeding and after using toilets. 14. The health facility has an environmental health management risk plan, with an adequate budget, for managing and improving water, sanitation, hygiene and waste management services, including infection prevention and control. 15. Health facility staff promote safe hygiene practices in caring for infants, children and young adolescents, including safe disposal and management of children's faeces		
8.3 Child-friendly, age-appropriate equipment designed to meet children's needs in medical care, learning, recreation and play are available at all times.	1. The health facility has functioning, clean, age-appropriate essential equipment and supplies for routine care and management of complications at all times in all areas for child care. 2. Equipment user manuals and instructions are available, with laminated job aids on how to operate and use the equipment. 3. The health facility has a functioning, well-equipped resuscitation trolley for paediatric emergency resuscitation and care with readily accessible and identifiable age-appropriate medicines, resuscitation equipment and supplies (e.g. suction device, pulse oximeter, laryngoscope, endotracheal tubes, bag valve masks, infusion sets) available at all times in areas designated for emergency care in outpatient areas and inpatient wards.	11. Proportion of all children admitted to the health facility who received age appropriate play and entertainment materials during the last 3 days of their stay. 12. Proportion of days per calendar year during which one or more essential item of equipment was not available.	13. Proportion of days per calendar year during which an oxygen source and delivery were not available. 14. Proportion of patients who did not receive essential care to the normal standard because one or more items of essential equipment was unavailable. 15. Proportion of reviewed child deaths in which the child did not receive appropriate care because of lack of essential age-appropriate equipment.

	4. The health facility has a safe, uninterrupted source of oxygen and equipment for delivery (age-appropriate nasal prongs, catheters and face masks) available at all times in children's wards and emergency areas. 5. The health facility has basic equipment (X-ray, ultrasound and basic laboratory equipment) for diagnosis and management of common childhood illnesses and conditions. 6. The health facility has culturally and age-appropriate toys, games, books and facilities for play and entertainment of children on wards and in play and recreational areas. 7. The health facility has a dedicated budget for essential equipment and its maintenance. 8. The health facility has the minimum requirements for an adequate cold chain, with a functioning refrigerator and a temperature monitoring device, and the temperature has been maintained between 2 and 8 ºC for the past 30 days. 9. The health facility has an updated inventory of medical equipment, with documentation of breakage or malfunction and dates of repair or replacement. 10. The health facility has functioning age- and size-appropriate beds and furnishings (chairs, tables) on paediatric wards or areas designated for child care.		
8.4 Adequate stocks of child-friendly medicines and medical supplies are available for the routine care and management of acute and chronic childhood illnesses and conditions.	1. The health facility has up-to-date, written protocols and guidance for safe storage of medicines in designated pharmacy cupboards or stores and for safe administration. 2. The health facility has an on-site pharmacy with trained pharmacists or dispensers available during all facility operating hours, who maintain an essential list of child-appropriate medicines and supplies, adequate stocks and an efficient stock management system. 3. The health facility has supplies of emergency and prereferral medicines that are readily accessible for severely ill children. 4. The health facility has supplies of first- and second-line injectable antibiotics, antimalarial agents and other essential medicines available at all times for the management of children.	10. Proportion of health professionals who provide child health services who have received training in appropriate child medication.	11. Proportion of days in the past 3 months when there were stock outs of one or more essential medicines. 12. Proportion of days in the past 3 months when there was a stock out of blood. 13. Proportion of days in the past 3 months when oxygen was not available in the health facility in areas in which children are cared for. 14. Proportion of reviewed child deaths in which the child did not receive appropriate care due to lack of essential medicines or supplies.

	5. The health facility has supplies of essential vaccines available at all times for vaccination of children and young adolescents. 6. The health facility has supplies of thermometers, age-appropriate weighing scales and wooden boards or metal beams with a mounted rule that permit measurement of crown-to-heel length (infants < 2 years lying down) or height (older children standing up) in centimetres. 7. The health facility has adequate essential child-friendly equipment and medical supplies, including an oxygen source, to support routine and emergency management of children. 8. The health facility has essential laboratory supplies (e.g. needles, reagents, specimen bottles) to support routine and emergency management of children. 9. The facility has a system for the storage and distribution of all vaccines and their diluents in a cold-chain system maintained in the WHO-recommended temperature ranges at all times.		