

# *Child friendly healthcare*

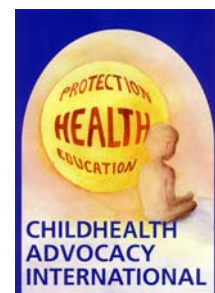
## *A manual for health workers*

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Abridged by Alice and Oliver Ross



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## **Preface**

This is an assessment and implementation manual about ‘Child Friendly Healthcare’ (CFH) written for health workers who plan, organise, provide or give care to children and their families. The manual defines CFH by translating the articles of the United Nations Convention on the Rights of the Child (UNCRC) into simple CFH ‘Standards’ that are applicable to everyday healthcare practices. It provides a method and process for assessing these and a simple structure for making any wanted or needed improvements so that children and their families everywhere can receive the ‘best possible’ healthcare, regardless of circumstance.

The Child Friendly Healthcare Initiative (CFHI), a child health quality improvement program, was developed by Childhealth Advocacy International (CAI), Charity No: 1071486, in collaboration with The United Nations Children’s Fund (UNICEF), The Child and Adolescent Department of Health and Development of the World Health Organisation (WHO), the Royal College of Paediatrics and Child Health (RCPCH), UK and the Royal College of Nursing (RCN), UK. The Community Fund, UK funded its pilot project.

The initial pilot development phase for the Child Friendly Healthcare Initiative finished at the end of 2002 and the manual was written, edited and abridged in the period that followed. Consideration of differing publishing options delayed the manual and tools being put into an easily accessible format until now. During that time numerous changes and developments have been instigated and moved forward, at local, country and global levels – including many that have been influenced by the work undertaken and shared by the CFHI project. However despite the time elapsed, the messages, truths, principles and practical methods promoted by the Child Friendly Healthcare Initiative remain as valuable and needed as ever.

## **Dedication**

This manual is dedicated to the many hundreds of children and their families and health workers from seven main countries who participated in the pilot project, and whose thoughts, views and opinions it expresses. In addition we thank many other individuals from a variety of organisations who have given their valuable time and support to help develop the CFHI, and to our own families for their patience and understanding over the last three years.

## **Abbreviations**

AIDS: Acquired Immunodeficiency Syndrome  
BFI: Baby Friendly Initiative  
CAI: Child Advocacy International  
CFH: Child Friendly Healthcare  
CFHI: Child Friendly Healthcare Initiative  
DFID: Department for International Development (UK)  
EACH: European Association for Children in Hospital  
EPI: Expanded Program for Immunisation  
HIV: Human Immunodeficiency Virus  
IMCI: Integrated Management of Childhood Illness  
IMF: International Monetary Fund  
IFMS: International Federation Medical Students  
ORS: Oral Rehydration Solution  
ORT: Oral Rehydration Therapy  
PQCG: Paediatric Quality Care Group  
WFP: World Food Program  
WHO: World Health Organisation  
WTO: World Trade Organisation  
UNICEF: United Nations Children’s Fund  
UNCRC: United Nations Convention of the Rights of the Child  
UNMIK: United Nations Mission in Kosova  
RCPCH: Royal College of Paediatrics and Child Health (UK)  
RCN: Royal College of Nursing (UK) UK: United Kingdom

## How to use this book

This book is intended to help any health planner or health worker assess the level of healthcare received by the children and their families and make improvements working towards the ‘best possible’ resulting care. Its contents may also help parents and other carers of children.

The book is directly relevant to the healthcare of all children and its chapters are designed to be of practical assistance. It can be read as a whole, but is divided into 5 sections to assist in gaining quicker understanding of specific topics.

- **Glossary**
- **Section 1** explains why a Child Friendly Healthcare Initiative (CFHI) is needed, discusses the principles involved and its relationship with the United Nations Convention on the Rights of the Child (UNCRC). ‘Child Friendly Healthcare’ (CFH) is defined.
- **Section 2** describes and discusses each of the 12 ‘Child Friendly Healthcare’ Standards and their supporting criteria.
- **Sections 3 and 4** explain how to find out if you are ‘Child Friendly’ and how to use the findings from an assessment to ‘make it better’, that is to plan, make and acknowledge improvements. They also explain how others can help you. The concepts, ideas and processes in these chapters are not new, but simplified in this book.
- **Section 5** explains useful activities that support ‘best possible’ practice. It contains useful examples collected during visits to the health facilities participating in the development of the program.
- **The Appendix which is to be placed on the website [www.cfhiuk.org](http://www.cfhiuk.org)** contains ‘The CFH Toolkit’. The tools cover the assessment of all the aspects of healthcare for children and their families. Tool 1 is designed to help identify, prioritise and select CFH Standards for improvement; Tool 2 provides a more detailed assessment of the chosen aspect of care including identification of the level of care currently provided and, if not the ‘best possible’, suggests improvements by planning and implementation of realistic, and sustainable development.

### **The appendix also contains examples of the following forms and policies:**

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

## Biographies

### **Dr Meriel Susan Nicholson FRCP, FRCPCH, FRIPH**

*Project Director for the pilot of the CFHI*

Sue is a retired Paediatrician with a wide experience of child health and paediatrics. Her working career included time spent as a family planning doctor, a general practitioner, a community health doctor and a hospital consultant. Although she practiced as a general paediatrician, special interests have included developmental paediatrics, child protection, school health, neonatal medicine, infection control, rheumatology, International Child Health and the training of doctors and other health workers. She was a member of EACD (European Association of Childhood Disability), an associate police surgeon and a fellow of 3 Royal Colleges. Although interests outside medicine are centred round her 4 adult children and 6 grandchildren, she is also an accomplished skier and gardener.

### **Andrew Clarke BSc, RN (Child), RHV**

*Project Officer for the pilot of the CFHI – now Honorary CFHI Director*

Andrew is a paediatric nurse and Specialist Community Practitioner in public health. He currently divides his time between the United Kingdom where he works as a community Health Visitor in East Lancashire, and Nepal where he is employed as Health Advisor (practice and development) for the children's charity Child Welfare Scheme.

His interests span across international maternal and child health, but particularly in care giving practices (attitudes and approaches), symptom control, utilising communities as vehicles for change, child protection and clinical innovation with low resources.

Andrew is married with two young children and a helpful family – whose ongoing support makes his international work possible and whom he'd like to thank.

### **Sue Burr OBE FRCN HFRCPCH RSCN RGN RHV RNT MA**

Sue Burr held a variety of posts in hospital, community, and educational settings focusing on the nursing of children prior to being appointed the Royal College of Nursing's (RCN) first Adviser in Paediatric Nursing in 1984 a post she held till her retirement in 2002.

Sue's career spanned many changes and her interest and passion was that the psychosocial needs of the child and their family, with parents being real partners in care, should progress alongside developments in nurse education and clinical advances.

As an active member of various national and international organisations such as Board member of UNICEF UK & Trustee of Action for Sick Children and Contact A Family Sue was committed to multi-agency/multi-professional working.

Sue's appointment in 1995 as a Specialist Adviser to the House of Commons Select Committee on Health's Inquiry into Services for Children was in recognition of her standing and achievements in UK health policy.

### **Dr. David Southall OBE MBBS MD FRCPCH**

David Southall is honorary medical director of Childhealth Advocacy International. He is the chair of the working party for CFHI. His main interests are the safe and effective management of emergencies in pregnancy, infancy and childhood. He has published many papers concerning the protection of children from abuse and is active in developing child protection systems for poorly resourced countries. He is particularly worried about the concept of suffering and how little attention is drawn to this in current international programs for mothers and children. He is also active in developing palliative care systems for disadvantaged countries. He has directed the development of many teaching materials for managing emergencies as well as a textbook of International Child Health Care.

He is a consultant paediatrician active in acute general paediatrics in the UK National Health Service and was Foundation Professor of Paediatrics at Keele University before his retirement.

### **Alice Leahy BA, MBBS, MRCP, Msc**

Consultant paediatrician at Southampton General Hospital and lead for paediatric resuscitation; mother of five

### **Oliver Ross MbChb, FRCA**

Consultant paediatric anaesthetist at Southampton, medical humanitarian experience, five children (same ones as Alice above)

## CONTENTS

### Glossary

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- A reminder about the United Nations Convention on the Rights of the Child (UNCRC)
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- What are its guiding principles?
- Its history
- Who owns it?
- Who has contributed to it?
- What has the CFHI already contributed to improving children’s healthcare
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#### **Section 2: The ‘Standards’ and their supporting criteria**

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- Supporting the ‘best possible’ healthcare
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- Enabling play and learning
- Protecting children (recognising and supporting a vulnerable or abused child)
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- Supporting the ‘best possible’ nutrition

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- About the CFH Toolkit
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2. Advocacy
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5. Clinical guidelines and other job aides
6. Data Management
7. Lifelong learning and how to put this into practice
8. Looking after health workers
9. Mission Statements *with examples*
10. Problem solving
11. Team working and leadership *with an example of a health facility management structure*

**Examples of the following are on the CFHI website:**

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

**Appendix: The CFH Toolkit**

**Information** about the toolkit

**Tool 1** to help with identifying and prioritising areas of care (CFH Standards) for improving

**Tool 2** to assess each different CFH Standard in detail to identify the quality of its practice, and for use as a framework to make improvements

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**Acknowledgements**

The CFHI is indebted to the many individuals and organisations that have contributed to its development. It would not be possible to name everyone, but we would like to especially thank:

**Present and former members of the CFHI Advisory Committee:**

Dr John Bridson, David Bull, Sue Burr, Dr Patricia Hamilton, Andrew Radford, Robert Smith, Professor David Southall (Chair), and Dr Tony Williams

**The Community Fund, UK:** For funding the pilot project, especially Ylva Sperling and Martin Wright

**Pilot project assistants:** Clare McNamara and Carol Rowley

**Childhealth Advocacy International Staff:** especially Meggie Szczesny

**Our contacts at the Ministries of Health, WHO and UNICEF in Kosovo, Moldova, Pakistan and Uganda, and also those at Dfid and UNMIK in Kosovo and Dfid in Uganda**

**The leaders, managers and senior health workers at the pilot sites:**

Department of paediatrics and child health, Klinika Obstetrike Gjinekologjike, Gjilan Hospital, Kosovo

The Republican Children's Hospital, Chisinau, Moldova

Children's Hospital, Islamabad, Pakistan

Department of Child Health, Mulago Hospital Complex and Makerere University Kampala, Uganda

Children's services, Barnsley District General Hospital Trust, UK

Children's services, Bro Morgannwg NHS Trust, Wales, UK

Derbyshire Children's Hospital, England, UK

Yorkhill National Health Service Trust, Glasgow, Scotland, UK

Children's services at Ulster Community and Hospital HSS Trust, Belfast, Northern Ireland, UK

Also children's services at the Jubilee Hospital, Republic of South Africa and Bihac Hospital, Bosnia.

**The CFHI coordinators for the pilot sites:**

Dr Zijadin Hasani, Kosovo

Dr Tatiana Raba, Moldova

Dr Farrukh Qureshi, Pakistan

Dr Margaret Nakakeeto, Uganda

Dr Loretta Davis-Reynolds and Theresa Burkhill, Barnsley

Karen Healey, Karen Grant and Elizabeth Jones, Bridgend

Celia Cullen, Derby

Joe Skinner, Glasgow

Liz McElkerney and Roisin Coulter, Belfast

**Interpreters for the pilot project:**

Dr Mervan Tosca, Kosovo

Dr Evelina Cibotaru-Herghelegiu, Moldova

Dr Nick Jelamschi, Moldova

Nazia Mumtaz, Pakistan

Farida, Uganda

**\*UNICEF HQ** for their interest and support

**UK Committee for UNICEF** for their sponsorship and support

**The Department of Child and Adolescent Health and Development, WHO, Geneva** especially Dr Hans Troedsson and Dr Martin Weber

**Action for Sick Children, England,** especially Pamela Barnes

**Action for Sick Children, Scotland,** especially Gwen Garner

**The European Association for Children in Hospital,** especially Margreet van Bergen

**Amberley Hall Nursery, Bristol UK** for their active participation and on-going sponsorship, especially Mary Butler and Ruth Robinson.

**The play department Barnsley District General Hospital, UK** for their active participation and on-going sponsorship, especially Josie Evans

**The International Medical Students Federation (IMSF)**

**The International Federation of Infection Control (IFIC)**

**The Infection Control Nurses Association, UK (ICNA)** especially Esther Dias, for sponsoring the Infection Control Nurse, Winifred Abong, from Uganda to attend the UK, ICNA's Annual Conference 2002

**Pixel 8 Design**, especially Nigel Dawes, for their sponsorship in designing the CFHI logo and for designing the CFHI web site

Ann Morgan for designing the toolkit.

**And the following individuals who contributed to the pilot project and/or this manual:**

Armin Alagic, Mumtaz Begum, Peg Belson, Brigitte, Anne Casey, Shkumbin Dauti, Jane Frank, Dr Assad Hafeez, Professor Mumtaz Hassan, John Hughan, Professor Mahmood Jamal, Dr Elizabeth Kiboneka, Christine Kirkham, Dialeta Nela, Tess Little, Aileen McKenzie, Dr Isoke Muzora, Jane Nakaggw, Annette Naluyange, Robert Nicholson, Dr Bernadette O'Hare, Angela O'Higgins, Dr Christiane Ronald, Alban Rrustemi, Dr Marian Schmidt, Tom Shearer, Fiona Smith, Dr Ecaterina Stasi, Julie Tate, Kent Thorburn, Dr Jo Venables and all the others that are not individually mentioned.

## CHILD FRIENDLY HEALTHCARE INITIATIVE

### GLOSSARY OF TERMS

**ADVOCACY** in this context means speaking on behalf of children and/or their families who are either unable or unwilling to speak about their unmet needs, situations, or people that make them unsafe, or abuse of their rights. It is acting as a ‘voice’ for someone who has no ‘voice’ or is unable to use it.

**ASSESSMENT /SELF-ASSESSMENT** is the process of measuring the quality of an activity, service or organisation. It is a method for:

- Arriving at an objective view of current performance
- Finding a base-line for the measurement of continuous improvement
- Identifying evidence to validate judgements
- Highlighting areas that show where performance is satisfactory or good
- Highlighting areas that require further improvements
- Seeing the way forward as part of a cycle of continuous improvement

**ATTITUDES** are complex mental processes that motivate behaviour and are thought to influence the way we process information.

A **CARE PATHWAY** (*patient pathway*) is the exact story of a child’s healthcare from the time of arrival at a health facility to the time of discharge or death.

A **CARE PLAN** is a written document that is developed with the parent/carer and child, if old enough. It details the roles and responsibilities of everyone involved in the child’s care and when this requires reviewing.

A **CARER** is a person nominated by a parent/s or the state to provide care for a child in place of a parent/s.

A **CHILD** is a person up to their 18<sup>th</sup> birthday/the age of 18 years (UN)

An **older child** is a child around the age of seven and older. Common sense is needed in interpreting ‘an older child’ as children will vary in their maturity and willingness to answer questions.

A **young child** is usually less than seven years of age, although sometimes a younger child will be able to answer questions designed for the parents and older children

An **adolescent** is a person in the 10 – 19 years age group (*WHO*)

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

**CHILD FRIENDLY HEALTHCARE** is ‘the best possible’ health care provided by health workers who work together to minimise the fear, anxiety and suffering of children and their families by supporting and practicing the 12 Child Friendly Healthcare ‘Standards’ promoted in this book, and who advocate for their child patients.

**COLLABORATIVE** means working together.

**CONSULTATION** is a social interaction during which the opinions of everyone involved are sought before a decision is made.

**CORE DATA SET** is a minimum set of information related to a specific healthcare problem. It includes demographic, treatment and outcome data.

**CRITERIA** provide the more detailed and practical information on how to achieve each CFH standard. They can be described as structure, process or outcome criteria. They illustrate the standard and provide a way of measuring it. (*criteria describe activities to be performed, whereas standards state the level at which they are to be performed. An essential criterion is one that must be met*)

- **Structure criteria** are the resources required in order to carry out the process stage of a standard eg policies, procedures, documents, personnel, training, equipment
- **Process criteria** are the actions undertaken by staff in order to achieve certain results. For examples, assessment techniques and procedures or patient education
- **Outcome criteria** are the desired effect of care in terms of patient responses, behaviour, clinical condition, level of knowledge, satisfaction with care

**DISABILITY** is a lack or impairment of a particular capability or skill (*The Child with a Handicap by DMB Hall*)

**ETHNICITY** concerns nations or races, it is about the customs, dress, food of a particular racial group or cult.

**EMOTIONAL MATURITY** is reached when a person acts and behaves responsibly, is able to contribute to the well-being of their community, and understands and is able to meet and support a child's individual emotional needs.

**FOOD SECURITY (GLOBAL)** is a state of affairs where all people at all times have access to safe and nutritious food to maintain a healthy and active life, and where there is no risk of house-holds losing physical and economic access to adequate food (The State of Food Insecurity in the World 2003 Monitoring progress towards the World Food Summit and Millennium Development Goals. Food and Agriculture Organisation of the United Nations ISBN 92-5-104986-6).

**GLOBALISATION** is the process of increasing economic, political and social inter-dependence and global integration that takes place as capital, traded goods, persons, concepts, images, ideas and values diffuse across state boundaries (*WHO definition*)

**A HANDICAP** is any condition that prevents or hinders the pursuit or achievement of desired goals. Sheridan M 1969

**HEALTH** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The Definition has not been amended since 1948.

**HEALTHCARE** is informed advice, assessment, monitoring, assistance or treatment given for health reasons. It includes preventive, investigative, curative, palliative and supportive care.

**Appropriate healthcare** is the 'best possible'\* healthcare given without compromising the care given to other children sharing the same health worker, health facility or health service.

**Effective health care** is healthcare that achieves its objectives.

**Evidence-based healthcare** is based on a process of systematically finding, appraising and using contemporaneous research findings to support the healthcare given.

**A healthcare related policy** is a written principle that governs an activity that health workers must follow, about how to do something that must be followed by all health workers (a must do) for example an evacuation policy, a drug safety policy, a hand washing policy and others.

**A system of care** is a clear detailed method for dealing with a situation, event or problem.

**A HEALTHCARE ENVIRONMENT** is any place where a patient is given informed advice, assessment, monitoring, assistance or treatment.

**A HEALTH FACILITY (HF)** is an environment designated and funded for providing health care.

An **'In-patient' HF** is a hospital or other institution where users stay overnight for health reasons (ie. are resident)

**A HEALTHCARE PROVIDER** is any organisation or individual that is in any way responsible for planning, organising and/or providing health care.

**A HEALTHCARE ORGANISATION** is any authority that is responsible for providing healthcare services.

**Primary or community services** are those health services whose health workers usually see the child and family first. They are usually located near the child's home and give basic health care to a child living at home whose health problem is not serious enough to require admission to a health facility, or an opinion from another more skilled health worker.

**Secondary/referral level/specialist services** are those provided and given by children's health workers who see a child referred from primary care for a second opinion, or a specialist opinion, about their health problem. They are usually able to admit a child for overnight healthcare and include all types of hospital care.

**A HEALTH WORKER** is any person employed to give any form of health care, or who is working as a volunteer.

**A professional health worker** is any person with a health or health related qualification who is employed to give any form of health care, or who is working as a volunteer.

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

**A key health worker** is an identified individual with special responsibility, for example for a child/family or a project/program such as infection control

**HYGIENE** is the principles and practices relating to cleanliness

**An INDUCTION TRAINING/PROGRAM** is a program of learning activities designed to enable new health workers to a clinical area, type of health care or employment to function effectively in their new job.

**An INFECTION** is the state or condition in which the body, or part of it, is invaded by a pathogen that, under favourable conditions, multiplies and causes a health problem. A pathogen is a micro-organism capable of producing disease.

**Infection control** is a program of activities that investigate, prevent and control the spread of infections and the micro-organisms which cause them.

**A healthcare acquired/related infection** is an infection acquired while receiving any type of healthcare or related to receiving healthcare. A hospital acquired/related infection is an infection acquired while attending or resident in a health facility.

**A pathogen** is a micro-organism that can cause disease.

**The INTEGRATED MANAGEMENT of CHILDHOOD ILLNESS (IMCI)** is a World Health Organisation Program for delivering healthcare to children. It has very clear management, treatment and referral pathways and an associated training program for the health workers who implement it. ([www.who.int/child-adolescent-health/integr.htm](http://www.who.int/child-adolescent-health/integr.htm))

**MONITORING** is the process of collecting information about performance. Monitoring may be intermittent or continuous.

**OUTCOME** is a measure of the effects, beneficial or adverse, which a person experiences as a result of care, treatments or services they have received.

**PEER REVIEW** is a review of a service by those with expertise and experience in that service, either as a provider, user or carer.

**A POLICY** is a principle about how to do something that must be followed by all health workers, for example, a hand washing policy. It is usually written.

**A PROGRAM** is a planned series of events for a purpose

**A PROTOCOL** is a written recommendation, rule or standard to be followed in a situation where a rational procedure can be specified. *For example, a plan of action, an antibiotic protocol for a certain condition/s, assessment and treatment of shock*

**PSYCHO-MOTOR DEVELOPMENT** is a combination of motor and psychological (mental, social, behavioural and emotional) development

**RISK ASSESSMENT and MANAGEMENT** is a systematic approach to assessing and managing risk. Its aim is to reduce loss of life, financial loss, loss of health worker availability, health worker, child and carer safety, loss of buildings, equipment or reputation.

**A SAFE MOTHERHOOD PROGRAM** includes healthcare during pregnancy, during delivery, after delivery and advice given about sexual health, breastfeeding and family spacing.

**SANITATION** means the infrastructures and equipment for preserving public health and protecting people from harmful contamination; for example keeping the water supply and waste disposal safe and secure.

**SKILL MIX** is a term given to a general process of reviewing and, if necessary, changing the ways in which traditional health care is delivered to patients.

**SOCIAL WORK** is the provision of advice and practical help for problems resulting from social circumstances. A social worker supports vulnerable people.

**A STANDARD** is an agreed level of performance, appropriate to the population addressed. It is observable, achievable, measurable and desirable

Generic **STANDARDS** are standards that apply to most, if not all clinical services

**A SYSTEM** is a clear detailed way of dealing with a healthcare situation, event or problem.

**A TOOL** assesses performance against a standard. Tools include interviews (open, semi-structured or structured), questionnaires, structured observations, checklists and benchmarking.