



NEST360 | UNICEF Health Facility Assessment (HFA)

Family Centred Care Module

Version: September 2, 2021

Date (yyyy/mm/dd): / /

Data Collector 1 (first and last name):

Data Collector 2 (first and last name):

Facility Name:

Facility Code:

Module Overview for Family Centred Care

Section 1: Policies and Training (Nurse in charge)

Section 2: Patient Satisfaction (Nurse in charge)

Section 3: Family Involvement (Nurse in charge)

Section 4: Infrastructure (Nurse in charge)

Facility Name:

Facility Code:

Section 1. Policies and Training

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 1. Policies and Training*.

Respondents	
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
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Section 1. Policies and Training

Instructions: Address these questions to the nurse in charge. Please ask the nurse in charge if the following guidelines for respectful and family-centred care are available. If a guideline is available, continue to ask if it is easily accessible. All guidelines must be seen in order to select "Yes" to being available and to being easily accessible. In order to select "Yes" to easily accessible the nurse must know where the guideline is stored and able to retrieve it quickly. Note that some of these guidelines might be found on the labour and delivery ward. If any guideline is part of a larger protocol, that counts as being available. For some questions, you will need to observe specific items/spaces at the facility.

Prompt: I'd like to ask you a few questions about the facility's policies and training for respectful and family centred care.

No.	Does the facility have the following?	Available and easily accessible	Available but not easily accessible	Not available
1.01	Unnecessary interventions guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.02	Guidelines for management of newborns suspected of being maltreated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.03	Pain assessment and management guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.04	Minimising separation of newborns from mothers/caretakers guidelines <i>(This could include 24-hour access for carers, no interruption during ward rounds, shift changes and care procedures.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.05	Discharge protocol <i>(This could include a pre-discharge baby check, a comprehensive discharge management plan and arranging follow-up as required.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.06	Developmental follow-up protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

No.	Item	Response
1.07	Are there any formal policies (e.g., special grieving area etc.) around supporting families of a child who dies? <i>(Select all that apply)</i>	<input type="checkbox"/> Guidelines for staff supporting bereaved families <input type="checkbox"/> Protected grieving area <input type="checkbox"/> Counselling services <input type="checkbox"/> Chaplaincy services <input type="checkbox"/> Parent support groups <input type="checkbox"/> Community support groups <input type="checkbox"/> Written support information (e.g., phone number) for bereaved families <input type="checkbox"/> None <input type="checkbox"/> Other <i>(specify below)</i>

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No.	Item	Response
1.08	Are there specific respectful and/or family-centred care trainings for staff? (<i>Select all that apply</i>)	<input type="checkbox"/> Training in family-centred care <input type="checkbox"/> Training in Kangaroo Mother Care (KMC) <input type="checkbox"/> Training in legal and medical ethical principles of autonomy, informed consent, confidentiality and privacy <input type="checkbox"/> Training and refresher sessions in end-of-life and bereavement care <input type="checkbox"/> Training and refresher sessions on screening, protecting and managing newborns with evidence of maltreatment, including neglect and violence <input type="checkbox"/> None Other (<i>specify below</i>)

Comments

Facility Name:

Facility Code:

Section 2. Patient Satisfaction

Instructions: Direct these questions to the nurse in charge. For some questions, you will need to observe specific items/spaces at the facility.

No.	Item	Response
2.01	What mechanisms, if any, exist to voice grievances or provide feedback to the health facility? <i>(Select all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> Anonymous survey <input type="checkbox"/> Suggestion box <input type="checkbox"/> Hotline <input type="checkbox"/> Ombudsman <input type="checkbox"/> Exit survey <input type="checkbox"/> Other <i>(specify below)</i>
2.02	Does facility routinely perform patient satisfaction surveys on the services offered at the facility? <i>Routinely is defined as occurring at regular intervals throughout the year (e.g., daily, weekly, monthly, quarterly) and must be done at least annually.</i>	<input type="radio"/> Yes <input type="radio"/> No

Comments

Facility Name:

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Section 3. Family Involvement

Instructions: Direct these questions to the nurse in charge.

No.	Item	Response
3.01	How is information shared with parents about their child's condition? <i>(Select all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> Verbally <input type="checkbox"/> Written <input type="checkbox"/> Other <i>(specify below)</i>
3.02	Do parents receive formal counselling about their child's condition before discharge or a training programme on discharge to help them become confident carers? <i>(This can include a comprehensive discharge management plan with follow-up.)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
3.03	Which of the following activities are family members allowed to do on their sick neonate whilst in hospital? <i>(Select all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> Bathing <input type="checkbox"/> Feeding <input type="checkbox"/> Turning <input type="checkbox"/> Changing nappies <input type="checkbox"/> Other <i>(specify below)</i>

Comments

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Section 4. Infrastructure

Instructions: Direct these questions to the nurse in charge. For some questions, you will need to observe specific items/spaces at the facility.

No.	Item	Response	Skip To
Sitting and Sleeping Arrangements			
4.01	Is there a rooming-in facility within the neonatal unit with a place (e.g., chair, bench, <i>not</i> on the floor) for mothers to sit? (<i>Select one</i>) (<i>This refers to the neonatal unit and not the KMC or postnatal unit.</i>)	<input type="radio"/> In the unit by the cot <input type="radio"/> In the unit NOT by the cot <input type="radio"/> No	—
4.02	Is there a rooming-in facility within the neonatal unit with sleeping arrangements for mothers? (<i>This refers to the neonatal unit and not the KMC or postnatal unit.</i>)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	If “No”, 4.04
4.03	What type of sleeping arrangements are there for mothers? (<i>Select all that apply</i>)	<input type="checkbox"/> Flat bed <input type="checkbox"/> Bed with adjustable head <input type="checkbox"/> Mattress on the ground <input type="checkbox"/> Mat on the ground <input type="checkbox"/> Other (<i>specify below</i>)	—
			—
4.04	Where are mothers with babies in the neonatal unit housed? (<i>Select all that apply</i>) (<i>A maternal shelter is a place for mothers who have already given birth to stay near their neonates.</i>)	<input type="checkbox"/> Neonatal unit <input type="checkbox"/> Paediatric ward <input type="checkbox"/> Postnatal unit <input type="checkbox"/> Maternal shelter <input type="checkbox"/> Other (<i>specify below</i>)	—
			—
Visitors/Waiting Area			
4.05	Is there a dedicated waiting area for visitors/family for babies in the neonatal unit that is near or in front of the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	If “No”, 4.11
4.06	Where is the dedicated waiting area for visitors located? (<i>Select one</i>)	<input type="radio"/> At the entrance to the neonatal unit <input type="radio"/> Elsewhere in the facility	—
4.07	Is the waiting area for visitors a separate area or a hallway? (<i>Select one</i>)	<input type="radio"/> Separate area <input type="radio"/> Hallway	—
4.08	Are there seating arrangements (e.g., chairs, bench, <i>not the floor</i>) in the waiting area?	<input type="radio"/> Yes <input type="radio"/> No	—
4.09	For observation only: Given the number of visitors in the waiting area, is the seating adequate right now? (<i>Select one</i>) (<i>Adequate means everyone can sit.</i>)	<input type="radio"/> Adequate seating <input type="radio"/> Some seating, but not enough <input type="radio"/> No seating	—
4.10	For observation only: How many people are in the waiting area right now?	Number:	—
4.11	Are mothers/caretakers allowed into the unit at all times or only specific times? (<i>Select one</i>)	<input type="radio"/> At all times <input type="radio"/> Specific times	If “all times”, 4.14

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No.	Item	Response	Skip To
4.12	At what time intervals are mothers allowed in the unit? <i>(Select one)</i>	<input type="radio"/> Every 2 hours <input type="radio"/> Every 3 hours <input type="radio"/> Other <i>(specify below)</i>	—
			—
4.13	For what activities are mothers allowed in the unit? <i>(Select all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> Bathing <input type="checkbox"/> Feeding <input type="checkbox"/> When crying <input type="checkbox"/> Changing nappies <input type="checkbox"/> Other <i>(specify below)</i>	—
			—
4.14	Have there been any changes to mother/caretaker visiting hours due to COVID-19?	<input type="radio"/> Yes <input type="radio"/> No	If “No”, 4.15
4.15	If yes, please explain any changes due to COVID-19.		—
Milk			
4.16	Is there a dedicated area for preparing milk/feeds (e.g., expressed breast milk, fortified breast milk, formula, other milk) for neonates	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
4.17	Is there a separate space (e.g., separate room, curtain) within the neonatal unit that allows for mothers to express milk privately?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
4.18	Is there refrigerated storage space for mothers to store expressed milk?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	If “No”, 4.20
4.19	Is the refrigerated expressed milk labelled?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	
4.20	Is there a human milk bank anywhere in the facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
Other Areas for Families			
4.21	Is there a specific private space for counselling within the neonatal unit?	<input type="radio"/> Yes, with curtains <input type="radio"/> Yes, separate room <input type="radio"/> None <input type="radio"/> Yes, but not observed	—
4.22	Is there a space and equipment for mothers to cook?	<input type="radio"/> Yes <input type="radio"/> No	—
4.23	Is there a separate/designated “eating area” for mothers/caretakers?	<input type="radio"/> Yes <input type="radio"/> No	—
4.24	Are breastfeeding mothers provided with high-quality and nutritious meals?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
4.25	Are there bathing facilities for mothers/caretakers to use?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	If “No”, 4.27

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No.	Item	Response	Skip To
4.26	Which family members are permitted to use the bathing facilities? (Select all that apply)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Caretaker/guardian <input type="checkbox"/> Other (specify below)	—
			—
4.27	Is there a rota of times the bathing facilities are cleaned?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
4.28	Is there access to laundry facilities for mothers/caretakers?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
KMC Unit			
4.29	Is there a KMC unit at the facility?	<input type="radio"/> Yes <input type="radio"/> No	If "No", End Module
4.30	How many beds do you have in your KMC unit?	Number:	—
4.31	Of the beds in the KMC unit, how many beds can sit up?	Number:	—
4.32	How many reclining KMC chairs do you have?	Number:	
4.33	How many mothers are in the KMC unit?	Number:	—
4.34	Is the space in the KMC unit adequate for the volume of neonates? (Adequate space means there is enough space for all babies requiring KMC)	<input type="radio"/> Yes <input type="radio"/> No	—
4.35	Do all the beds in the KMC unit have insecticide treated bed nets?	<input type="radio"/> Yes <input type="radio"/> No	—
	Do all the beds in the KMC unit have curtains for privacy?	<input type="radio"/> Yes <input type="radio"/> No	
4.36	Where do visitors meet the KMC mothers? (Select all that apply)	<input type="checkbox"/> Separate room with separate entrance <input type="checkbox"/> Separate room with entrance in KMC unit <input type="checkbox"/> On the KMC unit <input type="checkbox"/> Postnatal unit <input type="checkbox"/> Elsewhere at the facility not on KMC unit <input type="checkbox"/> Other (specify below)	—
			—
4.37	Have there been any changes to KMC visitor policy due to COVID-19?	<input type="radio"/> Yes <input type="radio"/> No	—
4.38	If yes, please explain the changes due to COVID-19.		

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Comments