

To be completed in **May** by the **HR manager and Maternity ANM** and **Q3** by the **District Specialist team**.
Record NA/NC/PC/C for each indicator for each assessed month and calculate score using tables below.

Year:		Unit:	
Not applicable (NA):	Does not apply to the unit or individual assessment or not observed.		
Non-Compliant (NC):	<50% compliance		
Partially Compliant (PC):	50-79% Compliance		
Compliant (C):	80-100% Compliance		

NO.	INDICATOR	May	Q3
Nursing			
1.	Staff data base in use and current		
2.	Min. 66% Non-rotational staff are allocated to neonatal unit (Staff database)		
3.	No. of nurses allocated per shift meet norms for bed numbers (See norms below)		
4.	Appropriate no. of nurses in maternity and neonatal unit (no vacant posts)		
5.	There is an OM with appropriate post graduate qualification in charge of the neonatal unit. Neonatal, Advanced Midwifery, Paed, ICU (2 ^o /3 ^o)		
6.	There is an OM with appropriate post graduate qualification in charge of the maternity /paediatric unit. -Advanced Midwifery. (1 ^o)		
7.	There are non rotational nurses allocated permanently to the KMC unit		
8.	There is an RN providing oversight for the KMC unit (2 ^o /3 ^o)		
9.	There is an RN responsible for the neonatal unit including KMC unit (1 ^o)		
Medical			
10.	Medical staff must be allocated to neonatal unit for a minimum of 3-6mths.		
11.	A daily ward round (including weekends & public holidays) is done by a medical officer. (1 ^o)		
12.	A designated doctor is available/on call for the neonatal and KMC units 24hrs a day.		
13.	Adequate numbers of doctors are on duty in the unit for the number and level of beds. (See norms below)		
14.	There is a consultant (Paediatrician at regional hosps. & neonatologist at tertiary) in charge of the neon. unit with offsite support after hours.(2 ^o /3 ^o)		
15.	The consultant does not rotate for at least 6 mths. (2 ^o /3 ^o)		
16.	There is a weekly telephonic consultant round .(District Hospitals)		
17.	There are monthly outreach visits. (District Hospital)		
Training			
18.	Required no. of maternity staff are HBB trained. (see provincial implementation plan)		
19.	At least one (1) mannequin is available for HBB training.		
20.	All non rotating nursing staff within 6mths of deployment have completed neonatal training. (PEP/KINC/NELS/Other)		
21.	One third of medical staff in hospital (1 ^o) or paed. Dept (2 ^o /3 ^o) have completed neonatal training. (PEP/KINC/NELS/Other)		
22.	The RN in charge of KMC unit has been orientated to KMC		
23.	There are records of monthly neonatal in-service training		
24.	Resources are available for going education e.g. SAPA resus . booklet, textbooks, journals, course notes(2 ^o /3 ^o)		
25.	The consultant has been orientated to KINC and PEP and trained in HBB.(2 ^o /3 ^o)		
26.	All staff have completed 6mthly skills assessments (as per staff database)		

A. NA				
NC				
PC				
C				

Auxiliary		May	Q3
27.	There is a ward clerk allocated to the neonatal/paediatric/maternity unit		
28.	A general orderly/cleaner is allocated to the neonatal/paediatric/maternity unit day & night (2 in bigger units)		
Multidisciplinary			
29.	There is a dietician in the hospital (District Hospital)		
30.	There is a dietician allocated to neonatal care.(2 ^o /3 ^o)		
31.	At least weekly rounds conducted by the dietician		
32.	There is a social worker available in the hospital		
33.	There is a physio and OT team available in the hospital.		
34.	At least weekly rounds by the rehab. team		
35.	There is an audiologist available in the hospital.(2 ^o /3 ^o)		
36.	There is a lactation advisor available in the hospital		
37.	At least daily rounds conducted by the lactation advisor		

B. NA		
NC		
PC		
C		
Final Scores:	%	%

Month	Assessed By -Sign	Print	Desig.	Date
May				
Q3				

Month	Feedback received by -Sign	Print	Desig.	Date
May				
Q3				

Nursing staff norms for neonatal/paediatric units

Levels of care	Bed numbers (District)	Required Nurses/Shift	Ratio: RN:EN
Intensive Care		1 nurse to 1.5 babies	Nil EN
High Care	Minimum 2 beds	1 nurse to 3 babies	1:1
General Care	Minimum 2 beds	1 nurse to 6 babies	1:3
KMC Care	Minimum 2 beds	1 nurse to 6 babies	1:3 (EN/ENA)

Example of Staffing according to bed numbers for district hospitals

Beds				PNs	ENs
Total	High care	General	KMC		
6	2	2	2	1	2
9	3	3	3	2	2
12	4	4	4	2	2
15	5	5	5	2/3	4/3

Medical staff norms for neonatal/paediatric units

Levels of care	Bed numbers (District)
District Hospitals	1MO: 20 Patient day equivalents(PDE)
Regional/Tertiary Hospitals	
Intensive Care	1:3
High Care	1:5
General Care	1:15
Paediatrician	1:40 000 in catchment population

NB Functional minimum to support 2 on call at night =12

Scoring and feedback-In Discussion with the Unit:				
May Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 74 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				
Q3 Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 74 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				