To be completed quarterly in June, September, December and March by the M&E manager
Record NA/NC/PC/C for each indicator for each assessed month and calculate score using tables below

Facility Name:			Year:		
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			

N°	INDICATOR	Data Source	June	Sept	Dec	March
Audits						
1	Record audits completed monthly					
2	>70% average sustained					
3	Clinical audits completed monthly					
4	>70% average sustained					
5	Paediatric infection control audit conducted monthly					
6	>80% average sustained					
7	Paediatric hand washing audit conducted monthly					
8	>80% average sustained					
9	Every staff member has skills assessed 6 monthly					
10	Action plans for all audits made and reviewed monthly					
11	Results graphed monthly and displayed					
12	Paediatric Dashboard presented monthly at Child PIP meeting					
13	Paediatric Dashboard report submitted quarterly to District					
Data usage						
14	Severe acute malnutrition (SAM) case fatality rates (CFR) monitored					
15	Pneumonia CFR monitored					
16	Diarrhoea CFR monitored					
17	Nosocomial sepsis rate monitored					
18	Nosocomial sepsis rate decreasing					
19	Child PIP programme on computer (software available)					
20	Paediatric death audits entered on computer (software used)					
21	Child PIP data verified against DHIS data monthly					
22	Auditing of child deaths includes doctors and nurses					
23	Death notification forms to facility management - within 24 hours					
24	Deaths audited within 7 days					
25	Consolidated death report submitted monthly to District					
26	Causes of death identified					
27	Modifiable factors identified					
28	Modifiable factors rate monitored					
29	Modifiable factors rate decreasing					
30	Preparatory meeting held monthly					
31	Action plans made to address modifiable factors					
32	Feedback on action plans monthly at mortality meeting					
33	Child PIP data (deaths & modifiable factors) analyzed 6 monthly					
34	Child PIP data submitted 6 monthly to district and province					
35	10% reduction targets calculated for U1M, U5M, IHMR					
36	Downward trend in indicators					
37	Targets reached **(Annually in March)**	████████████████████████				
38	Mortality rates (including CFR) graphed and displayed					
Quality Improvement						
39	Two documented paediatric QI projects annually					
40	QIPs relate to avoidable factors /improving care and outcomes					
41	There is on-going assessment of all QI's to ensure sustained improvement					
42	There is multidisciplinary involvement in all QI projects					
	Totals:		%	%	%	%

Month	Assessed By -Sign	Print	Desig	Date	Feedback received by
June					
September					
December					
March					

Scoring and feedback-In Discussion with the Unit:				
June Scoring	NA =	NC =	PC =	C =
	NA x 2 =			C x 2 =
	A: PC + (C x 2) =		B: 84 - (NA x 2) =	
	A / B =		X 100 = %	
Gaps Identified:				
Action Plan:				
September Scoring	NA =	NC =	PC =	C =
	NA x 2 =			C x 2 =
	A: PC + (C x 2) =		B: 84 - (NA x 2) =	
	A / B =		X 100 = %	
Gaps Identified:				
Action Plan:				
December Scoring	NA =	NC =	PC =	C =
	NA x 2 =			C x 2 =
	A: PC + (C x 2) =		B: 84 - (NA x 2) =	
	A / B =		X 100 = %	
Gaps Identified:				
Action Plan:				
March Scoring	NA =	NC =	PC =	C =
	NA x 2 =			C x 2 =
	A: PC + (C x 2) =		B: 84 - (NA x 2) =	
	A / B =		X 100 = %	
Gaps Identified:				
Action Plan:				