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## Assessing the respect of children's rights in hospitals in Kyrgyzstan and Tajikistan

WHO project: Improving the quality of paediatric care in  
the first level referral hospitals in  
selected countries of central Asia



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central Asia**

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## ABSTRACT

This report describes findings and recommendations of the assessment of children's rights in hospital in Kyrgyzstan and Tajikistan that took place in the framework of a WHO project to support the improvement of quality of paediatric care funded by the Russian Federation. In the framework of the assessment of quality of paediatric care, a set of specific tools were used for the assessment and improvement of the respect of children's rights in 11 hospitals in Kyrgyzstan and 10 hospitals in Tajikistan.

### Keywords

CHILDREN, HOSPITALIZED  
PATIENTS' RIGHTS  
PEDIATRICS

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## Acknowledgement

This report was written based on the results of the paediatric hospitals surveys in Kyrgyzstan and Tajikistan that aimed at identifying and assessing gaps between the full respect of children's rights in hospitals and the actual practice. The assessment is part of the WHO project on improvement of quality of paediatric hospital care (QoC), funded by the Russian Federation.

The original set of tools developed by the Task Force on Health Promotion for Children and Adolescents in and by Hospitals and Health Services (Task Force HPH-CA) was translated into Russian and adapted to the regional context. In overall, entire process of the assessment starting from the planning and to the report preparation was led by Vivian Barnekow and Aigul Kuttumuratova from CAH programme of WHO Regional Office for Europe. Natalia Rossin, an intern at WHO contributed to the work on editing Russian questionnaires, their dissemination and initial data analysis. The report was prepared by WHO consultant Ana Isabel Guerreiro.

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## Executive summary

The assessment of children's rights in hospital in Kyrgyzstan and Tajikistan took place in the framework of a WHO project to support the improvement of quality of paediatric care (QoC), funded by the Russian Federation. The main goal of the project is to reduce childhood mortality through strengthening national health systems capacity in improving the quality of paediatric care for common childhood illnesses in the first-level referral hospitals. In the framework of the assessment of QoC, a set of specific tools were used for the assessment and improvement of the respect of children's rights in 11 hospitals in Kyrgyzstan and 10 hospitals in Tajikistan.

The majority of parents and children, including adolescents were satisfied with the overall care received in most participating hospitals.

Concerning the respect of specific rights in hospitals in Kyrgyzstan, 10 of the 11 participating hospitals have adopted a Charter on Children's Rights in Hospital, between 2008 and 2011; there is attention in most hospitals to children's right to privacy, palliative care and the right of children to be protected from all forms of violence; and 8 hospitals have introduced a hospital policy defining criteria on children's right to informed consent. Some barriers were identified in the access of children to hospital health care, namely due to payment of expensive drugs for children with chronic diseases, transportation difficulties and referral to hospital. The assessment of children's right to pain management also shows that more attention should be given to this right.

Concerning the respect of specific rights in hospitals in Tajikistan, no hospital had adopted, disseminated and implemented a Charter on Children's Rights in Hospital at the time of the assessment, however, based on the inputs of the self-evaluation teams, mainly management, a Charter on Children's Rights in Hospital was adopted in 6 hospitals and partially adopted in another one. Inputs from both the self-evaluation teams and children and parents/carers demonstrate that there is significant attention given to children's right to pain management; 8 hospitals have adopted policies outlying criteria on children's informed consent; and all hospitals have adopted policies and practices to ensure that children have the right to access health care services without discrimination. Areas that need more attention in hospitals in Tajikistan include

quality of care in terms of protocols and training of health professionals; and some dimensions of access to health care.

Common findings in relation to the respect, protection and fulfilment of children's rights in hospitals in both countries include: the frequent discrepancy between what parents are entitled to and hospital practice and in the difference of care from child to child; the lack of attention to children's right to play and learning; and the need to improve the hospitals' infrastructures.

The main recommendations include enacting evidence-based national legislation and protocols on key aspects of hospital health care for children; ensure the implementation of national legislation and protocols by health care providers; and the allocation of budgets to renovate health infrastructure and supply necessary hospital equipment and drugs. A greater attention must be paid in both countries to children's right to information and participation, to food and to play and learning.

## Introduction

**The history of tool development.** In January 2009, the Task Force on Health Promotion for Children and Adolescents in & by Hospitals and Health Services (hereafter Task Force HPH-CA) published the first edition of the *Self-evaluation Model and Tool on the Respect of Children's Rights in Hospital* (SEMT) (Task Force HPH-CA, 2009<sup>1</sup>). The tool was prepared by Task Force HPH-CA members, which included a variety of professionals such as paediatricians and paediatric nurses, psychologists and other, based in paediatric and general hospitals, NGOs and Public Health institutions in Europe, Canada, Australia and the United States of America. The preparation of the tool was based on an exploratory carried out in 2004 in 114 paediatric hospitals and departments of 22 WHO Europe countries, which highlighted a gap in the adoption of Charters on Children's Rights in Hospital and, where these had been adopted, the lack of tools to monitor, evaluate and improve the respect of children's rights in the hospital setting. The tool was informed by the Convention on the Rights of the Child (CRC), the Charter of the European Association for Children in Hospital (EACH), the Charter of the International Children's Palliative Care Network and the standards of the Child-Friendly Healthcare Initiative and prepared in consultation with experts at WHO Headquarters, UNICEF Office of Research, the Healthcare Commission for England, the Greek Ombudsperson and the HPH Task Force on Migrant-Friendly and Culturally-Competent Hospitals. The SEMT was made available in 10 languages, it was widely disseminated and a pilot project was conducted in a group of 17 hospitals in Europe and Australia (Simonelli and Guerreiro<sup>2</sup>, 2010). The results of this process lead to the preparation of a set of tools for the assessment and improvement of children's rights in hospitals targeting five groups of stakeholders, namely hospital management, health professionals, children aged 6-11 and for children and adolescents aged 12-18 and a tool for parents and carers (Task Force HPH-CA, 2013<sup>3</sup>).

**The Committee on the Rights of the Child**, in its General Comment N° 15 on the right of the child to the enjoyment of the highest attainable standard of health (Article 24 of the Convention on the Rights of the Child, hereafter right to health), interprets children's right to health "as an

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<sup>1</sup> Task Force HPH-CA (2009). *Self-evaluation Model and Tool on the Respect of Children's Rights in Hospital*; assessed on 8 May 2014: [http://www.hphnet.org/images/stories/Final\\_Self-evaluation\\_Tool\\_EN.pdf](http://www.hphnet.org/images/stories/Final_Self-evaluation_Tool_EN.pdf)

<sup>2</sup> Simonelli F and Guerreiro AIF (eds); *The respect of children's rights in hospital: an initiative of the International Network on Health Promoting Hospitals and Health Services. Final Report on the implementation process of the Self-evaluation Model and Tool on the respect of children's rights in hospital.* January 2010; assessed on 8 May 2014: [http://www.hphnet.org/images/stories/Task\\_Force\\_HPH-CA.Final\\_Report\\_SEMT1.pdf](http://www.hphnet.org/images/stories/Task_Force_HPH-CA.Final_Report_SEMT1.pdf)

<sup>3</sup> Task Force HPH-CA (2013) *Children's rights in Hospital and Health Services: Manual and Tools for assessment and improvement*; assessed on 8 May 2014: <http://www.hphnet.org/members/task-forces/20-members/tf1/1551-hp-for-children-a-adolescents-in-a-by-hospitals>

inclusive right, extending not only to timely and appropriate prevention, health promotion, curative, rehabilitative and palliative services, but also to a right to grow and develop their full potential and live in conditions that enable them to attain the highest standard of health through the implementation of programmes that address the underlying determinants of health.”<sup>4</sup> Significantly, it also recognizes not only the importance of children’s right to health to the enjoyment of other rights and to children’s achievement of their full potential, but also the dependency of the right to health on the realization of other rights.

Children’s rights must be realized in all of children’s life settings. Children’s stay in hospital – as any direct contact of children with the public system – can be regarded as an opportunity to enhance children’s rights, to address the underlying determinants of health and contribute to children’s overall well-being and development. Taking this into account, the aim of this report will be two-fold. Firstly, it aims to present the results on the assessment of the respect of children’s rights in 11 hospitals in Kyrgyzstan and 10 hospitals in Tajikistan. Secondly, it aims to draw recommendations and identify specific actions for improvement to both health providers and the Ministries of Health, by taking into consideration States’ responsibility and the role of health care services, in line with the respect, protection and fulfilment of children’s right to health.

The assessment of children’s rights in hospital in Kyrgyzstan and Tajikistan took place in the framework of a WHO project to support the improvement of quality of paediatric care (QoC), funded by the Russian Federation. This work is also a part of the broader initiative by the WHO/Europe to strengthen children’s rights in health services.

The main goal of the project is to reduce childhood mortality through strengthening national health systems capacity in improving the quality of paediatric care for common childhood illnesses in the first-level referral hospitals. In the framework of the assessment of QoC, a set of specific tools were used for the assessment and improvement of the respect of children’s rights in hospitals. The original Manual and Tools (Task Force on Health Promotion for Children and Adolescents in and by Hospitals and Health Services, International Network of Health Promoting Hospitals and Health Services, 2012) are available in English<sup>5</sup>, but for the implementation in Kyrgyzstan and Tajikistan the set of tools was translated into Russian and adapted to the local context.

Each tool was prepared for a group of stakeholders, namely a) hospital management, b) health professionals, c) children aged 6-11 and children and adolescents aged 12-18 and e) parents and carers. The tools aim to assess children’s rights in hospital, in accordance to seven standards, as follows:

**Standard 1** evaluates the ‘best quality possible care’ delivered to all children, understood as a care that takes into account the clinical evidence available, the respect of children’s rights and patient and family’s views and wishes.

**Standard 2** evaluates to what extent the health care services respect the principles of equality and non-discrimination of all children.

**Standard 3** evaluates how play and learning are planned and delivered to all children.

**Standard 4** evaluates the rights of all children to information and participation in health care decisions affecting them and the delivery of services.

**Standard 5** evaluates to what extent health care services are delivered in a safe, clean and appropriate environment for all children.

**Standard 6** evaluates the right of all children to protection from all forms of physical or mental violence, unintentional injury, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

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4 Committee on the Rights of the Child; General Comment N° 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (article 24); CRC/C/GC/15; I. paragraph 2.

5 The set of tools is accessible at: <http://www.hphnet.org/members/task-forces/20-members/tf1/1551-hp-for-children-a-adolescents-in-a-by-hospitals>



**Standard 7** evaluates the provision of pain management and palliative care to children.

For each standard, several sub-standards and specific questions for the different groups of stakeholders were identified. The questions are adapted to each of the groups, however they aim to address and gather information on the same issues.

The assessment deals with children's rights in hospital, but it also tackles some parental rights. Indeed, parents/carers have a fundamental role in promoting the overall healthy child development through early diagnosis of diseases, educating against risky behaviour, teaching healthy eating habits, stimulating learning and enhancing children's capabilities. For these reasons, to the extent possible, parents/carers should be seen as a partner during children's hospitalization, their support should be sought and they should be given all information and instruments to be aware of how they can best take care of their child. This includes educating parents/carers on how to take care of a child with a specific illness (including chronic diseases and disabilities), raising awareness where parents'/carers' behaviour is bad for their child (i.e. smoking), amongst other skills.

The report will be structured in the following manner:

**Part 1: Work methodology used for the assessment of children's rights in hospital in Kyrgyzstan and Tajikistan;**

**Part 2: Analysis of the assessment results in hospitals in Kyrgyzstan.** This section includes the information gathered for each of the standards on children's rights in hospital and the identification of the main areas for improvement in hospital, with concrete examples;

**Part 3: Analysis of the assessment results in hospitals in Tajikistan.** This section includes the information gathered for each of the standards on children's rights in hospital and the identification of the main areas for improvement in hospital, with concrete examples;

**Part 4: Common recommendations for hospitals and Ministries of Health in Kyrgyzstan and Tajikistan.**

Where appropriate, the results of the assessment on the respect of children's rights in hospital will be complemented with data gathered in the overall QoC study.

## Part 1: Work methodology

Each country assigned two national experts responsible for the overall data collection. They travelled to the participating hospitals and conducted briefing of respective hospital staff or focal points on the self-assessment process: tools, methodology, and time frame. Prior to this visit each hospital assigned two staff members that carried out a self-assessment (hospital study team).

The number of participants varied according to the hospital size and number of patients being hospitalized at the time of study. However, a minimum number of participants per hospital had been established, namely: 3 children aged 6-11, 3 children aged 12-18, and 2 parents/carers to be interviewed; and 1 parent/carer, 1 nurse, 1 doctor and 1 management representative to participate in the focus group. Mixed approaches were applied. All children were individually interviewed. Most of the parents/carers<sup>6</sup> were interviewed and some also participated in small group discussions. Focus group discussions and some interviews were conducted with health workers and the management team. The interviews with patients were confidential and prior consent to participation was requested. Once the data collection process was completed, the data were forwarded to WHO Child and Adolescent Health Program (CAH) for analysis and preparation of a final report on the respect of children's rights in the hospitals.

In Kyrgyzstan, 11 hospitals participated in the assessment of the respect of children's rights in hospital (*see* Annex 1 for list of participating hospitals). The average number of participants was 28 per hospital and they included hospital management, doctors and nurses from various departments, parents/carers and children, from 6 to 18 years old. The average number of meetings held per hospital was 7. In every hospital, both work group discussions and individual interviews took place to assess the respect of children's rights. *See* Summary Chart 1 for detailed information per hospital.

In Tajikistan, 10 hospitals participated in the assessment of the respect of children's rights in hospital (*see* Annex 2 for list of participating hospitals). The average number of participants was 21 per hospital and they included hospital management, doctors and nurses from various departments, parents/carers and children, from 6 to 18 years old. The average number of meetings held per hospital was 11. In every hospital, both work group discussions and individual interviews took place to assess the respect of children's rights. *See* Summary Chart 2 for detailed information per hospital.

### Summary Chart 1. Kyrgyzstan – General information on the self-evaluation process and work methodologies

| Hospital | Process Leader                            | Number of participants | Type of participant   | Number of meetings | Work methodology                               |
|----------|---|------------------------|---|--------------------|--|
| TDH      | Hospital Management, National Coordinator | 34                     | Hospital management, doctors and nurses (pediatric, surgery, resuscitation departments), parents/carers, children | 9                  | Joint group discussion + Individual interviews |
| JODH     | Hospital Management, National Coordinator | 26                     | Hospital management, doctors and nurses (unspecified)   | 8                  | Joint group discussion + Individual interviews |

<sup>6</sup> Note: The group parents/carers was mostly composed of mothers, although in some cases grandparents and other relatives participated.

|              |  |    |   |   |  |
|--------------|--|----|---|---|--|
|              |  |    | departments),<br>parents/carers,<br>children  |   |  |
| <b>BCDH</b>  | Hospital Management,<br>National Coordinator | 31 | Hospital management, doctors and nurses (unspecified departments), parents/carers, children                       | 8 | Joint group discussion + Individual interviews |
| <b>IKJRH</b> | Hospital Management,<br>National Coordinator | 30 | Hospital management, doctors and nurses (pediatric, surgery, resuscitation departments), parents/carers, children | 6 | Joint group discussion + Individual interviews |
| <b>TOH</b>   | Hospital Management,<br>National Coordinator | 25 | Hospital management, doctors and nurses (pediatric somatic, resuscitation departments), parents/carers, children  | 6 | Joint group discussion + Individual interviews |
| <b>KBDH</b>  | Hospital Management,<br>National Coordinator | 26 | Hospital management, doctors and nurses (surgery, somatic, infectious departments), parents/carers, children      | 7 | Joint group discussion + Individual interviews |
| <b>IADH</b>  | Hospital Management,<br>National Coordinator | 30 | Hospital management, doctors and nurses (infectious department), parents/carers, children                         | 6 | Joint group discussion + Individual interviews |
| <b>MDH</b>   | Hospital Management,<br>National Coordinator | 29 | Hospital management, doctors and nurses (somatic and surgery departments), parents/carers, children               | 6 | Joint group discussion + Individual interviews |
| <b>BADH</b>  | Hospital Management,<br>National Coordinator | 24 | Hospital management, doctors and nurses (infectious, somatic and therapeutic                                      | 5 | Joint group discussion + Individual interviews |

|              |  |    |  |   |  |
|--------------|--|----|--|---|--|
|              |  |    | departments),<br>parents/carers,<br>children   |   |  |
| <b>NCMCH</b> | Hospital Management,<br>National Coordinator | 32 | Hospital management, doctors and nurses (paediatric resuscitation, surgery, endocrinology, urological departments), parents/carers, children | 8 | Joint group discussion + Individual interviews |
| <b>SDH</b>   | Hospital Management,<br>National Coordinator | 25 | Hospital management, doctors and nurses (paediatric somatic department), parents/carers, children  | 7 | Joint group discussion + Individual interviews |

**Summary Chart 2. Tajikistan – General information on the self-evaluation process and work methodologies**

| <b>Hospital</b> | <b>Process Leader</b>                        | <b>Number of participants</b> | <b>Type of participant</b>  | <b>Number of meetings</b> | <b>Work methodology</b>                        |
|-----------------|--|-------------------------------|---|---------------------------|--|
| KTRH            | Hospital Management,<br>National Coordinator | 15                            | Hospital management, doctors and nurses (paediatric, somatic and surgery departments), parents/carers, children               | 9                         | Joint group discussion + Individual interviews |
| CDHJ            | Hospital Management,<br>National Coordinator | 28                            | Hospital management, doctors and nurses (paediatric somatic, infectious, surgery, departments), parents/carers, children      | 13                        | Joint group discussion + Individual interviews |
| CDHR            | Hospital Management,<br>National Coordinator | 17                            | Hospital management, doctors and nurses (paediatric, somatic, resuscitation and surgery department), parents/carers, children | 13                        | Joint group discussion + Individual interviews |
| CDHVa           | Hospital Management,<br>National Coordinator | 28                            | Hospital management, doctors and nurses (paediatric somatic, infectious, surgery, departments), parents/carers, children      | 13                        | Joint group discussion + Individual interviews |
| CDHP            | Hospital Management,                         | 14                            | Hospital management, doctors and nurses   | 11                        | Joint group discussion +                       |

|       |   |    |  |    |  |
|-------|---|----|--|----|--|
|       | National Coordinator                      |    | (paediatric somatic, infectious departments), parents/carers, children   |    | Individual interviews                          |
| CDHH  | Hospital Management, National Coordinator | 14 | Hospital management, doctors and nurses (paediatric, somatic, infectious and surgery departments), parents/carers, children            | 11 | Joint group discussion + Individual interviews |
| CDHF  | Hospital Management, National Coordinator | 13 | Hospital management, doctors and nurses (paediatric, somatic, infectious and surgery departments), parents/carers, children            | 10 | Joint group discussion + Individual interviews |
| CDHVo | Hospital Management, National Coordinator | 28 | Hospital management, doctors and nurses (paediatric, somatic, surgery and resuscitation departments), parents/carers, children         | 13 | Joint group discussion + Individual interviews |
| CDHK  | Hospital Management, National Coordinator | 38 | Hospital management, doctors and nurses (paediatric, somatic, infectious and surgery departments), parents/carers, children            | 13 | Joint group discussion + Individual interviews |
| CDHY  | Hospital Management, National Coordinator | 19 | Hospital management, doctors and nurses (paediatric resuscitation, surgery, somatic, infectious departments), parents/carers, children | 10 | Joint group discussion + Individual interviews |

## Part 2: Analysis of the assessment results in hospitals in Kyrgyzstan

### *Standard 1. Quality services for children*

**All services provided for children aim at delivering the best quality possible care, by taking into account clinical evidence available, the respect of children's rights and patient and family's views and wishes.**

- 1.1. The hospital ensures that all institutional activities are based on the best evidence available and that staff are adequately trained.

The question presented to children and parents/carers for the consideration of this right was: “Do you believe you received the best care possible?” Most of the children and parents/carers that participated in the assessment were satisfied with the care received. Some of the children’s and parents’/carers’ inputs are presented below:

IADH: “I received the best care from nurses in the hospital” (adolescent 12-18 years old);

TDH, BCDH, IKJRH, KBDH, IADH, NCMCH, MDH, SDH, JODH: “People I met in the hospital were friendly, they were attentive to my opinion, I was happy with the services provided” (adolescents 12-18 years old);

IADH: “My child didn’t receive the best care” (parents/carers).

The self-evaluations on the respect of children’s rights in 11 Kyrgyz hospitals show that there is attention to children’s right to the health. Self-evaluation teams in all hospitals stated that care is delivered based on national and international guidelines. However, the assessment of QoC demonstrated that the adoption and implementation of guidelines must follow a stricter method.

In 8 hospitals, health care providers (doctors and nurses) who work with children were trained in paediatric care.

1.2. The hospital ensures that all types of services provided within the organization are regularly monitored and evaluated.

Self-evaluation teams in all hospitals stated that audits are carried out to services, to ensure that they comply with the organizational policy.

Self-evaluation teams stated that in 8 hospitals regular patient satisfaction surveys are carried out. Children in 5 hospitals had participated in a patient satisfaction survey and had been told how the information gathered would be used. In 4 hospitals children had participated in a patient satisfaction survey, but were not sure whether the results had contributed to decision-making.

1.3. The hospital has a Charter on Children’s Rights in Hospital, in line with the United Nations Convention on the Rights of the Child.

10 of the 11 participating hospitals adopted a Charter on Children’s Rights in Hospital, either in 2008 (NCMCH), in 2009 (TDH, IKJRH, TOH and SDH) or 2010 (JODH, BCDH, KBDH, MDH and BADH). Every hospital that had adopted the Charter on Children’s Rights in Hospital stated that it was displayed, in between 30% and 86% of hospital wards. However, upon further analysis, through the inputs provided by the self-evaluation teams, there is evidence showing that in 5 participating hospitals, a Charter on Children’s Rights has not been adopted and it is not displayed in the walls of all wards; and in 1 hospital it has only been partially adopted and is partially displayed in wards. In JODH Hospital, the Charter on Children’s Rights has been adopted in the context of improvement of health care quality. *See* Summary Chart 3 for detailed information per hospital.

Children’s inputs show mixed experiences concerning access to a Charter and/or related information about children’s rights in hospital. In some cases, information about children’s rights was given orally by a health professional, or children had seen a copy of the Charter or they had not seen a copy of the Charter and no one had informed them of their rights. Some of children’s inputs on the dissemination of children’s rights in hospitals are presented below:

TDH: “(A) health worker talked with me about my rights” (adolescent 15 years old);

BCDH, IKJRH, KBDH, IADH: “I have seen the Charter on Children’s Right and health care workers talked with me about my rights” (adolescent 16 years old, 12-18 years old, parent/carers);

IADH: “I have seen the Charter on Children’s Right on the wall, but health care workers didn’t talk with me about children’s rights” (adolescent 16 years old, 12-18 years old, parent/carers).

**Summary Chart 3. Status of adoption and implementation of a Charter on Children's rights in hospitals in Kyrgyzstan**

| Hospital | Has a Charter on Children's Rights been adopted? | Is the charter displayed?          | OTHER RELEVANT INFORMATION  |
|----------|--|------------------------------------|---|
| TDH      | Yes, adopted in 2009                             | Yes, in 40% of wards               | However, based on inputs from the self-evaluation teams the hospital didn't adopt a Charter on Children's Right and it was not displayed in the walls of all wards      |
| JODH     | Yes, adopted in 2010                             | Yes, in approximately 50% of wards | Adopted in the context of improvement of health care quality  |
| BCDH     | Yes, adopted in 2010                             | Yes, in 35% of wards               | However, based on inputs from the self-evaluation teams the hospital partly adopted a Charter on Children's Right and it was partly displayed in the walls of all wards |
| IKJRH    | Yes, adopted in 2009                             | Yes, in 50% of wards               | Based on inputs from the self-evaluation teams a Charter on Children's Right is displayed in the walls of paediatric department   |
| TOH      | Yes, adopted in 2009                             | Yes, in 50% of wards               | However, based on inputs from the self-evaluation teams the hospital didn't adopt a Charter on Children's Right and it was not displayed in the walls of all wards      |
| KBDH     | Yes, adopted in 2010                             | Yes, in 30% of wards               | However, based on inputs from the self-evaluation teams the hospital didn't adopt a Charter on Children's Right and it was not displayed in the walls of all wards      |
| IADH     | n/a  | n/a                                | Based on inputs from the self-evaluation teams the hospital adopted a Charter on Children's Right and it was displayed in the walls of all wards                        |
| MDH      | Yes, adopted in 2010                             | Yes, in 40% of wards               | However, based on inputs from the self-evaluation teams the hospital didn't adopt a Charter on Children's Right and it was not displayed in the walls of all wards      |
| BADH     | Yes, adopted in 2010                             | Yes, in 30% of wards               | Based on inputs from the self-evaluation teams the hospital adopted a Charter on Children's Right and it was displayed in the walls of all wards                        |
| NCMCH    | Yes, adopted in 2008                             | Yes, in 86% of wards               | Based on inputs from the self-evaluation teams the hospital adopted a Charter on Children's Right and it is displayed in the walls of all wards                         |
| SDH      | Yes, adopted in 2009                             | Yes, in 35% of wards               | However, based on inputs from the self-evaluation teams the hospital didn't adopt a Charter on Children's Right and it was not displayed in the walls of all wards      |

1.4. The hospital provides the possibility for parents/carers to stay with their child at all times during hospitalization.

The self-evaluation teams reported that 10 hospitals allow parents/carers to stay with children during their hospitalization, including overnight stay and in 3 hospitals parents/carers are also allowed to stay with their child during procedures, except anaesthesia induction. However, in 1 hospital only parents/carers with children under 7 years old could stay overnight, in 1 hospital overnight stay included a fee; and in at least 5 hospitals, children and parents/carers reported that the parent was not able to stay overnight, although they wanted to. Parents'/carers' inputs are presented below:

TDH, BCDH, IKJRH, KBDH, IADH, NCMCH, SDH, JODH, JODH: "Parents/carers were always with me during my stay in the hospital, including overnight" (children 6-11 years old, adolescents 12-18 years old, parent/carer);

NCMCH: "I didn't want my parents/carers to stay with me and they didn't stay with me, but mother stayed with me during procedures" (adolescent 12-18 years old);

IKJRH: "Parents/carers were not always with me during my stay in the hospital and didn't stay with me overnight because I am a big boy" (7 years old);

IKJRH: "Parents/carers were not with me during my stay in the hospital and didn't stay with me overnight because I am an adult" (adolescent 11-18 years old);

MDH: "Parents/carers didn't stay with me in the hospital though I wanted them to stay with me" (adolescent 12-18 years old);

TOH, NCMCH, MDH: "I was not allowed to stay with the child during his stay in the hospital, including presence during procedures, but I wanted to stay there (parents/carers);

TOH, TDH, IADH, MDH: "Parents/carers were not always with me during my stay in the hospital and didn't stay with me overnight" (6-11 years old, adolescent 15 years old);

BCDH: "I was allowed to stay with the child during his stay in the hospital, including presence during procedures, but was not allowed to stay overnight there (parents/carers).

Parents/carers in every participating hospital reported that they were provided with free food during their child's stay in the hospital, notwithstanding the fact that self-evaluation teams reported that in only 6 hospitals there was this possibility.

1.5. The hospital pays special attention to the rights of adolescents to health care.

In 7 hospitals there is a specific adolescent-friendly health service. In order to assess further the effective of the service, more information should be gathered. More information on the type of services to be provided is included below in point g).

There are several areas that need improvement to ensure that all children have access to quality of care, namely:

**a) Ensure that hospital care delivered to children is based on evidence-based national and/or international guidelines:**

The care delivered by health professionals in hospitals should be based on evidence-based national and/or international guidelines. Where missing, the Ministry of Health should adopt clinical guidelines and protocols to guide hospitals in case-management and in essential aspects of children's right to health, including establishing criteria for children's informed consent; confidential services for adolescents; establishing a 'paediatric age'; among other. The clinical guidelines and protocols will then have to be made available to all hospitals and medical staff working with children. The protocols should be applied by medical staff in daily practice and their implementation should be monitored. Where necessary, the Ministry of Health should allocate budgets for the implementation of guidelines and protocols.

**b) Ensure effective monitoring and evaluation systems:**



An adequate system for planning, monitoring and evaluation is essential to the effective functioning of a hospital and to the rational use of budgets. Services must adopt or prepare instruments to assess all aspects of service delivered to children. The tools used for this project are an example of how to assess the respect, protection and fulfilment of children's rights in hospital. Children's medical charts are also a useful mechanism to register and assess the care delivered to children. Where available, hospitals are encouraged to use Information Technology systems, because it makes data gathering simpler, more efficient and easy to analyse.

**c) Increase attention to patient satisfaction:**

8 Kyrgyz hospitals are already supporting patients' satisfaction by carrying out regular patient satisfaction surveys. All hospitals should implement further patient satisfaction surveys and ensure that the feedback received from children and parents/carers is used to improve health care services. Patient satisfaction surveys may be carried out during or at the end of children's stay in hospital or once they have returned home. Nowadays, there are a number of user-friendly formats, enabling children of all ages and with learning disabilities to participate and express their views on the care received.

**d) Adoption and dissemination of a Charter on Children's Rights in Hospital:**

The Charter should be adopted; made available to children through the display of the Charter in all hospital wards and/or in print form in different formats; and hospital staff should be trained to understand what each of the rights entail and how to apply them in daily practice. Complementary actions to ensure the implementation of the Charter may include assessing the respect of children's rights in evaluation processes such as the present one.

**e) Enable at least 1 parent to stay with their child, including overnight stay:**

Firstly, it is important for hospitals to understand why self-evaluation teams are reporting that parents/carers can stay with their child overnight and parents/carers are not being allowed to enjoy that right. Secondly, hospitals should undertake actions to change that. At least 1 parent should be able to stay with their child, including overnight stay.

**f) Progressively enable parents/carers to stay with their child during procedures:**

Hospitals should progressively enable parents/carers to stay with their child during procedures, as it can be beneficial for child health outcomes, medical staff treating the child and parents/carers alike. More and more, parents/carers are being allowed and encouraged to stay with their child at all times, including during procedures. In some countries and hospitals, parents/carers are also able to accompany their child during anaesthesia induction. Hospitals are promoting parents/carers stay during procedures because it can help to reduce children's anxiety, by providing comfort to them; parents/carers can often support medical staff in preparing children or helping in procedures; and it may help parents/carers to better understand their child's condition and how to treat them at home, where applicable.

**g) Consolidation of adolescent-friendly health services:**

Although in 7 participating hospitals, there are already adolescent-health services in place, self-evaluation teams reported a need to establish adolescent-friendly health services and to improve those already in place, in other cases. In order to reach out to adolescents, hospitals must be aware of the community they are serving, in order to tailor

the services to better meet their needs. Services should be particularly aware of adolescents' right to privacy and counselling, with respect to advice and counselling on health matters; access to sexual and reproductive health programmes; and reaching out to groups of adolescents that may be particularly at risk, including adolescent mothers/parents and adolescents with disabilities, among others.

*See Annexes 3 and 4, for summary of inputs on Standard 1 by self-evaluation team and children and parents/carers, respectively.*

### ***Standard 2: Equality and non-discrimination***

**All children should be able to access health care and undergo any type of treatment without discrimination of any kind, irrespective of the child's or his or her parents/carers' or legal guardians' race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.**

2.1. The hospital fulfils the rights of access of all children without discrimination of any kind. In 9 hospitals, there is a hospital policy to ensure that children of minority and other status are not discriminated and have equal access to health services. The assessment of QoC found some barriers regarding access, namely payment of expensive drugs for children with chronic diseases, transportation and referral to hospital.

A parent/carer in IADH hospital stated: "More comprehensive examination of children is required in kindergartens, orphanages, and "at-risk groups" of children".

2.2. The hospital delivers a patient-centred care, which recognizes not only the child's individuality and diverse circumstances and needs, but also those of his or her parents/carers.

In 6 hospitals, culturally competent staff is available and in 4 hospitals interpreters are provided by the hospital, upon necessity. Children in 9 hospitals said they felt treated with respect. In 3 hospitals, the language needs of adolescents were met by the provision of an interpreter (1 hospital) and the staff's knowledge of different languages (2 hospitals). In 5 hospitals, adolescents and parents/carers stated that no interpreter had been provided and in 1 hospital a parent/carer stated "I don't think that everyone receives the same treatment in the hospital, my child was not treated with respect".

2.3. The hospital ensures the respect of children's privacy at all times.

Inputs from both the self-evaluation teams and children and parents/carers demonstrate that there is attention in most hospitals to children's right to privacy. In 8 hospitals, there is the possibility for children to be examined by a doctor of the same gender; in 6 hospitals, there is a private area for performing examinations; in 5 hospitals, children are informed in a private area; and in 5 hospitals children can be hospitalised in single or double rooms, upon request.

Children participating in the evaluation in 8 hospitals reported that they were given the possibility to be examined by a doctor of the same gender, children in 7 hospitals were examined and informed in private areas and in 7 hospitals adolescents were given the opportunity to stay in a double room.

Some of children's and parents/carers inputs are presented below:

TDH, BCDH, IKJRH, KBDH, NCMCH, MDH, SDH, JODH: "I (child) was given an opportunity to be examined by the doctor of the same gender" (adolescent 12-18 years old, parent/carers);

IKJRH, KBDH, IADH, NCMCH, MDH, SDH, JODH: "I (child) have an opportunity to stay in double room in the hospital" (adolescents 12-18 years old, parent/carer);

BCDH, IKJRH, KBDH, NCMCH, MDH, SDH, JODH: "I was informed and examined in a private area" (adolescents 12-18 years old);

TDH, IADH: “I (child) was not informed in private area, but examined in a private area” (adolescent 15 years old, child parent/carer);

TOH, IADH, KBDH: “We didn’t have an option to stay in single or double rooms in the hospital” (child parent/carer);

TOH: “The child was not informed in a private area and I didn’t know whether he was examined privately” (parent of 6-11 years old child);

KBDH, IADH, NCMCH: “Child was not informed and examined in a private area” (parents/carers).

The main actions for improvement of children’s right to non-discrimination are:

**a) Consolidation of children’s right to access health care services without discrimination:**

All hospitals are encouraged to improve the existing practices and services regarding interpretation and to treat every single child and their parent/carer with respect and equal services. Secondly, all hospitals must reinforce their referral systems with primary care services, schools and other institutions, to ensure that children have access to health care services without discrimination.

**b) Consolidation of the respect of children’s right to privacy:**

All hospitals must ensure, to the extent possible, that every child’s right to privacy is respected. This includes the availability of private areas to examine and inform children and parents/carers, to provide children with the possibility to be examined by a doctor of the same gender and the availability of single and/or double rooms.

*See Annexes 5 and 6, for summary of inputs on Standard 2 by self-evaluation team and children and parents/carers, respectively.*

***Standard 3: Play and Learning***

**All children have opportunities for play, rest, leisure, recreation and their rights to education protected, suited to their age and condition, in spite of their health needs.**

3.1. The hospital ensures the right to play for all children without discrimination of any kind. Children’s right to play and learning is one of the rights that show greater need of attention. In 8 hospitals, there is a policy guaranteeing children’s right to play, but only 3 hospitals provided a properly equipped play room for children; and only 1 hospital provides for a Play Specialist to assist children during play. On the other hand, it is encouraging to see that hospitals have started to use play within therapeutic care: in 3 hospitals, health care providers use distraction techniques during procedures and treatments; and in 3 hospitals, health care providers were trained on how to use different forms of play within therapeutic care. In 1 hospital, the use of play during therapeutic care is based on the IMCI guidelines. In 1 hospital, it was mentioned that there are no resources to buy toys.

In 6 hospitals, children reported that they had an opportunity to play with other children in the ward; in 4 hospitals, children said they had had the possibility to continue their school work in the hospital; and in 2 cases, children reported that the doctor had used play during procedures and examination. In most hospitals, children’s inputs demonstrate the lack of appropriate spaces and resources, including toys suitable to their age. Some of their inputs are presented below:

TOH, KBDH, IADH: “I played with my mother” (6-11 years old);

BCDH, IKJRH, KBDH, NCMCH, SDH, JODH: “I had an opportunity to play with girls and boys in the hospital” (children 6-11 years old, adolescent 12-18 years old);

NCMCH: “I had an opportunity of going to school in the hospital and I liked it” (child 6-11 years old);

IKJRH: “The doctor was always joking and telling the verses during examination, treatment and procedures” (adolescent 12-18 years old);

BCDH, IKJRH, KBDH, IADH, MDH, SDH, JODH: “I didn’t have an opportunity of going to school in the hospital” (all children 6-11 years old, parents/carers);

NCMCH: “There was a play room and I had a chance to play in the hospital. However, games there were not for my age”;

BCDH: “There is no computer room or sport space in the hospital” (adolescent 18 years old);

TDH, KBDH, MDH, TOH, IADH, SDH: all children did not have an opportunity to play, and didn’t have an opportunity of going to school in the hospital (children, parents/carers);

IADH: “My child didn’t have an opportunity to play, there was no designated play rooms for children or trained staff in the hospital” (parent/carer).

3.2. The hospital planning takes into account children’s views of what is needed.

In 3 hospitals, the opinion of parents/carers and children has been gathered for the improvement of play spaces. None of the children participating in the assessment had contributed to the improvement of play spaces, as far as it was possible to gather.

3.3. The hospital provides complementarily play and educational activities.

In 2 hospitals, self-evaluation teams stated that the hospital provides for complementarily play activities. No hospital had a hospital-based school, however children in 4 hospitals reported that they were able to continue their school work whilst in hospital.

The main areas identified for the improvement of children’s right to play are:

**a) Making available a play room for children:**

Play and learning have an important role for children’s development and, when in hospital, it is an added value to therapeutic care, which should be recognized. All hospitals should make available a play room or dedicated play space for children. Where hospitals will be preparing the playroom from the beginning, children and adolescents should be able to participate in its preparation and design. The consultation of children and adolescents will contribute greatly to ensure that the playroom will be designed and equipped to meet the needs and expectations of children of different age groups, in particular adolescents, who often feel that they do not have the opportunity for leisure during their stay in hospital.

**b) Guarantee Play Specialists and other adequately trained staff to accompany children during their stay in hospital:**

To the extent possible, hospitals should include Play Specialists in routine staff to assist children. Play Specialists play an important role in therapeutic care by preparing play activities in the Play room or by the child’s bedside, helping children to reduce their anxieties, supporting health staff by using play in the preparation of procedures, among other important activities.

**c) Introduce training of staff on how to use different forms of play within therapeutic care:**

Medical staff across countries is using different forms of play within therapeutic care to help children during their stay in hospital. Play is used to alleviate anxiety and stress, to enable children to cope with pain and to help in the management and outcomes of procedures. All hospitals are encouraged to provide training for their health staff on how to use different forms of play within therapeutic care.

**d) Introduce supportive activities such as clown, music, art and pet-therapy:**

In addition to play, there are other activities that can support children's therapeutic care. These may include clown, music, art and pet-therapy, among others. Supportive play activities are used within therapeutic care, as described in the point before.

*See Annexes 7 and 8, for summary of inputs on Standard 3 by self-evaluation team and children and parents/carers, respectively.*

#### ***Standard 4: Information and participation***

**All children receive information about their health problem, in ways that are understandable to them, can express their views and participate in decision-making about their care and treatment, in a manner consistent with their evolving capacities.**

4.1. The hospital ensures an environment based on trust, information-sharing, the capacity to listen and sound guidance that is conducive to the child's effective participation.

It is encouraging to see that 8 participating hospitals have introduced a hospital policy defining criteria on children's right to informed consent. At practice level, adolescents in 6 hospitals reported that they received information on consent to treatment and were able to give consent. Self-evaluation teams in 8 hospitals reported that explanation to parents/carers and children about the medical situation is ensured and, in the majority of hospitals, children and parents/carers reported a positive feedback on the right to information. This included explanations about why the child was sick, his/her medical condition and the possibility to ask questions. Children and parents/carers also reported that health care workers introduced themselves and wore name badges. A smaller amount of children and parents/carers declared that this right was not respected.

Some of children's and parents/carers' inputs are presented below:

TOH, BCDH, IKJRH, KBDH, NCMCH, MDH, SDH, JODH: "Doctor explained to me why I am sick. I understood what he said. I was given information about my sickness and the treatment" (6-11 years old – 10 children; adolescent 12-18 years old, parents/carers);

TOH, IKJRH, KBDH, SDH, JODH: "We received enough information about the medical condition of the child and we were informed about possibility to ask questions" (adolescent 12-18 years old, parent of child 6-11 years old);

TDH, BCDH, IKJRH, KBDH, IADH, NCMCH: "I was given verbal recommendations about keeping myself healthy and the information was useful" (adolescents 12-18 years old, parents/carers);

TDH, BCDH, IKJRH, KBDH, NCMCH, MDH, SDH, JODH: "I was informed that I could ask health professional questions, and tell medical workers how I was feeling, my thoughts and opinions have been listened to" (adolescents 12-18 years old, parents/carers);

TDH: "I understood everything that was said by health staff" (adolescent 15 years old);

BCDH, IKJRH, KBDH, NCMCH, MDH, SDH, JODH: "Health care workers introduced themselves and had name badges" (adolescents 12-18 years old, parents/carers);

TOH, IADH: "Nobody informed my child about the right to express views freely and I didn't know whether anybody asked his consent to treatment" (parents/carers of child 6-11 years old);

TDH: "Nobody told me why I came to the hospital" (child 7 years old);

IADH: "Doctor didn't explain me why I got sick" (child 6-11 years old);

IADH: "I don't think that we have received enough information from health care workers about the medical condition of child and I was not informed about possibility to ask questions" (parent/carer);

TDH: "I didn't understand what doctor said" (child 7 years old).

4.2. The hospital ensures that all appropriate staff has the skills to engage with dialogue and information-sharing with children of all ages and maturity.

As far as it is possible to gather, health staff has no specific training on how to engage in dialogue and information-sharing with children of all ages and maturity. As demonstrated above

by children's and parents/carers' inputs, a great part of health professionals are effectively communicating with children, however there is also a part of children who were in hospital, who were not informed about their condition, did not understand the information given and were not adequately involved in a dialogue. Children's right to information is an essential component of their right to health and all doctors and nurses should be able to fulfil it.

4.3. The hospital engages with children for the development and improvement of health care services.

It is very encouraging to see that there is engagement of children for the development and improvement of health care services through their periodic questioning. In 3 hospitals where children are engaged, it was reported that they receive feedback about the outcomes of the survey and in 4 hospitals self-evaluation teams declared that children's participation influences decision-making in relation to the improvement of health care services. Finally, both self-evaluation teams and children and parents/carers reported a functioning complaints' system.

The main areas for improvement for the respect of children's right to information and participation are:

**a) Ensure the respect of every child's right to information:**

Children's right to information and participation is essential to their health education and well-being. Children of all ages should be informed, in accordance to their evolving capacities. All hospitals must ensure that every child receives the same care and this includes the respect of their right to information. Health professionals should be able to explain fully to children about their condition, including what is happening to them, which treatments are proposed, options that are available, implications of all the options, treatment side effects, likelihood of discomfort and how to give 'bad news'. Children and parents/carers should also receive general health promotion-related information and key information about the child's stay in hospital. Oral information should be complemented with written information in different formats.

**b) Providing awareness raising and continuous training for staff on the importance of communicating with children of all ages and how to do this (skills):**

In order to ensure that all children receive the same type of information, hospitals should train medical staff on the importance of communicating with children and providing an enabling environment for parents/carers and children of all ages. This is essential to provide children and parents/carers with the necessary information, creating trust between professionals and patients, facilitating children's participation in health decisions, but also in reducing both parents/carers' and children's anxiety, ensuring their understanding of and compliance with treatments and enjoyment of an overall positive hospitalization experience. Medical staff should also be aware of existing legislation and policy and be encouraged to implement them.

**c) Consolidating the implementation of children's right to informed consent:**

In hospitals where policy does not yet exist, a hospital policy on informed consent should be adopted by all hospitals, laying out the criteria and establishing an age from when children are able to give their informed consent. Children and parents/carers alike should be supported by health professionals, in order to understand the nature and consequences of the treatment, as well as, the consequences if they refuse that same treatment and therefore be able to make a sound judgment.

Where children cannot give informed consent to treatment, they should still receive information about their situation, be able to ask questions and contribute to the decision-making process.

**d) Enhancing children’s participating in the improvement of health care services:**

As it is possible to demonstrate in the present project, children of different age groups can provide important information about how the services are being implemented, in the identification of good practices and gaps, as well as, patient expectations about the services being provided to them. Any consultation with children must guarantee that they are treated with respect, explained the aims of the evaluation or project, how their views will be used and that they receive information about the outcomes of the consultation. Consultations with children can be done either at health service level (i.e. in primary care facilities or hospitals) or at national level (i.e. in schools). Children can provide key information about health challenges, behaviours and risks; health issues influenced by gender-based differences, cultural norms and socioeconomic status; and needs and expectations of services. This information can be used to inform States and health providers in the planning and implementation of effective health programmes and services.

*See Annexes 9 and 10, for summary of inputs on Standard 4 by self-evaluation team and children and parents/carers, respectively.*

***Standard 5: Safety and environment***

**All services for children are provided in an environment designed, furnished, staffed and equipped to meet their needs. Safety also includes aspects of cleanliness and food.**

5.1. The hospital infrastructure is designed, furnished and equipped to meet children’s safety and mobility needs.

In 7 hospitals, self-evaluation teams stated that the infrastructure is designed, furnished and equipped to meet children’s safety and mobility needs. Children in 4 hospitals stated that the infrastructure meets children’s mobility needs and in 4 hospitals that it does not. In BCDH hospital, an adolescent aged 18 said that “the hospital should have a modern equipment not to go far away for tests like magnetic resonance image and other examinations”. In 5 hospitals, self-evaluation teams highlighted the need to ensure that equipment and materials follow safety norms.

Children’s inputs are presented below:

BCDH, KBDH, IADH, NCMCH: “If I have mobility restrictions I would be able to move around all areas of the hospital easily” (adolescent 12-18 years old, parents/carers);

TDH, MDH, SDH, JODH: “If I have mobility restrictions I wouldn’t be able to move around all areas of the hospital easily or I don’t know” (adolescents 12-18 years old);

5.2. The hospital policies and practice support the best possible nutrition for children.

It is encouraging to see hospitals’ practices in fulfilling children’s right to food. All participating hospitals provide free food for children of most age groups and in all except 1, the menu is prepared by a nutrition specialist. In all hospitals, children stated that: “I (child) timely received free food in the hospital and the food was healthy and tasty”.

5.3. The hospital policies and practices ensure effective and strict cleaning services.

It is encouraging to see that all hospitals promote effective cleaning services and that children and families are satisfied by the services provided. All hospitals ensure effective cleaning services and encourage staff to follow strict cleaning procedures. In 10 hospitals, children and parents/carers and carers stated that: “It is clean in the hospital and medical workers always have cleaned hands”.

The main improvements identified for the improvement of this standard are:

**a) Ensuring that hospitals' infrastructure is designed, furnished and equipped to meet children's safety and mobility needs:**

Both the self-evaluation teams and children and parents/carers reported that improvements must be undertaken to ensure that hospitals' infrastructures meet children's safety and mobility needs. Consulting with children of different age groups and needs is an effective way of ensuring that the hospitals' infrastructure is appropriate to all children visiting and staying in the hospital.

**b) Consolidating children's right to food:**

Children's nutrition is a fundamental component to their well-being and development. All hospital must continue their good practices in providing nutritious food at appropriate times.

**c) Ensuring the efficiency of cleaning services and practices:**

All hospitals are encouraged to continue to maintain high standards of cleaning services and practices.

*See Annexes 11 and 12, for summary of inputs on Standard 5 by self-evaluation team and children and parents/carers, respectively.*

***Standard 6: Protection***

**Children are protected from all forms of physical or mental violence, unintentional injury, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.**

6.1 The hospital has in place a system that ensures protection of the right of the child against all forms of violence.

The inputs from the self-evaluation teams show significant attention to the right of children to be protected from all forms of violence. In 9 hospitals, there is a policy in place on the protection of children who have been victims of any kind of abuse or violence; and in 10 hospitals there are existing referral mechanisms with the local police, social services and other authorities.

The only question presented to children in the assessment of this right was: "Do you feel safe in the hospital?" All children, adolescents and parents/carers responded that they felt safe in the hospital. One parent in IADH hospital stated that: "It should be special service for counselling with psychologists in case of any kind of abuse of child".

6.2. The hospital ensures that all appropriate staff has the adequate skills to protect, treat and refer children who have been a victim of any kind of abuse.

In 5 hospitals, health professionals were trained on how to identify and examine children who have been abused and on existing protocols and referral mechanisms based on a handbook and in 1 hospital, health professionals were partially trained.

6.3. Clinical research and trials are strictly regulated by hospital policy.

The evaluation of children's right not to be submitted to clinical research or experimentation projects and to have the possibility to withdraw during the process of research shows that more attention must be paid to the implementation of this right. Although 6 hospitals have adopted protocols regulating children's participation in clinical research and trials, in 3 hospitals there is



no practice on informed consent to research and in 3 hospitals children and families only partly have the option to refuse or not to be involved in teaching activities of the hospital. The main improvements towards the respect of the right to protection from all forms of violence are:

**a) Consolidation of the existing system of child protection in all hospitals:**

The major gaps identified in the respect of this right were: the lack of a team or unit within the hospital dealing with child-protection issues (7 hospitals); staff training in relation to specific child protection issues (5 hospitals); and the assessment of services (4 hospitals). The effective protection of children, once they reach a hospital, depends on a number of services being available to them, within a functioning system. Where missing, all hospitals are invited to adopt a specific hospital policy on child protection, to have in place referral systems with relevant authorities and to regularly monitor and evaluate the system in order to ensure its effectiveness. The medical staff must receive training and be able to identify a child, who has been a victim of abuse and how to treat them, but also to know applicable legislation, hospital policy and how to activate the necessary mechanisms, such as referral systems.

**b) Ensure that no clinical research and trials are carried out without adequate regulations:**

All hospitals must ensure that any clinical research and trials carried out within the hospital are clearly regulated by and follow national legislation and hospital policy. Medical staff conducting the research should be made aware of the existing protocols and procedures. To ensure that research complies with national and hospital protocols and regulations, a hospital body should be established, such as an Ethics Committee.

**c) Ensure the protection of every child participating in clinical research or trials:**

Children participating in clinical research and trials and their parents/carers should be properly informed about what the research entails, their informed consent should always be requested and they should be given the option to refuse or not to be involved in the teaching activities of the hospital and/or to drop out of the research at any time. Furthermore, medical staff must make sure that children and parents/carers understand all these issues, including their option not to participate in the research.

*See Annexes 13 and 14, for summary of inputs on Standard 6 by self-evaluation team and children and parents/carers, respectively.*

***Standard 7. Pain management and palliative care***

**All children have the right to individualised, culturally and age appropriate prevention and management of pain and palliative care.**

7.1. The hospital policy ensures the prevention and management of pain. The assessment of children's right to pain management shows that more attention should be given to this right. Only 4 hospitals have adopted/developed protocols and procedures for the prevention and management pain. In 3 hospitals there is a Pain research unit or equivalent, staff receive continuous training in pain management and there are audits to assess the performance of pain management care. Children in most hospitals had been asked by health professionals whether they felt pain and were given medicines for pain relief. Some of children's and parents/carers'/carers' inputs are presented below:

TOH, BCDH, KBDH, BCDH, IADH, NCMCH, MDH, SDH, JODH: “I (child) felt pain in the hospital and doctors, nurses and parents/carers asked me whether I feel pain, and they helped me to ease the pain “ (6-11 years old) – 6 children, adolescents 12-18 years old., and parents/carers); BCDH, NCMCH: “I (child) was given medicine for pain relief, and psychological support to make me feel more comfortable” (adolescent 18 years old, parent-carer); BCDH: “Health care workers asked me about whether I feel pain” (adolescent 18 years old); TOH: “Nobody asked me about whether I felt pain” (6-11 years old); TDH, MDH, JODH: “I was given medicine for pain relief, but nothing else to make me feel more comfortable” (adolescents 12-18 years old); IADH: “Child was given medicine for pain relief, but nothing else to make him feel more comfortable, no psychological support” (parent/carers).

7.2. The hospital’s policy and practice ensure that palliative care is provided to all children who face life-threatening illness.

In comparison to pain management, more attention was shown in regards to palliative care, which begins when the illness is diagnosed in 6 hospitals. In 7 hospitals, palliative care included psychological support to the child’s family, 5 hospitals provide training to staff on the care of the dying child and ways to communicate the death of a child to family members and in 8 hospitals religious support is provided to families of all faiths.

The main areas for improvement identified are:

**a) All hospitals should adopt pain management protocols:**

The hospitals that have not yet adopted pain management protocols, based on national or international guidelines are encouraged to do so. Accordingly, a functioning pain management system will entail that a number of practices are carried out, including a system to assess and register children’s pain, training of staff in pain management and regular assessment of services, to ensure that they are implemented effectively. Children’s views should be sought when assessing pain services.

**b) Introduce an initial and continuous training programme for health care staff in the area of pain management:**

Medical staff in all hospitals should be trained in the area of pain management, including how to assess and register children’s pain, how to manage painful procedures; and ways to alleviate pain, including alternatives to pain medicine and parents/carers’ support and involvement during procedures.

**c) Set up a Unit for Psychological/ Psychiatric Support within hospitals for hospitalised children and their families and to children in the community:**

Both self-evaluation teams and children and parents/carers identified the need to set up a unit for Psychological/Psychiatric support within hospitals. This unit should support hospitalised children and families, as well as, other children in need in the community. The availability of this unit to children in the community must include measures to reach out to children in need of support.

**d) Build partnerships to provide palliative care in the community services or at home:**

Establishing partnerships between hospitals and services in the community is essential to prevent unnecessary hospitalization of children. This may be particularly important for children in vulnerable situations, such as children receiving palliative care. Hospitals may build partnerships with primary care level services or other governmental or

nongovernmental organizations working at the community level. Upon existence of the partnership, medical staff should be made aware of it and be able to facilitate the service to children, by referring them.

*See Annexes 15 and 16, for summary of inputs on Standard 7 by self-evaluation team and children and parents/carers, respectively.*

## **Part 3: Analysis of the assessment results in hospitals in Tajikistan**

### ***Standard 1: Quality services for children***

**All services provided to children aim at delivering the best quality possible care, by taking into account clinical evidence available, the respect of children's rights and patient and family's views and wishes.**

1.1. The hospital ensures that all institutional activities are based on the best evidence available and that staff are adequately trained.

The question presented to children and parents/carers for the consideration of this right was: "Do you believe you received the best care possible?" Children and parents/carers in all hospitals stated that they had received the best care and appreciated how they had been cared for by the medical staff. Adolescents in 9 hospitals said: "People I met in the hospital were friendly, they were attentive to my opinion, I was happy with the services provided, good nurse, confidentiality was respected in all aspects of treatment and care".

The self-evaluation teams stated that in all hospitals, the care delivered is based on national and international guidelines. However, the assessment of QoC demonstrated that case-management does not follow national or international guidelines and that most of the medical workers are not acquainted with national clinical protocols. As highlighted in the QoC assessment, this is of vital importance: "the experts revealed cases of suboptimal care with significant health hazards, omission of evidence-based interventions, use of diagnostics and treatment methods that are considered ineffective according to international standards and also potentially harmful to children".

Inputs from the self-evaluation teams show that in 7 hospitals, doctors were trained in paediatric care and in 1 hospital the doctors are graduates of Paediatrics. Only in 1 hospital, nurses have training in paediatrics.

1.2. The hospital ensures that all types of services provided within the organization are regularly monitored and evaluated.

The self-evaluation teams in all hospitals stated that the services are regularly audited. However, the QoC assessment showed that no proper auditing is performed in the hospitals.

Self-evaluation teams declared that in 5 hospitals, patient satisfaction surveys are carried out. Parents/carers and adolescents had mixed experiences. In 10 hospitals, adolescents participated in surveys and in 8 of those same hospitals, parents/carers and adolescents aged 12-18 stated "I didn't participate in a patient satisfaction survey and nobody asked my or child's opinion about health care services in the hospital".

1.3. The hospital has a Charter on Children's Rights in Hospital, in line with the United National Convention on the Rights of the Child.

No hospital had adopted, disseminated and implemented a Charter on Children's Rights in Hospital, at the time of the assessment. However, based on the inputs of the self-evaluation teams, mainly management, a Charter on Children's Rights in Hospital was adopted in 6 hospitals and partially adopted in another 1. 3 hospitals have also displayed the Charter in the

hospital wards. Parents/carers and children in 4 hospital stated that they had seen information display in the department and in 9 hospitals declared that no written information was made available to them. *See* Summary Chart 4 for detailed information per hospital.

**Summary Chart 4. Status of adoption and implementation of a Charter of Children's rights in hospitals in Tajikistan**

| Hospital | Has a Charter on Children's Rights been adopted? | Is the charter displayed? | OTHER RELEVANT INFORMATION  |
|----------|--|---------------------------|---|
| KTRH     | No   | No                        | However, based on inputs from the self-evaluation teams (management input) the own version of a Charter on Children's Right was adopted, but not displayed in the walls of paediatric departments |
| CDHJ     | No   | No                        | Based on inputs from the self-evaluation teams (management input) a Charter on Children's Right was not adopted and not displayed in the walls of departments                                     |
| CDHR     | No   | No                        | However, based on inputs from the self-evaluation teams (management input) the own version of a Charter on Children's Right was adopted, and displayed in the walls of departments                |
| CDHVa    | No   | No                        | However, based on inputs from the self-evaluation teams (management input) a Charter on Children's Right was partly adopted, but not displayed in the walls of departments                        |
| CDHP     | No   | No                        | However, based on inputs from the self-evaluation teams (management input) a Charter on Children's Right was adopted, but not displayed in the walls of departments                               |
| CDHH     | No   | No                        | However, based on inputs from the self-evaluation teams (management input) a Charter on Children's Right was adopted, but not displayed in the walls of paediatric and delivery departments       |
| CDHF     | No   | No                        | However, based on inputs from the self-evaluation teams (management input) a Charter on Children's Right was adopted and displayed in the walls of paediatric and delivery departments            |
| CDHVo    | No   | No                        | Based on inputs from the self-evaluation teams the hospital didn't adopt a Charter on Children's Right and it was not displayed in the walls of all wards   |
| CDHK     | No   | No                        | Based on inputs from the self-evaluation teams the hospital didn't adopt a Charter on Children's Right and it was not displayed in the walls of all   |

|      |    |    |   |
|------|----|----|---|
|      |    |    | wards   |
| CDHY | No | No | Based on inputs from the self-evaluation teams the hospital adopted a Charter on Children's Right and it is displayed in the walls of all wards |

1.4. The hospital provides for the possibility for parents/carers to stay with their child at all times during hospitalization.

All hospitals allow parents/carers to stay with children, including overnight stay, although with some limitations, such as when there is insufficient room available and the child's age. In 9 hospitals parents/carers are allowed to stay with children during procedures, including anaesthesia induction in some hospitals.

The feedback of children and parents/carers regarding this right was mostly very positive. Children in 9 hospitals said that their parents/carers had stayed with them overnight and stayed with them during procedures. Some of the children's inputs are presented below:

KTRH, CDHJ, CDHR, CDHF, CDHY, CDHV<sub>a</sub>, CDHV<sub>o</sub>, CDHP, CDHK: "Parents/carers stayed with me in the ward, including overnight. I feel comfortable when my mother always with me" (children 6-11 years old, adolescents 12-18 years old).

CDHJ, CDHR, CDHF, CDHY, CDHP, CDHK: "Relatives stayed with me in the hospital including presence during procedures (adolescents 12-18 years old);

KTRH: "Parents/carers didn't stay with me during procedures, but I wanted them to be with me" (adolescent 12-18 years old);

CDHH, CDHV<sub>o</sub>: "I didn't want my parents/carers to stay with me and they didn't stay with me overnight, but they stayed with me during procedures and operation" (adolescent 12-18 years old);

Parents/carers participating in the assessment in 5 hospitals had been provided free food. In 6 hospitals, self-evaluation teams reported that no meals are provided for parents/carers.

1.5. The hospital pays special attention to the rights of adolescents to health care.

4 hospitals have an Adolescent Friendly Health Service and in 2 hospitals there is a centre for adolescents seeking to receive confidential counselling.

The main areas for improvement of this standard are:

**a) Ensure that hospital care delivered to children is based on evidence-based national and/or international guidelines:**

The care delivered by health professionals in hospitals should be based on evidence-based national and/or international guidelines. Where missing, the Ministry of Health should adopt clinical guidelines and protocols to guide hospitals in case-management and in essential aspects of children's right to health, including establishing criteria for children's informed consent; confidential services for adolescents; establishing a 'paediatric age'; among other. The clinical guidelines and protocols will then have to be made available to all hospitals and medical staff working with children. The protocols should be applied by medical staff in daily practice and their implementation should be monitored. Where necessary, the Ministry of Health should allocate budgets for the implementation of guidelines and protocols.

**b) Ensure effective monitoring and evaluation systems:**

An adequate system for planning, monitoring and evaluation is essential to the effective functioning of a hospital and to the rational use of budgets. Services must prepare instruments to assess all aspects of service delivered to children. The tools used for this project are an example of tools to assess children's rights in hospital.

Children's medical charts are also a useful mechanism to register and assess the care delivered to children.

Services in place must correspond to those most needed by children. Regional/national hospitals should promote knowledge sharing, including good and inexpensive interventions that have proven effective to solve common challenges. Importantly, hospitals' practices must be standardised in order to ensure equal services for children, which includes the existence of hospital policies, training of staff and monitoring of services delivered. Monitoring and evaluation must inform continuously planning and improvement of care delivered to children.

Where available, hospitals are encouraged to use Information Technology systems, because it makes data gathering simpler, more efficient and easy to analyse.

**c) Increase attention to patient satisfaction:**

All hospitals should promote regular patient satisfaction surveys and/or consultations with children. Patients' and parents/carers' views are an important and easy-to-access vehicle for hospitals to identify what is working and what is missing in health care provision. Where hospitals are planning to renovate, it is advisable to consult with children and parents/carers that have used the facilities to understand what services are needed and how they are best delivered. Patient satisfaction surveys may be carried out during or at the end of children's stay in hospital or once they have returned home. Nowadays, there are a number of user-friendly formats, enabling children of all ages and with learning disabilities to participate and express their views on the care received. Children should always be adequately informed about the survey or programme they are contributing to and should receive feedback on how their views were used.

**d) Adoption, dissemination and implementation of a Charter on Children's Rights in Hospital:**

All hospitals are encouraged to adopt a Charter on Children's Rights in Hospital. The hospitals that started this process after this assessment should continue the work by displaying the Charter in every hospital ward, making it available to children and parents/carers and training the health staff on how to implement the Charter. The health professionals that have participated in the assessment will have gained knowledge on the meaning of children's rights and how to implement them in daily care. They should be encouraged by hospital management to apply their knowledge and pass it on to others.

**e) Enable at least 1 parent to stay with their child, including overnight stay:**

Hospitals should create the conditions for at least 1 parent to be allowed to stay with their child overnight for free and during procedures; and that all children receiving care have the same rights and benefits. Hospitals are promoting parents/carers' stay during procedures because it can help to reduce children's anxiety, by providing comfort to them; parents/carers can often support medical staff in preparing children or helping in procedures; and it may help parents/carers to better understand their child's condition and how to treat them at home, where applicable.

**f) Establishing Adolescent Friendly Health Services:**

All hospitals should provide Adolescent Friendly Health Services, either independently or in partnerships with primary care level facilities and/or organizations based in the community. In order to reach out to adolescents, hospitals must be aware of the community they are serving, in order to tailor the services to better meet their needs. Services should be particularly aware of adolescents' right to privacy and counselling, with respect to advice and counselling on health matters; access to sexual and reproductive health programmes; and reaching out to groups of adolescents that may be particularly at risk, including adolescent mothers/parents and adolescents with disabilities, among others.

*See Annexes 17 and 18, for summary of inputs on Standard 1 by self-evaluation team and children and parents/carers, respectively.*

### ***Standard 2: Equality and non-discrimination***

**All children should be able to access health care and undergo any type of treatment without discrimination of any kind, irrespective of the child's or his or her parents/carers' or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.**

2.1. The hospital fulfils the rights of access of all children without discrimination of any kind. All hospitals have adopted policies and practices to ensure that children have the right to access health care services without discrimination. From what is possible to gather, these policies relate mainly to the respect of children's cultural differences and needs however, the accessibility of services without discrimination entails that a number of services are in place. Specifically, it is important to draw attention to the issue of payments, which was raised in the assessment of QoC. In the hospitals assessed there are no free of charge drugs and according to the interviews with parents/carers, they are paying for all of children's medications and supplies, including those in the Intensive Care Unit. Furthermore, "as a result of discussion with parents/carers and medical workers, it was revealed that about 85% of drugs procured by parents/carers are officially available free of charge in the respective hospitals." Health care services should be provided to all children, irrespective of their family's possibility to pay for services.

2.2. The hospital delivers a patient-centred care, which recognizes not only the child's individuality and diverse circumstances and needs, but also those of his or her parents/carers.

All hospitals provided training to staff on how to respect cultural differences. Culturally competent staff is available in 7 hospitals; in 8 hospitals most staff are fluent in 3 common languages used in the country and in 4 hospitals, interpreters are provided, if needed.

Adolescents and parents/carers in all hospitals declared that they felt treated with respect.

In 1 hospital, a 13 year old-adolescent stated "I am Uzbek and I felt that I was treated the same as everyone else here. Hospital staff spoke Uzbek to me". Adolescents in 2 hospitals declared that they had not been offered an interpreter.

2.3. The hospital ensures the respect of children's privacy at all times.

Inputs from the self-evaluation teams and children and parents/carers demonstrate that there is some attention to children's right to privacy. In 7 hospitals, children may be examined by a doctor of the same gender. In 6 hospitals there are private areas for examining children (inputs from self-evaluations teams) and in 7 hospitals children were effectively examined in a private area (inputs from children and parents/carers). 4 hospitals have private areas where they give information to parents/carers and children. Some of the children's and parents/carers' inputs are presented below:

CDHR, CDHF, CDHV<sub>o</sub>, CDHP, CDHK: “Yes, I (my child) had an opportunity to be examined by the doctor of the same gender. In our hospital you can be examined by the doctor who you select” (adolescent 12-18 years old, parent/carers);

KTRH, CDHR, CDHF, CDHY, CDHV<sub>a</sub>, CDHV<sub>o</sub>, CDHP: “We were informed and examined in a private area” (parent/carers, adolescents 12-18 years old);

KTRH, CDHJ, CDHH, CDHF: “I (child) was not informed in private area, but examined in a private area” (adolescent 12-18 years old, child parent/carer);

CDHK: “I was informed in admission department and was not examined in a private area (no rooms) (adolescent 12-18 years old);

The main areas for improvement of this standard are:

**a) Ensure that no child has to pay for the treatment received in hospital:**

The State should abolish user fees, to guarantee that no child in need of receiving hospital care is prevented from accessing treatment on the basis of their economic affordability. If this right is already protected by legislation, the Ministry of Health should guarantee that no out-of-pocket payments take place in hospitals, by making all levels of services and medical staff accountable.

**b) Consolidation of children’s right to access health care services without discrimination:**

As it is possible to see, there is attention to this right, not only at policy level, but at practice level, too. All hospitals are encouraged to keep good standards of care, by providing continuous training of staff and encouraging an environment where all children and parents/carers are treated with respect and provided the same care.

**c) Consolidation of children’s right to privacy:**

All hospitals must ensure that children’s right to privacy is progressively respected. This includes the availability of private areas to examine and inform children, to provide children with the possibility to be examined by a doctor of the same gender, should they wish to, and the availability of single/double rooms upon request, to the extent possible.

*See Annexes 19 and 20, for summary of inputs on Standard 2 by self-evaluation team and children and parents/carers, respectively.*

***Standard 3: Play and Learning***

**All children have opportunities for play, rest, leisure, recreation and their rights to education protected, suited to their age and condition, in spite of their health care needs.**

3.1. The hospital ensures the right to play for all children without discrimination of any kind. Inputs from both the self-evaluation teams and children and parents/carers demonstrate that very little attention is paid to this right. Only 2 hospitals have a policy on the right to play and only in 1 hospital, a playroom is available to children. On the other hand, it is encouraging to see that play has been introduced in therapeutic care in 3 hospitals. Adolescents in 8 hospitals were allowed to use their laptops and mobile phones. Especially in hospitals where there are no facilities for children of all ages to play or entertain themselves, this is a good hospital practice, as it enables adolescents to relax during their stay in hospital and to be in contact with their family and friends.

Some of children’s and adolescents’ inputs are presented below:



CDHR: “Health care staff helped me to play, they asked my opinion about games, also they played with me during procedures and treatment” (adolescent 12-18 years old);

KTRH: “I had an opportunity to play having my own toys, there was a play room for children, however the games in the hospital were not relevant to my age, nobody asked my opinion about games” (adolescent 12-18 years old);

KTRH: “I was able to continue my school work in the hospital, my school teacher visited me in the hospital” (adolescent 12-18 years old);

CDHF, CDHVo: “Health care personnel uses diversionary tactics while making examination and procedures” (parent/carer).

KTRH, CDHJ, CDHF, CDHY, CDHVa, CDHVo, CDHP, CDHK: “(There is) no place to play, no people to help in the hospital, nobody were interested to find out our opinion. There are no conditions for games, no toys, no entertainment activities; we just stayed in the ward. No specialist to help, just nurse who was not trained in that aspect. It would be good to have a play room and toys for children in the hospital” (parents/carers, adolescents 12-18 years old).

All hospitals should recognize the importance of play for children, both for their development and in therapeutic care; and therefore commit themselves to respect children’s right to play.

3.2. The hospital planning takes into account children’s views of what is needed.

*No information to report.*

3.3. The hospital provides complementarily play and educational activities.

*No information to report.*

The main areas identified for the improvement of children’s right to play are:

**a) Making available a play room for children:**

All hospitals should make available a play room or dedicated play space for children. Where hospitals will be preparing the playroom from the beginning, children and adolescents should be able to participate in its preparation and design. The consultation of children and adolescents will contribute greatly to ensure that the playroom will be designed and equipped to meet the needs and expectations of children of different age groups, in particular adolescents, who often feel that they do not have the opportunity for leisure during their stay in hospital.

**b) Guarantee Play Specialists and other adequately trained staff to accompany children during their stay in hospital:**

To the extent possible, hospitals should include Play Specialists in routine staff to assist children. Play Specialists play an important role in therapeutic care by preparing play activities in the Play room or by the child’s bedside, helping children to reduce their anxieties, supporting health staff by using play in the preparation of procedures, among other important activities.

**c) Introduce training of staff on how to use different forms of play within therapeutic care:**

Medical staff across countries is using different forms of play within therapeutic care to help children during their stay in hospital. Play is used to alleviate anxiety and stress, to enable children to cope with pain and to help in the management and outcomes of procedures.

**d) Introduce supportive activities such as clown, music, art and pet-therapy:**

In addition to play, there are other activities that can support children's therapeutic care. These may include clown, music, art and pet-therapy, among others. Supportive play activities are also used within therapeutic care, as described in the point before.

*See Annexes 21 and 22, for summary of inputs on Standard 3 by self-evaluation team and children and parents/carers, respectively.*

#### **Standard 4: Information and Participation**

**All children receive information about their health problem, in ways that are understandable to them, can express their views and participate in decision-making about their care and treatment, in a manner consistent with their evolving capacities.**

4.1. The hospital ensures an environment based on trust, information-sharing, the capacity to listen and sound guidance that is conducive to the child's effective participation.

Self-evaluation teams in 6 hospitals stated that children are informed about their right to express their views freely and in 6 hospitals parents/carers are explained their child's situation. 8 hospitals have adopted policies outlying criteria on children's informed consent.

Inputs from children and parents/carers show a mixed picture on the right to information (children being informed and not informed); right to informed consent (children being told that they may give their consent to treatment and being able to; and other children in the same hospital, not being able to) and so on. This demonstrates that the respect of children's right to information and participation may be dependent on the awareness of staff and; while there is a policy, some staff may be more aware or equipped to inform and ask children for their informed consent than other. The QoC assessment showed that "at discharge, parents/carers usually receive a short, vague extract without clear recommendations and missing important information."

Children's and parents/carers' inputs present good evidence to how the right to information and participation is implemented across hospitals:

KTRH, CDHJ, CDHR, CDHH, CDHV<sub>a</sub>, CDHV<sub>o</sub>, CDHK: "I was given verbal recommendations about keeping good health of my child and the information was useful" (parents/carers, adolescent 12-18 years old);

KTRH, CDHJ, CDHR: "I was informed about the possibility to give informed consent to treatment and I've given consent for treatment" (adolescent 12-18 years old, parents/carers);

KTRH, CDHJ, CDHR, CDHH, CDHF, CDHY, CDHV<sub>a</sub>, CDHV<sub>o</sub>, CDHP, CDHK, CDHK: "Doctor explained to me why I got sick. I understood what he said. I believe I was given enough information about my sickness and the treatment" (adolescents 12-18 years old);

KTRH: "Doctor explained to my parents/carers about my disease, nurses explained to me what to do to prevent sickness" (child 6-11 years old);

KTRH, CDHR, CDHH, CDHF, CDHY: "Nobody informed me about the right to express views freely, but I could ask questions to health care staff" (adolescent 12-18 years old, parents/carers); CDHY, CDHV<sub>a</sub>: "I didn't understand everything the doctor said to me about my health status and treatment, it was not enough information" (adolescent 12-18 years old);

CDHR: "I was informed about the possibility to give informed consent to treatment, but nobody asked our consent to treatment" (parents/carers of child 6-12 years old).

In 6 hospitals, there is a system in place where children and adolescents can voice concerns about their health care and in 4 hospitals, children's and adolescents' complaints are always investigated and feedback is provided. In 3 hospitals children said "I do not feel comfortable to speak about what I did not like in the hospital because they cured me". In many countries, presenting complaints is not part of the culture and may often be seen as something negative, rather than constructive. In the hospital setting, it is very important to have feedback from patients on the services provided, as they are dealing with children's health. Where there is no

culture of complaining or giving suggestions for change, implementing an effective patient survey and complaints' system may be even more relevant.

4.2. The hospital ensures that all appropriate staff has the skills to engage in dialogue and information-sharing with children of all ages and maturity.

Inputs from the self-evaluation teams show that in at least 6 hospitals, health care providers have not been trained on how to effectively communicate with children and families. As demonstrated above by children's and parents/carers' inputs, some professionals are being able to inform children in a way that they understand and others are not able to. Children's right to information is an essential component of their right to health and all doctors and nurses should be capable to fulfil it.

4.3. The hospital engages with children for the development and improvement of health care services.

It is encouraging that at least in 3 hospitals, there is engagement of children for the improvement of health care services. Self-evaluation teams stated that children who participate receive feedback on survey outcomes.

The main areas for improvement of children's right to information and participation are:

**a) Ensure the respect of every child's right to information:**

Children's right to information and participation is essential to their health education and well-being. Children of all ages should be informed, in accordance to their evolving capacities. All hospitals must ensure that every child receives the same care and this includes the respect of their right to information. Health professionals should be able to explain fully to children about their condition, including what is happening to them, which treatments are proposed, options that are available, implications of all the options, treatment side effects, likelihood of discomfort and how to give 'bad news'. Children and parents/carers should also receive general health promotion-related information and key information about the child's stay in hospital. Oral information should be complemented with written information in different formats.

**b) Provide awareness raising and continuous training for staff on the importance of communicating with children of all ages and how to do this (skills):**

In order to ensure that all children receive the same type of information, hospitals should train medical staff on the importance of and how to communicate with children and provide an enabling environment for parents/carers and children of all ages. This is essential to provide children and parents/carers with necessary information, creating trust between professionals and patients, facilitating children's participation in health decisions, but also in reducing both parents/carers' and children's anxiety, ensuring their understanding of and compliance with treatments and enjoyment of an overall positive hospitalization experience. Medical staff should also be aware of existing legislation and policy and be encouraged to implement them.

**c) Consolidating the implementation of children's right to informed consent:**

In hospitals where policy does not yet exist, a hospital policy on informed consent should be adopted, laying out the criteria and establishing an age or other condition (i.e. the child's maturity and capacity) from when children are able to give their informed consent to treatment. Children and parents/carers alike should be supported by health professionals, in order to understand the nature and consequences of the treatment, as well as, the consequences if they refuse that same treatment and therefore be able to

make a sound judgment. Where children cannot give informed consent to treatment, they should still receive information about their situation, be able to ask questions and contribute to the decision-making process.

**d) Engage regularly with children for the development and improvement of health care services:**

As it is possible to demonstrate in the present assessment, children of different age groups can provide important information about how the services are being implemented, in the identification of good practices and gaps, as well as, patient expectations about the services being provided to them. Any consultation with children must guarantee that they are treated with respect, explained the aims of the evaluation or project, how their views will be used and that they receive information about the outcomes of the consultation.

Consultations with children can be done either at health service level (i.e. in primary care facilities or hospitals) or at national level (i.e. in schools). Children can provide key information about health challenges, behaviours and risks; health issues influenced by gender-based differences, cultural norms and socioeconomic status; and needs and expectations of services. This information can be used to inform States and health providers in the planning and implementation of effective health programmes and services.

*See Annexes 23 and 24, for summary of inputs on Standard 4 by self-evaluation team and children and parents/carers, respectively.*

***Standard 5: Safety and environment***

**All services for children are provided in an environment designed, furnished, staffed and equipped to meet their needs. Safety also includes aspects of cleanliness and food.**

5.1. The hospital infrastructure is designed, furnished and equipped to meet children's safety and mobility needs.

In general, the assessment of this standard demonstrates difficulties mostly related to budget allocation and/or economic restrictions. Parents/carers and children that participated in the assessment showed a satisfaction with the treatment received, but also called the attention for the great need to renovate hospitals, including having appropriate facilities, such as toilets, a play room, more modern equipment; and ensuring more strict cleaning policies and practices. In 4 hospitals, the self-evaluation teams identified the need to allocate a budget to ensure that a functioning sewerage system is implemented, as well as, air conditioning. The assessment on QoC also found that in 9 hospitals there are no conditions for taking shower and bathing sick children. In 8 hospitals, the available equipment and materials follow safety norms. Parents/carers and adolescents in 6 hospitals stated that the hospital's infrastructure does not ensure that children with mobility restrictions would be able to move around and access all areas of the hospital.

Below are some contributions by children and parents/carers in the assessment of this standard:

KTRH, CDHH, CDHP, CDHK: "If I have mobility restrictions I would be able to move around all areas of the hospital with assistance of health care staff" (adolescent 12-18 years old, parents/carers);

CDHF: "Health care services and assistance in the hospital should be improved. We live in XXI century. So far my opinion didn't influence the hospital health care services. I don't see outcomes. We didn't participate in formal patient satisfaction survey, I am not happy with health care services" (parent/carers);

CDHJ: “Food is brought from home, no meal (is provided) in the hospital, there is no single wards, no child furniture, no beds, no air conditioning, no play rooms, no toys and games in the hospital. Hospital requires renovation” (adolescent 12-18 years old);

5.2. The hospital policies and practice support the best possible nutrition for children. The inputs from the self-evaluation teams and parents/carers and children complement the information of the assessment of QoC that there are poor conditions for the provision of the best possible nutrition for children. Free food is provided to children in only 5 hospitals and with limitations and in only 2 hospitals the menu is prepared by a nutrition specialist.

Some of the inputs by children and parents/carers are presented below:

KTRH, CDHF: “I timely received free food in the hospital two times daily, but it would be good to have a variety of menu” (adolescent 12-18 years old);

CDHR, CDHH, CDHP: “I (child) timely received free healthy food in the hospital” (adolescent 12-18 years old, parent/carer);

CDHH, CDHF: “The food was not healthy and was not timely given, lack of attention in the hospital to this issue” (parent/carer);

CDHJ: “Food for children we are bringing from home” (parent/carer);

5.3. The hospital policies and practice ensure effective and strict cleaning services.

In 10 hospitals, there are policies and practices in place to ensure effective cleaning services and in 9 hospitals, staff is encouraged to follow strict cleaning procedures. In practice, inputs by children and parents/carers show a mixed picture. Children and parents/carers stated that:

KTRH, CDHJ, CDHR, CDHF, CDHY, CDHV<sub>a</sub>, CDHV<sub>o</sub>, CDHP, CDHK: “It was clean in the hospital and medical workers always cleaned hands” (adolescents 12-18 years old, parents/carers);

CDHH: “It was not clean in the hospital” (adolescents 12-18 years old, parent/carer);

CDHR, CDHK: “It is hot and stifling indoor and conditions of the department is not good” (parent/carer, adolescent 12-18 years old);

CDHF: “Medical workers not always cleaned hands, hospital requires renovation, it is not clean” (parent/carer).

The main areas identified for the improvement of this standard are:

**a) Ensure the availability of an adequate infrastructure and facilities:**

All hospitals must ensure that the hospital infrastructure is designed, furnished and equipped to meet children’s safety and mobility needs, including a sanitation system. The State, or hospitals in partnership with other public or private entities, should make a budget available to ensure that all hospitals have a safe infrastructure, a sewerage system and access to safe and clean water.

There are also other low-cost, but essential procedures that can and should be implemented. An example of this is cleanliness: children and parents/carers have called the attention for the need to improve cleaning services. This should include in-hospital campaigns to make medical staff aware of the importance of washing hands in the prevention of contagion of illnesses.

**b) Ensure the best possible nutrition for children while in hospital:**

Children’s nutrition is a fundamental component to their well-being and development. Hospitals must ensure that food is provided to children while in hospital and that it is adequate, provided free of charge and at appropriate times. Where budget allocation is an issue, hospitals must attempt to ensure children’s right to food by establishing partnerships with community organizations, the private sector, by preparing a hospital garden or creating another solution, that is adequate for the hospital and the patients it

is serving.

**c) Ensure a clean environment for children at all times:**

Hospitals' cleanliness depends on practices and infrastructure. Practices must include clean wards and hospital spaces, clean bed sheets, overall hygienic conditions and practices by health professionals (i.e. always washing their hands before and after examining or treating a child). Infrastructure includes sanitary conditions and clean and safe water.

*See Annexes 25 and 26, for summary of inputs on Standard 5 by self-evaluation team and children and parents/carers, respectively.*

**Standard 6: Protection**

**Children are protected from all forms of physical or mental violence, unintentional injury, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.**

6.1. The hospital has in place a system that ensures protection of the right of the child against all forms of violence.

The inputs from the self-evaluation teams show significant attention to the right of children to be protected from all forms of violence. In the majority of hospitals there is a child protection system, which includes a hospital policy that staff is aware of (10 hospitals), existing referral mechanisms with the local police, social services and other authorities (8 hospitals), the availability of a system to register and monitor cases of children who have been victims of child abuse (6 hospitals) and an audit system (4 hospitals). 7 hospitals identified the need of a team or unit within the hospital dealing with child-protection issues.

6.2. The hospital ensures that all appropriate staff has the adequate skills to protect, treat and refer children who have been a victim of any kind of abuse or unintentional injury.

Medical staff in 4 hospitals has been trained on existing protocols and mechanisms. 6 hospitals have identified the need to train staff in relation to specific child protection issues.

6.3. Clinical research and trials are strictly regulated by hospital policy.

None of the participating hospitals in Tajikistan carry out research or clinical trials with children. In 2 hospitals, an Ethics Committee for clinical research and trials has been established.

Where hospitals are planning to carry out research or clinical trials with children, they should ensure that:

**a) No clinical research and trials in carried out without adequate regulations:**

All hospitals must ensure that any clinical research and trials carried out within the hospital are clearly regulated by and follow national legislation and hospital policy. Medical staff conducting the research should be made aware of the existing protocols and procedures. To ensure that research complies with national and hospital protocols and regulations, a hospital body should established, such as an Ethics Committee.

**b) The protection of every child participating in clinical research or trials is guaranteed:**

Children participating in clinical research and trials and their parents/carers should be properly informed about what the research entails, their informed consent should always be sought and they should be given the option to refuse or not to be involved in the

teaching activities of the hospital and/or to drop out of the research at any time. Furthermore, medical staff must make sure that children and parents/carers understand all these issues, including their option not to participate in the research.

The main action for the improvement of the respect of the right to protection from all forms of violence is:

**a) Consolidation of the existing system of children protection in all hospitals:**

The effective protection of children, once they reach a hospital, depends on a number of services being available to them, within a functioning system. Where missing, all hospitals are invited to adopt specific hospital policy on child protection, to have in place referral systems with relevant authorities and to regularly monitor and evaluate the system in order to ensure its effectiveness. The medical staff must receive training and be able to identify a child, who has been a victim of abuse and how to treat them, but also to know applicable legislation, hospital policy and how to activate the necessary mechanisms, such as referral systems.

*See Annexes 27 and 28, for summary of inputs on Standard 6 by self-evaluation team and children and parents/carers, respectively.*

***Standard 7: Pain management and palliative care***

**All children have the right to individualized, culturally and age appropriate prevention and management of pain and palliative care.**

7.1. The hospital policy ensures the prevention and management of pain.

Inputs from both the self-evaluation teams and children and parents/carers demonstrate that there is significant attention given to children's right to pain management. 8 hospitals have adopted protocols for the management of pain, in 5 hospitals all staff is trained in pain management, audits are undertaken and there is palliative care available, which includes psychological support. Additionally, 1 hospital provides continuous training for staff. Children and parents/carers gave a very positive feedback on this right for all hospitals, with very few exceptions. It is also important to mention that children and parents/carers valued greatly the attentive and caring staff.

Some of the children's and parents/carers' inputs are presented below:

KTRH, CDHH, CDHF, CDHV<sub>a</sub>, CDHP: "I didn't feel pain in the hospital, but the nurse always asked me whether I feel pain and helped me" (children 6-11 years old, adolescent 12-18 years old, parent/carer);

KTRH, CDHJ, CDHR, CDHY, CDHV<sub>a</sub>, CDHV<sub>o</sub>, CDHP, CDHK: "I (child) felt pain in the hospital and doctors, nurses and parents/carers asked me whether I feel pain, and they helped me to ease the pain" (child 6-11 years old, adolescents 12-18 years old, parents/carers);

KTRH: "Health staff was saying kind and warm words, trying to help my child, also asked every hour how my child feels" (parents/carers);

CDHJ, CDHR, CDHH, CDHP: "My child was offered a psychological support and we received care in accordance with our religious faith" (parent/carer);

CDHH: "I didn't feel pain in the hospital and nobody asked me whether I feel pain" (child 6-11 years old).

7.2. The hospital's policy and practice ensure that palliative care is provided to all children who face life-threatening illness.

There are no specific programmes for a dignified death, but there are some measures in place. In 7 hospitals, religious support is provided.

The main areas for improvement identified are:

**a) All hospitals should adopt pain management protocols:**

The hospitals that have not yet adopted pain management protocols are encouraged to do so. Accordingly, a functioning pain management system will entail that a number of practices are carried out, including a system to assess children's pain, training of staff in pain management and regular assessment of services, to ensure that they are implemented effectively.

**b) Introduce an initial and continuous training programme for health care staff in the area of pain management and palliative care:**

Medical staff in all hospitals should be trained in the area of pain management, including how to assess and register children's pain and ways to alleviate it, including alternatives to pain medicine. The clinical education programme should include care on the dying child and communication of the death of the child to family members.

**c) Set up a Unit for Psychological/ Psychiatric Support within hospitals for hospitalised children and their families and to children in the community:**

Both self-evaluation teams and children and parents/carers identified the need to set up a unit for Psychological/Psychiatric support within hospitals. This unit should support hospitalised children and families, as well as, other children in need in the community. The availability of this unit to children in the community must include measures to reach out to children in need of support.

**d) Build partnerships to provide palliative care in the community services or at home:**

Establishing partnerships between hospitals and services in the community is essential to prevent unnecessary hospitalization of children. This may be particularly important for children in vulnerable situations, such as children receiving palliative care. Hospitals may build partnerships with primary care level services or other governmental or nongovernmental organizations working at the community level. Upon existence of the partnership, medical staff should be made aware of it and be able to facilitate the service to children, by referring them.

*See Annexes 29 and 30, for summary of inputs on Standard 7 by self-evaluation team and children and parents/carers, respectively.*

## **Part 4: Common recommendations for hospitals and Ministries of Health in Kyrgyzstan and Tajikistan.**

Specific actions for improvement of the respect of children's rights in hospital have been provided throughout this report, for every standard and child right. This final section aims to draw on that analysis and present general guidelines and recommendations for Ministries of Health and hospitals in both participating countries.



## **Recommendations for the Ministries of Health:**

- Enact evidence-based national legislation and protocols on key aspects of hospital health care for children, including abolishing user fees for all children (and other access-related issues), criteria for informed consent, pain management, palliative care, common childhood diseases, and other, as necessary;
- Ensure the implementation of national legislation and protocols by health care providers by: disseminating the legislation and protocols to hospitals, integrating them in medical curricula and establishing mechanisms for monitoring and evaluation, including a reporting system from hospitals;
- Allocate budgets to renovate health infrastructure and supply necessary hospital equipment and drugs.

### Attention to specific child rights in hospital:

- Right to information and participation: States should enhance a national cultural on the respect for the views of the child, including providing relevant health-related information to children in different life settings (home, school, hospital), involving children in decision-making processes influencing their health (including treatment) and consulting with children on the design and improvement of health care services;
- Right to food: States should fulfil children's right to food in hospital, by allocating budgets, facilitating partnerships between relevant organizations and hospitals and/or other measures adapted to the local context;
- Right to play: children who experience hospitalization are in a vulnerable situation and foreign environment. As seen throughout this report, play can have a meaningful role in diminishing children's anxiety and pain, in contributing to their development and within therapeutic care. States should fulfil children's right to play by allocating budgets, facilitating partnerships between relevant organizations and hospitals and/or other measures adapted to the local context.

## **Recommendations for the hospitals:**

- Adopt hospital policies, based on national legislation and protocols;
- Disseminate hospital policies' content to health professionals through training and awareness raising. Training should include theoretical knowledge (i.e. what is the criteria for informed consent?), skills (i.e. how to inform a child and involve s/he in dialogue and decision-making processes, according to their evolving capacities) and practical knowledge (i.e. where to find the form that children should sign in order to give their informed consent). How to activate referral mechanisms is also an essential component of health professionals' knowledge;
- Adopt monitoring and assessment instruments to ensure that hospital policies are implemented effectively. Children and parents should be involved in the assessment, through patient satisfaction mechanisms or periodic consultations. Monitoring and evaluation should be used to inform hospital planning and improvement of health care service delivery;
- Hospitals should use budgets effectively, by establishing priorities and creating an accountable system.

### Attention to specific child rights in hospital:

- **Right to information and participation:** Hospital policy and health professionals in daily practice must ensure an environment based on trust, information-sharing, the capacity to listen and sound guidance that is conducive to the child's effective participation, including information about their health and treatment, involving them in the decision-making process; the possibility to give consent to treatment; and participation in the improvement of health care services;
- **Right to food:** Hospitals must ensure the right of every hospitalised child to nutritious food given at appropriate times;
- **Right to play:** Hospitals must undertake to make the necessary provisions for the fulfilment of children's right to play, including setting up a play room or space for children to play, hiring Play Specialists to assist children, train health professionals how to use play within therapeutic care and engaging with organizations in the community to provide alternative forms of play, such as music, pet and other therapies.

## Annexes

### Annex 1. Kyrgyzstan – Hospital names and abbreviations

| N  | Abbreviation | Hospital Name                            |
|----|--------------|--|
| 1  | <b>TDH</b>   | Ton District Hospital                    |
| 2  | <b>JODH</b>  | Jety-Oguz District Hospital              |
| 3  | <b>BCDH</b>  | Balykchi City District Hospital          |
| 4  | <b>IKJRH</b> | Issyk-Kul Joint Regional Hospital        |
| 5  | <b>TOH</b>   | Talas Oblast Hospital                    |
| 6  | <b>KBDH</b>  | Kara-Bura District Hospital              |
| 7  | <b>IADH</b>  | Issyk-Ata District Hospital              |
| 8  | <b>MDH</b>   | Moskovskiy District Hospital             |
| 9  | <b>BADH</b>  | Bakay-Ata District Hospital              |
| 10 | <b>NCMCH</b> | National Center of Mother & Child Health |
| 11 | <b>SDH</b>   | Sokoluk District Hospital                |

### Annex 2. Tajikistan – Hospital names and abbreviations

| N  | Abbreviation            | Hospital Name                      |
|----|-------------------------|------------------------------------|
| 1  | <b>KTRH</b>             | Kurgan-Tube Regional Hospital      |
| 2  | <b>CDHJ</b>             | Central District Hospital Jomi     |
| 3  | <b>CDHR</b>             | Central District Hospital Rumi     |
| 4  | <b>CDHV<sub>a</sub></b> | Central District Hospital Vakhsh   |
| 5  | <b>CDHP</b>             | Central District Hospital Pyandzh  |
| 6  | <b>CDHH</b>             | Central District Hospital Hamadoni |
| 7  | <b>CDHF</b>             | Central District Hospital Farkhor  |
| 8  | <b>CDHV<sub>o</sub></b> | Central District Hospital Vose     |
| 9  | <b>CDHK</b>             | Central District Hospital Kulyab   |
| 10 | <b>CDHY</b>             | Central District Hospital Yavan    |

### Annex 3. Kyrgyzstan – Standard 1: Quality services for children: inputs from the self-evaluation teams

| Examples of Good Practices  | Areas that need improvement  | Examples of actions for improvement   |
|---|--|---|
| <ul style="list-style-type: none"> <li>Health care service delivered to children is based on national and international guidelines (TDH, JODH, BCDH, IKJRH, TOH, KBDH, IADH, MDH, BADH, NCMCH, SDH);</li> <li>“Those health care providers (doctors and nurses) who work with children</li> </ul> | <ul style="list-style-type: none"> <li>Not all health care providers (doctors and nurses) who work with children were trained in paediatric care (KBDH, MDH, BADH);</li> </ul> | <ul style="list-style-type: none"> <li>Formally and fully adopt a Charter on Children’s Right (TDH, TOH, KBDH, MDH, SDH, BCDH);</li> <li>Educate all health care service staff</li> </ul> |

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| <p>were trained in paediatric care” (TDH, JODH, BCDH, IKJRH, TOH, IADH, NCMCH, SDH);</p> <ul style="list-style-type: none"> <li>• The hospital adopted a Charter on Children’s Right (IKJRH, IADH, BADH, NCMCH);</li> <li>• The Charter on Children’s Right is displayed in the walls of all wards (IKJRH – paediatric department, BADH, NCMCH);</li> <li>• Health care service staff were trained about the Charter and Children’s Right (IKJRH, NCMCH);</li> <li>• Hospital facilitate in carrying out of audit to meet health care services in line with the organizational policy and action plan (TDH, JODH, BCDH, IKJRH, TOH, KBDH, IADH, MDH, BADH, NCMCH);</li> <li>• The hospital supports regular patient satisfaction surveys through their questioning (JODH, IKJRH -feedback book, anonymous box, KBDH, IADH, MDH, BADH, NCMCH, SDH)</li> <li>• The hospital has an effective system of patient satisfaction surveys (IKJRH, IADH, NCMCH),</li> <li>• The hospital adopted a Charter on Children’s Right in the context of health care quality for children (JODH),</li> <li>• The Charter on Children’s Right is displayed in the walls of all wards (JODH);</li> <li>• Parents/carers are allowed to stay with the child during hospital stay (TDH, BCDH, IKJRH – with children up to 7 years old, TOH, KBDH, IADH, MDH, BADH, NCMCH, SDH);</li> <li>• Parents/carers are allowed to stay</li> </ul> | <ul style="list-style-type: none"> <li>• Hospital doesn’t facilitate in carrying out of audit to meet health care services in line with the organizational policy (SDH);</li> <li>• The patient satisfaction surveys carried out partly or not carried out (TDH, BCDH, TOH, KBDH, BADH, SDH);</li> <li>• The hospital didn’t adopt a Charter on Children’s Right (TDH, TOH, KBDH, MDH, SDH);</li> <li>• The Charter on Children’s Right is not displayed in the walls of all wards (TDH, KBDH, MDH, SDH);</li> <li>• The hospital partly adopted a Charter on Children’s Right (BCDH),</li> <li>• The Charter on Children’s Right is partly displayed in the walls of all wards (BCDH, TOH),</li> <li>• Not all health care service staff were trained about the Charter and Children’s Right (TDH, JODH), TOH, KBDH, IADH, MDH, BADH, SDH);</li> <li>• Parents/carers are</li> </ul> | <p>(doctors and nurses) on the Charter and Children’s Right;</p> <ul style="list-style-type: none"> <li>• Improve the process of setting and introduction of an effective system of patient satisfaction surveys (TDH, BCDH, TOH, KBDH, BADH, SDH);</li> <li>• Facilitate in carrying out of audit to meet health care services in line with the organizational policy;</li> <li>• Organize an adolescent-friendly health services in the hospital and an adolescent-friendly health facility reaches out to adolescents (TDH, JODH, IADH, NCMCH, BCDH, TOH, BADH, SDH);</li> <li>• Ensure that parents/carers are always allowed to stay with the child overnight for free (TDH);</li> <li>• Ensure that parents/carers are allowed to receive free or subsidized meals at the hospital (TDH, KBDH, IADH, MDH, NCMCH);</li> </ul> |
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| <p>with the child during procedures, except anaesthesia induction (JODH, BCDH, IKJRH);</p> <ul style="list-style-type: none"> <li>• Parents/carers are always allowed to stay with the child overnight for free (JODH, BCDH, IKJRH, TOH, KBDH, IADH, MDH, BADH, NCMCH, SDH);</li> <li>• Parents/carers are allowed to receive free or subsidized meals at the hospital (JODH, BCDH, IKJRH, TOH, BADH, SDH)</li> <li>• There is adolescent-friendly health services in the hospital (BCDH, IKJRH, TOH, KBDH, MDH, BADH, SDH);</li> <li>• There is school doctor or adolescent-friendly health facility who reaches out to adolescents (JODH, IKJRH, KBDH, MDH, NCMCH).</li> </ul> | <p>not always allowed to stay with the child overnight for free (TDH);</p> <ul style="list-style-type: none"> <li>• Parents/carers are not allowed or partly allowed to receive free or subsidized meals at the hospital (TDH, KBDH, IADH, MDH, NCMCH);</li> <li>• There is no adolescent-friendly health services in the hospital (TDH, JODH, IADH, NCMCH);</li> <li>• There is no or limited adolescent-friendly health facility reaches out to adolescents (TDH, BCDH, TOH, IADH, BADH, SDH).</li> </ul> |  |
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#### Annex 4. Kyrgyzstan – Standard 1: Quality services for children: Children’s and parents/carers’ views and evaluation

| Examples of Good Practices   | Areas that need improvement  | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>• TOH, TDH, BCDH, BADH, IKJRH, KBDH, IADH, NCMCH, MDH, SDH, JODH: “I (child) timely received free food in the hospital and the food was healthy and tasty” (6-11 years old child, adolescent 12-18 years old, parents/carers);</li> <li>• TOH, TDH, BCDH, IKJRH, KBDH, IADH, NCMCH, MDH, SDH, JODH: “It is clean in the hospital and medical workers always cleaned hands” (6-11 years old child, adolescent 12-18</li> </ul> | <ul style="list-style-type: none"> <li>• IADH: “My child didn’t receive the best care” (parents/carers);</li> <li>• IADH: “Advice on child’s health care support was given verbally”;</li> <li>• IADH: “I didn’t participate in patient satisfaction survey” (parents/carers);</li> <li>• IADH, TDH, BCDH, TOH, IADH: “I haven’t received the copy of the Charter on Children’s</li> </ul> | <ul style="list-style-type: none"> <li>• BCDH: “The hospital should have a modern equipment not to go far away for tests like MRT and other examinations” (adolescent 18 years old);</li> <li>• Ensure that children and parents/carers participate in patient satisfaction surveys (TOH);</li> <li>• Ensure that the outcomes of patient satisfaction survey communicated back to children and parents/carers and contribute to the</li> </ul> |

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| <p>years old, parents/carers);</p> <ul style="list-style-type: none"> <li>• Hospitals (TDH, BCDH, IKJRH, TOH, KBDH, NCMCH, MDH, SDH, JODH): The question presented to children and parents/carers for the consideration of this right was: "Do you believe you received the best care possible". Children (6-11 and 12-18 years old) and parents/carers responded: "Yes".</li> <li>• IADH: "I received the best care from nurses in the hospital" (adolescent 12-18 years old)</li> <li>• IKJRH, TOH, KBDH, NCMCH, MDH: "I participated in patient satisfaction survey and was informed how the information would be used" (adolescent 12-18 years old, parents/carers);</li> <li>• TDH, IKJRH, KBDH: "I was asked by medical staff what I think about the services and care and also was explained how the information would be used" (adolescent 15 years old, 12-18 years old);</li> <li>• TDH: "Health worker talked with me about my rights" (adolescent 15 years old);</li> <li>• TDH, BCDH, IKJRH, KBDH, IADH, NCMCH, MDH, SDH, JODH: "People I met in the hospital were friendly, they were attentive to my opinion, I was happy with</li> </ul> | <p>Right and nobody talked with me about the children's rights" (adolescent 12-18 years old, parent/carer);</p> <ul style="list-style-type: none"> <li>• SDH: "I haven't received the copy of the Charter on Children's Right and haven't seen the information, but health care workers talked with me about the children's rights (adolescent 12-18 years old);</li> <li>• MDH, JODH: "I haven't received the copy of the Charter on Children's Right, but I've seen the information about the rights, health care workers talked with me about the children's rights" (adolescent 12-18 years old);</li> <li>• KBDH, MDH, SDH, JODH: "I participated in patient satisfaction survey, but not sure whether it was contributed to the decision-making" (adolescents 12-18 years old, parents/carers);</li> <li>• IADH: "I have seen the Charter on Children's Right on the wall, but health care workers didn't talk with me about children's rights" (adolescent 16 years old, 12-18 years old, parent/carers);</li> <li>• TDH, BCDH, MDH,</li> </ul> | <p>decision-making (KBDH, MDH, SDH, JODH).</p> <ul style="list-style-type: none"> <li>• Distribute the copy of the Charter on Children's Right among hospitalised children and inform them about their rights.</li> <li>• Ensure that parents/carers are always allowed to stay with the child overnight for free;</li> <li>• Ensure that parents/carers are always allowed to stay with the child during procedures, including injections, blood extraction.</li> </ul> |
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| <p>the services provided”,<br/>“Confidentiality was respected in all aspects of treatment and care (adolescents 12-18 years old);</p> <ul style="list-style-type: none"> <li>• NCMCH, MDH: “(I)child) was given the copy of seen the Charter on Children’s Right and health care workers talked with me about my rights” (adolescent 12-18 years old, parents/carers);</li> <li>• BCDH, IKJRH, KBDH, IADH: “I have seen the Charter on Children’s Right and health care workers talked with me about my rights” (adolescent 16 years old, 12-18 years old, parent/carers);</li> <li>• TOH: “Parents/carers stayed with me overnight in the ward” (6-11 years old) – 2 children;</li> <li>• TDH, BCDH, IKJRH, KBDH, IADH, NCMCH, SDH, JODH, JODH: “Parents/carers were always with me during my stay in the hospital, including overnight” (children 6-11 years old, adolescents 12-18 years old, parent/carer);</li> <li>• NCMCH: “I didn’t want my parents/carers to stay with me and they didn’t stay with me, but mother stayed with me during procedures” (adolescent 12-18 years old);</li> <li>• TDH, TOH, BADH, JODH, BCDH, IKJRH, KBDH, IADH,</li> </ul> | <p>JODH: “I didn’t participate in patient satisfaction survey” (adolescent 12-18 years old);</p> <ul style="list-style-type: none"> <li>• The questions presented to children in consideration of this right were: “Did you participate in survey on evaluation and improvement of medical services?”</li> <li>• TOH: “I did not participate in any surveys”</li> <li>• TOH, TDH, IADH, MDH: “Parents/carers were not always with me during my stay in the hospital and didn’t stay with me overnight” (6-11 years old, adolescent 15 years old);</li> <li>• TDH: “Parents/carers didn’t stay with me during procedures, including injections, blood extraction” (adolescent 15 years old);</li> <li>• MDH: “Parents/carers didn’t stay with me in the hospital though I wanted them to stay with me” (adolescent 12-18 years old);</li> <li>• TOH, NCMCH, MDH: “I was not allowed to stay with the child during his stay in the hospital, including presence during procedures, but I wanted to stay there</li> </ul> |  |
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| <p>NCMCH, MDH, SDH: "I was allowed to have my mobile phone and laptop with me" (adolescents 12-18 years old);</p> <ul style="list-style-type: none"> <li>• IKJRH: "Parents/carers were not always with me during my stay in the hospital and didn't stay with me overnight because I am a big boy" (7 years old);</li> <li>• IKJRH: "Parents/carers were not with me during my stay in the hospital and didn't stay with me overnight because I am an adult" (adolescent 11-18 years old);</li> <li>• TOH, TDH, BADH, IADH, KBDH, BCDH, IKJRH, JODH, NCMCH, MDH, SDH: "I was provided free food whilst accompanying my child" (parents/carers).</li> </ul> | <p>(parents/carers);</p> <ul style="list-style-type: none"> <li>• BCDH: "I was allowed to stay with the child during his stay in the hospital, including presence during procedures, but was not allowed to stay overnight there (parents/carers).</li> </ul> |  |
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### Annex 5. Kyrgyzstan – Standard 2: Equality and non-discrimination: inputs from the self-evaluation teams

| Examples of Good Practices   | Areas that need improvement   | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>• There is a hospital policy to ensure that children of minority and other status are not discriminated and have equal access to health services (TDH, JODH, BCDH, IKJRH, KBDH, IADH, MDH, NCMCH, SDH);</li> <li>• Hospital staff is trained on respect and care of patients with cultural differences (JODH, BCDH, IKJRH, KBDH, IADH, MDH, BADH, NCMCH,</li> </ul> | <ul style="list-style-type: none"> <li>• There is no a hospital policy to ensure that children of minority and other status are not discriminated and have equal access to health services (TOH, BADH);</li> <li>• Hospital staff is partially trained on respect and care of patients with cultural differences (TDH, TOH);</li> </ul> | <ul style="list-style-type: none"> <li>• Develop and endorse a hospital policy to ensure that children of minority and other status are not discriminated and have equal access to health services (TOH, BADH);</li> <li>• Develop or enhance the program on continuous cultural-competence training for staff;</li> <li>• Guarantee competent</li> </ul> |



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| <p>SDH);</p> <ul style="list-style-type: none"> <li>• Hospital policy guarantees culturally competent staff or volunteers (TDH, JODH, IKJRH, IADH, MDH, NCMCH);</li> <li>• Hospital provides qualified interpreter/volunteer, if needed (JODH, IKJRH, MDH, NCMCH);</li> <li>• Children have a choice be examined by the doctor of the same gender (TDH, JODH, BCDH, TOH, IADH, BADH, NCMCH, SDH);</li> <li>• There is private area for performing examinations (TDH, JODH, IKJRH, IADH, MDH, NCMCH,);</li> <li>• Children can be hospitalised in single or double rooms, upon request (JODH, IKJRH, IADH, NCMCH, SDH);</li> <li>• Children are informed in private areas (JODH, IKJRH, MDH, NCMCH, SDH).</li> </ul> | <ul style="list-style-type: none"> <li>• Hospital policy doesn't or partly guarantee culturally competent staff or volunteers (BCDH, TOH, KBDH, BADH, SDH);</li> <li>• Hospital does not provide or partly provide qualified interpreter (TDH, BCDH, TOH, KBDH, IADH, BADH, SDH);</li> <li>• Children have a limited choice (partly) be examined by the doctor of the same gender (IKJRH, KBDH, MDH);</li> <li>• Children not always can be hospitalised in single or double rooms, upon request (TDH, BCDH, TOH, KBDH, MDH, BADH); Children are not always informed in private areas (TDH, BCDH, TOH, KBDH, IADH, BADH);</li> <li>• Private areas for examination are not or not always available (BCDH, TOH, KBDH, BADH, SDH).</li> </ul> | <p>interpreters, culturally competent staff or volunteers;</p> <ul style="list-style-type: none"> <li>• Ensure that children have choice to be examined by the doctor of the same gender (IKJRH, KBDH, MDH);</li> <li>• Ensure the right of children to be hospitalised in single or double rooms, upon request (TDH, BCDH, TOH, KBDH, MDH, BADH);</li> <li>• Ensure the right of children to be informed in private areas (TDH, BCDH, TOH, KBDH, IADH, BADH);</li> <li>• Ensure the right of children to be examined in private areas (BCDH, TOH, KBDH, BADH, SDH).</li> </ul> |
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### Annex 6. Kyrgyzstan – Standard 2: Equality and non-discrimination: Children's and parents/carers' views and evaluation

| Examples of Good Practices  | Areas that need improvement  | Examples of actions for improvement  |
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| <ul style="list-style-type: none"> <li>• TDH, BCDH, IKJRH, TOH, KBDH, IADH, NCMCH, MDH, JODH: "I (child) was treated with respect", "I think that everyone in the hospital is treated equally", "health staff always used my</li> </ul> | <ul style="list-style-type: none"> <li>• IADH: "I don't think that everyone receive same treatment in the hospital, my child was not treated with respect" (parent/carers);</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure that children of minority and other status are not discriminated and have equal access to health services;</li> <li>• Guarantee competent</li> </ul> |

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| <p>preferred name” (adolescent 12-18 years old, parent/carer);</p> <ul style="list-style-type: none"> <li>• BCDH: “Health care workers spoke on different languages, so I didn’t need an interpreter” (adolescent 18 years old);</li> <li>• JODH: “Hospital provided an interpreter” (adolescent 12-18 years old);</li> <li>• IKJRH: “The nurse has translated me from Russian to Kyrgyz language” (adolescent 13 years old);</li> <li>• IADH: More comprehensive examination of children is required in kindergartens, orphanages, and “risk group” children (comment from parent/carer);</li> <li>• TDH, BCDH, IKJRH, KBDH, NCMCH, MDH, SDH, JODH: “I (child) was given an opportunity to be examined by the doctor of the same gender” (adolescent 12-18 years old, parent/carers);</li> <li>• IKJRH, KBDH, IADH, NCMCH, MDH, SDH, JODH: “I (child) have an opportunity to stay in double room in the hospital” (adolescents 12-18 years old, parent/carer);</li> <li>• BCDH, IKJRH, KBDH, NCMCH, MDH, SDH, JODH: “I was informed and examined in a private area” (adolescents 12-18 years old).</li> </ul> | <ul style="list-style-type: none"> <li>• IADH: “Hospital didn’t provide an interpreter, medical staff didn’t call my child by his name” (parent/carers);</li> <li>• KBDH, IADH, NCMCH, MDH, SDH: “Hospital didn’t provide an interpreter” (adolescents 12-18 years old, parent/carers);</li> <li>• TDH, BCDH: “I didn’t have an option to stay in single or double rooms in the hospital” (adolescent 15, 18 years old);</li> <li>• TDH, IADH: “I (child) was not informed in private area, but examined in a private area” (adolescent 15 years old, child parent/carer);</li> <li>• TOH, IADH: “My child didn’t have a choice be examined by the doctor of the same gender” (child parent/carer);</li> <li>• NCMCH: “I didn’t have a choice be examined by the doctor of the same gender” (adolescent 12-18 years old);</li> <li>• TOH, IADH, KBDH: “We didn’t have an option to stay in single or double rooms in the hospital” (child parent/carer);</li> <li>• TOH: “Child was not informed in a private area and I didn’t know whether he was examined privately” (6-11</li> </ul> | <p>interpreters;</p> <ul style="list-style-type: none"> <li>• Ensure the right of children to be hospitalised in single or double rooms, upon request;</li> <li>• Ensure that children have choice to be examined by the doctor of the same gender;</li> <li>• Ensure the right of children to be informed and examined in private areas.</li> </ul> |
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|  | years old child parent); <ul style="list-style-type: none"> <li>• KBDH, IADH, NCMCH: “Child was not informed and examined in a private area” (parents/carers).</li> </ul> |  |
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## Annex 7. Kyrgyzstan – Standard 3: Play and Learning: inputs from the self-evaluation teams

| Examples of Good Practices   | Areas that need improvement  | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>• The hospital policy guarantees the right to play for children (JODH, BCDH, IKJRH, KBDH, IADH, MDH, NCMCH, SDH);</li> <li>• Designated and properly equipped play rooms for children (IKJRH, IADH, NCMCH),</li> <li>• Play Specialists or properly trained staff to assist children during play available (NCMCH);</li> <li>• There is a regular practice to encourage and help to play for children (IKJRH – IMCI game-play skills);</li> <li>• Health care providers use distraction technique during procedures and treatment (JODH, IKJRH – IMCI recommendations, NCMCH);</li> <li>• Health care providers were trained on how to use different forms of play within therapeutic care (IKJRH – IMCI</li> </ul> | <ul style="list-style-type: none"> <li>• The hospital policy partly or not guarantees the right to play for children (TDH, TOH, BADH),</li> <li>• No designated and properly equipped play rooms for children (TDH – only space, BCDH – only in paediatric department, TOH, KBDH, MDH, BADH, SDH, JODH – lack of toys);</li> <li>• No Play Specialists or properly trained staff to assist children during play available (TDH, JODH – partly due to lack of staff, BCDH, IKJRH, TOH, KBDH, IADH, MDH, BADH, SDH);</li> <li>• There is no regular practice to encourage and help to play for children (TDH, JODH – nurses play with children, BCDH, TOH – no toys, KBDH, IADH, MDH, BADH, NCMCH, SDH);</li> <li>• Health care providers</li> </ul> | <ul style="list-style-type: none"> <li>• Develop a hospital policy to guarantee the right to play for children (TDH, TOH, BADH);</li> <li>• Designate and properly equip (toys, games, music, etc.) the play rooms for children (TDH, BCDH, TOH, JODH, KBDH, MDH, BADH, SDH);</li> <li>• Assign a Play Specialists or properly trained staff to assist children during play (TDH, JODH, BCDH, IKJRH, TOH, KBDH, IADH, MDH, BADH, SDH);</li> <li>• Develop a hospital strategy involving play during procedures and treatment (TDH, BCDH, TOH, KBDH, IADH, MDH, BADH, SDH);</li> <li>• Counsel with children and parents/carers for the improvement of play spaces (TDH, BCDH, TOH, KBDH, IADH, MDH, BADH, SDH);</li> <li>• Organize a hospital-based school (TDH, JODH, BCDH, IKJRH, TOH, KBDH, IADH, MDH, NCMCH, SDH);</li> <li>• Organize a supportive activities such as clown, music, art, pet-therapy for children in the hospital (TDH, BCDH, IKJRH,</li> </ul> |

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| <p>recommendations, NCMCH);</p> <ul style="list-style-type: none"> <li>• Opinion of parents/carers and children have been gathered for the improvement of play spaces (JODH, IKJRH, NCMCH);</li> <li>• Counselling with children for the improvement of play spaces (IKJRH, NCMCH);</li> <li>• Hospital-based school activities (BADH);</li> <li>• Supportive activities such as clown, music, art, except pet-therapy are provided for children in the hospital (JODH, NCMCH)</li> </ul> | <p>were not trained on how to use different forms of play within therapeutic care (TDH, JODH, BCDH, TOH – no resources to buy toys, KBDH, IADH, MDH, BADH, SDH);</p> <ul style="list-style-type: none"> <li>• There is no hospital strategy involving play during procedures and treatment (TDH, BCDH, TOH – no toys, KBDH, IADH, MDH, BADH, SDH);</li> <li>• No counselling with children for the improvement of play spaces (TDH, BCDH, TOH, KBDH, IADH, MDH, BADH, SDH);</li> <li>• No hospital-based school (TDH, JODH, BCDH, IKJRH, TOH, KBDH, IADH, MDH, NCMCH, SDH);</li> <li>• No supportive activities such as clown, music, art, pet-therapy are provided for children in the hospital (TDH, BCDH, IKJRH, TOH, KBDH, IADH, MDH, BADH, SDH)</li> </ul> | <p>TOH, KBDH, IADH, MDH, BADH, SDH).</p> |
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## Annex 8. Kyrgyzstan – Standard 3: Play and Learning: Children’s and parents/carers’ views and evaluation

| Examples of Good Practices   | Areas that need improvement   | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>• TOH, KBDH, IADH: “I played with my mother” (6-11 years old);</li> <li>• BCDH, IKJRH, KBDH, NCMCH, SDH, JODH: “I had an opportunity to play with girls and boys in the hospital” (children 6-11 years old, adolescent 12-18 years old);</li> <li>• IKJRH: “I had an opportunity to play with girls in the ward” (children 9 years old);</li> <li>• Health care workers used a type of play during procedures and treatment” (adolescent 12-18 years old, parents/carers);</li> <li>• NCMCH: “Child was offered to continue school work” (parent/carer);</li> <li>• BCDH, KBDH, IADH: “I was able to continue my school work in the hospital” (adolescent 12-18 years old);</li> <li>• NCMCH: “I had an opportunity of going to school in the hospital and I liked it” (child 6-11 years old);</li> </ul> | <ul style="list-style-type: none"> <li>• TOH, TDH, BCDH, MDH: “I didn’t have an opportunity to play in the hospital” (6-11 years old, adolescent 12-18 years old);</li> <li>• BCDH: “I didn’t have an opportunity to play in the hospital because I had to be in the bed. My mother was singing a song for me” (child 7 years old);</li> <li>• BCDH, IKJRH, KBDH, IADH, MDH, SDH, JODH: “I didn’t have an opportunity of going to school in the hospital” (all children 6-11 years old, parents/carers);</li> <li>• IADH: “I played with myself” (child 6-11 years old)</li> <li>• NCMCH: “There was a play room and I had a chance to play in the hospital. However, games there were not for my age”;</li> <li>• BCDH, SDH, JODH: “There was no play room or separate space to play and nobody asked me what I think about the play in the hospital” (adolescents 12-18 years old);</li> <li>• BCDH: “There is no computer room or sport space in the hospital” (adolescent 18 years old);</li> <li>• TOH, IKJRH, NCMCH: “I didn’t have an opportunity of going to school in the hospital” (children 6-11 years old);</li> <li>• TDH, KBDH, MDH, TOH, IADH, SDH: all children didn’t have an</li> </ul> | <ul style="list-style-type: none"> <li>• Organize a play room and leisure hours for children in the hospital;</li> <li>• Equip and supply a play room with toys and games;</li> <li>• Organize a separate space for play and rest of adolescents (computers, chess, etc.)</li> <li>• Organize a hospital-based school;</li> <li>• Organize games in the hospital relevant for the age of children/adolescents;</li> <li>• Train staff on play-game skills in paediatric hospitals.</li> </ul> |

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| <ul style="list-style-type: none"> <li>• IKJRH: “The doctor was always joking and telling the verses during examination, treatment and procedures” (adolescent 12-18 years old);</li> </ul> | <p>opportunity to play, and didn't have an opportunity of going to school in the hospital (children, parents/carers);</p> <ul style="list-style-type: none"> <li>• TOH: “I wasn't able to keep up with school work from here, I didn't like it” (6-11 years old);</li> <li>• NCMCH: “I have undertaken a self school work in the hospital” (adolescent 12-18 years old);</li> <li>• NCMCH: “There were no activities like clown, music, art in the hospital” (parents/carers);</li> <li>• TOH: “I didn't have an opportunity to play in the hospital since there were no toys” (6-11 years old);</li> <li>• TOH: “Nobody in the hospital who I could play with” (6-11 years old);</li> <li>• IKJRH: “There was no play room in the hospital, I watched TV in the hall” (adolescent 12-18 years old);</li> <li>• TOH: “There is no school in the hospital”;</li> <li>• TOH: “There is no designated play rooms for children in the hospital” (parent of child 6-11 years old);</li> <li>• TOH: “No supportive activities such as clown, music, art, pet-therapy are provided for children in the hospital” (parent of child 6-11 years old);</li> <li>• IADH: “My child didn't have an opportunity to play, there was no designated play rooms for children or trained staff in the hospital” (parent/carer).</li> </ul> |  |
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## Annex 9. Kyrgyzstan –Standard 4: Information and participation: inputs from the self-evaluation teams

| Examples of Good Practices  | Areas that need improvement  | Examples of actions for improvement  |
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| <ul style="list-style-type: none"> <li>• Children are informed about their right to express their views freely (JODH, IKJRH, IADH, BADH, NCMCH, SDH);</li> <li>• Health care staff introduce themselves to children and families and wear name badges (TDH, JODH, BCDH, IKJRH, MDH, NCMCH),</li> <li>• There is a policy outlining the criteria for children’s informed consent to treatment (JODH, IKJRH, KBDH, IADH, MDH, BADH, NCMCH, SDH);</li> <li>• The hospital ensures explanation to parents/carers and children about the medical situation (JODH, BCDH, IKJRH, IADH, MDH, BADH, NCMCH, SDH);</li> <li>• There is engagement of children for the development and improvement of health care services through their periodic questioning, children receive feedback about the outcomes of survey (JODH, MDH, NCMCH);</li> <li>• Children’s participation influences decision-</li> </ul> | <ul style="list-style-type: none"> <li>• There is no leaflets or other relevant materials (or it is limited) available on full, accessible, diversity-sensitive and age-appropriate information about children’s right to express their view freely (TDH, BCDH, TOH, KBDH, MDH);</li> <li>• Health care staff introduce themselves to children and families and wear name badges – partly available (TOH, KBDH, IADH, BADH, SDH);</li> <li>• The hospital partly ensures explanation to parents/carers and children about the medical situation (TOH, KBDH);</li> <li>• There is no policy outlining the criteria for children’s informed consent to treatment (TDH, TOH);</li> <li>• Health care providers have not been trained on how to effectively communicate with children and families to explain the condition, proposed treatments, etc. (TDH);</li> <li>• There is no engagement of children for the development and improvement of health care services (TDH, BCDH, TOH, KBDH);</li> <li>• There is partial engagement of children for the development and improvement of health care services, without provision of feedback about the outcomes of survey (SDH);</li> <li>• There is engagement of children for the development and improvement of health care services, without or with partial provision of feedback</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure awareness raising and continuous training for staff on the importance of communicating with patients of all ages and ways to do this (knowledge-skills);</li> <li>• Engage children/parents/carers for the development and improvement of health care services and provide feedback about the outcomes of patient satisfaction survey;</li> <li>• Ensure children’s participation influences the decision-making in relation to improvement of hospital health care services.</li> </ul> |



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| <p>making in relation to improvement of health care services (JODH, BADH, NCMCH, SDH).</p> | <p>about the outcomes of survey (IKJRH, TOH, KBDH, IADH, BADH);</p> <ul style="list-style-type: none"> <li>Children’s participation partly or don’t influences decision-making in relation to improvement of health care services (TDH, BCDH, IKJRH, TOH, KBDH, IADH, MDH).</li> </ul> |  |
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## Annex 10. Kyrgyzstan – Standard 4: Information and participation: Children’s and parents/carers’ views and evaluation

| Examples of Good Practices  | Areas that need improvement   | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>TOH, BCDH, IKJRH, KBDH, NCMCH, MDH, SDH, JODH: “Doctor explained to me why I am sick. I understood what he said. I was given information about my sickness and the treatment” (6-11 years old – 10 children; adolescent 12-18 years old, parents/carers);</li> <li>TOH, IKJRH, KBDH, SDH, JODH: “We received enough information about the medical condition of the child and we were informed about possibility to ask questions” (adolescent 12-18 years old, parent of child 6-11 years old);</li> <li>TDH, BCDH, IKJRH, KBDH, IADH, NCMCH: “I was given verbal recommendations about keeping myself healthy and the information was useful” (adolescents 12-18 years old, parents/carers);</li> <li>TDH, BCDH, IKJRH, KBDH, NCMCH, MDH, SDH, JODH: “I was informed that I could ask health professional questions, and tell medical workers how I was feeling, my thoughts and opinions have been listened to” (adolescents 12-18 years old,</li> </ul> | <ul style="list-style-type: none"> <li>TOH, IADH: “Nobody informed my child about the right to express views freely and I didn’t know whether anybody asked his consent to treatment” (parents/carers of child 6-11 years old);</li> <li>TDH: “Nobody told me why I came to the hospital” (child 7 years old);</li> <li>IADH: “Doctor didn’t explain me why I got sick” (child 6-11 years old);</li> <li>IADH: “I don’t think that we have received enough information from health care workers about the medical condition of child and I was not informed about possibility to ask questions” (parent/carer);</li> <li>TDH: “I didn’t understand what doctor said” (child 7 years old);</li> <li>TDH: “I don’t know who to talk if I am unhappy in the hospital” (child 7 years old);</li> <li>BCDH: “I talked with my</li> </ul> | <ul style="list-style-type: none"> <li>Ensure that all children are informed about the medical condition and have the right to give consent to treatment and ask questions;</li> <li>Ensure that all health care staff introduces themselves to children and parents/carers and wear a name badge.</li> </ul> |



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| <p>parents/carers);</p> <ul style="list-style-type: none"> <li>• TDH: “I understood everything that was said by health staff” (adolescent 15 years old);</li> <li>• BCDH, IKJRH, KBDH, NCMCH, MDH, SDH, JODH: “Health care workers introduced themselves and had name badges” (adolescents 12-18 years old, parents/carers);</li> <li>• BCDH, IKJRH, KBDH, NCMCH, MDH, JODH: “I was informed about possibility to give informed consent to treatment and I’ve given consent for treatment” (adolescent 12-18 years old, parents/carers).</li> </ul> | <p>grandmother if something was making me unhappy in the hospital” (child 7 years old);</p> <ul style="list-style-type: none"> <li>• TDH: “I was not informed about the right to express my views” (adolescent 15 years old);</li> <li>• TDH: “I was not informed about possibility to give informed consent to treatment” (adolescent 15 years old);</li> <li>• TDH, IADH, NCMCH: “Health staff didn’t introduce themselves and didn’t wear a name badge” (adolescent 15 years old, parent/carer).</li> </ul> |  |
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### Annex 11. Kyrgyzstan –Standard 5: Safety and environment: inputs from the self-evaluation teams

| Examples of Good Practices  | Areas that need improvement  | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>• The hospital infrastructure is designed, furnished and equipped to meet children’s safety and mobility needs (JODH, BCDH, IKJRH, TOH, KBDH, BADH, NCMCH);</li> <li>• The hospital infrastructure ensures that children with mobility restrictions are able to access all areas of the hospital (JODH, IKJRH, IADH, BADH, NCMCH);</li> <li>• The hospital ensures that equipment and materials follow safety norms (JODH, IKJRH, KBDH, IADH, BADH, NCMCH);</li> <li>• Free food is provided to all hospitalised children (TDH, JODH, BCDH, IKJRH, TOH, KBDH, IADH, MDH, BADH, NCMCH- children up to 5 years old, SDH);</li> </ul> | <ul style="list-style-type: none"> <li>• The hospital infrastructure is partly designed, furnished and equipped to meet children’s safety and mobility needs (TDH, IADH, MDH, SDH);</li> <li>• The hospital infrastructure is partly or not ensures that children with mobility restrictions are able to access all areas of the hospital (TDH, BCDH, TOH, KBDH, MDH, SDH);</li> <li>• The hospital partly ensures that equipment and</li> </ul> | <ul style="list-style-type: none"> <li>• Undertake actions to improve the hospital infrastructure to meet children’s safety and mobility needs, and children with mobility restrictions (TDH, BCDH, TOH, KBDH, MDH, SDH, IADH);</li> <li>• Ensure that equipment and materials follow safety norms (TDH, BCDH, TOH, MDH, SDH);</li> <li>• Ensure that food is provided to all hospitalised</li> </ul> |

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| <ul style="list-style-type: none"> <li>• Food is given to children at appropriate times (TDH, JODH, BCDH, IKJRH, TOH, KBDH, IADH, MDH, BADH, NCMCH, SDH);</li> <li>• Menu is prepared by nutrition specialist (TDH, JODH, BCDH, IKJRH, TOH, KBDH, IADH, BADH, NCMCH, SDH);</li> <li>• Hospital practice ensures effective cleaning services (TDH, JODH, BCDH, IKJRH, TOH, KBDH, IADH, MDH, BADH, NCMCH, SDH);</li> <li>• Hospital encourages health staff to follow strict cleaning procedures (TDH, JODH, BCDH, IKJRH, TOH, KBDH, IADH, MDH, BADH, NCMCH, SDH).</li> </ul> | <p>materials follow safety norms (TDH, BCDH, TOH, MDH, SDH);</p> <ul style="list-style-type: none"> <li>• Menu is not prepared by nutrition specialist (MDH).</li> </ul> | <p>children and menu is prepared by nutrition specialist.</p> |
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## Annex 12. Kyrgyzstan – Standard 5: Safety and environment: Children’s and parents/carers’ views and evaluation

| Examples of Good Practices   | Areas that need improvement   | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>• BCDH, KBDH, IADH, NCMCH: “If I have mobility restrictions I would be able to move around all areas of the hospital easily” (adolescent 12-18 years old, parents/carers);</li> <li>• TOH, TDH, BCDH, BADH, IKJRH, KBDH, IADH, NCMCH, MDH, SDH, JODH: “I (child) timely received free food in the hospital and the food was healthy and tasty” (6-11 years old child, adolescent 12-18 years old, parents/carers);</li> <li>• TOH, TDH, BCDH, IKJRH, KBDH, IADH, NCMCH, MDH, SDH, JODH: “It is clean in the hospital and medical workers always cleaned hands” (6-11 years old child, adolescent</li> </ul> | <ul style="list-style-type: none"> <li>• TDH, MDH, SDH, JODH: “If I have mobility restrictions I wouldn’t be able to move around all areas of the hospital easily or I don’t know” (adolescents 12-18 years old);</li> <li>• BCDH: “The hospital should have a modern equipment not to go far away for tests like MRT and other examinations” (adolescent 18 years old);</li> </ul> | <ul style="list-style-type: none"> <li>• Undertake actions to improve the hospital infrastructure to meet children’s safety and mobility needs, and children with mobility restrictions.</li> </ul> |

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| 12-18 years old, parents/carers);   |  |  |
| <ul style="list-style-type: none"> <li>rights” (adolescent 12-18 years old, parents/carers).</li> </ul> |  |  |

### Annex 13. Kyrgyzstan – Standard 6: Protection: inputs from the self-evaluation teams

| Examples of Good Practices   | Areas that need improvement  | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>The policy on protection of children who have been victims of any kind of abuse or violence is in place (JODH, BCDH, IKJRH, TOH, KBDH, IADH, MDH, BADH, NCMCH);</li> <li>The child-protective referral mechanisms with social services, police, other authorities in place (TDH, JODH, BCDH, IKJRH, KBDH, IADH, MDH, BADH, NCMCH, SDH);</li> <li>There is a unit within the hospital dealing with child-protection issues (JODH, IKJRH, NCMCH, SDH);</li> <li>There is a system to register and monitor cases of children who have been a victim of any kind of abuse (JODH, BCDH, IKJRH, KBDH, IADH, BADH, NCMCH, SDH);</li> <li>Health professionals were trained on how to identify and examine children who have been abused, and on existing protocols and referral mechanisms based on handbook (JODH, IKJRH, KBDH (partly trained), BADH, NCMCH, SDH);</li> <li>The regular assessment of</li> </ul> | <ul style="list-style-type: none"> <li>The policy on protection of children who have been victims of any kind of abuse or violence is partly in place (TDH, SDH);</li> <li>The child-protective referral mechanisms with social services, police, other authorities is not in place (TOH – no registered cases);</li> <li>There is no team or unit within the hospital dealing with child-protection issues (TDH, BCDH, TOH, KBDH, IADH, MDH, BADH);</li> <li>There is no system to register and monitor cases of children who have been a victim of any kind of abuse (TDH, TOH, MDH);</li> <li>Health professionals were not trained on how to identify and examine children who have been abused, and on existing protocols and referral mechanisms (TDH, BCDH, TOH – no registered cases, IADH, MDH);</li> <li>The services assessment to ensure effectiveness in protecting children is not regular or not implemented (TDH, TOH – no registered</li> </ul> | <ul style="list-style-type: none"> <li>Develop and endorse the policy on protection of children who have been victims of any kind of abuse or violence (TDH, SDH);</li> <li>Organize and implement a continuous awareness raising/training courses for staff on how to identify and examine children who have been abused, and on existing protocols (all hospitals);</li> <li>Formally endorse an effective referral mechanisms;</li> <li>Assign the team or unit within the hospital dealing with child-protection issues (TDH, BCDH, TOH, KBDH, IADH, MDH, BADH);</li> <li>Ensure regular assessment of effectiveness in protecting children of any kind of abuse</li> </ul> |

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| <p>services ensures effectiveness in protecting children (JODH, BCDH, IKJRH, MDH, BADH, NCMCH, SDH);</p> <ul style="list-style-type: none"> <li>• No clinical research or experimentation project have been carried out (TDH, JODH, BCDH, SDH);</li> <li>• Specific protocols regulating clinical research and trials (IKJRH, KBDH, MDH, BADH, NCMCH, SDH);</li> <li>• Hospital has Ethics Committee for clinical research and trials (BADH, NCMCH, SDH);</li> <li>• Hospital promotes monitoring and evaluation to ensure that the standards are observed (BADH, NCMCH, SDH);</li> <li>• Children and families have the option to refuse or not to be involved in teaching activities of the hospital (TDH, JODH, BCDH, KBDH, IADH, BADH, NCMCH, SDH);</li> <li>• Without informed consent the research is not performed (JODH, BCDH, KBDH, MDH, BADH, NCMCH, SDH).</li> </ul> | <p>cases, KBDH, IADH);</p> <ul style="list-style-type: none"> <li>• The clinical research and trials are not regulated by hospital policy: no specific protocols regulating clinical research and trials (TDH, JODH, BCDH, TOH, IADH);</li> <li>• No Ethics Committee for clinical research and trials (TDH, JODH, BCDH, IKJRH, TOH, KBDH, IADH, MDH);</li> <li>• No practice of informed consent for research (IKJRH, TOH, IADH);</li> <li>• Children and families partly have the option to refuse or not to be involved in teaching activities of the hospital (IKJRH, TOH, MDH).</li> </ul> | <p>in the hospital (TDH, TOH, KBDH, IADH);</p> <ul style="list-style-type: none"> <li>• Ensure that no clinical research and trials in carried out without adequate regulations;</li> <li>• Ensure that no child participates in clinical research or trials without having given their informed consent;</li> <li>• Ensure that every child has the option to refuse or not to be involved in the teaching activities of the hospital and that they are aware of it.</li> </ul> |
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#### Annex 14. Kyrgyzstan –Standard 6: Protection: Children’s and parents/carers’ views and evaluation

| Examples of Good Practices   | Areas that need improvement  | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>• TOH, TDH, BCDH, IKJRH, KBDH, BADH, JODH, IADH, NCMCH, MDH, SDH:</li> <li>• All children, adolescents and parents/carers responded that they felt safe in the hospital.</li> </ul> | <ul style="list-style-type: none"> <li>• KBDH: One parent/carer responded that he/she didn’t know whether it was safe or not in the hospital.</li> </ul> | <ul style="list-style-type: none"> <li>• IADH: “It should be special service for counselling with psychologists in case of any kind of abuse of child” (comment from parent/carer)</li> </ul> |

## Annex 15. Kyrgyzstan – Standard 7: Pain management and palliative care: inputs from the self-evaluation teams

| Examples of Good Practices   | Areas that need improvement   | Examples of actions for improvement   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• The protocols and procedures for prevention and management pain is developed (KBDH, MDH, NCMCH, SDH);</li> <li>• Special Pain Research Unit or equivalent in the hospital (IKJRH, MDH, SDH);</li> <li>• There is continuous training for staff on pain management (IKJRH, MDH, SDH);</li> <li>• The hospital promotes an audits to assess pain management services (IKJRH, MDH, SDH);</li> <li>• Palliative care begins when the illness is diagnosed, and continues (TDH, JODH, IKJRH, MDH, NCMCH, SDH);</li> <li>• Palliative care includes psychological support to the child’s family (parents/carers and carers) (TDH, JODH, IKJRH, IADH, MDH, NCMCH, SDH);</li> <li>• The hospital has partnerships in place to provide palliative care on the community services or at home (TDH, JODH, IKJRH, NCMCH, SDH).</li> </ul> | <ul style="list-style-type: none"> <li>• The protocols and procedures for prevention and management pain are partly or not developed (TDH, JODH – only in admission and resuscitation departments, BCDH, IKJRH – only in paediatric resuscitation department, TOH, IADH, BADH);</li> <li>• No special Pain Research Unit or equivalent in the hospital (TDH, JODH – only in admission and resuscitation departments, BCDH, TOH, KBDH, IADH, BADH, NCMCH-partly);</li> <li>• The hospital partly promotes or does not have audits to assess pain management services (TDH, JODH, BCDH, TOH, KBDH, IADH, BADH);</li> <li>• There is no continuous training for staff on pain management (TDH, JODH – only in admission and resuscitation departments, BCDH, TOH, KBDH, IADH, BADH, NCMCH – partly);</li> <li>• Palliative care partly begins when the illness is diagnosed, and continues (BCDH, TOH, KBDH, IADH);</li> <li>• No palliative care begins when the illness is diagnosed, and continues (BADH);</li> <li>• Palliative care partly includes or doesn’t include</li> </ul> | <ul style="list-style-type: none"> <li>• Develop, endorse and introduce the national protocols on palliative care, procedures for prevention and management of pain;</li> <li>• Introduce an initial and continuous follow-up training for health care staff in the area of pain management;</li> <li>• Set up a Unit for Psychological/ Psychiatry Support within hospitals for hospitalised children and their families, as well as to any other child/adolescent in the community;</li> <li>• Build partnerships to provide palliative care on the community services or at home.</li> </ul> |

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|  | <p>psychological support to the child's family (parents/carers and carers) (BCDH, TOH, KBDH, BADH);</p> <ul style="list-style-type: none"> <li>The hospital has NO partnerships in place or partly in place to provide palliative care on the community services or at home (BCDH, TOH, KBDH, IADH, MDH, BADH).</li> </ul> |  |
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### Annex 16. Kyrgyzstan – Standard 7: Pain management and palliative care: Children's and parents/carers' views and evaluation

| Examples of Good Practices   | Areas that need improvement   | Examples of actions for improvement   |
|--|---|---|
| <ul style="list-style-type: none"> <li>TOH, NCMCH: "I didn't feel pain in the hospital" (6-11 years old);</li> <li>TDH: "I felt pain in the hospital (child 7 years old);</li> <li>TOH, BCDH, KBDH, BCDH, IADH, NCMCH, MDH, SDH, JODH: "I (child) felt pain in the hospital and doctors, nurses and parents/carers asked me whether I feel pain, and they helped me to ease the pain " (6-11 years old) – 6 children, adolescents 12-18 years old, and parents/carers);</li> <li>BCDH, NCMCH: "I (child) was given medicine for pain relief, and psychological support to make me feel more comfortable" (adolescent 18 years old, parent-carer);</li> <li>BCDH: "Health care workers asked me about whether I feel pain" (adolescent 18 years old);</li> <li>TDH: "I felt pain in the hospital and doctors helped me to ease the pain" (2 children 7 years old);</li> <li>TDH: "Health professionals asked</li> </ul> | <ul style="list-style-type: none"> <li>TOH: "Nobody asked me about whether I felt pain" (6-11 years old);</li> <li>TDH, MDH, JODH: "I was given medicine for pain relief, but nothing else to make me feel more comfortable" (adolescents 12-18 years old);</li> <li>IADH: "Child was given medicine for pain relief, but nothing else to make him feel more comfortable, no psychological support" (parent/carers).</li> </ul> | <ul style="list-style-type: none"> <li>Set up a Unit for Psychological/ Psychiatry Support within hospitals for hospitalised children and their families, as well as to any other child/adolescent in the community.</li> </ul> |

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| <p>me if I have pain” (adolescent 15 years old);</p> <ul style="list-style-type: none"> <li>• IKJRH, NCMCH: I didn’t feel pain in the hospital, but the nurse and doctor always asked me whether I feel pain” (children 7 years old – 2, adolescent 11-18 years old);</li> </ul> |  |  |
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## Annex 17. Tajikistan – Standard 1: Quality Services for Children: inputs from the self-evaluation teams

| Examples of Good Practices   | Areas that need improvement   | Examples of actions for improvement  |
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| <ul style="list-style-type: none"> <li>• Health care service delivered to children is based on national and international guidelines (CDHF, CDHH, KTRH, CDHR, CDHJ, CDHK, CDHVo, CDHY, CDHP, CDHVa);</li> <li>• Doctors who work with children are graduates of paediatric faculty (CDHF)</li> <li>• Doctors who work with children were trained in paediatric care (CDHH, KTRH, CDHR (almost all), CDHJ, CDHK, CDHVo, CDHP);</li> <li>• Nurses have a paediatric education (CDHVo);</li> <li>• Hospital facilitate in carrying out of audit to meet health care services in line with the organizational policy and action plan (CDHF – annually, CDHH, KTRH, CDHR, CDHJ, CDHK, CDHVo, CDHY, CDHP, CDHVa);</li> <li>• Patient satisfaction surveys are carried out and effective system of patient satisfaction surveys is implemented (CDHR, CDHJ, CDHVo, CDHP,</li> </ul> | <ul style="list-style-type: none"> <li>• Not all doctors who work with children were trained in paediatric care (CDHY, CDHVa);</li> <li>• Nurses don’t have or partly have a paediatric education (CDHF, CDHH, KTRH, CDHR, CDHJ, CDHK, CDHY, CDHP, CDHVa);</li> <li>• No patient satisfaction surveys carried out or partly carried out (CDHF, CDHH, KTRH, CDHJ, CDHK, CDHVo, CDHY, CDHVa);</li> <li>• No effective system of patient satisfaction surveys (CDHF, CDHH, KTRH, CDHJ, CDHK, CDHY – only verbal questioning of parents/carers, CDHVa);</li> <li>• The hospital didn’t adopt a Charter on Children’s Right (CDHK, CDHVo, CDHVa);</li> <li>• Health care service staff were not formally trained about the Charter and Children’s Right (CDHF, CDHH, CDHJ, CDHK, CDHVo, CDHY, CDHP, CDHVa);</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure that all doctors and nurses are trained in paediatrics</li> <li>• Where doctors and nurses have no training in paediatrics, provide continuous training or awareness raising on specific aspects of caring for children of different ages and conditions</li> <li>• Formally and fully adopt a Charter on Children’s Right;</li> <li>• Educate all health care service staff (doctors and nurses) on the Charter and Children’s Right;</li> <li>• Improve the process of setting and introduction of an effective system of patient satisfaction surveys;</li> <li>• Facilitate in carrying out of audit to meet health care services in line with the organizational policy;</li> </ul> |



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| <p>CDHH);</p> <ul style="list-style-type: none"> <li>• The hospital adopted a Charter on Children’s Right (CDHF, CDHJ, CDHY, CDHP (no display in the wards),</li> <li>• The hospital adopted the own version of a Charter on Children’s Right and train health care service staff (KTRH, CDHR);</li> <li>• Parents/carers are allowed to stay with the child during procedures (CDHF, CDHH, KTRH, CDHR, CDHK, CDHVo, CDHY, CDHP, CDHJ);</li> <li>• At least one parent/carer is allowed to stay in the hospital with the child overnight for free (all hospitals, CDHH, KTRH, CDHR, CDHJ (but lack of space), CDHK (children up to 4 years old), CDHVo, CDHP);</li> <li>• Parents/carers are allowed to receive free or subsidized meals at the hospital (CDHF-free lunch, CDHR, CDHVo – one time, CDHVa – one time);</li> <li>• There is adolescent-friendly health services in the hospital (CDHR, CDHJ, CDHK, CDHVo) and/or there is a hospital-based center for anonymous visits of adolescents, CDHP, CDHVa);;</li> <li>• There is adolescent-friendly health facility reaches out to adolescents (CDHVa);</li> </ul> | <ul style="list-style-type: none"> <li>• Parents/carers are not allowed to stay with the child during induction of anaesthesia (CDHJ, CDHVa, CDHP, CDHVo, CDHK);</li> <li>• Parents/carers are not always allowed to stay with the child during procedures (CDHVa);</li> <li>• Parent/carer is not always allowed to stay in the hospital with the child overnight for free (CDHF-lack of beds, CDHY – no opportunities, CDHVa);</li> <li>• Only 1 daily meal is provided by the hospital (CDHJ, CDHVa, CDHP, CDHVo, CDHK);</li> <li>• Parents/carers are not able to receive free or subsidized meals at the hospital (CDHJ, CDHP, CDHK, CDHH, KTRH, CDHY);</li> <li>• There is no adolescent-friendly health services in the hospital (CDHF, CDHH, KTRH; CDHY –</li> <li>• There is no adolescent-friendly health facility reaches out to adolescents (CDHF, CDHH, KTRH, CDHR);</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure that parents/carers are always allowed to stay with the child overnight for free;</li> <li>• Ensure that parents/carers are allowed to receive free or subsidized meals in the hospital;</li> <li>• Allow parents/carers’/carers` presence during induction of anaesthesia in all desired cases, as well as during procedures;</li> <li>• Organize an adolescent-friendly health services in the hospital and an adolescent-friendly health facility reaches out to adolescents;</li> </ul> |
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## Annex 18. Tajikistan – Standard 1: Quality Services for Children: Children’s and parents/carers’ views and evaluation

| Examples of Good Practices  | Areas that need improvement   | Examples of actions for improvement  |
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| <ul style="list-style-type: none"> <li>• All Hospitals: The question presented to children for the consideration of this right was: “Do you believe you received the best care possible”. Childrens’ comments were as follows:</li> <li>• “I am sure I received the best care” (16 years old);</li> <li>• “ I felt very well cared for here” (14 years old);</li> <li>• “I liked how I was treated by the hospital staff” (12 years old);</li> <li>• “Yes, I received very good care” (13 years old);</li> <li>• KTRH, CDHR, CDHK: The question presented to parents/carers for the consideration of this right was: “Do you believe that your child received the best care possible”. parents/carers responded: “Yes”.</li> <li>• CDHR, CDHF, CDHVo, CDHP: “I have seen the stand in the department with the information about children’s rights” (adolescents 12-18 years old, parents/carers);</li> <li>• KTRH, CDHJ, CDHR, CDHH, CDHF, CDHY, CDHVa, CDHVo, CDHP, CDHK: “I participated in patient satisfaction survey for improvement hospital health care services” (parents/carers, adolescent</li> </ul> | <ul style="list-style-type: none"> <li>• The questions presented to children in consideration of this right were: “Did you participate in survey on evaluation and improvement of medical services?”</li> <li>• CDHVo, CDHR, CDHVa, CDHP: “I did not participate in any surveys” (adolescent 12-18 years old, parents/carers);</li> <li>• KTRH, CDHJ, CDHH, CDHF, CDHY, CDHVa, CDHP, CDHK: “I haven’t received the copy of the Charter on Children’s Right, I haven’t seen any stands with written information and nobody talked with me about the children’s rights” (adolescents 12-18 years old, parents/carers);</li> <li>• CDHVo: “I haven’t received the copy of the Charter on Children’s Right, I haven’t seen any stands with written information, but health care staff talked with me about the children’s rights” (adolescents 12-18 years old);</li> <li>• CDHP, CDHK: “I haven’t received the copy of the Charter on Children’s Right, but I have seen stands with written information, and health care staff talked with me about the children’s rights” (parent/carer);</li> <li>• KTRH: “I didn’t participate in patient satisfaction survey,</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure that children and parents/carers participate in patient satisfaction surveys;</li> <li>• Ensure that the outcomes of patient satisfaction survey always communicated back to children and parents/carers and contribute to the decision-making.</li> <li>• Distribute the copy of the Charter on Children’s Right among hospitalised children and inform them about their rights.</li> <li>• Ensure that parents/carers are always allowed to stay with the child overnight for free;</li> <li>• Ensure that parents/carers are allowed to receive free or subsidized meals in the hospital;</li> <li>• Allow parents/carers’/care rs` presence during induction of anaesthesia in all desired cases, as well as during procedures.</li> </ul> |

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| <p>12-18 years old);</p> <ul style="list-style-type: none"> <li>• KTRH, CDHJ, CDHR, CDHF, CDHY, CDHVa, CDHVo, CDHP, CDHK: “People I met in the hospital were friendly, they were attentive to my opinion, I was happy with the services provided, good nurse, confidentiality was respected in all aspects of treatment and care (adolescents 12-18 years old);</li> <li>• KTRH, CDHJ, CDHR, CDHF, CDHY, CDHVa, CDHVo, CDHP, CDHK: “Parents/carers stayed with me in the ward, including overnight. I feel comfortable when my mother always with me” (children 6-11 years old, adolescents 12-18 years old);</li> <li>• CDHR, CDHF, CDHY, CDHP, CDHK: “Relatives stayed with me in the hospital including presence during procedures (adolescents 12-18 years old);</li> <li>• CDHR, CDHF, CDHP, CDHK: “My mother was with me during operation” (adolescent 12-18 years old);</li> <li>• CDHH, CDHF, CDHF, CDHVo, CDHP, CDHK: “I was allowed to stay with my child overnight and during anaesthesia or operation” (parent/carer);</li> <li>• KTRH: “My parents/carers didn’t stay with me in the hospital because they work, but nurse was taking care about me” (child 6-11 years old);</li> <li>• KTRH, CDHJ, CDHR, CDHH, CDHF, CDHY, CDHVa, CDHP: “I</li> </ul> | <p>there was no need” (adolescents 12-18 years old);</p> <ul style="list-style-type: none"> <li>• KTRH, CDHJ, CDHH, CDHF, CDHY, CDHVa, CDHVo, CDHK: “I didn’t participate in patient satisfaction survey and nobody asked my or child’s opinion about health care services in the hospital” (parents/carers, adolescents 12-18 years old);</li> <li>• CDHH: “People in the hospital were friendly, but I didn’t like the services provided, confidentiality was not respected in all aspects of treatment and care” (adolescent 12-18 years old);</li> <li>• KTRH: “I wanted parents/carers to stay with me, but they didn’t stay with me in the hospital since they have to work” (adolescent 12-18 years old);</li> <li>• KTRH: “Parents/carers didn’t stay with me during procedures, but I wanted them to be with me” (adolescent 12-18 years old);</li> <li>• CDHH: “Parents/carers didn’t stay with me during procedures and overnight” (children 6-11 years old);</li> <li>• CDHJ, CDHVo: “I was not provided free food during my stay with my child in the hospital” (parents/carers);</li> <li>• CDHH, CDHVo: “I didn’t want my parents/carers to stay with me and they didn’t stay with me overnight, but they stayed with me during procedures and operation”</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure that all children receiving care have the same rights and benefits.</li> </ul> |
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| <p>was allowed to have my mobile phone and laptop with me” (adolescents 12-18 years old);</p> <ul style="list-style-type: none"> <li>• KTRH, CDHJ, CDHR: “I stayed with my child during the whole process of treatment, including presence during procedures, and was allowed to stay overnight there (parents/carers);</li> <li>• KTRH, CDHR: “I was provided free food two times daily whilst accompanying my child” (parents/carers);</li> <li>• CDHV<sub>a</sub>, CDHP, CDHK: I was provided free food one time daily whilst accompanying my child” (parents/carers).</li> </ul> | <p>(adolescent 12-18 years old);</p> <ul style="list-style-type: none"> <li>• CDHV<sub>o</sub>: I was not allowed to have my mobile phone and laptop with me” (adolescents 12-18 years old);</li> <li>• CDHK: “I don’t have mobile phone and laptop since I don’t have an opportunities” (adolescents 12-18 years old);</li> <li>• CDHF: “It was non-caloric food” (parents/carers);</li> </ul> |  |
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### Annex 19. Tajikistan – Standard 2: Equality and non-discrimination: inputs from the self-evaluation teams

| Examples of Good Practices   | Areas that need improvement   | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>• There is a hospital policy to ensure that children of minority and other status are not discriminated and have equal access to health services (CDHF, CDHH, KTRH, CDHR, CDHJ, CDHK, CDHV<sub>o</sub>, CDHY, CDHP, CDHV<sub>a</sub>);</li> <li>• Hospital staff is trained on respect and care of patients with cultural differences (CDHF, CDHH, KTRH, CDHR, CDHJ, CDHK, CDHV<sub>o</sub>, CDHY, CDHP, CDHV<sub>a</sub>);</li> <li>• Hospital policy guarantees culturally competent staff or volunteers (CDHF, CDHH, KTRH, CDHR, CDHK, CDHV<sub>o</sub>, CDHP);</li> </ul> | <ul style="list-style-type: none"> <li>• Hospital policy not always guarantees culturally competent staff or volunteers (CDHV<sub>a</sub>);</li> <li>• Hospital does not provide qualified interpreter (CDHJ, CDHV<sub>o</sub>, CDHY, CDHP, CDHV<sub>a</sub>);</li> <li>• Children not always can be hospitalised in single or double rooms, upon request (CDHF – wards for 3 children, CDHH, KTRH, CDHJ, CDHV<sub>o</sub>, CDHY, CDHP, CDHV<sub>a</sub>);</li> <li>• Children are not informed in private areas (CDHF, CDHH, KTRH, CDHJ, CDHK, CDHY, CDHV<sub>a</sub>);</li> </ul> | <ul style="list-style-type: none"> <li>• Develop or enhance the program on continuous cultural-competence training for staff;</li> <li>• Guarantee competent interpreters, culturally competent staff or volunteers;</li> <li>• Ensure gender balance among health care staff that children have choice to be examined by the doctor of the same gender;</li> <li>• Ensure the right of children to be</li> </ul> |

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| <ul style="list-style-type: none"> <li>• Most hospital employees are fluent in Russian, Uzbek and Tadjik (CDHVo, CDHJ, CDHVa, CDHP, CDHK, CHDY, CDHF, CDHY);</li> <li>• Hospital provides qualified interpreter, if needed (CDHH, KTRH, CDHR, CDHK);</li> <li>• Children have a choice to be examined by the doctor of the same gender (CDHK, CDHP, CDHVo, CDHF, CDHH, CDHR, CDHVa);</li> <li>• There are private areas for informing and performing examinations (CDHVo, CDHR, CDHVo, CDHP);</li> <li>• There are private areas for performing examinations (CDHF, CDHH, KTRH, CDHK, CDHY, CDHVa);</li> <li>• Private rooms are available upon request (subject to availability) (CDHVo);</li> <li>• Children can be hospitalised in single or double rooms, upon request (CDHR, CDHK).</li> </ul> | <ul style="list-style-type: none"> <li>• Private areas for examination are only available for initial patient assessment, all following assessments are performed in patient rooms (CDHJ);</li> <li>• No female doctors available in the hospital (CDHJ, CDHY, KTRH).</li> </ul> | <p>hospitalised in single or double rooms, upon request;</p> <ul style="list-style-type: none"> <li>• Ensure the right of children to be informed in private areas;</li> <li>• Ensure the right of children to be examined in private areas.</li> </ul> |
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## Annex 20. Tajikistan – Standard 2: Equality and non-discrimination: Children’s and parents/carers’ views and evaluation

| Examples of Good Practices  | Areas that need improvement  | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>• CDHVa: “I am Uzbek and I felt that I was treated same as everyone else here. Hospital staff spoke Uzbek to me” (13 years old, parent/carers);</li> <li>• KTRH, CDHJ, CDHR, CDHH, CDHF, CDHY, CDHVa, CDHVo, CDHP, CDHK: “I (child) was</li> </ul> | <ul style="list-style-type: none"> <li>• CDHH, CDHK: “An interpreter was not offered, there was no interpreter” (adolescent 12-18 years old, parent/carers)</li> <li>• KTRH, CDHY: “No female doctors available in the hospital, all doctors are male” (adolescent 12-18 years old,</li> </ul> | <ul style="list-style-type: none"> <li>• Guarantee competent interpreters;</li> <li>• Ensure the right of children to be hospitalised in single or double rooms, upon request;</li> </ul> |

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| <p>treated with respect”, “I think that everyone in the hospital is treated equally”, “health staff tenderly used my preferred name”, “I liked the way they treated me here” (adolescents 12-18 years old, parent/carer);</p> <ul style="list-style-type: none"> <li>• KTRH, CDHJ, CDHF, CDHY, CDHVo, CDHP, CDHK: “I (we) didn’t need an interpreter” (adolescent 12-18 years old, parent/carer);</li> <li>• KTRH, CDHJ: “My child was treated with respect”, “I think that everyone in the hospital is treated equally”, “health staff always used preferred name of my child” (parent/carer);</li> <li>• CDHR: “When I need the hospital offered an interpreter” (adolescent 12-18 years old, parents/carers/carer).</li> <li>• KTRH: “We had male doctor, so my child was given an opportunity to be examined by the doctor of the same gender (parent/carers);</li> <li>• CDHR, CDHF, CDHVo, CDHP, CDHK: “Yes, I (my child) had an opportunity to be examined by the doctor of the same gender. In our hospital you can be examined by the doctor who you select” (adolescent 12-18 years old, parent/carers);</li> <li>• CDHR, CDHY, CDHVa, CDHVo, CDHK: “I (my child) have an option to stay in single or double rooms in the hospital” (adolescent 12-18 years old,</li> </ul> | <p>parent/carer);</p> <ul style="list-style-type: none"> <li>• CDHVa: “My father was with me during examination” (girl adolescent 12-18 years old);</li> <li>• CDHVa: “My child was not given an opportunity to be examined by the doctor of the same gender (parent/carers);</li> <li>• CDHJ, CDHH: “My child was not given an opportunity to be examined by the doctor of the same gender since they don’t have specialist of the same gender” (parent/carers);</li> <li>• CDHJ, CDHP, CDHY, CDHVa: “I was not given an opportunity to be examined by the doctor of the same gender, they have lack of specialists” (adolescent 12-18 years old);</li> <li>• KTRH, CDHJ, CDHH, CDHF, CDHVa, CDHP: “I (my child) didn’t have an option to stay in single or double rooms in the hospital” (adolescent 12-18 years old, parent/carers);</li> <li>• KTRH, CDHJ, CDHH, CDHF: “I (child) was not informed in private area, but examined in a private area” (adolescent 12-18 years old, child parent/carer);</li> <li>• CDHH, CDHK: “I (child) was not informed and examined in private area” (adolescent 12-18 years old, parent/carer);</li> <li>• CDHK: “I was informed in admission department and was examined not in a private area (no rooms) (adolescent 12-18 years old);</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure that children have choice to be examined by the doctor of the same gender;</li> <li>• Ensure the right of children to be informed and examined in private areas.</li> </ul> |
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| <p>parent/carers);</p> <ul style="list-style-type: none"> <li>• KTRH, CDHR, CDHF, CDHY, CDHVa, CDHVo, CDHP: “We were informed and examined in a private area” (parent/carers, adolescents 12-18 years old);</li> <li>• KTRH: “We received support in accordance with our religious faith” (parent/carers).</li> </ul> | <ul style="list-style-type: none"> <li>• CDHF: Comment from parent: “I don’t understand why the gender of a doctor plays role in medicine? In my opinion the most important that my child was cured” (parent/carer).</li> </ul> |  |
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### Annex 21. Tajikistan – Standard 3: Play and Learning: inputs from the self-evaluation teams

| Examples of Good Practices  | Areas that need improvement  | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>• The hospital policy guarantees the right to play for children (CDHF, CDHR);</li> <li>• There is equipped play room for children (CDHR);</li> <li>• Health care providers use distraction technique during procedures and treatment (CDHVo).</li> </ul> | <ul style="list-style-type: none"> <li>• The hospital policy doesn’t guarantee the right to play for children (CDHJ, CDHK, CDHY, CDHP, CDHVa);</li> <li>• The hospital policy guarantees the right to play for children, but there is no resources to buy toys (CDHH);</li> <li>• The hospital policy partly guarantees the right to play for children (KTRH, CDHVo);</li> <li>• No designated and properly equipped play rooms for children (CDHF, CDHH, KTRH, CDHJ, CDHK, CDHVo, CDHY, CDHP, CDHVa);</li> <li>• No Play Specialists or properly trained staff to assist children during play available (CDHF, CDHH, KTRH, CDHR, CDHJ, CDHK, CDHVo, CDHY, CDHP, CDHVa);</li> <li>• Health care providers are not trained or partly trained on distraction technique during procedures and treatment (KTRH,</li> </ul> | <ul style="list-style-type: none"> <li>• Develop a hospital policy to guarantee the right to play for children;</li> <li>• Designate and properly equip (toys, games, music, etc.) the play rooms for children;</li> <li>• Assign a Play Specialists or properly trained staff to assist children during play (all hospitals);</li> <li>• Develop a hospital strategy involving play during procedures and treatment;</li> <li>• Counsel with children and parents/carers for the improvement of play spaces (all hospitals);</li> <li>• Organize a hospital-based school (all</li> </ul> |

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|  | <p>CDHH, CDHF, CDHR, CDHJ, CDHJ, CDHK, CDHVo, CDHY, CDHP, CDHVa);</p> <ul style="list-style-type: none"> <li>No hospital-based school (CDHF, CDHH, KTRH, CDHR, CDHJ, CDHK, CDHVo, CDHY, CDHP, CDHVa).</li> </ul> | <p>hospitals);</p> <ul style="list-style-type: none"> <li>Organize a supportive activities such as clown, music, art, pet-therapy for children in the hospital (all hospitals).</li> </ul> |
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## Annex 22. Tajikistan – Standard 3: Play and Learning: Children’s and parents/carers’ views and evaluation

| Examples of Good Practices   | Areas that need improvement  | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>CDHVo, CDHF, CDHY: “I played with my roommate in the ward, mother helped me” (children 6-11 years old);</li> <li>KTRH, CDHR, CDHVo: “I (my child) had an opportunity to play with girls and boys in the hospital” (children 6-11 years old);</li> <li>KTRH: “I was able to continue my school work in the hospital, my school teacher visited me in the hospital” (adolescent 12-18 years old);</li> <li>CDHR: “Health care staff helped me to play, they asked my opinion about games, also they played with me during procedures and treatment” (adolescent 12-18 years old,</li> </ul> | <ul style="list-style-type: none"> <li>CDHY, CDHH, CDHF, CDHY, CDHVa, CDHVo, CDHP, CDHK: “I wasn’t able to keep up with school work from here because there is no school and teacher” (child 6-11 years old, adolescent 12-18 years old);</li> <li>KTRH, CDHJ, CDHR, CDHF, CDHY, CDHVa, CDHVo, CDHK: “I didn’t have an opportunity of going to school in the hospital because there was no school, no computers, it was not possible to study. It would be good to have teachers in the hospital” (all children 6-11 years old, adolescents 12-18 years old, parents/carers);</li> <li>CDHJ, CDHH, CDHP, CDHK: “I didn’t play in the hospital, there was nobody to play there” (child 6-11 years old);</li> <li>KTRH, CDHY, CDHVa: “I played with my own toys. I played with myself.” (child 6-11 years old);</li> <li>KTRH: “I had an opportunity to play having my own toys, there was a play room for children, however the games in the hospital were not relevant to my age,</li> </ul> | <ul style="list-style-type: none"> <li>Organize a play room and leisure hours for children in the hospital;</li> <li>Equip and supply a play room with toys and games;</li> <li>Organize a separate space for play and rest of adolescents (computers, chess, etc.)</li> <li>Organize a hospital-based school;</li> <li>Organize games in the hospital relevant for the age of children/adolescents;</li> <li>Train staff on play-game skills in paediatric hospitals.</li> </ul> |



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| <ul style="list-style-type: none"> <li>CDHF, CDHVo: “Health care personnel uses diversionary tactics while making examination and procedures” (parent/carer).</li> </ul> | <p>nobody asked my opinion about games” (adolescent 12-18 years old);</p> <ul style="list-style-type: none"> <li>KTRH, CDHJ, CDHF, CDHY, CDHVa, CDHVo, CDHP, CDHK: “No place to play, no people to help in the hospital, nobody were interested to find out our opinion. There are no conditions for games, no toys, no any entertainment activities, we just stayed in the ward. No specialist to help, just nurse who was not trained in that aspect. It would be good to have a play room and toys for children in the hospital” (parent/carer, adolescent 12-18 years old);</li> <li>KTRH: “I have a little child, so we didn’t ask about school” (parent/carer);</li> <li>CDHR, CDHH, CDHVa: “No play room in the department, nobody helped to play. It would be good to have TV in the hospital” (adolescent 12-18 years old, parent/carer);</li> <li>CDHF: “No place to play, no play room, no people to help in the hospital. It would be good to have a sports hall. No games in the hospital relevant to my age,” (adolescent 12-18 years old).</li> </ul> |  |
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### Annex 23. Tajikistan – Standard 4: Information and Participation: inputs from the self-evaluation teams

| Examples of Good Practices   | Areas that need improvement  | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>Children are informed about their right to express their views freely (CDHVo, CDHF, KTRH, CDHR, CDHJ, CDHP);</li> </ul> | <ul style="list-style-type: none"> <li>Health care providers have not been trained on how to effectively communicate with children and families (CDHJ, CDHP, CDHK, CDHVo, CDHY, CDHVa);</li> </ul> | <ul style="list-style-type: none"> <li>Ensure awareness raising and continuous training for staff on the importance of communicating with patients of all ages and ways to do this (knowledge-skills);</li> </ul> |



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| <ul style="list-style-type: none"> <li>• Regular explanation to parents/carers and children about the medical situation (CDHVo, CDHF, CDHH, KTRH, CDHR, CDHY, CDHP);</li> <li>• The process by which children and adolescents can voice concerns about their health care is implemented (CDHF, CDHR, CDHJ, CDHK, CDHVo, CDHY – via parents/carers, CDHP, CDHVa);</li> <li>• Children’s and adolescents complaints are investigated, and feedback is provided (CDHR, CDHJ, CDHVo, CDHP).</li> </ul> | <ul style="list-style-type: none"> <li>• Children are partly or not informed about their right to express their views freely (CDHH, KTRH, CDHK, CDHY, CDHVa);</li> <li>• The process by which children and adolescents can voice concerns about their health care is not implemented (CDHH, KTRH);</li> <li>• Children’s and adolescents complaints are not formally registered (CDHF – no complaints, CDHH, CDHK – no complaints, CDHY – no complaints,</li> <li>• Children’s and adolescents complaints are investigated, but feedback is not provided (KTRH, CDHVa).</li> </ul> | <ul style="list-style-type: none"> <li>• Engage children/parents/carers for the development and improvement of health care services and provide feedback about the outcomes of patient satisfaction survey;</li> <li>• Ensure children’s participation influences the decision-making in relation to improvement of hospital health care services.</li> <li>• Ensure that every parent receives information about their child’s condition</li> <li>• Ensure that every child is informed in a manner appropriate to their evolving capacities</li> <li>• Implement the process by which children and adolescents can voice concerns about their health care;</li> <li>• Set the process for investigation and addressing of the children’s and adolescent’s complaints, and mandatory informing them about the outcomes of investigation.</li> </ul> |
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**Annex 24. Tajikistan – Standard 4: Information and participation: Children’s and parents/carers’ views and evaluation**

| Examples of Good Practices   | Areas that need improvement   | Examples of actions for improvement   |
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| <ul style="list-style-type: none"> <li>• CDHVo, KTRH, CDHR, CDHF, CDHY, CDHVa, CDHP, CDHK: “Doctor explained me why I got sick. I understood what he said. I believe I was given enough</li> </ul> | <ul style="list-style-type: none"> <li>• KTRH, CDHR, CDHH, CDHF, CDHY: “Nobody informed me about the right to express views freely, but I could ask questions to</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure that children are properly informed about the right to express views</li> </ul> |

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| <p>information about my sickness and the treatment” (adolescents 12-18 years old);</p> <ul style="list-style-type: none"> <li>• KTRH, CDHJ, CDHR, CDHH, CDHF, CDHY, CDHV<sub>a</sub>, CDHV<sub>o</sub>, CDHP, CDHK, CDHK: “Doctor explained me and my mother why I got sick. I understood what he said. I was given information about my disease and the treatment” (children 6-11 years old; adolescent 12-18 years old, parents/carers);</li> <li>• KTRH: “Doctor explained my parents/carers about my disease, nurses explained to me what to do to prevent sickness” (child 6-11 years old);</li> <li>• KTRH, CDHH, CDHF, CDHY, CDHV<sub>a</sub>, CDHV<sub>o</sub>, CDHP: “Health care specialists introduce themselves and wear a name badge” (adolescent 12-18 years old, parents/carers/carer);</li> <li>• KTRH, CDHJ, CDHH, CDHF, CDHY, CDHV<sub>a</sub>, CDHV<sub>o</sub>, CDHP, CDHK: “I was informed about possibility to give informed consent to treatment and I’ve given consent for treatment” (adolescent 12-18 years old, parents/carers);</li> <li>• KTRH: “I understood everything that was said by health staff” (adolescent 12-18 years old);</li> <li>• KTRH, CDHJ, CDHR, CDHH, CDHV<sub>a</sub>, CDHV<sub>o</sub>, CDHK: “I was given verbal recommendations about keeping good health of my child and the information was useful” (parents/carers, adolescent 12-18 years old);</li> <li>• KTRH, CDHJ, CDHR: “I was informed about possibility to</li> </ul> | <p>health care staff” (adolescent 12-18 years old, parents/carers);</p> <ul style="list-style-type: none"> <li>• CDHV<sub>o</sub>: “I don’t know whether my child was informed about the right to express views freely, but I was informed that we can ask questions” (parent/carer);</li> <li>• CDHY, CDHV<sub>a</sub>: “I didn’t understand everything what doctor said to me about my health status and treatment, it was not enough information” (adolescent 12-18 years old);</li> <li>• CDHJ, CDHR, CDHH, CDHK: “Health care specialists introduce themselves, but don’t wear a name badges” (adolescent 12-18 y.o);</li> <li>• CDHJ: “We haven’t been informed about the right to express views freely, nobody wear a name badge” (parent/carer);</li> <li>• CDHR: “I was informed about possibility to give informed consent to treatment, but nobody asked our consent for treatment” (parents/carers/carer of child 6-12 years old);</li> <li>• CDHF, CDHV<sub>a</sub>, CDHK: “I was not informed about possibility to give informed consent to treatment, and nobody asked our consent for treatment” (adolescent 12-18 years old, parents/carers);</li> </ul> | <p>freely and about medical condition;</p> <ul style="list-style-type: none"> <li>• Ensure that every child is able to ask questions and that they understand what is happening to them;</li> <li>• Establish a hospital policy on informed consent;</li> <li>• Ensure that all parents/carers or children, where applicable, always give their consent to treatment;</li> <li>• Ensure that all health care staff introduces themselves to children and parents/carers and wear a name badge.</li> <li>• Ensure that children and adolescents always know where they can voice their complaints and further address the problems.</li> </ul> |
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| <p>give informed consent to treatment and I've given consent for treatment" (parents/carers, adolescent 12-18 years old);</p> <ul style="list-style-type: none"> <li>• KTRH, CDHJ, CDHR, CDHF: "We (I) received enough information about the medical condition of the child and we (I) were informed about possibility to ask questions and rights" (parents/carers, adolescents 12-18 years old).</li> <li>• KTRH, CDHR, CDHP: "I know where I can voice my complaints" (children 6-11 years old, adolescents 12-18 years old);</li> <li>• KTRH, CDHJ, CDHF, CDHVa, CDHVo, CDHK: "I know that I can voice my complaints to my parents/carers, doctor who treat me and nurse, also head of the department" (child 6-11 years old, adolescents 12-18 years old);</li> <li>• KTRH: "I know where I can voice my complaints to the department nurse" (adolescent 12-18 years old)</li> <li>• CDHJ, CDHVa: "I can use the book for complaints in the hospital" (adolescent 12-18 years old)</li> </ul> | <ul style="list-style-type: none"> <li>• CDHF: "Health care staff didn't provide enough information about sickness, medical condition and recommendations. Lack of information about the medical condition of my child" (parents/carers).</li> <li>• The questions presented to children in consideration of this right were: "Did you participate in a survey on evaluation and improvement of medical services?"</li> <li>• CDHVo: "I did not participate in any surveys" (13 years old);</li> <li>• CDHR, CDHF, CDHP: "I don't feel comfortable to speak about what I didn't like in the hospital, because they cured me. I can speak with my doctor" (child 6-11 years old);</li> <li>• CDHH, CDHY, CDHVo, CDHK: "I don't know where I can voice my complaints" (children 6-11 years old, adolescent 12-18 years old).</li> </ul> |  |
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### Annex 25. Tajikistan – Standard 5: Safety and environment: Inputs from the self-evaluation teams

| Examples of Good Practices   | Areas that need improvement  | Examples of actions for improvement  |
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| <ul style="list-style-type: none"> <li>• The hospital infrastructure is designed, furnished and equipped to meet children's safety and mobility needs (CDHF, CDHH, KTRH, CDHR, CDHY, CDHP);</li> </ul> | <ul style="list-style-type: none"> <li>• The hospital infrastructure is not designed, furnished and equipped to meet children's safety and mobility needs (CDHJ, CDHK, CDHVo, CDHVa);</li> </ul> | <ul style="list-style-type: none"> <li>• Allocate budget for hospital renovation and proper functioning of sewerage system, air conditioning of the hospital (CDHK,</li> </ul> |

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| <ul style="list-style-type: none"> <li>• The hospital infrastructure ensures that children with mobility restrictions are able to access all areas of the hospital (CDHR, CDHP);</li> <li>• The hospital ensures that equipment and materials follow safety norms (CDHH, KTRH, CDHR, CDHJ, CDHVo, CDHY, CDHP, CDHVa);</li> <li>• Free food is provided to all hospitalised children (CDHF – 2 times, CDHH – but for adolescents only 1 time meal, KTRH – but for adolescents only 1 time meal, CDHR, CDHVo – only one time);</li> <li>• Food is given to children at appropriate times (CDHF, CDHH, KTRH, CDHR);</li> <li>• Menu is prepared by nutrition specialist (CDHF, CDHR);</li> <li>• Hospital practice ensures effective and cleaning services (CDHF, CDHH, KTRH, CDHR, CDHJ, CDHK, CDHVo, CDHY, CDHP, CDHVa);</li> <li>• Hospital encourages health staff to follow strict cleaning procedures (CDHF, CDHH, KTRH, CDHR, CDHJ, CDHVo, CDHY, CDHP, CDHVa).</li> </ul> | <ul style="list-style-type: none"> <li>• The hospital infrastructure not ensures that children with mobility restrictions are able to access all areas of the hospital (CDHF, CDHH, KTRH, CDHJ, CDHK, CDHVo, CDHY, CDHVa);</li> <li>• Food is given to children at various time and menu is not prepared by nutrition specialist (CDHVo);</li> <li>• Free food is not provided or partly provided to hospitalised children (CDHJ, CDHK, CDHY, CDHP, CDHVa);</li> <li>• The hospital partly or not ensures that equipment and materials follow safety norms (CDHF, CDHK);</li> <li>• Hospital encourages health staff to follow strict cleaning procedures, but there is no full functioning of sewerage system in the hospital (CDHK);</li> <li>• Menu is partly prepared by nutrition specialist (CDHH, KTRH);</li> <li>• Hospital menu is not developed by a professional nutritionist (CDHJ, CDHVa, CDHP, CDHVo, CDHK, CDHF).</li> </ul> | <p>CDHJ, CDHR, CDHK);</p> <ul style="list-style-type: none"> <li>• Undertake actions to improve the hospital infrastructure to meet children’s safety and mobility needs, and children with mobility restrictions;</li> <li>• Ensure that equipment and materials follow safety norms;</li> <li>• Ensure that food is provided to all hospitalised children and menu is prepared by nutrition specialist.</li> </ul> |
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## Annex 26. Tajikistan – Standard 5: Safety and environment: Children’s and parents/carers’ views and evaluation

| Examples of Good Practices   | Areas that need improvement   | Examples of actions for improvement  |
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| <ul style="list-style-type: none"> <li>• KTRH, CDHH, CDHP, CDHK: “If I have</li> </ul> | <ul style="list-style-type: none"> <li>• CDHJ, CDHR, CDHF, CDHY, CDHVa, CDHVo: “If my child (I) has any mobility</li> </ul> | <ul style="list-style-type: none"> <li>• Undertake actions to improve the</li> </ul> |

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| <p>mobility restrictions I would be able to move around all areas of the hospital with assistance of health care staff” (adolescent 12-18 years old, parents/carers);</p> <ul style="list-style-type: none"> <li>• KTRH, CDHF: “I (child) timely received free food in the hospital two times daily, but it would be good to have a variety of menu” (adolescent 12-18 years old, parents/carers);</li> <li>• CDHR, CDHH, CDHP: “I (child) timely received free healthy food in the hospital” (adolescent 12-18 years old, parent/carer);</li> <li>• KTRH, CDHJ, CDHR, CDHF, CDHY, CDHV<sub>a</sub>, CDHV<sub>o</sub>, CDHP, CDHK: “It was clean in the hospital and medical workers always cleaned hands” (adolescents 12-18 years old, parents/carers).</li> </ul> | <p>restrictions I don’t know would he be able to move around all areas of the hospital. There are no special conditions for children with mobility restrictions” (parents/carers, adolescent 12-18 years old);</p> <ul style="list-style-type: none"> <li>• CDHV<sub>a</sub>: “It was only free lunch in the hospital, food was not given timely and I don’t know was it healthy or not. Better to have a food diversity” (adolescent 12-18 years old, parent/carer);</li> <li>• CDHJ: “Food is brought from home, no meal in the hospital, there is no single wards, no child furniture, no beds, no air conditioning, no play rooms, no toys and games in the hospital. Hospital is required renovation” (adolescent 12-18 years old);</li> <li>• CDHY: “Food is brought from home” (adolescent 12-18 years old);</li> <li>• CDHF: “There is lack of equipment. It would be good if hospital has better medical equipment, more modern. The department requires renovation” (adolescents 12-18 years old);</li> <li>• CDHJ: “My child received not the best care, but treatment was good” (parent/carer);</li> <li>• CDHH, CDHF: “My child received not the best care,” (parent/carer);</li> <li>• CDHH, CDHF: “The food was not healthy and was not timely given, lack of attention in the hospital for the issue” (parent/carer);</li> <li>• CDHJ: “I was asked about care, but not any written questioning like patient satisfaction survey, my child didn’t participate in any patient satisfaction surveys” (parent/carer);</li> <li>• CDHH: “It was not clean in the hospital” (adolescents 12-18 years old,</li> </ul> | <p>hospital infrastructure to meet children’s safety and mobility needs, and children with mobility restrictions.</p> |
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|  | <p>parent/carer);</p> <ul style="list-style-type: none"> <li>• CDHJ: “Food for children we are bringing from home” (parent/carer);</li> <li>• CDHJ: “Good doctors and nurses, but wards are small, all for 4 children, the toilet is in the yard of the hospital, it is required renovation of the paediatric departments” (parent/carer);</li> <li>• CDHR, CDHK: “It is hot and stifling indoor and conditions of the department is not good” (parent/carer, adolescent 12-18 years old);</li> <li>• CDHF: “Health care services and assistance in the hospital should be improved. We live in XXI century. So far my opinion didn’t influence the hospital health care services. I don’t see outcomes. We didn’t participate in formal patient satisfaction survey, I am not happy with health care services” (parent/carers);</li> <li>• CDHF: “Medical workers not always cleaned hands, hospital requires renovation, it is not clean” (parent/carer);</li> <li>• CDHVo, CDHP, CDHK: “Food is provided only once a day in various time” (adolescent 12-18 years old, parent/carer);</li> <li>• CDHK: “I don’t like the hospital” (child 6-11 years old).</li> </ul> |  |
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### Annex 27. Tajikistan – Standard 6: Protection: inputs from the self-evaluation teams

| Examples of Good Practices   | Areas that need improvement   | Examples of actions for improvement   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Hospital has introduced a policy on the protection of children who have been victims of any kind of abuse or violence and staff is aware of it (CDHVo,</li> </ul> | <ul style="list-style-type: none"> <li>• The child-protective referral mechanisms with social services, police, other authorities in place, but require revision</li> </ul> | <ul style="list-style-type: none"> <li>• Develop and endorse the policy on protection of children who have been victims of any</li> </ul> |

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| <p>CDHF, CDHH, KTRH, CDHR, CDHJ, CDHK, CDHY, CDHP, CDHV<sub>a</sub>);</p> <ul style="list-style-type: none"> <li>• The child-protective referral mechanisms with social services, police, other authorities in place (CDHH, KTRH, CDHR, CDHJ, CDHK, CDHV<sub>o</sub>, CDHY, CDHP);</li> <li>• There is a team or unit within the hospital dealing with child-protection issues (CDHR, CDHK, CDHY);</li> <li>• There is formal system to register and monitor cases of children who have been a victim of any kind of abuse (CDHR, CDHJ, CDHK, CDHV<sub>o</sub>, CDHY, CDHV<sub>a</sub>);</li> <li>• The assessment of services ensures effectiveness in protecting children (CDHF, CDHK, CDHY, CDHP);</li> <li>• Training on existing protocols and referral mechanisms available (CDHV<sub>o</sub>, CDHR, CDHK, CDHP);</li> <li>• No clinical research or experimentation project carried out (all hospitals);</li> <li>• There is an Ethics Committee for clinical research and trials (CDHR, CDHJ).</li> </ul> | <p>(CDHF);</p> <ul style="list-style-type: none"> <li>• There is no team or unit within the hospital dealing with child-protection issues (CDHF, CDHH, KTRH, CDHJ, CDHV<sub>o</sub>, CDHP, CDHV<sub>a</sub>);</li> <li>• There is no formal system to register and monitor cases of children who have been a victim of any kind of abuse (CDHF, CDHH- video camera, KTRH – video camera, CDHP);</li> <li>• Health professionals were not formally trained on how to identify and examine children who have been abused, and on existing protocols and referral mechanisms (CDHF, CDHH, KTRH, CDHJ, CDHY, CDHV<sub>a</sub>);</li> <li>• No child-protective referral mechanisms in place (CDHV<sub>a</sub>);</li> <li>• No Ethics Committee for clinical research and trials (CDHF, CDHH, KTRH, CDHK, CDHV<sub>o</sub>, CDHY, CDHP, CDHV<sub>a</sub>).</li> </ul> | <p>kind of abuse or violence;</p> <ul style="list-style-type: none"> <li>• Organize and implement a continuous awareness raising/training courses for staff on how to identify and examine children who have been abused, and on existing protocols (all hospitals);</li> <li>• Formally endorse an effective referral mechanisms;</li> <li>• Assign the team or unit within the hospital dealing with child-protection issues;</li> <li>• Ensure regular assessment of effectiveness in protecting children of any kind of abuse in the hospital.</li> </ul> |
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### Annex 28. Tajikistan – Standard 6: Protection: Children’s and parents/carers’ views and evaluation

| Examples of Good Practices  | Areas that need improvement  | Examples of actions for improvement  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• All children, adolescents and parents/carers responded that they felt safe in the hospital (all hospitals);</li> </ul> | <ul style="list-style-type: none"> <li>• CDHJ: “Regarding safety I should say that the toilet is located in the yard of the hospital” (adolescent 12-18 years old);</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure safety and protection of children from any kind of abuse.</li> </ul> |



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| <ul style="list-style-type: none"> <li>• KTRH: “I think that health care staff was doing everything to protect my child (parent of child 6-11 years old);</li> <li>• CDHJ: “My child was not affected in the hospital, so I think that it was safe in the hospital” (parent/carer).</li> </ul> |  |  |
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### Annex 29. Standard 7: Pain management and palliative care: inputs from the self-evaluation teams

| Examples of Good Practices   | Areas that need improvement   | Examples of actions for improvement   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• The protocols and procedures for prevention and management pain are developed (CDHF, CDHR, CDHJ, CDHK, CDHVo, CDHY, CDHP, CDHVa);</li> <li>• All health staff have been trained on pain care (CDHVo, CDHR, CDHK, CDHY, CDHP);</li> <li>• There is continuous training for staff on pain care (CDHVo);</li> <li>• The hospital has an audits to assess pain management services (CDHR, CDHK, CDHVo, CDHY, CDHP);</li> <li>• Palliative care includes psychological support to the child’s family (CDHF, CDHR, CDHK, CDHVo, CDHY).</li> </ul> | <ul style="list-style-type: none"> <li>• No protocols and procedures for prevention and management pain were developed (CDHH, KTRH);</li> <li>• No special Pain Research Unit or equivalent in the hospital (all hospitals);</li> <li>• There is no continuous training for staff on pain management (CDHK, CDHJ, CDHVa, CDHP, CDHY, CDHH, CDHF, KTRH, CDHR);</li> <li>• The hospital doesn’t have an audits to assess pain management services (CDHF, CDHH, KTRH, CDHJ, CDHVa);</li> <li>• No psychological support available for patients and families (CDHJ, CDHVa, CDHP, CDHVo, CDHK, KTRH).</li> </ul> | <ul style="list-style-type: none"> <li>• Develop, endorse and introduce the national protocols on palliative care, procedures for prevention and management of pain;</li> <li>• Introduce an initial and continuous follow-up training for health care staff in the area of pain management;</li> <li>• Set up a Unit for Psychological/ Psychiatry Support within hospitals for hospitalised children and their families, as well as to any other child/adolescent in the community;</li> <li>• Build partnerships to provide palliative care on the community services or at home.</li> </ul> |



## Annex 30. Tajikistan – Standard 7: Pain management and palliative care: Children’s and parents/carers’ views and evaluation

| Examples of Good Practices   | Areas that need improvement   | Examples of actions for improvement   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• KTRH, CDHH, CDHF, CDHV<sub>a</sub>, CDHP: “I didn’t feel pain in the hospital, but the nurse always asked me whether I feel pain and helped me” (children 6-11 years old, adolescent 12-18 years old, parent/carer);</li> <li>• KTRH, CDHJ, CDHR, CDHY, CDHV<sub>a</sub>, CDHV<sub>o</sub>, CDHP, CDHK: “I (child) felt pain in the hospital and doctors, nurses and parents/carers asked me whether I feel pain, and they helped me to ease the pain” (child 6-11 years old, adolescents 12-18 years old, parents/carers);</li> <li>• KTRH: “Health staff was saying kind and warm words, trying to help my child, also asked every hour how my child feels” (parents/carers);</li> <li>• CDHJ, CDHR, CDHH, CDHP: “My child was offered a psychological support and we received care in accordance with our religious faith” (parent/cares);</li> <li>• CDHF, CDHK: “I can’t say about psychological support since we didn’t need it. It was supporting conversations. We received care in accordance with our religious faith” (parent/cares).</li> </ul> | <ul style="list-style-type: none"> <li>• KTRH, CDHV<sub>a</sub>: “I think that there is no doctor-psychologist in the hospital” (parents/carers);</li> <li>• CDHH: “I didn’t feel pain in the hospital and nobody asked me whether I feel pain” (child 6-11 years old);</li> <li>• CDHF: “My child felt pain after injections, but nobody did anything to ease the pain except friendly approach, when sometimes medical workers asked whether the child feel pain” (parent/carer of child 6-11 years old);</li> <li>• CDHK: “Hospital has only ibuprofen for treatment of headache” (adolescent 12-18 years old).</li> </ul> | <ul style="list-style-type: none"> <li>• Set up a Unit for Psychological/ Psychiatry Support within hospitals for hospitalised children and their families, as well as to any other child/adolescent in the community.</li> </ul> |

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This report describes findings and recommendations of the assessment of children's rights in hospital in Kyrgyzstan and Tajikistan that took place in the framework of a WHO project to support the improvement of quality of paediatric care funded by the Russian Federation. In the framework of the assessment of quality of paediatric care, a set of specific tools were used for the assessment and improvement of the respect of children's rights in 11 hospitals in Kyrgyzstan and 10 hospitals in Tajikistan..

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