

Transparency for Development (T4D) Program

Health Facility Scorecard Survey (TANZANIA)

August 2015

This survey was developed for the T4D intervention in collaboration with CHAI (Tanzania).



TRANSPARENCY FOR DEVELOPMENT

HEALTH FACILITY ASSESSMENT TOOL

Introduction and Consent

Hello. My name is _____. I am a facilitator for the Clinton Health Access Initiative, or CHAI on the Transparency for Development Project.

We are conducting a survey to learn about maternal and newborn health in the communities served by this health facility. We would like to ask you some questions about this health facility as well as observe the availability of equipment and resources. The questions usually take about 30 minutes or less. We would be very grateful if you would provide us with the relevant information or point us to your colleagues who are responsible for these activities.

The information we collect will help us to understand the maternal and newborn health issues in villages served by this facility. We are also collecting information from community members served by this facility. The information we collect will be provided to community members so that they can work together to improve the maternal and newborn health situation in their community.

You don't have to respond to the survey, but we hope you will agree to answer the questions since your views and the experience of this facility are important. If I ask you any questions that you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. You will not receive any payment for participation.

If you have any questions about this interview, you may contact me at [mobile phone number].

Is it okay if I ask you these questions?

Yes 1) Continue with the interview
No 2) STOP HERE

Date: _____ Start time _____ End Time _____

HEALTH FACILITY SURVEY

SECTION 1. INTERVIEW DATE AND TIME

1.1	Date	
1.2	Start Time	
1.3	End Time	
1.4	Facilitator Name	

SECTION 2. CHARACTERISTICS OF THE HEALTH FACILITY & RESPONDENT

	QUESTION	RESPONSE
2.1	Name of Health Facility	
2.2	District	
2.3	Village	
2.4	Name of Interviewee	
2.5	Position in the health facility	1. Doctor 2. Nurse 3. Midwife 4. Other _____

Section 3: SERVICE DELIVERY CAPACITY

Data collector to observe the availability of the following facilities at this health facility:

(Check response)

	QUESTION	RESPONSE
3.1 Opening question for 3.4-3.10	Delivery room(s)	1. ___ Available 2. ___ Not available
3.2 (Barrier=Toilet at the facility)	Toilet Facilities (not in open space, has a door, within a few minutes walk of delivery room)	1. ___ Available 2. ___ Not available
3.3 (Barrier=availability of a placenta pit)	Placenta Pit	1. ___ Available 2. ___ Not available

Delivery Room [IF NO SPECIFIC DELIVERY ROOM IS AVAILABLE, PLEASE COMMENT ON THE LOCATION WHERE THE DELIVERIES USUALLY OCCUR]

Respond to each of the following questions using observation.

	Condition of Facility	RESPONSE
3.4 Presence of private delivery room	Privacy of the Delivery room	1. ___ Private Room – one bed per room located in a low public access area (Auditory And Visual Privacy) 2. ___ Semi Private room- one bed per room but located in a high public access area (Visual privacy, low auditory privacy) 3. Multiple beds in the room, but some partition (visual privacy) 4. ___ Multiple beds in a room with no partition 5. ___ No separate delivery room 6. ___ Other(specify)_____
3.5 Barrier= cleanliness of the facility	Cleanliness of room (check all that apply)	BEDS 1. ___ Delivery bed is clean (no blood, fluids, dirt, visible on bed, macintosh on the bed) 2. ___ observed blood on beds 3. ___ observed other dirt or fluids on beds
3.6 Barrier= cleanliness of the facility		FLOOR 1. ___ Floor is clean (no blood, fluids, dirt are not visible on floor) 2. ___ observed blood on floor 3. ___ observed dirt or other fluids on floor

3.7 Barrier= cleanliness of the facility		BIOLOGICAL WASTE 1. ___ Biological waste disposal is available 2. ___ biological waste disposal not available
3.8 Barrier= cleanliness of the facility		DUST AND MOLD 1. ___ observe dust or mold in the room 2. ___ no dust or mold in the room
3.9 (Barrier= facility operational hours not observed or unclear)	IS OPERATIONAL HOURS INFORMATION POSTED CLEARLY IN THE FACILITY?	1. ___ Yes 2. ___ No

SECTION 4. DELIVERIES

	QUESTION	RESPONSE
4.1 Barrier= number of beds	In the past 2 years, were there any cases when you had to turn away patients/ refer patients to other facilities who wanted to deliver here, due to insufficient number of beds or space for patients?	1. ___ Yes 2. ___ No
4.2 Barrier= female midwife	Is there a female health worker (nurse, midwife etc.) who works in this facility and who is qualified to deliver babies?	1. ___ Yes 2. ___ No

SECTION 5. WATER

	QUESTION	RESPONSE
5.1	What is the main source of water at this health facility?	1. ___ piped 2. ___ open well 3. ___ borehole 4. ___ surface 5. ___ rain 6. ___ tanker truck 7. ___ no water source 8. ___ other (specify) _____
5.2	Is water availability a problem at this facility?	1. ___ Yes 2. ___ No
5.3	Do you currently have water available for the staff to wash their hands?	1. ___ Yes 2. ___ No (-> SKIP TO 6.1)
5.4	Have you run out of water for staff to wash hands any time in the past 6 months?	1. ___ Yes 2. ___ No

SECTION 6. AVAILABILITY OF SUPPLIES

	Stock Outs	
6.1	FACILITATOR OBSERVATION: WHICH OF THE FOLLOWING ARE CURRENTLY IN STOCK AT THE FACILITY? (check all that apply)	<u>Drugs and Vitamins</u> 1. ___ SP (anti-malarial) 2. ___ OPV0 Polio vaccine 3. ___ BCG vaccine 4. ___ Tetanus 5. ___ Vitamin A 6. ___ Drugs to prevent hemorrhage (oxytocin) 7. ___ Magnesium sulfate <u>Equipment and Supplies</u> 8. ___ ANC cards 9. ___ Kadi ya mtoto 10. ___ Blood pressure cuff 11. ___ Umbilical clamps 12. ___ Macinstosh

		13. ___ Measuring tape 16. ___ Pregnancy test
6.2	Is a refrigerator available and functional?	1. ___ available and functional 2. ___ available and broken 3. ___ not available