**CLINIC ASSESSMENT TOOL FOR FACILITY BASED INTERVIEWS**

**About this tool:** This tool is to be used as part of the formative research for a maternal health project. Its purpose is to assess the local clinics, including their transport assets.

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| --- | --- |
| **Date of Interview** |  |
| **Name & Address of Clinic** |  |
| **Location**  **(Incl. distance & direction from main town)** | Km: |

|  |  |
| --- | --- |
| **Centre Manager & Contact Details** | **Interviewee Name & Contact Details (if different)** |
| Name  Telephone  Email | Name  Telephone  Email |

|  |  |
| --- | --- |
| **Clinic’s Catchment Area** | |
| **Approx. Number of Villages** | **Number and Names of Parishes** |
|  |  |
| **Hardest to Reach Villages** |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Clinic Details** | | | | | | |
| **Average number of deliveries per month** | **Delivery Charge** | | **Average number of ante-natal class participants per month** | | **Ante-natal charge** | |
|  |  | |  | |  | |
| **Stage that women present themselves to the clinic when in labour?** | | | **Average number of antenatal classes that pregnant women attend** | |  | |
| 1st stage [http://www.clker.com/cliparts/R/6/s/H/V/0/check-box-md.png](http://www.google.co.uk/url?sa=i&source=images&cd=&cad=rja&docid=QNxAavC4P2PObM&tbnid=ILvmCsdbzVHNuM:&ved=0CAgQjRwwAA&url=http://www.clker.com/clipart-check-box.html&ei=Bbh4Uo-LE--e7Ab_mYGABA&psig=AFQjCNEyDjkMAU1cJPZ59GQexLNsV6KXRA&ust=1383729541405087)  2nd stage [http://www.clker.com/cliparts/R/6/s/H/V/0/check-box-md.png](http://www.google.co.uk/url?sa=i&source=images&cd=&cad=rja&docid=QNxAavC4P2PObM&tbnid=ILvmCsdbzVHNuM:&ved=0CAgQjRwwAA&url=http://www.clker.com/clipart-check-box.html&ei=Bbh4Uo-LE--e7Ab_mYGABA&psig=AFQjCNEyDjkMAU1cJPZ59GQexLNsV6KXRA&ust=1383729541405087) | | |
| **Number of women who attend antenatal classes who then go on to deliver at the clinic?** | |  | |
|  | | | **Do women have Birth Preparedness plans?**  **Does the plan mention transport?** | | **Y / N**  **Y / N** | |
|  | | | | | | |
| **Referral Practice** | | | | | | |
| **Referral**  **Destination** | | **Referrals per month** | | **Clinic’s Transport Assets**  Confirm whether the clinic has the means to transport patients, what type of transport they have and what it would cost the patient. | | |
|  | |  | | Bicycle  [http://www.clker.com/cliparts/R/6/s/H/V/0/check-box-md.png](http://www.google.co.uk/url?sa=i&source=images&cd=&cad=rja&docid=QNxAavC4P2PObM&tbnid=ILvmCsdbzVHNuM:&ved=0CAgQjRwwAA&url=http://www.clker.com/clipart-check-box.html&ei=Bbh4Uo-LE--e7Ab_mYGABA&psig=AFQjCNEyDjkMAU1cJPZ59GQexLNsV6KXRA&ust=1383729541405087) | | Cost |
| **Distance From Clinic to Referral Destination** | | Km | | Motorcycle  [http://www.clker.com/cliparts/R/6/s/H/V/0/check-box-md.png](http://www.google.co.uk/url?sa=i&source=images&cd=&cad=rja&docid=QNxAavC4P2PObM&tbnid=ILvmCsdbzVHNuM:&ved=0CAgQjRwwAA&url=http://www.clker.com/clipart-check-box.html&ei=Bbh4Uo-LE--e7Ab_mYGABA&psig=AFQjCNEyDjkMAU1cJPZ59GQexLNsV6KXRA&ust=1383729541405087) | |  |
| **Transport Means of Referral** | | **Cost to Patient** | | Motorcar  [http://www.clker.com/cliparts/R/6/s/H/V/0/check-box-md.png](http://www.google.co.uk/url?sa=i&source=images&cd=&cad=rja&docid=QNxAavC4P2PObM&tbnid=ILvmCsdbzVHNuM:&ved=0CAgQjRwwAA&url=http://www.clker.com/clipart-check-box.html&ei=Bbh4Uo-LE--e7Ab_mYGABA&psig=AFQjCNEyDjkMAU1cJPZ59GQexLNsV6KXRA&ust=1383729541405087) | |  |
|  | |  | | Other or None? | |  |

Any other comments or useful information.