

MINISTRY OF HEALTH



THE REPUBLIC OF UGANDA

## **FISTULA REPORTING DATA FORMS**

Produced by: The Department of clinical Services  
Ministry of Health  
Government of Uganda  
2012



---

**TABLE OF CONTENTS**

**Table of Contents**

ABBREVIATIONS..... 2

FOREWORD ..... 3

Acknowledgement ..... 4

Instructions ..... 4

INDICATOR DEFINATIONS..... 5

COMPLICATION GUIDE ..... 8

FORM 1A. CLINICAL INDICATORS ..... 9

FORM 1B.ADDITIONAL SURGERIES..... 10

FORM 2. FISTULA TRAINING IN FACILITY ..... 11

FORM 3 . CAPACITY FOR FISTULA CARE AT SITE..... 12

FORM 4. OBSTETRIC SERVICES ..... 13

FORM 5. REINTEGRATION SERVICES ..... 14

FORM 6. FISTULA OUT REACH EVENTS ..... 15

## **ABBREVIATIONS**

VVF	Vesico-Vaginal Fistula
RVF	Recto-Vaginal Fistula
UDHS	Uganda Demographic Health Survey
EmONC	Emergency Obstetric and new born Care
VHT	Village Health Team
HSD	Health Sub-District
CBO	Community Based Organisation
SHG	Self Help Group
IEC	Information Education and Communication
BCC	Behaviour Change Communication
TWG	Technical Working Group
MOH	Ministry of Health
DHT	District Health Team
SRHR	Sexual and Reproductive health and Rights
FBO	Faith Based Organisation
MNH	Maternal and Newborn Health
YFHS	Youth Friendly Health Services
PNFP	Private Not For Profit
ANC	Antenatal Care
CBT	Competency based training
FP	Family Planning
HIV	Human Immunodeficiency virus
IP	Infection Prevention
PNA	Performance needs assessment

---

## FOREWORD

The government has instituted measures to accelerate the reduction of maternal morbidity and mortality including the development of the Roadmap to accelerate reduction of maternal and neonatal morbidity and mortality, increasing funding for reproductive health commodities, increasing the number of regional referral hospitals and improving the capacity of existing regional referral hospitals, and earmarking funds for reproductive health. As we endeavour to deliver on the outputs of the Roadmap, we still have women succumbing to complications of pregnancy and in particular obstetric fistula.

Obstetric fistula is the single most important complication of pregnancy. A typical victim of this glaring condition is a young girl that is poor, illiterate and from a rural area. In 2006, 2.63% of women of reproductive age reported to have experienced symptoms of obstetric fistula immediately after birth.

By developing these reporting data forms for Treatment and Prevention of Female Genital Fistulae Services in Uganda, the government and Ministry of Health is reiterating its commitment towards eliminating this condition. This reporting data forms is intended to guide policy makers, service providers and all stakeholders in the collection of data for treatment and prevention of female genital fistulae.

I therefore, call upon all stakeholders from Government, Civil Society, Private sector and Development Partners to utilize these reporting data forms in planning for fistula care and management in Uganda.

Dr Jane Aceng  
Director General of Health Services  
Ministry of Health

## ACKNOWLEDGEMENT

The development of these guidelines was led by the Clinical Department of the Ministry of Health in collaboration with other departments and divisions at the Ministry of Health. Our appreciation goes to Engender Health, UNFPA and AMREF for financial and technical assistance rendered to the development of these guidelines.

Special tribute goes to the members of the Fistula Technical Working Group that were tirelessly involved in the development of this document:

Dr Jacinto Amandua , Dr Jackson Amone, Dr Opar Bernard.T, Dr Ampeire Immaculate , Mr. Eric Kakole, Dr Kadowa Isaac, Dr Tusingwire Collins, Dr Anthony Sikyatta , Dr Ssentumbwe Olive , Ms. Mukisa Edith, Dr Mukasa Peter, Ms. Joslyn Meier, Dr Mukisa Rose, Dr Ismail Ndifuna, Dr Wilfred Ochan, Dr Maura Lynch, Dr Barageine Justus, Dr Alia Godfrey, Dr Frank Asiimwe, Dr Ahimbisibwe Assa, Dr Odong Emintone, Dr Agel Yuventine, Dr Susan Wandera, Dr Waswa Ssalongo, Dr Kayondo Musa, Dr Mihayo Placid, Dr Busingye Pricilla, Dr Otim Tom, Dr Osinde Michael, Dr Banya Francis, Dr Kimera Charles, Dr Andrew Balyeku, Dr Kirya Fred, Dr Mwanje Haruna, Dr Byamugisha Josaphat, Dr Bawakanya Mayanja Stephene, Dr Adupa Drake, Ms. Joan Kabayambi, Dr Peter Waiswa, Dr Obore Susan, Dr Engenye Charles, Maikut Irene, Dr Olupot Robert.

It is hoped that these reporting data forms will be used to guide all stakeholders in implementing fistula care and management in Uganda.

Dr Amandua Jacinto  
Commissioner Clinical Services  
Ministry of Health

## INSTRUCTIONS

### **Quarterly Reporting Instructions for Clinical Services, Training, Community Outreach Ever Obstetric and Reintegration Services**

These forms are designed to capture fistula care monitoring data, training activities, community outreach, family planning services, obstetric services and re-integration services. Health facilities will report to HMIS on a monthly basis and to M quarterly

The Indicator Definitions Table provides a list of clinical indicators, their definitions, and the data source used for gathering report on Forms 1-6.

Complications reporting guidelines are also included.

On all reporting forms indicate the name of the health facility and reporting year. Reporting years will be based on the period of July to June to match Uganda's reporting requirements.

**Form 1A: Clinical Indicators** captures data on clinical indicators for women who seek for fistula care; through service to outcome at discharge. Data are to be reported for each health facility.

**Form 1B: Additional Surgeries Required for Fistula Patients.** This form captures the number of additional surgeries and performed on fistula repair patients. Insert the number of each type of surgery performed during the quarter.

**Form 2: Fistula Care Training.** The form captures information about the training of fistula teams in health facilities. This includes surgeons/physicians, anaesthetists, nurses (both ward and theatre) and counselors trained in fistula repair. This includes information about the assessment of trainees' (surgeons) level of competency in fistula repair and numbers of performed. Detailed information about the trainer is also indicated

**Form 3: Fistula Care Training Capacity** captures information on capacity of fistula sites to train teams in fistula care. This includes surgeons/physicians, anaesthetists, nurses (both ward and theatre) and counselors. The form includes numbers trained by type of training and cadre and level of competences for the surgeons. The FIGO competency based fistula manual that was adapted by the MoH should be used and followed.

**Form 4: Obstetric Services.** This is required only for health facilities that provide delivery care. If the facility does not provide obstetric services this form does not need to be completed. For health units that do provide obstetric services, provide information on the total number of deliveries and the total number of c sections. Some units may not provide C sections.

**Form 5: Fistula Community Outreach and Advocacy Events.** This form captures activities carried out by projects to increase awareness about fistula prevention and other safe motherhood issues. Report advocacy events on this form. Numbers of people reached will be estimated according to cadre and group. Use the last column to provide a brief description of the event.

**Form 6: Fistula Reintegration Services.** This form captures activities carried out by health facilities to support reintegration of women with or after fistula. Report numbers of persons provided with or referred for reintegration services which will include mainly handcrafts, chicken rearing, animal husbandry, subsistence farming and retail shops. Please specify for any other activities.

## INDICATOR DEFINITIONS

### Performance Monitoring Indicators for Female Genital Fistula Treatment Sites: Definitions

Indicator	Definition	Data source
<b>Clinical Indicators, Form A</b>		
1.Number of women seeking fistula care	Clients may present to a variety of health facilities for fistula services. Not all women coming to the site seeking care will actually have a fistula, but we want to know how many are seeking services for what they perceive to be a fistula. Note: Fistula is continuous uncontrolled leakage of urine, faeces or flatus.	OPD Client Register and Fistula ward register

2. Number of women diagnosed with fistula	Women who have been screened and confirmed to have female genital fistula. This includes urinary related fistula and/or recto vaginal fistula.	OPD Client Register, Fistula ward register, Theatre Register and client forms/cards
3. Number of women requiring fistula surgery	Women who have been screened and confirmed to have female genital fistula AND require a surgical intervention.	OPD Client Register, Fistula ward register, Theatre Register and client forms/cards
4. Number of women treated conservatively for fistula.	This includes those women who have been screened and confirmed to have fistula and are treated using non surgical interventions e.g. catheterisation.	OPD Client Register, Fistula ward register, Theatre Register and client forms/cards
5. Number of women who received fistula repair services	Total number of women receiving fistula repair surgery. This number should include the sum of all fistula repair surgeries done (in No.6)	Theatre Register
6. Type of fistula surgery done.	Specify the number of women who had surgery for a urinary fistula only, RVF only, Urinary and RVF together, perineal tears and stress incontinence. All these surgeries are irrespective of cause.	Theatre Register
7. Number of previous repairs for 'Urinary only' or 'Urinary and RVF' , perineal tears and stress incontinence.	Among women who had fistula repair ('Urinary only' or 'Urinary and RVF' , perineal tears and stress incontinence), please report whether this was 1st repair, second repair surgery or if she had two or more previous repair surgeries.	Theatre Register, patient chart/card
8. Outcome for 'Urinary only' repairs	Record the outcome of surgery at the time of discharge and at 6 weeks for women who had a urinary only, number who had a closed fistula and continent at time of discharge, number with a closed fistula and who had remaining stress incontinence at time of discharge; number whose fistula was not closed at discharge	Client register or client record
9. Outcome for RVF only	Record the outcome of surgery at the time of discharge and at 6 weeks for women who had RVF only, number who had a closed fistula and continent at time of discharge, number with a closed fistula and who remained incontinent at time of discharge.	Fistula ward register and client forms/cards
10. Outcome for RVF and Urinary repairs	Record the outcome of surgery at the time of discharge and at 6 weeks for women who had RVF and urinary only, number who had a closed fistula and continent at time of discharge, number with a closed fistula and who had remaining stress incontinence at time of discharge; number whose fistula was not closed at discharge	Fistula ward register and client forms/cards



11.Outcome for perineal tears	Record the outcome of surgery at the time of discharge and at 6 weeks for women who had perineal tears, number who had a closed perineal tear at time of discharge, number whose perineal tear was not closed at discharge	
12.Outcome for stress incontinence	Record the outcome of surgery at the time of discharge and at 6 weeks for women who had stress incontinence, number who had continence at time of discharge, number who still remained with stress incontinence at time of discharge	
13. Total number of women discharged who experienced complications.	Record the total number of women who had any type of fistula repair surgery--Urinary only, Urinary and RVF or RVF only--who experienced any type of complications listed in the appendix. Specify 1-17 (Refer to the list of complications appended)	Client register or client record
<b>Training, Forms 2 and 3</b>		
14.# of persons who are trained in fistula care	Number of fistula surgeons (trained and non trained) and for those trained what is the level of competence? (standard, advanced and expert), Number of trained ward nurses, theatre nurses, counsellors and anaesthetists.	Suprvsion, training and administrative records
15. Number of persons trained by cadre in training sites	Number of fistula surgeons trained and for those trained what is the level of competence? (standard, advanced and expert), Number of trained ward nurses, theatre nurses, counsellors and anaesthetists.	Training reports
<b>Community Outreaches/Events, Form 4</b>		
16.# of community outreach events about fistula prevention & safe motherhood	Outreaches/events carried out by program partners to provide information about fistula prevention and other safe mother hood issues. This indicator will include advocacy events. Record the type of outreach event: Community, Schools, advocacy, Religious leaders, Health workers, etc.	Outreach Reports
<b>Reintegration</b>		
# of health facilities providing reintegration services	Reintegration services may be social or economic and in form of training or linkages to providers e.g income generating activities (crafts, chicken rearing, animal husbandry, subsistence farming, retail shops) etc	Health Facility reports

## COMPLICATION GUIDE

### Fistula Treatment Complications: Reporting Guidelines

#### Definition

The MoH defines a clinical complication as a medical or surgical problem requiring intervention or normally necessary that is associated with a fistula -related procedure or anesthesia and occurring procedure.

A complication can make an existing problem worse or more difficult to treat and should be identified possible so as to avoid more harm to the client.

#### Assumptions

These medical or surgical problems arise from interventions at the facility, not from pre-existent conditions. Laboratory diagnosis is advisable where feasible and advisable, depending on the particular complication and clinical urgency; however, clinical diagnosis may be acceptable in lieu of a standardized minimum investigations for some diagnoses.

The root cause of the complication is reported where known e.g. anuria is a reportable complication to blocked ureters then it is 'blocked ureters' that would be reported so as to reduce multiple counts.

#### Common Complications

1. Excessive bleeding (haemorrhage) leading to transfusion
2. Haematoma
3. Shock
4. Shock
5. Cardiac arrest
6. Pulmonary arrest
7. Embolism
8. High spinal
9. Spinal headache
10. Meningitis
11. Sepsis
12. Trauma to other tissues

- 13. Catheter blockage
- 14. Stress incontinence
- 15. Blocked ureters
- 16. Death
- 17. Others (*please specify*)

## FORM 1A. CLINICAL INDICATORS

### FORM 1A: Monitoring Tool for Fistula Treatment Clinical Indicators

Name of Health Facility:	Reporting Year				
	July-Sept	Oct-Dec	Jan-Mar	April-June	Total
<b>FISTULA TREATMENT INDICATORS</b>					
1. Number of women seeking fistula care					
2. Number of women diagnosed with fistula					
3. Number of women requiring fistula surgery					
4. Number of women treated conservatively for fistula					
5. Number of women who received fistula repair services					
6. Type of fistula surgery done					
6.1 Number of 'Urinary only' repairs					
6.2 Number of 'RVF only' repairs					
6.3 Number of Urinary and RVF 'both' repairs					
6.4 Number of Perineal tear repairs					
6.5 Number of Stress incontinence repaired					
7. Number of previous repairs					
7.1 For Urinary only					
7.2 For Urinary and RVF 'both'					
7.3 For Perineal tear repairs					
7.4 For Stress incontinence repaired					
8. Outcome for Urinary only					
8.1 Number with closed fistula and continent at discharge					
8.2 Number with closed fistula BUT with remaining stress incontinence at discharge					
8.3 Number with fistula not closed at discharge					
9. Outcome for RVF only					

9.1 Number with closed fistula and continent at discharge					
9.2 Number with closed fistula BUT incontinent at discharge					
10. Outcome for 'RVF and Urinary' together					
10.1 Number with closed fistula and continent at discharge					
10.2 Number with closed fistula BUT with remaining stress incontinence at discharge					
10.3 Number with fistula not closed at discharge					
11. Outcome for perineal tears					
11.1 Number with closed tear at discharge					
11.2 Number with closed fistula BUT with incontinence at discharge					
11.3 Number with tear not closed at discharge					
12. Outcome for Stress incontinence					
12.1 Number with continence at discharge					
12.2 Number still with incontinence at discharge					
13. Total number of women discharged who experienced any complications following any fistula repair surgery					
13.1 Urinary only					
13.2 RVF only					
13.3 Urinary and RVF 'both'					

## FORM 1B.ADDITIONAL SURGERIES

### FORM 1B: Additional Surgeries Required for Fistula Patients

Name of Health Facility:

Reporting Year:

Type of Surgery	<i>Please specify the quarter</i>				
	Q1	Q2	Q3	Q4	Total

Examination under anaesthesia (as a separate, discrete procedure)					
Removal of bladder stones or foreign bodies in viscera					
Colostomy and reversal colostomy					
Ureteric reimplantation					
Urethral lengthening and other operations for concomitant stress incontinence					
Wound resuture					
Prolapse IF associated with fistula					
Other ( <i>specify</i> )					
<b>Total Additional Surgeries</b>					

## FORM 2. FISTULA TRAINING IN FACILITY

### Form 2: Fistula repair/care training in Health facility

Name of Health Facility:

Reporting Year:

<b>(INSERT QUARTER HERE)</b>							
<b>Part 1. Trainer(s) Information</b>							
Training	Start Date	Training End Date	Total # Training Days	Name of Principal Trainer	Name of co-trainer	Location of training	Fund Source
<b>Part 2. Trainee Information</b>							

Persons trained in fistula care at health facility	Q1	Q2	Q3	Q4	Trainee Home Institution	Date Trained
1. Number of fistula surgeons (both trained and not trained)						
2. Number of trained fistula surgeons						
3. Level of competency of trained fistula surgeons						
3.1 Number of trained fistula surgeons at Standard level						
3.2 Number of trained fistula surgeons at Advanced level						
3.3 Number of trained fistula surgeons at Expert level						
4. Number of anaesthetists trained						
5. Number of theatre nurses trained						
6. Number of ward nurses trained						
7. Number of counselors trained						

## FORM 3 . CAPACITY FOR FISTULA CARE AT SITE

### Form 2: Capacity of Fistula Repair Training at Fistula Sites

Name of Fistula Site:

(INSERT QUARTER HERE)						
Part 1. Trainer(s) Information						
Training Start Date	Training End Date	Total # Training Days	Name of Principal Trainer	Name of co-trainer	Location of training	Funding Source

Part 2. Trainee Information						
Persons trained in fistula care at health facility	Q1	Q2	Q3	Q4	Trainee Home Institution	Date Trained
1. Number of trained fistula surgeons						
2. Level of competency of trained fistula surgeons						
2.1 Number of trained fistula surgeons at Standard level						
2.2 Number of trained fistula surgeons at Advanced level						
2.3 Number of trained fistula surgeons at Expert level						
3. Number of anaesthetists trained						
4. Number of theatre nurses trained						
5. Number of ward nurses trained						
6. Number of counselors trained						

## FORM 4. OBSTETRIC SERVICES

### FORM 4: Obstetric Services

Name of Health Facility:

Reporting Year:

Indicator	Please specify the quarter				
	Q1	Q2	Q3	Q4	Total
Number of vaginal deliveries					
Number of caesarian sections					
Total number of deliveries					

Percent deliveries by C/section					
---------------------------------	--	--	--	--	--

## FORM 5. REINTEGRATION SERVICES

### FORM 5: Reintegration Services

Name of Health Facility:

Reporting Year:

	<i>Please specify the quarter</i>				
<b>Reintegration services (provision or referral)</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Number for handcrafts					
Number for chicken rearing					
Number for animal husbandry ( <i>piggery, goats, diary farming etc</i> )					
Number for subsistence farming					
Number for retail shops					
Other ( <i>please specify</i> )					
<b>Total</b>					



**FORM 6. FISTULA OUT REACH EVENTS**

**FORM 6: Fistula Community Outreach and Advocacy Events**

Name of Health Facility:

Reporting Year

Quarter (specify)									
Site/Location	Reason for Outreach	Number of outreaches	Total # participants	Gender		VHTs	Men only	Women only	Couples
				Female	Male				
<b>Total</b>									

