



# **SITE ASSESSMENT TOOL FOR TREATMENT AND PREVENTION OF FEMALE GENITAL FISTULA SERVICES IN UGANDA**

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



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## **ABBREVIATIONS**

|      |   |
|------|---|
| VVF  | Vesico-Vaginal Fistula                    |
| RVF  | Recto-Vaginal Fistula                     |
| UDHS | Uganda Demographic Health Survey          |
| EmOC | Emergency Obstetric 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                    |

## **PREFACE**

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 this Site Assessment Tool 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 tool is intended to guide assessment of facilities meant 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 this strategy in guiding planning, programmes and activities geared towards eradicating obstetric fistula in Uganda.

Dr Jane Aceng  
Director General of Health Services  
Ministry of Health

## ACKNOWLEDGEMENT

The development of this tool 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 EngenderHealth, UNFPA and AMREF for financial and technical assistance rendered to the development of this tool.

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 Asiiimwe, 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 this tool will be used to guide all stakeholders in implementing fistula related activities.

Dr Amandua Jacinto  
Commissioner Clinical Services  
Ministry of Health

## **INSTRUCTIONS**

**Facility Assessment of Fistula Treatment and Prevention Services:  
A Tool for Administrators and Service Providers**

**SECTION I. MANAGEMENT/ADMINISTRATIVE AND GENERAL FACILITY SERVICES**

|  |  |   |  |
|--|--|---|--|
| <p>Facility Name _____</p> <p>State(Region/Province) _____</p> <p>Department _____</p>   | <p>Facility Address: _____</p> <p>Type of Facility (Gov, PNFP, PFP): _____</p> <p>District: _____</p> <p>Locality of Facility</p> <p><b>Ownership</b></p> <p><input type="checkbox"/> 1. Govt)</p> <p><input type="checkbox"/> 2. Religious (Church/Mosque)</p> <p><input type="checkbox"/> 3. Private</p> <p><input type="checkbox"/> 4. Other</p> <p><b>Locality of Facility</b></p> <p><input type="checkbox"/> 1. Rural</p> <p><input type="checkbox"/> 2. Urban</p> <p><input type="checkbox"/> 3. Peri-urban</p> |   |  |
| <p><b>001 Major Source of Funding for the facility in general</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> 1. Government</p> <p><input type="checkbox"/> 2. User Fees</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> 4. Development Partners</p> <p><input type="checkbox"/> 5. Mission hospital</p> <p><input type="checkbox"/> 6. Other (specify) _____</p> </td> </tr> </table>   |  | <p><input type="checkbox"/> 1. Government</p> <p><input type="checkbox"/> 2. User Fees</p>                                    | <p><input type="checkbox"/> 4. Development Partners</p> <p><input type="checkbox"/> 5. Mission hospital</p> <p><input type="checkbox"/> 6. Other (specify) _____</p> |
| <p><input type="checkbox"/> 1. Government</p> <p><input type="checkbox"/> 2. User Fees</p>   | <p><input type="checkbox"/> 4. Development Partners</p> <p><input type="checkbox"/> 5. Mission hospital</p> <p><input type="checkbox"/> 6. Other (specify) _____</p>   |   |  |
| <p><b>002 Major Source of funds for fistula treatment/ prevention services</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> 1. Government</p> <p><input type="checkbox"/> 2.</p> <p><input type="checkbox"/> 3. User Fees</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> 4. Development Partners</p> <p><input type="checkbox"/> 5. Mission hospital</p> <p><input type="checkbox"/> 6. Other (specify) _____</p> </td> </tr> </table> |  | <p><input type="checkbox"/> 1. Government</p> <p><input type="checkbox"/> 2.</p> <p><input type="checkbox"/> 3. User Fees</p> | <p><input type="checkbox"/> 4. Development Partners</p> <p><input type="checkbox"/> 5. Mission hospital</p> <p><input type="checkbox"/> 6. Other (specify) _____</p> |
| <p><input type="checkbox"/> 1. Government</p> <p><input type="checkbox"/> 2.</p> <p><input type="checkbox"/> 3. User Fees</p>  | <p><input type="checkbox"/> 4. Development Partners</p> <p><input type="checkbox"/> 5. Mission hospital</p> <p><input type="checkbox"/> 6. Other (specify) _____</p>   |   |  |

003 Source of additional support in cash or kind by individuals or organizations:

**004 Facility Level**

- 1. Health Centre II
- 2. Health Centre III
- 3. Hospital (district/Regional Referral hospital)
- 4. National Referral Hospital
- 5. Health Centre IV
- 6. Fistula centre only
- 7. Other:.....

**005 Cadres of persons Interviewed**

- 1. Specialist doctor
- 2. Non-specialist doctor
- 3. Clinical officer /assistant medical officer
- 4. Nurse
- 5. Midwife
- 6. Administrator
- 7. Other:

**006 Position of persons interviewed**

- 1. In-Charge of facility
- 2. Fistula surgeon
- 3. Fistula trainer

Interviewer's Name \_\_\_\_\_

Today's Date: (mo/day/yr) \_\_\_\_\_



| Facility overview: Administration and services |   |   |
|--|---|---|
| <b>Interviewer</b>                             | <b>AFTER ARRIVAL AT THIS FACILITY, ANSWER QUESTIONS 100 - 103 BASED ON YOUR OBSERVATIONS.</b> |   |
| <b>100</b>                                     | <b>What time did you arrive at the facility?</b>  | Day:<br>Time:      Hour                      Min                  |
| <b>101</b>                                     | <b>Was the facility open at the time you arrived?</b>   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |

| Instructions: Tick the relevant box below. |   |     |    |                |
|--|---|-----|----|----------------|
| <b>102</b>                                 | <b>Is there visible signage, such as signboards or posters outside and/or inside the facility, advertising the availability of the services listed below?</b> |     |    |                |
|  | Services  | Yes | No | Not Determined |
| a  | Family planning   |     |    |                |
| b  | Fistula treatment   |     |    |                |
| c  | STI/HIV/AIDS services   |     |    |                |
| d  | VCT   |     |    |                |
| e  | PMCT  |     |    |                |
| f  | Antenatal care  |     |    |                |
| g  | Maternity/ delivery care  |     |    |                |
| h  | Postnatal care  |     |    |                |
| i  | PAC services  |     |    |                |
| j  | Reproductive health services for men  |     |    |                |
| k  | Other (specify)   |     |    |                |
| <b>103</b>                                 | <b>Are brochures / handouts on the services listed below available to take home?</b>  |     |    |                |
| a  | Family planning   |     |    |                |
| b  | Fistula treatment   |     |    |                |
| c  | STI/HIV/AIDS  |     |    |                |
| d  | Pregnancy and /or Antenatal care  |     |    |                |
| e  | Birth preparedness /emergency readiness in pregnancy  |     |    |                |
| f  | Labour and Delivery   |     |    |                |
| g  | PMCT /VCT   |     |    |                |
| h  | Postnatal care  |     |    |                |
| i  | PAC   |     |    |                |
| j  | FGC, harmful traditional practices  |     |    |                |

|   |  |  |  |  |
|---|--|--|--|--|
| k | Gender relationships/ equity           |  |  |  |
| l | Men as partners in reproductive health |  |  |  |

**Interviewer FIND THE PERSON PRESENT AT THE FACILITY WHO IS IN CHARGE. READ THAT PERSON THE MESSAGE SHOWN BELOW:**

Hello, \_\_\_\_\_ My \_\_\_\_\_ name \_\_\_\_\_ is \_\_\_\_\_ I am representing the Ministry of Health Uganda. We are conducting an assessment so as to improve the availability and quality services for fistula prevention and treatment in your area. This interview is a part of this assessment and I would like to ask you some questions about this facility. There is no risk if you agree to participate in this study. Rather, it could benefit you by helping us to improve services in this facility. All the information that you give to me will be kept confidential; your name will not be used and you will not be identified in any way. Your current and future position at this facility will not be affected in any way. If you agree to participate, this interview should take approximately one and a half hours to complete. Your participation is absolutely voluntary and there is no penalty for refusing to take part. You are free to ask any questions; you may refuse to be in this assessment; you may refuse to answer any question in the interview; and you may stop the interview at any point.

Do you have any questions? Do I have your agreement to participate? (If the respondent agrees, then you may begin the interview).

**NOTE: you may need to interview more than one person since there are questions about fistula treatment, maternity and family planning services.**

|   |   |   |
|---|---|---|
| <p><b>Interviewer's Signature</b><br/>(Indicates interviewer read the informed consent and respondent has agreed to be interviewed)</p> |   | <p>_____</p> <p><i>Date</i></p>   |
| <p><b>104</b></p>   | <p>May I begin the interview?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2.No</p> | <p><b>If NO then STOP, thank her/him for their time so far and release them.</b></p> <p><b>Comment why interview stopped?</b></p> |

Comment [JEM1]:

| Number | GENERAL INFORMATION ABOUT FACILITY SERVICES AND AMENITIES   |   |    |  | Comments/SKI<br>P         |
|--------|---|---|----|--|---------------------------|
|        |   | Yes   | No |  |                           |
| 105    | <b>What services are offered at this facility? Interviewer: AFTER ASKING QUESTION 105, CIRCLE EACH SERVICE SPONTANEOUSLY MENTIONED BY THE RESPONDENT. THEN PROBE FOR THOSE NOT MENTIONED.</b> |   |    |  |                           |
| A      | Fistula client counseling for prevention  |   |    |  |                           |
| B      | Fistula client referral   |   |    |  |                           |
| C      | Fistula repair  |   |    |  |                           |
| D      | Family planning counseling.   |   |    |  |                           |
| E      | Family planning services  |   |    |  |                           |
| F      | Family planning referrals   |   |    |  |                           |
| G      | Antenatal care  |   |    |  |                           |
| H      | Normal delivery care  |   |    |  |                           |
| I      | Emergency obstetric care, 24/7  |   |    |  |                           |
| J      | Emergency obstetric care, but not 24/7  |   |    |  |                           |
| K      | Post-natal care   |   |    |  |                           |
| L      | Post-abortion care  |   |    |  |                           |
| M      | STI/HIV/AIDS counseling and management  |   |    |  |                           |
| N      | Sexual dysfunction services   |   |    |  |                           |
| O      | RH services for men   |   |    |  |                           |
| P      | Routine nursing care available 24 hours , seven days a week for in patient services   |   |    |  |                           |
| Q      | Other (specify)   |   |    |  |                           |
| 106    | <b>Does this facility have electricity?</b>   |   |    |  | <b>IF NO, SKIP to 108</b> |
|        | <i>If facility has electricity, specify how electricity is supplied</i>   | a) theater: mains____<br>generator____<br>b) ward: mains____<br>generator____<br>c) hostel mains____<br>generator____<br>d) rehab cent mains____<br>generator____ |    |  |                           |
| 107    | <b>Does this facility have electricity today?</b>   | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No<br><input type="checkbox"/> 3 Only in some departments/sections                                   |    |  |                           |
| 108    | <b>What is the main source of the water used in the facility today?</b><br><br><b>INTERVIEWER: READ OUT ALL</b>   | <input type="checkbox"/> 1 Piped water from outside facility<br><input type="checkbox"/> 2 Bore hole or deep well   |    |  |                           |

| Number | GENERAL INFORMATION ABOUT FACILITY SERVICES AND AMENITIES   |   |  | Comments/SKI P   |                        |
|--------|---|---|--|--|------------------------|
|        | <b>RESPONSES BUT CHECK ONLY ONE RESPONSE</b>  | <input type="checkbox"/> 3 Shallow/regular well | <input type="checkbox"/> 4 Surface water/river water | <input type="checkbox"/> 5 Rain water catchment system |                        |
| 109    | <b>Is water stored before use?</b><br><i>INTERVIEWER: ASK TO SEE WHERE WATER IS STORED TO CONFIRM THE DEVICE. Multiple Responses allowed</i>        | <input type="checkbox"/> 0. No                  | <input type="checkbox"/> 1. Yes, in water tank/s     | <input type="checkbox"/> 2. Yes, in buckets            |                        |
|        |   | Yes   | NO   |  |                        |
| 110    | Does this facility have an external telephone or internal intercom?   |   |  |  | <b>IF NO GO TO 112</b> |
| 111    | Is the telephone working today? (if only in some depts., circle 3)  |   |  |  |                        |
| 112    | Does this facility have internet access?  |   |  |  | <b>IF NO GO TO 114</b> |
| 113    | Is the internet accessible today?   |   |  |  |                        |
| 114    | Are there teaching materials available for training in fistula treatment in this facility?  |   |  |  |                        |
| 115    | Are there teaching materials available for training in family planning in this facility?  |   |  |  |                        |
| 116    | Are there teaching materials available for EmOC training in this facility?  |   |  |  |                        |
| 117    | Are there teaching materials available for cesarean delivery training in this facility?   |   |  |  |                        |
| 118    | Is there equipment available for conducting training?   |   |  |  |                        |
|        | <b>If yes, is the following equipment available for use in training? Interviewer: read the list and circle response for each item listed below.</b> |   |  |  |                        |
| A      | black/white board   |   |  |  |                        |
| B      | Flipchart/newsprint and stand   |   |  |  |                        |
| C      | projection screen   |   |  |  |                        |
| D      | overhead projector/transparencies   |   |  |  |                        |
| E      | Resource library/reference materials  |   |  |  |                        |
| F      | Copier  |   |  |  |                        |
| G      | LCD   |   |  |  |                        |

| Number     | GENERAL INFORMATION ABOUT FACILITY SERVICES AND AMENITIES  |  |  |  | Comments/SKI P |
|------------|--|--|--|--|----------------|
| H          | Training tapes   |  |  |  |                |
| I          | Computer   |  |  |  |                |
| J          | video/TV   |  |  |  |                |
| K          | camera +stand  |  |  |  |                |
| L          | Anatomic models  |  |  |  |                |
| M          | Printer  |  |  |  |                |
| N          | CD/ DVD  |  |  |  |                |
| O          | other e.g. furniture, cabinets   |  |  |  |                |
| <b>119</b> | <b>Are there additional training materials/equipment needed? IF yes specify what materials are need.</b> |  |  |  |                |

| NUMBER | Provider capacity for Fistula, fp and maternity services   | COMMENTS AND SKIP PATTERN |           |          |
|--------|--|---------------------------|-----------|----------|
| 120    | <p>How many of each type of staff currently offer fistula prevention, treatment, reintegration services?</p> <p><b>Interviewer: READ OUT TYPES OF STAFF LISTED BELOW. COUNT ALL PHYSICIANS AND NURSES, REGARDLESS OF WHETHER THEY ARE SPECIALISTS. IF NONE, CODE 00. IF DON'T KNOW, CODE 99.</b></p> |                           |           |          |
|        |  | Full time                 | Part time | Visiting |
| A      | General doctors  |                           |           |          |
| B      | Surgeons   |                           |           |          |
| C      | Urologists   |                           |           |          |
| D      | OB/gyns  |                           |           |          |
| E      | Fistula Ward nurses/ midwives skilled in pre and post operative functions to support fistula surgery   |                           |           |          |
| F      | Theater nurses/midwives  |                           |           |          |
| G      | Clinical officers or assistant medical officer   |                           |           |          |
| H      | Anesthetists   |                           |           |          |
| I      | Family planning counselors   |                           |           |          |
| J      | Social worker  |                           |           |          |
| K      | Physiotherapist  |                           |           |          |
| L      | Other:   |                           |           |          |

| 122 | <p><b>How many staff are trained in the following (INTERVIEWER: Read each item. Then ask if additional staff are needed for any of the items listed below. Record the number of additional staff needed for each service. Record 0 if none needed)</b></p> |                      |                          |
|-----|--|----------------------|--------------------------|
|     |  | Number staff trained | Additional number needed |
| A   | Nurse for pre and post operative fistula care management   |                      |                          |
| B   | Theater/intra operative nurses for fistula surgery   |                      |                          |
| C   | Fistula anesthetic skills  |                      |                          |
| D   | Physiotherapy  |                      |                          |
| E   | Fistula counseling   |                      |                          |
| F   | Family planning counseling   |                      |                          |
| G   | Postpartum FP counseling   |                      |                          |
| H   | Other RH counseling (specify) Eg. HIV/STI  |                      |                          |
| I   | Infection Prevention   |                      |                          |

|            |   |                             |                                 |
|------------|---|-----------------------------|---------------------------------|
| <b>122</b> | <b>How many staff are trained in the following (INTERVIEWER: Read each item. Then ask if additional staff are needed for any of the items listed below. Record the number of additional staff needed for each service. Record 0 if none needed)</b> |                             |                                 |
|            |   | <b>Number staff trained</b> | <b>Additional number needed</b> |
| J          | Quality Improvement   |                             |                                 |
| K          | Engaging Men as Partners in RH  |                             |                                 |
| L          | Social work/community mobilization  |                             |                                 |
| M          | Other (specify)   |                             |                                 |

|            |   |   |  |
|------------|---|---|--|
| <b>123</b> | <b>Is there a system for staff to transfer knowledge and skills they have acquired from training?</b> | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |  |
|------------|---|---|--|



| Number | OUTREACH PROGRAM-GENERAL FACILITY  |   | Comments/Skip      |
|--------|--|---|--------------------|
| 124    | Does this facility have its own outreach/ community linkage program? (In an outreach program, facility staff visit outlying communities on a regular basis to deliver services and ENGAGE the community)   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |                    |
|        | If NO does it partner with any organization to do outreach?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   | If NO, skip to 132 |
| 125    | <b>Which of the following messages /services to engage the community are included in your outreach program?</b><br><b>READ OUT LIST AND CHECK EACH MESSAGE/ SERVICE TO ENGAGE COMMUNITY MENTIONED BY RESPONDENT</b>  |   |                    |
|        | <input type="checkbox"/> 1. Delivery with skilled provider at prepared facility<br><input type="checkbox"/> 2. Family planning services<br><input type="checkbox"/> 3. ANC entry or home visits to pregnant women<br><input type="checkbox"/> 4. Distribution of IEC/communication materials about fistula Surgery<br><input type="checkbox"/> 5. Girls education to the completion of secondary school<br><input type="checkbox"/> 6. Delay early childbearing for women and child survival | <input type="checkbox"/> 7. Men's role in facilitating women's access to safe delivery<br><input type="checkbox"/> 8. Home visits to women with fistula<br><input type="checkbox"/> 9. Reintegration of women after repair<br><input type="checkbox"/> 10. Health Education<br><input type="checkbox"/> 11. Other (specify).....<br><input type="checkbox"/> 88. Question Skipped |                    |
| 126    | How often in the last quarter did the outreach program occur?  | (Number) _____<br><input type="checkbox"/> 77. Number varies<br><input type="checkbox"/><br><input type="checkbox"/>  |                    |
| 127    | What are the sources of referrals to the facility for women who have fistula?(CHECK all that apply)  | <input type="checkbox"/> 1. Other women who had repair<br><input type="checkbox"/> 2. Other health facilities<br><input type="checkbox"/> 3. Media<br><input type="checkbox"/> 4. Community and/or family<br><input type="checkbox"/> 5. Other<br><input type="checkbox"/>  |                    |
| 128    | What type of feedback is given to the referring source for fistula case referrals? (specify)   |   |                    |
| 129    | Where are complicated fistula cases referred to?   |   |                    |

|               |  |   |           |  |                      |
|---------------|--|---|-----------|--|----------------------|
| <b>130</b>    | <i>Has this facility provided training to community health workers in the past year on the following topics? INTERVIEWER: read each topic and circle correct response.</i>                 |   |           |  |                      |
| <b>Number</b> | <b>OUTREACH PROGRAM-GENERAL FACILITY</b>   |   |           |  | <b>Comments/Skip</b> |
|               |  | <b>Yes</b>  | <b>No</b> |  |                      |
| A             | Safe pregnancy, labor and delivery   |   |           |  |                      |
| B             | Birth planning, emergency preparedness in pregnancy  |   |           |  |                      |
| C             | Recognition of danger signs in pregnancy, labor; prolonged labor   |   |           |  |                      |
| D             | Harmful traditional practices  |   |           |  |                      |
| E             | Family planning  |   |           |  |                      |
| F             | Gender issues, gender relations, gender equity   |   |           |  |                      |
| G             | Other (specify.....)   |   |           |  |                      |
| <b>131</b>    | <b>Does this facility need to carry out more outreach activities in the community?</b>   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 8. Question Skipped<br><i>If yes:<br/>Specify type of activity.<br/><br/>Specify activity's main objective.</i> |           |  |                      |
| <b>132</b>    | <b>Are there any specific in-reach activities at this facility for staff not working with fistula clients to raise their awareness about issues related to fistula treatment services?</b> | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br>If yes, specify_____   |           |  |                      |
| <b>133</b>    | <b>Are there any specific in-reach activities at this facility with staff not working with fistula clients to engage them in fistula treatment or prevention activities?</b>               | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br>If yes, specify_____   |           |  |                      |

| NUMBER | Management & Quality-GENERAL FACILITY   | COMMENTS/SKIP   |                  |
|--------|---|---|------------------|
| 134    | Does this facility have a formal system for reviewing management or administrative issues?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   | IF NO, GO TO 136 |
| 135    | <i>How often are formal meetings &amp; discussions held to discuss the facility's management or administrative issues?</i>  | <input type="checkbox"/> 1. Weekly<br><input type="checkbox"/> 2. Monthly<br><input type="checkbox"/> 3. Quarterly<br><input type="checkbox"/> 4. Semiannually<br><input type="checkbox"/> 5. Other (specify) _____   |                  |
| 136    | Does this facility hold formal meetings to monitor the quality of services it delivers?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  | IF NO, GO TO 138 |
| 137    | <i>When was the last such meeting held?</i>   | <input type="checkbox"/> 1. Within the past 3 months<br><input type="checkbox"/> 2. Between 3 and 6 months<br><input type="checkbox"/> 3. More than 6 months ago  |                  |
| 138    | <i>Are there any formal tools or approaches used for quality improvement activities?</i><br><br><i>Interviewer: Prompt with Mortality, specific job aids, protocols, committees, Quality Improvement Action Plans, etc.</i> | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know<br><br><i>If Yes (specify)</i>   |                  |
| 139    | <i>Did this facility draw up any quality improvement action plan in the last two quarters?</i>  | <input type="checkbox"/> 0. No<br><input type="checkbox"/> 1. Yes, but not shown to interviewer<br><input type="checkbox"/> 2. Yes, and shown to interviewer  |                  |
| 140    | Is there a system in place to determine client opinion about the health facility or services?<br>Ex. suggestion box.  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  | IF NO, GO TO 142 |
| 141    | What system is in place to determine client opinion about the health facility or services?<br><br><b>Interviewer: DO NOT PROMPT; CHECK EACH ANSWER MENTIONED (MORE THAN ONE POSSIBLE)</b>                                   | <input type="checkbox"/> 0. No system is in place .....<br><input type="checkbox"/> 1. Suggestion box .....<br><input type="checkbox"/> 2. Client survey form.....<br><input type="checkbox"/> 3. Client interview .....<br><input type="checkbox"/> 4. Other (specify)<br><br><input type="checkbox"/> 88. Question Skipped<br><input type="checkbox"/> 99. Don't Know |                  |
| 142    | Do community members routinely take part in facility organized quality improvement meetings?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |                  |

| NUMBER | Management & Quality-GENERAL FACILITY  | COMMENTS/SKIP  |
|--------|--|--|
| 143    | <p>Have you or others at this facility sought community member or community group participation in any health-related programs within the last year?</p> <p><i>Prompt with: Mortality, specific job aids, protocols, committees, Quality Improvement Action Plans, etc</i></p> | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 144    | <p>Have community members or groups approached you or this facility with ideas for community participation in any health-related programs?</p>   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 145    | <p>How often would you say that you or other health providers at this facility participate in community health activities (such as community education, campaign or outreach)?</p>   | <input type="checkbox"/> 1. Never<br><input type="checkbox"/> 2. Once a year<br><input type="checkbox"/> 3. Twice a year<br><input type="checkbox"/> 4. Three times a year<br><input type="checkbox"/> 5. Every other month<br><input type="checkbox"/> 6. Once a month (or more frequently)<br><input type="checkbox"/> 7. Other (specify)_____ |

| 146                      | Record keeping in this facility       | (OBSERVE; client register, consent forms, case notes, are they well kept, general state, confidentiality, , adequacy to meet indicator requirements)<br>G=Good; F=Fair; P=Poor; NO=not observed | Comments        |               |                         |                 |         |                         |  |
|--------------------------|---------------------------------------|---|-----------------|---------------|-------------------------|-----------------|---------|-------------------------|--|
|                          |                                       | <table border="1"> <thead> <tr> <th></th> <th>General state</th> <th>Completeness</th> <th>Confidentiality</th> <th>Consent</th> <th>Adequacy for indicators</th> </tr> </thead> </table>       |                 | General state | Completeness            | Confidentiality | Consent | Adequacy for indicators |  |
|                          | General state                         | Completeness  | Confidentiality | Consent       | Adequacy for indicators |                 |         |                         |  |
| <input type="checkbox"/> | A. Female Genital Fistula Client Card |   |                 |               |                         |                 |         |                         |  |
| <input type="checkbox"/> | B. Admission record                   |   |                 |               |                         |                 |         |                         |  |
| <input type="checkbox"/> | C. Discharge register                 |   |                 |               |                         |                 |         |                         |  |
| <input type="checkbox"/> | D. Theater register                   |   |                 |               |                         |                 |         |                         |  |
| <input type="checkbox"/> | E. Rounds/nursing hand over           |   |                 |               |                         |                 |         |                         |  |
| <input type="checkbox"/> | F. Other (specify)                    |   |                 |               |                         |                 |         |                         |  |



| NUMBER | MANAGEMENT & QUALITY-GENERAL FACILITY   | COMMENTS/SKIP  |
|--------|---|--|
| 147    | Is there a regular, formal mechanism for reviewing client records and service statistics in this facility?                    | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 148    | Have service statistics been used for service decision-making in the past 2 quarters?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 149    | Are there written standards, protocols, norms, or guidelines for supervision available and easily accessible in the facility? | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 150    | <i>Do written job tasks exist for each cadre in fistula care service delivery?</i>  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 151    | Does the facility have written protocols and reference materials for fistula service provision?                               | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 152    | <i>Does the facility have the following specific materials. (Read the list and check all that are mentioned)</i>              | <input type="checkbox"/> 1. WHO fistula programmatic guidelines<br><input type="checkbox"/> 2. A Fistula training curriculum for surgeons<br><input type="checkbox"/> 3. A fistula training curriculum for nurses<br><input type="checkbox"/> 4. Anaesthesia Safety Protocols<br><input type="checkbox"/> 5. Fistula counselling manual<br><input type="checkbox"/> 6. Other specify _____<br>_____<br>_____ |
| 153    | Does the facility have written protocols and reference materials for EmOC, including C sections?                              | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><i>If yes, list key EmOC materials:</i><br>_____<br>_____<br>_____<br>_____   |
| 154    | Does the facility have written protocols and reference materials for family planning ?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><i>If yes, list key FP materials:</i><br>_____<br>_____<br>_____<br>_____   |

| NUMBER | MANAGEMENT & QUALITY-GENERAL FACILITY   |   | COMMENTS/SKIP |
|--------|---|---|---------------|
| 155    | Does the facility have fistula job aids for providers?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |               |
| 156    | Does the facility have EmOC job aids?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |               |
| 157    | Does the facility have family planning job aids?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |               |
| 158    | Does the facility have supervisory clinical staff with skills to support and ensure quality fistula surgical and pre/post-op functions? | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |               |

| Number | WASTE DISPOSAL MECHANISMS-GENEARL FACILITY   |   | Comments/Skip  |
|--------|--|---|--|
| 159    | Does facility have written protocols/guidelines for Infection Prevention (e.g. infection prevention manual) or for the disposal of contaminated items?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |
| 160    | <i>Does the facility have Infection Prevention job aids?</i>   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |
| 161    | Does this facility have an Infection Prevention Committee?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   | <b>IF NO, GO TO 163</b>  |
| 162    | How often does the Infection Prevention (IP)Committee meet?  |   |  |
| 163    | How often do staff receive updates about IP?   | <input type="checkbox"/> 1. monthly<br><input type="checkbox"/> 2. quarterly<br><input type="checkbox"/> 3. semi annually<br><input type="checkbox"/> 4. annually<br><input type="checkbox"/> 5. other (specify): |  |
| 164    | Has anyone at this facility attended Infection Prevention training or update training in the past THREE years?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |
| 165    | Does the site have a <u>written</u> waste management disposal plan?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |
| 166    | <b>If yes, ask to see the plan. Is the plan adequate?</b><br><i>(Does it describe all the practices for handling, storing, treating, and disposing of hazardous and non hazardous waste as well as type of working training required?)</i> | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><br><i>If no, specify</i><br>_____<br>_____  | <b>Reffer to: National Infection Control Policy Guidelines</b> |
| 167    | What disposal system do you have for <u>solid</u> medical waste disposal?  | Specify _____<br>_____<br>_____<br>_____  |  |



|     |   |   |  |
|-----|---|---|--|
| 168 | <b>What disposal system do you have for <u>liquid</u> medical waste disposal?</b> | <i>Specify</i> _____<br>_____<br>_____<br>_____ |  |
|-----|---|---|--|

| Number | WASTE DISPOSAL MECHANISMS-GENERAL FACILITY  |  | Comments/Skip  |          |
|--------|---|--|--|----------|
|        |   | Theater  | Ward   | Comments |
| 169    | Do you have a special puncture-resistant container for sharps in theater and wards?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know |          |
| 170    | Do you have leak-proof, lidded waste containers for medical waste disposal in theater and wards?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know |          |
| 171    | Do you use a plastic bucket with a lid for Chlorine solution in theater and wards?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know |          |
| 172    | In what ways do you dispose of items such as syringes and bandages that may be contaminated?<br><br><b>Interviewer: PROBE IF NECESSARY; CHECK ONE ONLY.</b> | <input type="checkbox"/> 1. Collected and disposed externally<br><input type="checkbox"/> 2. Burned in incinerator<br><input type="checkbox"/> 3. Burned in open pit<br><input type="checkbox"/> 4. Burned and buried<br><input type="checkbox"/> 5. Put in trash/open pit<br><input type="checkbox"/> 6. Put in pit latrine<br><input type="checkbox"/> 7. Other (specify) _____<br><input type="checkbox"/> 99. Don't Know |  |          |

| 173 | (OBSERVER comment about general IP conditions in the facility. MARK AN X ABOUT IP CONDITIONS FOR EACH SECTION OF THE FACILITY OBSERVED. (N/A: not applicable N/O: not observed) | Good | Good/Could Improve | Poor | Comments |
|-----|---|------|--------------------|------|----------|
| a   | Facility  |      |                    |      |          |
| b   | Fistula ward  |      |                    |      |          |
| c   | Theater   |      |                    |      |          |
| d   | Labor ward  |      |                    |      |          |
| e   | Delivery room   |      |                    |      |          |
| f   | FP unit   |      |                    |      |          |
| g   | Maternity ward  |      |                    |      |          |

| Number | LABORATORY-GENERAL FACILITY   |   | Comments/SKIP           |
|--------|---|---|-------------------------|
| 174    | Does the facility have a laboratory?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   | <b>IF NO, GO TO 177</b> |
| 175    | Is the laboratory able to conduct all the main tests that you need for fistula services?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 77. Depends (specify):<br><hr/> <hr/>                 |                         |
| 176    | Specify what the minimum package of tests required for pre-op and post op fistula patients is at this site: (HB, blood group, cross matching and HIV) |   |                         |
| a      | Pre-op fistula treatment:   |   |                         |
| b      | Post op fistula treatment:  |   |                         |
| c      | Pre-op C-section/laparotomy   |   |                         |
| d      | Post op C-section/laparotomy:   |   |                         |
| 177    | Do you have a blood bank?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |                         |
| 178    | Do you have inventory records for drugs and supplies?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |                         |
| 179    | Do you maintain bin card for drugs and supplies   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 3. System is computerized                             |                         |
| 180    | When was the last time you updated the inventory records?   | <input type="checkbox"/> 1. Within the last six months<br><input type="checkbox"/> 2. More than six months ago<br><input type="checkbox"/> 3. Never |                         |
| Number | GENERAL ISSUES  |   | Comments/SKIP           |

| Number | LABORATORY-GENERAL FACILITY  |  | <i>Comments/SKIP</i> |
|--------|--|--|----------------------|
| 181    | <b>What are the three key reproductive health issues in the community you serve?</b> |  |                      |
| 182    | <b>What would you need so as to increase and improve your fistula services?</b>      |  |                      |

|  |
|--|
| <b>183. Finally, what do you see as the strengths and challenges at this facility?</b> |
| <b>Strengths</b>   |
| <b>Challenges</b>  |
| <b>ADDITIONAL COMMENTS</b>   |

**Interviewer: Thanks and other transition comments/linking to continuation of assessment to other departments.**

|                              |
|------------------------------|
| <b>INTERVIEWERS COMMENTS</b> |
| <b>Site strengths</b>        |
| <b>Site Challenges</b>       |

|                            |
|----------------------------|
|                            |
| <b>ADDITIONAL COMMENTS</b> |

**200: FISTULA TREATMENT SERVICE/DEPARTMENT**

|   |   |
|---|---|
| Facility Name _____   | Department/Section  |
| <b>201 Cadres of Persons Interviewed</b><br><input type="checkbox"/> 1. Specialist doctor<br><input type="checkbox"/> 2. Medical Officer<br><input type="checkbox"/> 3. Nurse<br><input type="checkbox"/> 4. Midwife<br><input type="checkbox"/> 5. Administrator<br><input type="checkbox"/> 6. Other: | <b>202 Position of person/s interviewed</b><br><input type="checkbox"/> 1. One of the persons interviewed is also In-Charge of facility<br><input type="checkbox"/> 2. At least one of the persons interviewed is a fistula surgeon<br><input type="checkbox"/> 3. At least one of the persons interviewed is a fistula trainer<br><br>Interviewer's name _____<br><br>Today's date: Month _____ Day _____ Year _____ |

| Number     | FACILITY OVERVIEW: FISTULA SERVICES   | Comment/SKIP |    |                |  |
|------------|---|--------------|----|----------------|--|
|            | INTERVIEWER UPON ARRIVAL AT THIS DEPARTMENT, ANSWER QUESTIONS 203 BASED ON YOUR OBSERVATIONS. |              |    |                |  |
| <b>203</b> | Are there brochures and pamphlets in the department addressing the issues listed below?       |              |    |                |  |
|            | Services  | Yes          | No | Not Determined |  |
| <b>a</b>   | Fistula prevention  |              |    |                |  |
| <b>b</b>   | FGC, and/or other harmful traditional fistula treatment                                       |              |    |                |  |
| <b>c</b>   | Fistula treatment   |              |    |                |  |
| <b>d</b>   | Reintegration and/or stigma/discrimination  |              |    |                |  |

| Number | GENERAL INFORMATION ABOUT FACILITY SERVICES AND AMENITIES   |                       |                          | Comments/<br>SKIP |
|--------|---|-----------------------|--------------------------|-------------------|
|        | Services  | Yes                   | No                       |                   |
| 205    | <b>What fistula services are offered in this department? Interviewer: AFTER ASKING QUESTION 205, CIRCLE EACH SERVICE MENTIONED BY THE RESPONDENT. THEN PROBE FOR THOSE NOT MENTIONED.</b>     |                       |                          |                   |
| a      | Client counseling for fistula prevention  |                       |                          |                   |
| b      | Fistula client referral   |                       |                          |                   |
| c      | Fistula repair  |                       |                          |                   |
| d      | STI/HIV/AIDS counseling and management  |                       |                          |                   |
| e      | Sexual dysfunction services   |                       |                          |                   |
| f      | Routine nursing care available 24 hours , seven days a week for in patient services   |                       |                          |                   |
| g      | Other (specify)   |                       |                          |                   |
| 206    | <b>Are teaching materials available for fistula training here?</b>  |                       |                          |                   |
| 207    | <b>What is total number of services provided in the last three years:</b>   |                       |                          |                   |
| A      | Women who had fistula repairs   |                       |                          |                   |
| B      | Women referred elsewhere for repair   |                       |                          |                   |
| C      | Number of urinary diversions  |                       |                          |                   |
| 208    | <b>How many surgeons are available for fistula surgery and how many additional are needed? (interviewer: read each of the options below, a to e and record the number present and needed)</b> |                       |                          |                   |
|        |   | <i>Number Present</i> | <b>Additional Needed</b> |                   |
| a      | Competent for standard repairs  |                       |                          |                   |
| b      | Competent for advanced complexity repairs   |                       |                          |                   |
| c      | Competent for expert surgery  |                       |                          |                   |
| d      | Trainer of fistula surgeons   |                       |                          |                   |
| e      | Trainer of trainers   |                       |                          |                   |



| Number | Availability of Fistula Repair, Rehabilitation and Referral Services   |  | Comment/SKIP |
|--------|--|--|--------------|
| 209    | Routinely, how many days in a week is fistula surgery performed?   | Number of days :<br>_____  |              |
| 210    | Is a trained fistula surgeon <i>available</i> at the department every day?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br>If only some days/times, specify when/frequency:  |              |
| 211    | Does the department have 24 hour, seven day a week nursing care, including specialized post operative care for fistula repair? | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |              |
| 212    | Are there patients awaiting fistula surgery?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know<br>If Yes, estimate the number and specify source of info if known:<br>A). in the ward _____<br><br>B.) in the Community. _____ |              |
| 213    | Average duration of waiting time to first surgery  | a) From occurrence of fistula _____<br>b) From first consultation _____<br>c) From admission to the ward _____   |              |

| 214 | No. and state of repair/disrepair of amenities; CHECK IF dedicated or shared.<br>State of Repair: G: good, F: fair; P: poor; N: not observed |        |           |                 |  |
|-----|--|--------|-----------|-----------------|--|
|     | No.  | Shared | Dedicated | State of Repair |  |
| a   | Fistula theaters   |        |           |                 |  |
| b   | Fistula wards  |        |           |                 |  |

|   |                       |  |  |  |  |  |
|---|-----------------------|--|--|--|--|--|
| c | Fistula hostel        |  |  |  |  |  |
| d | Rehabilitation Center |  |  |  |  |  |

| Number | Availability of Fistula Repair, Rehabilitation and Referral Services  |   | Comment/SKIP |
|--------|---|---|--------------|
| 215    | No. of ward beds available for fistula client   | _____   |              |
| 216    | No. of functional theater tables available for fistula repair   | : _____   |              |
| 217    | No. of hostel beds available for fistula clients  | _____   |              |
| 218    | No. of rehabilitation center beds available for fistula clients   | _____   |              |
| 219    | What are the general causes of fistula at this facility and what is their percentage contribution to all causes? (CHECK ALL THAT APPLY)               | <input type="checkbox"/> 1. Prolonged obstructed labour<br>_____%<br><input type="checkbox"/> 2. FGC<br>_____%<br><input type="checkbox"/> 3. Iatrogenic<br>_____%<br><input type="checkbox"/> 4. Sexual violence<br>_____%<br><input type="checkbox"/> 5. Other (specify):<br>_____% |              |
| 220    | What is the <u>estimated</u> closure and continence rate for fistula repair?  | _____%  |              |
| a      | After first repair attempt  | Closure _____%      Continence _____%   |              |
| b      | After one or more attempts  | Closure _____%      Continence _____%   |              |
| c      | post-op residual incontinence at time of discharge at six weeks post-operative follow-up  | _____%  |              |
| 221    | What is the <u>estimated</u> complication rate for fistula repair in the last two quarters for: (INTERVIEWER: reach items a to e)?                    |   |              |
| a      | major post-operative complications within 6 weeks (e.g. fever, infection, sepsis, breakdown, SUI, bleeding requiring blood transfusion, organ injury) | _____%  |              |
| b      | minor complications (e.g. post spinal headache, vomiting)   | _____%  |              |
| c      | anaesthetic complications (e.g. cardiac arrest, total spinal,   | _____%  |              |

| Number | Availability of Fistula Repair, Rehabilitation and Referral Services  | Comment/SKIP |
|--------|---|--------------|
|        | <i>hypotension)</i>   |              |
| d      | <i>total number of complications</i>  | _____%       |
| 222    | <i>How many fistula related deaths were there in the last two years?</i>  | _____        |
| 223    | <i>How many providers are skilled to assess women with complaint of incontinence?</i>                           | _____        |
| 224    | <i>How many providers are skilled to diagnose and classify fistula for appropriate management and referral?</i> | _____        |

| Number  | Availability of Fistula Repair, Rehabilitation and Referral Services  | Comment/SKIP |    |   |
|---|---|--------------|----|---|
|   |   | Yes          | No |   |
| 225   | Can the facility consistently schedule routine fistula repair services in the theatre or periodic campaigns?                      |              |    |   |
| 226   | Does the facility have the capacity for long-term post-op care (~ 3+ weeks).  |              |    |   |
| 227   | Does the facility routinely use indwelling catheterization for women with small fistula?  |              |    |   |
| 228   | Does the facility have the capacity to offer adjunct therapies and/or pre-operative care?   |              |    | IF YES, read the list below from a to k. IF NO, SKIP to 229 |
| <i>Adjunct Therapies: does the facility:</i>  |   |              |    |   |
| a   | provide food (nutrition)  |              |    |   |
| b   | physical therapy for foot drop  |              |    |   |
| c   | general hygiene   |              |    |   |
| d   |   |              |    |   |
| d   | treatment for anemia  |              |    |   |
| e   | assessment and support for emotional disturbances, e.g., depression   |              |    |   |
| <i>Pre operative care: does the facility:</i> |   |              |    |   |
| g   | provide fistula counseling for patient  |              |    |   |
| h   | provide fistula counseling for client's family  |              |    |   |
| i   | obtain informed consent for procedure/surgery   |              |    |   |
| j   | have a list of minimum pre op investigations  |              |    |   |
| k   | help women with bowel preparation (before surgery)  |              |    |   |
| 229   | Is there a system for assisting women to reintegrate into communities, e.g., on-site and/or Linkages and collaboration with CBOs? |              |    |   |
| 230   | Does the site provide rehabilitation/reintegration services before  |              |    | IF YES, read each of the items listed a to f. IF NO, skip   |

| Number     | Availability of Fistula Repair, Rehabilitation and Referral Services   |                 |    |  | Comment/SKIP |
|------------|--|-----------------|----|--|--------------|
|            |  | Yes             | No |  |              |
|            | <b>discharge post surgery?</b>   |                 |    |  | to Q 231     |
| a          | Fistula counseling   |                 |    |  |              |
| b          | Basic literacy   |                 |    |  |              |
| c          | Physiotherapy  |                 |    |  |              |
| d          | Economic re-integration  |                 |    |  |              |
| e          | Social reintegration   |                 |    |  |              |
| f          | Occupational therapy   |                 |    |  |              |
| g          | Others: _____<br>_____   |                 |    |  |              |
| <b>231</b> | <b>Is there capacity to offer practical experiences in support of training (surgeon and nurses):</b>                               |                 |    |  |              |
| a          | client volume  |                 |    |  |              |
| b          | fistula trainer on site  |                 |    |  |              |
| <b>232</b> | <b>Does Post repair follow up include: INTERVIEWER: read each item and circle response</b>   |                 |    |  |              |
| a          | Addressing social needs of women affected by fistula   |                 |    |  |              |
| b          | FP counseling  |                 |    |  |              |
| c          | FP methods   |                 |    |  |              |
| d          | REFERRAL FOR FP methods  |                 |    |  |              |
| e          | Diagnosis and treatment for infertility  |                 |    |  |              |
| <b>233</b> | <b>What are the estimated % of fistula surgeries performed using: INTERVIEWER: READ ITEMS A TO C AND RECORD THE ESTIMATED %</b>    |                 |    |  |              |
| a          | <input type="checkbox"/> <i>Spinal anesthesia</i>  | % repairs _____ |    |  |              |
| b          | <input type="checkbox"/> <i>General anesthesia</i>   | % repairs _____ |    |  |              |
| c          | <input type="checkbox"/> <i>Other anesthesia regimen (specify): -----<br/>-----<br/>---</i>  | % repairs _____ |    |  |              |
| <b>234</b> | <i>What percentage of repairs are through different approaches? INTERVIEWER read items a to c and record the response</i><br>_____ |                 |    |  |              |

| Number | Availability of Fistula Repair, Rehabilitation and Referral Services |                 |    | Comment/SKIP |
|--------|--|-----------------|----|--------------|
|        |  | Yes             | No |              |
| a      | <i>Abdominal approach</i>  | % repairs _____ |    |              |
| b      | <i>Vaginal approach only</i>   | % repairs _____ |    |              |
| c      | <i>Combined approach: _____</i>                                      | % repairs _____ |    |              |

| Number | <b>MANAGEMENT &amp; QUALITY—FISTULA SERVICES</b>   |   | Comment/SKIP            |
|--------|--|---|-------------------------|
| 235    | Does this department maintain patient records for fistula patients?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |                         |
| 236    | Is there a regular, formal mechanism for reviewing client records and service statistics in this department?           | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  | <b>IF NO, GO TO 238</b> |
| 237    | <i>Is this information used for decision-making?</i>   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |                         |
| 238    | Have service statistics been used for service decision-making in the past 6 months?                                    | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |                         |
| 239    | Does the department have written protocols and reference materials for fistula service provision?                      | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |                         |
| 240    | <i>Does the department have the following specific materials .(Read the list and check all that are mentioned)</i>     | <input type="checkbox"/> a. WHO fistula programmatic guidelines<br><input type="checkbox"/> b. A fistula training curriculum for surgeons<br><input type="checkbox"/> c. A fistula training curriculum for nurses<br><input type="checkbox"/> d. Guidelines for anesthesia in fistula surgery.<br><input type="checkbox"/> e. Fistula counseling manual<br><input type="checkbox"/> f. Quality improvement handbooks e.g. COPE.....<br><input type="checkbox"/> g. Other specify... |                         |
| 241    | Does the department have job aids for fistula service provision?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |                         |
| 242    | Are there supervisory clinical staff skilled to support and ensure quality fistula surgical and pre/post-op functions? | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |                         |
| 243    | Is there Preceptor development on site to expand support of surgeon and nurses training?                               | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |                         |



| Number | MANAGEMENT & QUALITY—FISTULA SERVICES  |  | Comment/SKIP                |
|--------|--|--|-----------------------------|
| 244    | <i>List the types of record keeping used in this facility? CHECK ALL THAT APPLY.</i> | <i>(OBSERVE; are they well kept, general state, confidentiality, consent, adequacy to meet indicator requirements)<br/>G=Good; F=Fair; P=Poor; NO=not observed</i> | Edit as page 11 section 146 |

|  | general state | Completeness | Confidentiality | consent | adequacy for indicators |  |
|--|---------------|--------------|-----------------|---------|-------------------------|--|
| <input type="checkbox"/> A. Female Genital Fistula Client Card |               |              |                 |         |                         |  |
| <input type="checkbox"/> B. Admission record                   |               |              |                 |         |                         |  |
| <input type="checkbox"/> C. Discharged register                |               |              |                 |         |                         |  |
| <input type="checkbox"/> D. Theater register                   |               |              |                 |         |                         |  |
| <input type="checkbox"/> E. Rounds/nursing hand over           |               |              |                 |         |                         |  |
| <input type="checkbox"/> F. Other (specify)                    |               |              |                 |         |                         |  |

| Number | WAITING, COUNSELLING AND EXAMINATION AREAS—FISTULA  | Comment/SKIP   |
|--------|---|--|
| 245    | Is there a waiting area?<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |
| 246    | Where do clients wait until they are served?<br><b>Interviewer:<br/>CHECK ONE<br/>RESPONSE</b><br><input type="checkbox"/> 1. Sheltered area with seats outdoors<br><input type="checkbox"/> 2. Seats in room separate from treatment or examination area<br><input type="checkbox"/> 3. Curtained off, seats shared with treatment or examination area<br><input type="checkbox"/> 4. Sheltered waiting area, but no seats.....<br><input type="checkbox"/> 5. No sheltered waiting area<br><input type="checkbox"/> 77. Question skipped<br><input type="checkbox"/> 88. Not shown area |  |
| 247    | Where are clients counseled?<br><i>Specify place _____</i>  |  |
| a      | Is there adequate auditory privacy<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |
| b      | Is there adequate visual privacy<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |
| c      | Details and other observations  |  |
| 248    | Are there any teaching aids/audio-visual props for counselling?<br><input type="checkbox"/> 1. Yes adequate<br><input type="checkbox"/> 2. Yes, but not adequate<br><input type="checkbox"/> 3. No  |  |
| 249    | Where are clients examined?<br><input type="checkbox"/> 1. Same area as counselling<br><input type="checkbox"/> 2. Other space/area   | <b>IF 1, SAME AREA AS COUNSELING, SKIP TO 250. IF other space, answer A to C based on you observations</b> |
| a      | Adequate auditory privacy<br><input type="checkbox"/> 1. Yes adequate<br><input type="checkbox"/> 2. No, not adequate   |  |
| b      | Adequate visual privacy<br><input type="checkbox"/> 1. Yes adequate<br><input type="checkbox"/> 2. No, not adequate   |  |
| c      | Details and other observations  |  |

| Number     | WAITING, COUNSELLING AND EXAMINATION AREAS—FISTULA                     | Comment/SKIP   |
|------------|--|--|
|            |  |  |
| <b>250</b> | <b>INTERVIEWER REVIEW SOURCE OF LIGHT IN THE EXAMINATION AREA.</b>     |  |
| a          | Adequate natural light   | <input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br>If Poor, Specify |
| b          | Adequacy and functionality of overhead light                           | <input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br>If Poor, Specify |
| c          | Adequacy, functionality and flexibility of working exam lamp           | <input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br>If Poor, Specify |
| <b>251</b> | <b>OVERALL AND ADDITIONAL COMMENTS ABOUT FISTULA TREATMENT SERVICE</b> | <hr/> <hr/> <hr/> <hr/>  |

**252. Finally, what do you see as the strengths and challenges for the fistula care department?**

**Department strengths**

**Department Challenges**

**ADDITIONAL COMMENTS**

**Interviewer: Thanks and transition/linking comment for continuation of assessment to other departments.**

**INTERVIEWERS COMMENTS**

**Department strengths**

**Department Challenges**

**ADDITIONAL COMMENTS**

**300. Maternity Service/Department**

|   |   |
|---|---|
| Facility Name _____<br><br>Department.....  |   |
| <b>301 Cadres of persons interviewed</b><br><input type="checkbox"/> 1. Specialist doctor<br><input type="checkbox"/> 2. Medical Officer<br><input type="checkbox"/> 3. Clinical Officer<br><input type="checkbox"/> 4. Nurse<br><input type="checkbox"/> 5. Midwife<br><input type="checkbox"/> 6. Administrator<br><input type="checkbox"/> 7. Other: | <b>302 Position of persons interviewed</b><br><input type="checkbox"/> 1. In-Charge of facility<br><input type="checkbox"/> 2. At least one of the persons interviewed is a fistula surgeon<br><input type="checkbox"/> 3. At least one of the persons interviewed is a fistula trainer<br><br><div style="border: 1px solid black; padding: 5px;">                     Interviewer's Name _____<br/>                     _____<br/>                     Today's Date: (mo/day/yr) _____                 </div> |

| Facility overview: Administration and services |  |  |
|--|--|--|
| <b>Interviewer</b>                             | <b>AFTER ARRIVAL AT THIS FACILITY, ANSWER QUESTIONS 303 TO 305 BASED ON YOUR OBSERVATIONS.</b> |  |
| <b>303</b>                                     | <i>What time did you arrive at the department</i>  | Day:<br><br>Time:      Hour                      Min             |
| <b>304</b>                                     | <i>Was the department open at the time you arrived?</i>  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2.No |

| GENERAL INFORMATION ABOUT FACILITY SERVICES AND AMENITIES |  |  |  |  |  |
|---|--|--|--|--|--|
|---|--|--|--|--|--|

| Number     |   | Yes | No | Not determined | Comments/Skip |
|------------|---|-----|----|----------------|---------------|
| <b>305</b> | Are brochures / handouts on the services listed below available to take home? |     |    |                |               |

| <b>Number</b> |                     | <b>Yes</b> | <b>No</b> | <b>Not<br/>determine<br/>d</b> | <b>Commen<br/>ts/Skip</b> |
|---------------|---------------------|------------|-----------|--------------------------------|---------------------------|
| <b>a</b>      | STI/HIV/AIDS        | 1          | 2         | 9                              |                           |
| <b>b</b>      | Antenatal care      | 1          | 2         | 9                              |                           |
| <b>c</b>      | Delivery/Maternity  | 1          | 2         | 9                              |                           |
| <b>d</b>      | MTCT prevention/VCT | 1          | 2         | 9                              |                           |
| <b>e</b>      | Postnatal care      | 1          | 2         | 9                              |                           |
| <b>f</b>      | PAC                 | 1          | 2         | 9                              |                           |

|   |  |   |
|---|--|---|
| <b>Interviewer's Signature</b><br>(Indicates interviewer read the informed consent and respondent has agreed to be interviewed) |  | _____<br><i>Date</i>  |
| <b>306</b>  | <b>May I begin the interview?</b><br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No | <b>If NO then STOP, thank her/him for their time so far and release them.</b><br><br><b>Comment why interview stopped</b> |



| NUMBER                                   | Provider Information for maternity services   | COMMENT/SKIP                             |                                     |                 |
|--|---|--|-------------------------------------|-----------------|
| 307                                      | <b>How many of each type of staff are assigned to Maternity department?</b><br><b>Interviewer: READ OUT TYPES OF STAFF LISTED BELOW. COUNT ALL PHYSICIANS AND NURSES, REGARDLESS OF WHETHER THEY ARE SPECIALISTS. IF NONE, CODE 00. IF DON'T KNOW, CODE 88.</b> |  |                                     |                 |
|  |   | <b>Full time</b>                         | <b>Part time</b>                    | <b>Visiting</b> |
|  | a   | Medical Officer                          |                                     |                 |
|  | b   |  |                                     |                 |
|  | c   |  |                                     |                 |
|  | d   | OB/gyns                                  |                                     |                 |
|  | e   | Clinical officers or clinical assistants |                                     |                 |
|  | f   | Anesthetists                             |                                     |                 |
|  | g   | Nurses                                   |                                     |                 |
|  | h   | Midwives                                 |                                     |                 |
| i  | Other:  |  |                                     |                 |
| 308                                      | <b>How many staff are trained in the following (INTERVIEWER: Read each item. Then ask if additional staff are needed for any of the items listed below. Record the number of additional staff needed for each service. Record 0 if none needed)</b>             |  |                                     |                 |
|  |   | <b>Number staff trained</b>              | <b>Number additional staff need</b> |                 |
| a  | Normal vaginal labor  |  |                                     |                 |
| c  | Cesarean section  |  |                                     |                 |
| d  | Management of obstructed labor  |  |                                     |                 |
| e  | Vaginal Operative delivery forceps, vacuum, episiotomy, symphysiotomy – should be bulleted.   |  |                                     |                 |
| h  | Use of in-dwelling catheter in prolonged/obstructed labour  |  |                                     |                 |
| i  | Laparotomy for ruptured uterus  |  |                                     |                 |
| j  | Active use of partograph for safe labour and delivery   |  |                                     |                 |
| <b>AVAILABILITY OF PROVIDERS, CADRES</b> |   |  |                                     |                 |
| k  | Trainer or preceptor of EmOC provider   |  |                                     |                 |
| l  | Trainer of EmOC trainers  |  |                                     |                 |

| NUMBER | Provider Information for maternity services                              | COMMENT/SKIP |  |  |  |
|--------|--|--------------|--|--|--|
| m      | Ward nurse with pre and post operative care skills for obstetric surgery |              |  |  |  |
| n      | Theatre nurse intra-operative care skills for obstetric surgery          |              |  |  |  |
| o      | Social worker  |              |  |  |  |
|        | Counsellor   |              |  |  |  |
| p      | Physiotherapist  |              |  |  |  |
| q      | Family planning counsellor   |              |  |  |  |
| r      | Other RH counselling specify, eg HIV                                     |              |  |  |  |
|        | Infection Control  |              |  |  |  |
| A      | Hand washing   |              |  |  |  |
| B      | Disinfection   |              |  |  |  |
| C      | Decontamination  |              |  |  |  |
| D      | Sterilisation  |              |  |  |  |
| E      | Personal protection  |              |  |  |  |
| f      | Waste disposal   |              |  |  |  |

| Number | GENERAL INFORMATION about maternity services   |   |    |  | Comments/<br>SKIP |
|--------|--|---|----|--|-------------------|
|        | Services   | Yes   | No |  |                   |
| 309    | Which services are offered in this department?   | INTERVIEWER: AFTER ASKING QUESTION 309, CIRCLE EACH SERVICE MENTIONED BY THE RESPONDENT (DO NOT READ THE LIST). THEN PROBE FOR THOSE NOT MENTIONED. |    |  |                   |
| A      | Antenatal care   |   |    |  |                   |
| B      | Normal delivery care   |   |    |  |                   |
| C      | Emergency obstetric care but not 24/7  |   |    |  |                   |
| D      | Emergency obstetric care, 24/7   |   |    |  |                   |
| E      | Post-abortion care   |   |    |  |                   |
| F      | Postnatal care   |   |    |  |                   |
| G      | STI/HIV/AIDS counseling and management   |   |    |  |                   |
| H      | Routine nursing care available 24 hours , seven days a week for in patient services, including for c section |   |    |  |                   |
| I      | Other (specify)  |   |    |  |                   |
| 310    | Are teaching materials available for EmOC training?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |    |  |                   |
| 311    | Are teaching materials available for cesarean delivery training?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |    |  |                   |
| 312.   | What is total number of services provided in the last three years for the following:                         |   |    |  |                   |
| a      | Number of deliveries   |   |    |  |                   |
| b      | Number of cesarean deliveries  |   |    |  |                   |
| c      | Number cases of ruptured uterus  |   |    |  |                   |
| d      | Number of destructive vaginal deliveries   |   |    |  |                   |

| Number | GENERAL INFORMATION ABOUT MATERNITY SERVICES   |   | Comments/<br>SKIP |
|--------|--|---|-------------------|
| 313    | Is the partograph routinely used to monitor labour?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |                   |
| 314    | What percentage of labours in the last quarter were monitored using the partograph? (estimate) | _____ %   |                   |
| 315    | Are there any barriers to the routine use of the partograph?                                   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |                   |
|        | IF YES, what are those barriers?   |   |                   |
| 316    | Do staff routinely use indwelling catheter after obstructed labour?                            | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |                   |

| Number | GENERAL INFORMATION ABOUT MATERNITY SERVICES   |   | Comments/SK IP |           |                 |
|--------|--|---|----------------|-----------|-----------------|
| 322    | Routinely, how many days in a week is elective caesarean performed?  | Number of days :<br>_____   |                |           |                 |
| 323    | What proportion of all caesareans are due to obstructed labour?  | _____ %   |                |           |                 |
| 324    | What proportion of all caesarean section is due to prolonged labour?   | _____ %   |                |           |                 |
| 325    | What is the estimated number, from last year, of women with ruptured uterus?   | _____   |                |           |                 |
| 326    | What is the estimated number, from last year, of women with destructive vaginal operations?  | _____   |                |           |                 |
| 327    | What is the average waiting time to surgery for emergency caesarean surgery from time decision made  | _____ hours   |                |           |                 |
| 328    | What are the 3 most common causes for any delays for caesareans?   | <input type="checkbox"/> 1.<br><input type="checkbox"/> 2.<br><input type="checkbox"/> 3.<br><input type="checkbox"/> 4. there are never any delays |                |           |                 |
| 329    | <b>No. and state of repair/disrepair of amenities;</b><br><b>CHECK IF dedicated or shared.</b><br><b>State of Repair: G: good, F: fair; P : Poor</b> |   |                |           |                 |
|        |  | No.   | Shared         | Dedicated | State of Repair |
| a      | Antenatal wards  |   |                |           |                 |
| b      | Labour wards   |   |                |           |                 |
| c      | Delivery Rooms   |   |                |           |                 |
| d      | Maternity Theaters   |   |                |           |                 |

| Number     | GENERAL INFORMATION ABOUT MATERNITY SERVICES  |   |  |  | Comments/SK IP |
|------------|---|---|--|--|----------------|
| e          | Post natal wards  |   |  |  |                |
| f          | Maternity waiting homes   |   |  |  |                |
| <b>330</b> | <b>Number of beds for maternity care:</b>   |   |  |  |                |
| a          | No. of ward beds available for ante-natal clients   | _____patient load/beds  |  |  |                |
| b          | No. of postnatal beds   | _____beds   |  |  |                |
| c          | No. of beds available for post op maternity patients  | _____beds   |  |  |                |
| <b>331</b> | <b>No. of beds for gynecology problems</b>  | _____beds   |  |  |                |
| <b>332</b> | <i>What is the <u>estimated</u> total complication rate for cesareans in the last year?</i> | _____   |  |  |                |
| a          | <i>Post-operative complications within 6 weeks (e.g. fever, infection)</i>                  | _____   |  |  |                |
| b          | <i>Anesthetic complications</i>   | _____   |  |  |                |
| c          | <i>Other</i>  |   |  |  |                |
| <b>333</b> | <i>Number of maternal deaths in last 4 quarters</i>   | _____   |  |  |                |
| <b>334</b> | <i>Top 3 main causes of maternal death, ranked in order of frequency:</i>                   | <input type="checkbox"/> 1. _____<br><input type="checkbox"/> 2. _____<br><input type="checkbox"/> 3. _____ |  |  |                |

| Number | Availability of Maternity Services  |     |    | Comments/<br>SKIP |
|--------|---|-----|----|-------------------|
|        |   | Yes | No | If no explain     |
| 335    | Does the department have providers skilled to assess women with complaint of labor pains or vaginal bleeding?   | 1   | 2  |                   |
| 336    | Are there providers skilled to diagnose labor and likely complications for appropriate management and referral? | 1   | 2  |                   |
| 337    | Can the department consistently do elective and emergency c section 24/7?                                       | 1   | 2  |                   |
| 338    | Do staff routinely use indwelling catheterization for women with obstructed labor?                              | 1   | 2  |                   |
| 349    | Do staff routinely use indwelling catheterization for women with small fistula?                                 | 1   | 2  |                   |
| 340    | Does the department have capacity to offer practical experiences in support of training (surgeon and nurses)?   | 1   | 2  |                   |
| a      | Who is usually the first assistant to the surgeon at c section? (specify cadres and number)_____                |     |    |                   |
| b      | Is there adequate client volume?  | 1   | 2  |                   |
| c      | Is there labor management trainer on site?  | 1   | 2  |                   |
| 341    | Is there a Preceptor /coach on site to expand support of surgeon and nurses training?                           | 1   | 2  |                   |
| 342    | Is there adequate infrastructure, equipment and supplies to support training in EmOC?.....<br>.....             | 1   | 2  |                   |

|            |  |   |                  |
|------------|--|---|------------------|
| <b>343</b> | <b>INTERVIEWER REVIEW SOURCE OF LIGHT IN THE EXAMINATION AREA.</b> |   |                  |
| a          | Adequate natural light   | <input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br><input type="checkbox"/> 99. Don't Know, not observed | If Poor, Specify |
| b          | Adequacy and functionality of overhead light                       | <input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br><input type="checkbox"/> 99. Don't Know, not observed | If Poor, Specify |
| c          | Adequacy , functionality and flexibility of working exam lamp      | <input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br><input type="checkbox"/> 99. Don't Know, not observed | If Poor, Specify |
| <b>344</b> | <b>INTERVIEWER REVIEW SOURCE OF LIGHT IN THE DELIVERY ROOM.</b>    |   |                  |
| a          | Adequate natural light   | <input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br><input type="checkbox"/> 99. Don't Know, not observed | If Poor, Specify |
| b          | Adequacy and functionality of overhead light                       | <input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br><input type="checkbox"/> 99. Don't Know, not observed | If Poor, Specify |
| c          | Adequacy , functionality and flexibility of working exam lamp      | <input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br><input type="checkbox"/> 99. Don't Know, not observed | If Poor, Specify |
| <b>345</b> | <b>INTERVIEWER REVIEW SOURCE OF LIGHT IN THE THEATER</b>           |   |                  |
| a          | Adequate natural light   | <input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br><input type="checkbox"/> 99. Don't Know, not observed | If Poor, Specify |
| b          | Adequacy and functionality of overhead light                       | <input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br><input type="checkbox"/> 99. Don't Know, not observed | If Poor, Specify |
| c          | Adequacy , functionality and flexibility of Working exam lamp      | <input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br><input type="checkbox"/> 99. Don't Know, not observed | If Poor, Specify |



|     |  |   |  |
|-----|--|---|--|
| 346 | <b>OVERALL AND<br/>ADDITIONAL<br/>COMMENTS ABOUT<br/>MATERNITY<br/>SERVICE</b> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |  |
|-----|--|---|--|

| Number | OUTREACH PROGRAM-MATERNITY SERVICES  |  |           | Comments/S<br>KIP |                          |
|--------|--|--|-----------|-------------------|--------------------------|
| 347    | Does this department have a maternity outreach/ community linkage program?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know   |           |                   |                          |
|        | If NO, does it partner with any other organization that does outreach/linkage to its community?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know   |           |                   | <b>IF NO SKIP TO 352</b> |
| 348    | <b>Which of the following services are included in your outreach program?<br/>           READ OUT LIST AND CHECK EACH SERVICE MENTIONED BY RESPONDENT</b>  |  |           |                   |                          |
|        | <input type="checkbox"/> 1. Delivery with skilled provider at prepared facility<br><input type="checkbox"/> 2. Family planning services<br><input type="checkbox"/> 3. ANC entry or home visits to pregnant women<br><input type="checkbox"/> 4. Distribution of IEC/communication materials about fistula Surgery<br><input type="checkbox"/> 5. Girls education to the completion of secondary school<br><input type="checkbox"/> 6. Delay early childbearing for women and child survival<br><input type="checkbox"/> 7. Men's role in facilitating women's access to safe delivery | <input type="checkbox"/> 8. Home visits to women with fistula<br><input type="checkbox"/> 9. Reintegration of women after repair<br><input type="checkbox"/> 10. Health Education<br><input type="checkbox"/> 11. Other (specify)..... |           |                   |                          |
| 349    | How often in a quarter does the outreach program occur?  | (Number) _____<br><input type="checkbox"/> 88. Question Skipped<br><input type="checkbox"/> 99. Don't Know   |           |                   |                          |
| 350    | <i>Has this facility provided training to community service workers in the past one year on the following topics?</i>  |  |           |                   |                          |
|        |  | <b>Yes</b>   | <b>No</b> | <b>Don't Know</b> |                          |
| a      | Safe pregnancy, labor and delivery   | 1  | 2         | 9                 |                          |
| b      | Birth planning, emergency preparedness in pregnancy  | 1  | 2         | 9                 |                          |
| c      | Recognition of danger signs in pregnancy, labor; prolonged labor   | 1  | 2         | 9                 |                          |
| d      | Harmful traditional practices  | 1  | 2         | 9                 |                          |
| e      | Family planning  | 1  | 2         | 9                 |                          |

|            |   |   |   |   |  |
|------------|---|---|---|---|--|
| f          | Gender issues, gender relations, gender equity                                  | 1   | 2 | 9 |  |
| g          | Other (specify.....)  | 1   | 2 | 9 |  |
| <b>351</b> | <b>What are the sources of referral to the facility? (CHECK ALL THAT APPLY)</b> | <input type="checkbox"/> 1. TBAs<br><input type="checkbox"/> 2. Other health facilities or health workers<br><input type="checkbox"/> 3 Family/community members<br><input type="checkbox"/> 4. other |   |   |  |

| Number | OUTREACH PROGRAM-MATERNITY SERVICES  |   | Comments/S<br>KIP |
|--------|--|---|-------------------|
| 352    | <b>Is feedback routinely given to referring sources?</b>                         | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know<br><br>IFYES, Specify type of feedback |                   |
| 353    | <b>Where are complicated maternity cases referred to most commonly?</b><br>_____ |   |                   |

| NUMBER | MANAGEMENT & QUALITY-MATERNITY SERVICES   | COMMENTS/SKIP             |
|--------|---|---------------------------|
| 354    | <p><b>Does this department have a formal system for reviewing management or administrative issues?</b></p> <p><input type="checkbox"/> 1. Yes<br/><input type="checkbox"/> 2. No</p>  | <b>If no, skip to 357</b> |
| 355    | <p><i>How often are formal meetings &amp; discussions held to discuss the facility's management or administrative issues?</i></p> <p><input type="checkbox"/> 1. Weekly<br/><input type="checkbox"/> 2. Monthly<br/><input type="checkbox"/> 3. Quarterly<br/><input type="checkbox"/> 4. Semiannually<br/><input type="checkbox"/> 5. Other (specify) _____<br/><input type="checkbox"/> 77. Question Skipped</p>  |                           |
| 356    | <p><b>Is the information from service statistics used for decision making?</b></p> <p><input type="checkbox"/> 1. Yes<br/><input type="checkbox"/> 2. No</p>  |                           |
| 357    | <p><b>Have service statistics been used for decision making in the last two quarters?</b></p> <p><input type="checkbox"/> 1. Yes<br/><input type="checkbox"/> 2. No</p>   |                           |
| 358    | <p><b>Is there a system in place to determine client opinion about the health department or services?</b></p> <p><input type="checkbox"/> 1. Yes<br/><input type="checkbox"/> 2. No</p>   |                           |
| 359    | <p><b>What system is in place to determine client opinion about the health facility or services?</b></p> <p><b>Interviewer: DO NOT PROMPT; CHECK EACH ANSWER MENTIONED (MORE THAN ONE POSSIBLE)</b></p> <p><input type="checkbox"/> 0. No system is in place .....<br/><input type="checkbox"/> 1. Suggestion box .....<br/><input type="checkbox"/> 2. Client survey form .....<br/><input type="checkbox"/> 3. Client interview .....<br/><input type="checkbox"/> 4. Other (specify)</p> |                           |

| NUMBER | MANAGEMENT & QUALITY- MATERNITY | COMMENTS/SKIP |
|--------|---------------------------------|---------------|
|--------|---------------------------------|---------------|

|     |   |   |  |
|-----|---|---|--|
| 360 | Does the department have written protocols and reference materials for EmOC service provision, including c section? | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><br><i>If yes, list the top 10 key reference materials and protocols</i> |  |
| 361 | Does the department have job aids for EmOC?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |

|  |  |  |              |                 |         |                         |          |
|--|--|--|--------------|-----------------|---------|-------------------------|----------|
| 362  | <i>List the types of record keeping used in this facility? CHECK ALL THAT APPLY.</i> | <i>(OBSERVE; are they well kept, general state, confidentiality, consent, adequacy to meet indicator requirements)</i><br><i>G=Good; F=Fair; P=Poor; NO=not observed</i> |              |                 |         |                         | Comments |
|  |  | General state  | Completeness | Confidentiality | Consent | Adequacy for indicators |          |
| <input type="checkbox"/> A. Female Genital Fistula Client Card |  |  |              |                 |         |                         |          |
| <input type="checkbox"/> B. Admission record                   |  |  |              |                 |         |                         |          |
| <input type="checkbox"/> C. Discharged register                |  |  |              |                 |         |                         |          |
| <input type="checkbox"/> D. Theater register                   |  |  |              |                 |         |                         |          |
| <input type="checkbox"/> E. Rounds/nursing hand over           |  |  |              |                 |         |                         |          |
| <input type="checkbox"/> F. Maternity register                 |  |  |              |                 |         |                         |          |
| <input type="checkbox"/> G. EmOC register                      |  |  |              |                 |         |                         |          |
| <input type="checkbox"/> H.. Other (specify)                   |  |  |              |                 |         |                         |          |

| Waste Disposal Mechanisms -MATERNITY |  |   |  |
|--------------------------------------|--|---|--|
| 363                                  | Do staff in this unit get regular Infection Prevention updates?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |
| 364                                  | How often do staff receive updates about IP?   | <input type="checkbox"/> 1. monthly<br><input type="checkbox"/> 2. quarterly<br><input type="checkbox"/> 3. semi annually<br><input type="checkbox"/> 4. annually<br><input type="checkbox"/> 5. other (specify): |  |
| 365                                  | Has anyone at this facility attended Infection Prevention training or update training in the past THREE years? | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |
| 366                                  | What disposal system do you have for <u>solid</u> medical waste disposal?                                      | Specify _____<br>_____<br>_____   |  |
| 367                                  | What disposal system do you have for <u>liquid</u> medical waste disposal?                                     | Specify _____<br>_____<br>_____   |  |
| 368                                  | Do you have a special puncture-resistant container for sharps in theater and wards?                            | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |
| 369                                  | Do you have leak-proof, lidded waste containers for medical waste disposal in theater and wards?               | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |
| 370                                  | Do you use a plastic bucket with a lid for Chlorine solution in theater and wards?                             | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   |  |

|                   |   |   |  |
|-------------------|---|---|--|
| <p><b>371</b></p> | <p><b>In what ways do you dispose of items such as syringes and bandages that may be contaminated?</b></p> <p><b>Interviewer: PROBE IF NECESSARY; CHECK ONE ONLY.</b></p> | <p><input type="checkbox"/> 1. Collected and disposed externally</p> <p><input type="checkbox"/> 2. Burned in incinerator</p> <p><input type="checkbox"/> 3. Burned in open pit</p> <p><input type="checkbox"/> 4. Burned and buried</p> <p><input type="checkbox"/> 5. Put in trash/open pit</p> <p><input type="checkbox"/> 6. Put in pit latrine</p> <p><input type="checkbox"/> 7. Other (specify) _____</p> <p>_____</p> |  |
| <p><b>372</b></p> | <p><b>(OBSERVER comment about general IP conditions in the department including the delivery room and what needs improvement)</b></p>                                     | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>  |  |



|   |
|---|
| <b>Finally, what do you see as the strengths and challenges for the maternity department?</b> |
| <b>Department strengths</b>   |
| <b>Department Challenges</b>  |
| <b>ADDITIONAL COMMENTS</b>  |

**Thank you and transition/linkage comments for continuation of assessment in other departments.**

|                              |
|------------------------------|
| <b>INTERVIEWERS COMMENTS</b> |
| <b>Department strengths</b>  |
| <b>Department Challenges</b> |

**ADDITIONAL COMMENTS**

**400. FAMILY PLANNING SERVICE/DEPARTMENT**

|  |  |  |   |
|--|--|--|---|
| Facility Name _____  |  |  |   |
| Department.....  |  |  |   |
| <b>401 Cadres of persons interviewed</b><br><input type="checkbox"/> 1.Specialist doctor<br><input type="checkbox"/> 2.Non-specialist doctor<br><input type="checkbox"/> 3. Clinical officer /assistant medical officer<br><input type="checkbox"/> 4..Nurse<br><input type="checkbox"/> 5. Midwife<br><input type="checkbox"/> 6. Administrator<br><input type="checkbox"/> 7. Other: | <b>402 Position of persons interviewed</b><br><input type="checkbox"/> 1. One of the persons interviewed is also In-Charge of facility<br><input type="checkbox"/> 2. At least one of the persons interviewed is a fistula surgeon<br><input type="checkbox"/> 3. At least one of the persons interviewed is a fistula trainer |  |   |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <b>Interviewer's Name</b> _____<br/>                     _____                 </td> </tr> <tr> <td style="padding: 5px;"> <b>Today's Date:</b><br/>                     (mo/day/yr) _____                 </td> </tr> </table>  |  | <b>Interviewer's Name</b> _____<br>_____ | <b>Today's Date:</b><br>(mo/day/yr) _____ |
| <b>Interviewer's Name</b> _____<br>_____   |  |  |   |
| <b>Today's Date:</b><br>(mo/day/yr) _____  |  |  |   |

| Facility overview: Family planning department |  |   |           |  |
|---|--|---|-----------|--|
| <i>Interviewer</i>                            | <b>UPON ARRIVAL AT THIS FACILITY, ANSWER QUESTIONS 403-405 BASED ON YOUR OBSERVATIONS.</b> |   |           |  |
| <b>403</b>                                    | <b>What time did you arrive at the department?</b>   | Day: _____<br>Time:      Hour<br>Min                              |           |  |
| <b>404</b>                                    | <b>Was the department open at the time you arrived?</b>                                    | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |           |  |
| <b>405</b>                                    | <b>Are brochures / handouts on the services listed below available to take home?</b>       |   |           |  |
|   |  | <b>Yes</b>  | <b>No</b> |  |
| <b>a</b>                                      | Family planning, general   | 1   | 2         |  |
| <b>b</b>                                      | Family planning, specific methods  | 1   | 2         |  |
| <b>c</b>                                      | STI/HIV/AIDS   | 1   | 2         |  |

|          |   |   |   |  |
|----------|---|---|---|--|
| <b>d</b> | Gender relationships/<br>equity           | 1 | 2 |  |
| <b>e</b> | Men as partners in<br>reproductive health | 1 | 2 |  |
| <b>f</b> | Others<br>(specify).....<br>.....         | 1 | 2 |  |

Linkages with other support services;

-HIV care

-STI treatment

|  |                   |
|--|-------------------|
| <p><b>Interviewer's Signature</b><br/>         (Indicates interviewer read the informed consent and respondent has agreed to be interviewed)</p> | <p>Date _____</p> |
|--|-------------------|

|                   |   |  |
|-------------------|---|--|
| <p><b>406</b></p> | <p style="text-align: center;"><i>May I begin the interview?</i></p> <p><input type="checkbox"/> 1. Yes<br/> <input type="checkbox"/> 2. No</p> | <p><b>If NO then STOP, thank her/him for their time so far and release them.</b></p> <p><b>Comment on why the interview stopped?</b></p> |
|-------------------|---|--|

| NUMBER                              | Provider Information for FAMILY PLANNING SERVICES   | COMMENTS/<br>SKIP   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
|-------------------------------------|---|---|------------------------------|-----------|----------|-----------|--|--|--|-------------------------------------|--|--|--|---------------------------|--|--|--|---------------------|--|--|--|----------------|--|--|--|------------------------------|--|--|--|-----------------|--|--|--|----------|--|--|--|--|
| 407                                 | <p><b>How many of each type of staff in this department provide family planning services</b></p> <p><b>Interviewer: READ OUT TYPES OF STAFF LISTED BELOW. COUNT ALL PHYSICIANS AND NURSES, REGARDLESS OF WHETHER THEY ARE SPECIALISTS. IF NONE, CODE 00. IF DON'T KNOW, CODE 88.</b></p> <table border="1" data-bbox="245 517 1011 920"> <thead> <tr> <th></th> <th>Full time</th> <th>Part time</th> <th>Visiting</th> </tr> </thead> <tbody> <tr> <td>a Doctors</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b Clinic/ward Nurses/Nurse midwives</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c Theater nurses/midwives</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d Clinical officers</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e Anesthetists</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f Family planning counselors</td> <td></td> <td></td> <td></td> </tr> <tr> <td>g Social worker</td> <td></td> <td></td> <td></td> </tr> <tr> <td>h Other:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   | Full time                    | Part time | Visiting | a Doctors |  |  |  | b Clinic/ward Nurses/Nurse midwives |  |  |  | c Theater nurses/midwives |  |  |  | d Clinical officers |  |  |  | e Anesthetists |  |  |  | f Family planning counselors |  |  |  | g Social worker |  |  |  | h Other: |  |  |  |  |
|                                     | Full time   | Part time   | Visiting                     |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| a Doctors                           |   |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| b Clinic/ward Nurses/Nurse midwives |   |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| c Theater nurses/midwives           |   |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| d Clinical officers                 |   |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| e Anesthetists                      |   |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| f Family planning counselors        |   |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| g Social worker                     |   |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| h Other:                            |   |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| 408                                 | <p><b>How many staff are trained in the following (INTERVIEWER: Read each item. Then ask if additional staff are needed for any of the items listed below. Record the number of additional staff needed for each service. Record 0 if none needed)</b></p>  |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
|                                     |   | <i>Number staff trained</i>   | <i>Additional staff need</i> |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| a                                   | Family planning counseling  |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| b                                   | Provision of FP methods   |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| c                                   | BTL   |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| d                                   | NSV   |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| e                                   | IUCD  |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| f                                   | Implants  |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| g                                   | Injectable contraception  |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| h                                   | Engaging MAP in RH  |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| i                                   | Infection prevention in last Three years  |   |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |
| 409                                 | <p><b>Is there a system for staff to transfer knowledge and skills they have acquired from training?</b></p>  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know<br>IF Yes, specify how:<br><input type="checkbox"/> 1. weekly meetings<br><input type="checkbox"/> 2. monthly meetings<br><input type="checkbox"/> 3. informal discussions with other staff<br><input type="checkbox"/> 4. other |                              |           |          |           |  |  |  |                                     |  |  |  |                           |  |  |  |                     |  |  |  |                |  |  |  |                              |  |  |  |                 |  |  |  |          |  |  |  |  |



| Number | Family Planning Services   | Comment |
|--------|--|---------|
| 410    | What was the total number of family planning services provided in last three years? (Interviewer: read items a to c and record responses under each column.  |         |
|        |  |         |
| a      | What percent (estimate) of clients are counseled for family planning   |         |
| b      | No. Clients served with methods  |         |
| c      | No. Clients referred for methods elsewhere   |         |
| 411    | Which FP methods were routinely available over the last 2 quarters? CHECK ALL THAT APPLY   |         |
|        | <input type="checkbox"/> 1. Pills<br><input type="checkbox"/> 2. Male Condoms<br><input type="checkbox"/> 3. Female Condoms<br><input type="checkbox"/> 4. IUD<br><input type="checkbox"/> 5. Injection<br><input type="checkbox"/> 6. Implants<br><input type="checkbox"/> 7. Female Sterilization<br><input type="checkbox"/> 8. Male Sterilization<br><input type="checkbox"/> 9. Standard days method (SDM)<br><input type="checkbox"/> 10. other (specify): |         |

I'd like to ask you some specific questions about family planning services provided at this site

|     |  |  |  |
|-----|--|--|--|
| 412 | Do staff provide FP information to clients accessing fistula services?                           | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know |  |
| 413 | Do FP service providers perform risk/intention assessment for pregnancy, spacing, or completion? | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know |  |
| 414 | Do staff counsel on FP methods including ability to prevent HIV/STIs, dual protection?           | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know |  |
| 415 | Do staff provide condoms, instruct and demonstrates  | <input type="checkbox"/> 1. Yes  |  |



|            |  |  |  |
|------------|--|--|--|
|            | <b>their use?</b>  | <input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know                                    |  |
| <b>416</b> | <b>Do staff provide oral contraceptives with instructions for use?</b> | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know |  |

| OUTREACH PROGRAM-FAMILY PLANNING SERVICES |   |   |    |            |  |
|---|---|---|----|------------|--|
| 417                                       | Does this department have a family planning outreach/ community linkage program?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |    |            | If no outreach activities, skip to 421 |
|   | If NO, does it partner with any other organization that does outreach/linkage to its community?                         | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |    |            |  |
| 418                                       | How often in a quarter does the outreach program occur?   | _____ times per quarter<br><input type="checkbox"/> 88. Question Skipped<br><input type="checkbox"/> 99. Don't Know   |    |            |  |
| 419                                       | Has this facility provided training to community service workers in the past one year on the following topics?          |   |    |            |  |
|   | Training Provided   | Yes   | No | Don't Know |  |
| a   | Men as partners in RH   | 1   | 2  | 9          |  |
| b   | Family planning   | 1   | 2  | 9          |  |
| c   | Gender issues, gender relations, gender equity  | 1   | 2  | 9          |  |
| d   | Other (specify)   | 1   | 2  | 9          |  |
| 420                                       | Is there any community based community outreach for provision of (Interviewer: read each item, a to e, circle response) |   |    |            |  |
| a   | Male condoms  | 1   | 2  | 9          |  |
| b   | Female Condoms  | 1   | 2  | 9          |  |
| c   | OCs   | 1   | 2  | 9          |  |
| d   | Emergency Contraception   | 1   | 2  | 9          |  |
| e   | Injectables   | 1   | 2  | 9          |  |
| f   | Other (specify)   | 1   | 2  | 9          |  |
| 421                                       | Does this facility need to start or to increase outreach activities in the community?                                   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know<br>(if yes, specify what the activity would be and what the main objective would be .....  |    |            |  |
| 422                                       | What are the sources of family planning referrals to the facility? (CHECK ALL THAT APPLY)                               | <input type="checkbox"/> 1. Other women who have had repair<br><input type="checkbox"/> 2. Other women who have had FP services here<br><input type="checkbox"/> 3. Other health facilities<br><input type="checkbox"/> 4. Media<br><input type="checkbox"/> 5. Other |    |            |  |

| OUTREACH PROGRAM-FAMILY PLANNING SERVICES |   |   |
|---|---|---|
| 423                                       | Is any feedback given to the referring source?                    | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know<br>If yes, specify type of feedback _____  |
| 424                                       | Do you ever have to refer cases because of (CHECK ALL THAT APPLY) | <input type="checkbox"/> A. Non supportive site policy for FP<br><input type="checkbox"/> B. They have complications or side effects<br><input type="checkbox"/> C. FP commodity chosen is not available<br><input type="checkbox"/> D. Lack of equipment or materials<br><input type="checkbox"/> E. Lack of trained provider<br><br>If referrals are made, where do you refer to? _____ |

| NUMBER | Management & Quality-FAMILY PLANNING SERVICES  | COMMENTS/SKIP |
|--------|--|---------------|
| 425    | Is there a regular, formal mechanism for reviewing client records and service statistics in this department?<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know |               |
| 426    | Is this information used for decision-making?<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |               |
| 427    | Have service statistics been used for decision-making in the past 6 months?<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know                                  |               |
| 428    | Does the department have job aids for family planning?<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know   |               |
| 429    | Does the department have job aids for infection prevention?<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know  |               |
| 430    | Has anyone in this department attended Infection Prevention training or update training in the past 3 years?<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know |               |
| 431    | (OBSERVER comment about general IP conditions in the department and what needs improvement)  |               |

| 432  | List the types of record keeping used in this facility? CHECK ALL THAT APPLY. | (OBSERVE; are they well kept, general state, confidentiality, consent, adequacy to meet indicator requirements)<br>G=Good; F=Fair; P=Poor;<br>NO=not observed |                 |         |                         |
|--|---|---|-----------------|---------|-------------------------|
|  | General state   | Completeness  | Confidentiality | Consent | Adequacy for indicators |
| <input type="checkbox"/> A. Client record            |   |   |                 |         |                         |
| <input type="checkbox"/> B. Admission record         |   |   |                 |         |                         |
| <input type="checkbox"/> C. Discharged register      |   |   |                 |         |                         |
| <input type="checkbox"/> D. Theater register         |   |   |                 |         |                         |
| <input type="checkbox"/> E. Rounds/nursing hand over |   |   |                 |         |                         |

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| <input type="checkbox"/> F. Other (specify) |  |  |  |  |  |  |
|---|--|--|--|--|--|--|

| Number | Waiting, Counseling And Examination Areas-family planning   | Comments/SKI P |
|--------|---|----------------|
| 433    | Is there more than one place where new clients wait for services?<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know   |                |
| 434    | Where do clients wait until they are served?<br><b>Interviewer: CHECK ONE RESPONSE</b><br><input type="checkbox"/> 1. Sheltered area with seats outdoor<br><input type="checkbox"/> 2. Seats in room separate from treatment or examination area<br><input type="checkbox"/> 3. Curtained off, seats shared with treatment or examination area<br><input type="checkbox"/> 4. Sheltered waiting area, but no seats<br><input type="checkbox"/> 5. No sheltered waiting area<br><input type="checkbox"/> 88. Question skipped<br><input type="checkbox"/> 99. Not shown area |                |
| 435    | Where are clients counseled?<br><i>Specify place_____</i>   |                |
| a      | Adequate Auditory privacy<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know   |                |
| b      | Adequate visual privacy<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know   |                |
| c      | Details and other observations  |                |
| 436    | Where are clients examined?<br><b>Interviewer: CHECK ONE RESPONSE</b><br><input type="checkbox"/> 1. Separate room with door<br><input type="checkbox"/> 2. Curtained area, no door<br><input type="checkbox"/> 3. Other private area where clients cannot be seen or heard<br><input type="checkbox"/> 4. Same area as one used for waiting/counseling<br><input type="checkbox"/> 5. Other (describe):<br>_____   |                |
| 437    | <b>Interviewer ASSESS THE SOURCE OF LIGHT IN THE EXAMINATION AREA FOR ADEQUACY, FUNCTIONALITY AND WHERE APPLICABLE, FLEXIBILITY.</b>  |                |
| a      | Natural light<br><input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br><input type="checkbox"/> 99. Don't Know, not observed  |                |
| b      | Overhead light<br><input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br><input type="checkbox"/> 99. Don't Know, not observed   |                |
| c      | Working exam lamp<br><input type="checkbox"/> 1. Good<br><input type="checkbox"/> 2. Poor<br><input type="checkbox"/> 99. Don't Know, not observed  |                |

**Interviewer: Thanks and transitional comments/linking to continuation of assessment in other departments**

**Finally, what do you see as the strengths and challenges for the family planning unit?**

**Department strengths**

**Department Challenges**

**ADDITIONAL COMMENTS**

**INTERVIEWERS Observations**

**Department strengths**

**Department Challenges**

|                            |
|----------------------------|
|                            |
| <b>ADDITIONAL COMMENTS</b> |



**500: INVENTORY OF EQUIPMENT SUPPLIES AND MEDICATIONS:**

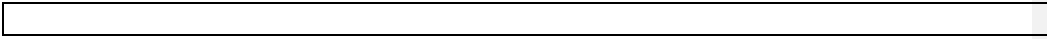
This section may be answered by admin, supplies officer or in-charge specific departments. For reference, interviewer can use Fistula Care’s Fistula and Cesarean Standard Equipment and supplies lists, IP for EmOC handbook and the lists provided as Appendices A, B and C in this document.

| NUMBER                              | INVENTORY OF EQUIPMENT, SUPPLIES AND MEDICATIONS   | COMMENT  |
|-------------------------------------|--|--|
| <i>Equipment :General, surgical</i> |  |  |
| 501                                 | Is all general equipment needed for the scope of surgery available today?                              | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know |
| 502                                 | Have you been without any of this general equipment at any time in the past 6 months, including today? | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 503                                 | Interviewer: is the available general equipment fully functional?                                      | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| <i>Equipment: Fistula specific</i>  |  |  |
| 504                                 | Is all equipment needed for fistula surgery available today?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 505                                 | Have you been without any of this equipment at any time within the last 6 months, including today?     | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 506                                 | Is the available equipment fully functional?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| a                                   | What other equipment would you need? _____   |  |
| <i>Equipment: maintenance</i>       |  |  |
| 507                                 | Is there a system for repair/maintenance of surgical equipment   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 508                                 | Is there a system for replacement of surgical equipment?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| <i>Supplies: general, surgical</i>  |  |  |
| 509                                 | Are all general supplies/drugs needed for the scope of surgery available today?                        | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 510                                 | Have you been without any of these supplies/drugs any time in the past 6 months, including today?      | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |
| 511                                 | Are the available supplies and drugs in good condition and not expired?                                | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |

| NUMBER  | INVENTORY OF EQUIPMENT, SUPPLIES AND MEDICATIONS  | COMMENT  |  |
|---|---|--|--|
| <i>Supplies: fistula surgery</i>  |   |  |  |
| 512   | Are all supplies and drugs needed for fistula surgery available today?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |  |
| 513   | Have you been without any of these supplies or drugs at any time within the last 6 months, including today?           | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |  |
| 514   | Are the available supplies and drugs in good condition and not expired?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  |  |
| a   | What other supplies would you need? _____   |  |  |
| <i>Supplies: infection prevention</i>   |   |  |  |
| 515   | Are all supplies needed for IP available today?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No  | if no specify what is missing              |
| 516   | Have you been without any of these supplies at any time within the last 6 months, including today?                    | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know | if yes, specify what you have been without |
| 517   | Are the available supplies in good condition and not expired?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know | if no, what is the condition?              |
| <i>Supplies: family planning</i>  |   |  |  |
| 518   | Are all needed supplies and FP commodities available today?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know | if no specify what is missing              |
| 519   | Have you been without any of these supplies and/or commodities at any time within the last 6 months, including today? | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know | if yes, specify which ones                 |
| 520   | Are the available supplies/commodities in good condition and not expired?   | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know | if no specify which one                    |
| <i>Supplies and equipment: for Fistula and/or EmOC /FP training (if applicable)</i> |   |  |  |
| 521   | Are all needed supplies and   | <input type="checkbox"/> 1. Yes  | if no specify what is                      |

| NUMBER   | INVENTORY OF EQUIPMENT, SUPPLIES AND MEDICATIONS  | COMMENT  |  |
|--|---|--|--|
|  | equipment for training available today?   | <input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know                                    | missing                                  |
| 522  | Have you been without any of these supplies and/or equipment at any time within the last 6 months, including today? | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know | if yes, specify what is missing          |
| 523  | Are the available supplies/equipment functional and in good condition?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know | if no, specify what is in poor condition |
| <i>Antimicrobials and analgesics and other / anesthetics and other medications</i> |   |  |  |
| 524  | Are all needed antimicrobials /analgesics /anesthetics and other medications available today?                       | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know | if no specify what is missing            |
| 525  | Have you been without any of these items at any time within the last 6 months, including today?                     | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know | if yes, specify what has been missing    |
| 526  | Are the items available in good condition and not expired?  | <input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No<br><input type="checkbox"/> 99. Don't Know | if no, specify current condition         |

| INTERVIEWERS COMMENTS      |
|----------------------------|
| <b>Strengths</b>           |
| <b>Challenges</b>          |
| <b>ADDITIONAL COMMENTS</b> |



## APPENDICES

### STANDARD FISTULA FACILITY EQUIPMENT AND SUPPLIES

- **SCISSORS, DISSECTING, MAYO 17 CM, STRAIGHT**
- scissors, dissecting, Mayo 17 cm, curved
- scissors, tonsil, Boyd-Stille, curved, 17cm
- scissors, Thorek, angled, 90 degrees tip, 20 cm
- scissors, suture straight, 15 cm
- scissors, suture, curved, 15 cm
  
- **Needle holder**, Mayo-Hega, straight 18 cm, 20 cm
- Needle holder, Mayo-Hega, curved, 18 cm, 20 cm
  
- **Scalpel blade holder**s no. 7, length 15 cm, 18 cm e.g. Swan Morton (for no 11 blade)
  
- **Speculum**, vaginal, Graves bi-valve, medium, large (small size- *optional*), stainless steel
- speculum, vaginal, Auvard, 22 cm weighted, 1 kg, (*optional* additional weights 0.8 kg, 1.2 kg)
- speculum, Sims single- ended ( additional double ended, *optional*)
  
- **Forceps**, tissue, Littlewood's
- forceps, tissue, standard 14.5 cm
- forceps, tissue, Allis, 15 cm 20 cm
- forceps, artery long straight, Kelly, 18 cm
- forceps, artery, long curved, Kelly, 18 cm
- forceps, dissecting, toothed 15cm, 20 cm
- forceps dissecting, non -toothed 15cm, 20 cm
- forceps, sponge-holding, straight Forrester smooth 24 cm
- forceps, sponge holding, straight Forrester, serrated 24 cm
- forceps, artery, non -toothed, curved tip 20 cm
- forceps, artery, non -toothed, gentle angled tip 20 cm
- forceps, artery, sharp angled tip 20 cm non- toothed
- forceps artery small, Hartman's (or Halstead's mosquito) straight 10 cm, 15 cm
- forceps, artery, small, Hartmans curved 10 cm, 15 cm
- forceps, artery, Kocher's, straight 15 cm, 1x2 teeth
- forceps, cervical, Volsellum , curved, 25 cm (*optional*: cervical tenaculum 25 cm)
- forceps, Cheatle, and jar (*optional*)
  
- **Needle**, aneurysm, Deschamps, sharp pointed 20 cm, right sided (left sided –*optional*)
  
- **Retractors**, vaginal thyroid/ Green ( or US Army /Navy or ecarteurs de faraboeuf) single or double ended 22 cm (*optional*, Langenbeck blade 13x44 mm)

- Retractors, abdominal, self retaining, Gosset's, large
- **Catheter**, female urethral, stainless steel 16 cm
- **Sound**, uterine, malleable, calibrated 30 cm
- **Probe**, sinus, malleable with eye
- **Basin**, kidney 825 ml stainless steel (also 600ml - *optional*)
- basin, gallipot 100 ml stainless steel
- basin, plastic, 600ml

### Expandable supplies

- **Catheters**, urethral, Nelaton's, solid tip, ch 12, 14 16 18 (**or** stiff plastic suction tube)
- catheters, urethral, Foley's, bi-channel-way (tri-channel *optional*), balloon size 15ml only, ch 16 ( and some ch 14 and 18)
- catheters, ureteric, round tip, Mento, size 5 (and some 4 and 6), calibrated, color coded for R / L 65 cm with ureteric stent and guide wire
- catheter, rectal/enema, ch 22 with bowl, enema can
- **Sutures**, catgut, chromic on 3/8 round bodied needle nos 3/0, 2/0, 1/0, 0
- sutures, catgut, plain on 1/2 circle round bodied needle, nos. 3/0, 2/0
- sutures, silk black braided on 3/8 circle cutting needle, no 2/0, 1/0, 0
- sutures, vicryl (*optional*) on 1/2 circle round bodied needle, no 5/0, 4/0, 3/0, 2/0, 1/0, 1
- sutures, nylon or propylene no 0, 1 on 1/2 circle needle (*optional*, needle-less, 15m)
- sutures, polyamide needle-less nos. 0, 1, 15 m
- sutures, PDS or polyglycolic, needle-less, nos 0, 1, 15m
- **Needles**, suture, loose, 1/2 circle round- bodied and trocar-pointed, size 2, 3, 4, 5, 6, 7
- needles suture, Dennis Brown small (16), medium (25)
- needle, fistula, fish hook, (*optional*), sizes 8, 9, 10
- needle, spinal, sterilizable, stainless steel, with stylet, size 19, 22 and 25 (*program option*)
- **Gloves**, surgical, sterile, disposable, sizes, 7, 7.5, 8
- gloves, examination, non-sterile, disposable, sizes small, medium large
- gloves, utility
- **Cotton wool**, absorbent, non sterile
- **Gauze roll**, 12 ply 5 cm
- **Bags**, urine, 2l, latex free with bottom (not up top) release valve
- **Tape** adhesive 5cm, 10m
- tape, paper, 5 cm
- **Apron** plastic
- **Sheet**, plastic

- **Drapes**, surgical, strong cotton 1.5 sq meter; fenestrated, leggings, small fields.
- **Gown**, surgical for patient, cotton, size large and medium
- **Boots**, theater, sandals; masks and caps
- **IV Fluids**, ( Hartmann's, Ringer's lactate, dextrose 5% in water, dextrose 5% in normal saline, normal saline)
- **Emulsion**, acroflavine (or tincture or povidone iodine- *optional*); **Betadine**
- **Petroleum jelly, vaseline gauze**
- **Dye**, methylene blue- (or gentian violet – *optional*)
- **Syringes**, plastic 5, 10 and 20 ml with or without injections needles
- syringes, bladder, plastic, 50 ml or 60 ml with extra long coned nozzle (for dye test)
- **IV cannulae** of different gauges (e.g. Surflew IV catheter, 16 G 5 cm, 18 G, 20 G 5 cm)
- IV infusion set, IV transfusion set (*optional*)
- **Scalpel blades**, size 11 and 13, sharp pointed
- scalpel blades, Bistouri, size 15, curved
- **Anesthetic** : Bupivacaine, hyperbaric chlorhydrate 0.5%, 20 ml amps
- Lignocaine (xylocaine HCl) inj 2%, 20 ml
- Medications: Tray, medicine, with injectable/oral/suppository medications, broad spectrum antibiotics, analgesics, antiemetics (e.g. stemetil), Adrenaline inj 1 mg in 1 ml, 1 ml amp

### **Operating Theater Equipment**

- **Table**, operating, mechanical (preferred to hydraulic), minimum 30 degree trendelenberg tilt, adjustable height, stirrups, lithotomy poles, length-wise adjustable shoulder supports (e.g. optomaster, Seward medical, Eschemann's, others)
- **Stool**, surgeon's, revolving, adjustable height, padded top, without back rest
- **Lamp** , medical examining table, angle poise /gooseneck 110/220v, with extra bulbs
- lamp, operating, movable on castors ( e.g. Burton of Van Nuy California but 110 v, Hanalux, and elliptic risma D400; check for voltage options)
- lamp, OR operating ceiling -mounted, shadowless (*optional*)
- **Tray**, box: instrument, large, stainless steel, with cover
- **IV stands**, hooks, double hooks, of variable height
- IV sets, tubing
- **Towel clips**, Elaines' 8 cm (*optional*, Backhaus' 8cm, 13 cm)

- **Suction machine**, electric, e.g. Gomco 110v/220v (additional foot-operated *optional*) with tubing and nozzle 28 cm chrome-plated

#### **Theater accessory equipment/furniture**

- **Anesthetic machine** (-optional) with GA accessories; gases, anesthetic injectable medications, tubing, adult bellows/ambu bag, face mask, airways, laryngoscope with various blades and tube, etc
- **Cabinet**, drugs, supplies (*optional*)
- **Trolley**, patient, with pair of poles, canvas
- trolley, instrument
- **'Sterilizer'**, (boiling box)
- **Autoclave**, steam autoclave, electric , or dry heat oven, with sterilizing drums/tambours, 26cm
- **Table**, examination, with deep tilt (may be ward or clinic) *-optional* (e.g. Opto master)
- **Table**, instrument, Mayo's, stainless steel, with stand, mobile
- **Tray**, box: instrument with cover, large, stainless steel
- tray, Emergency ;
- Stethoscope, BP machine (aneroid), thermometer
- **Diathermy set machine** and cables, needles, *-optional* (- e.g. alleyway surgistat II, Alleylab surgistat II diathermy <sup>TM</sup> )
- **Oxygen concentrator** 5 lit *-optional* (e.g. Devilbiss)
- **Vital functions monitor** *-optional* (e.g. Dynamap pro)
- **Air conditioner**, for cool only - (*optional* to geographic location)



## **APPENDIX B: FISTULA INVENTORY; SELECTED MEDICATIONS LIST**

### **Antibiotics**

- Amoxicillin
- Ampicillin
- Benzylpenicilli
- Chloramphenicol
- Doxycycline
- Erythromycin
- Gentamicin
- Metronidazole
- Sulfamethoxazole + trimethoprim

### **Analgesics**

- Acetylsalicylic acid (aspirin)
- Ibuprofen
- Paracetamol

### **Antiseptics**

- Chlorhexidine
- Polyvidone iodine

### **Disinfectants**

- Chlorine base compound
- Glutaraldehyde

### **Anaesthetics**

- GA e.g. Ketamine
- LA e.g. Lignocaine, Bupivacaine(Marcaine) 5% hyperbaric

### **Hematinics**

- *Ferrous salt*
- *Folic acid*

### **Oxytocics**

- *Ergometrine*
- *Oxytocin*

### **Emergency Drugs**

- *Atropine*
- *Promethazine/phenergan*
- *Adrenaline*
- *Aminophylline*
- *Diphenhydramine*
- *Dopamine*
- *Flumazenil*
- *Hydrocortisone*
- *Nalaxone*
- *Physostigmine*
- *IV Solutions/sets*
- *Sodium bicarbonate*

*(List not exhaustive: - oxygen/demand resuscitator, alpha-agonists, tocolytics, anti-emetics)*



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**APPENDIX C: FISTULA INVENTORY, SELECTED SUPPLIES LIST,**

- a. Needles, including special needles, e.g. Fish hook
- b. Sterile gloves (reusable)
- c. Exam gloves (disposable)
- d. Disposable needles
- e. Disposable syringes
- f. 50-60 cc syringe
- g. Infusion sets
- h. Scalpel blades
- i. Soap for hand washing
- j. Swabs/gauze
- k. Chlorine powder
- l. Urethral catheters
- m. Ureteral catheters
- n. Special fistula sutures
- o. Special fistula blades
- p. Urine bags
- q. Colostomy bags
- r. Methylene blue or other dye

