

# **Fistula Care *Plus*** **Clinical Facility Site Assessment Form**

**JANUARY 2017**

**1. FACILITY INFORMATION**

Date of this supervisory visit: (dd/mm/yy): \_\_\_\_\_

Facility name: \_\_\_\_\_

LGA / State / Country: \_\_\_\_\_

Catchment Population: \_\_\_\_\_

Date of last supervisory visit at this site: \_\_\_\_\_

Time period covered/reviewed in this visit: \_\_\_\_\_

Report from last visit: Available? / Reviewed? \_\_\_\_\_

Length of visit (days/hours): \_\_\_\_\_

**Assessment Completed by (EH Nigeria staff)**

Name	Organization	Rank / Job title	Signature

**Service(s) to be assessed**

Fistula       Pelvic Organ Prolapse (POP)       Family Planning (FP)

**Instructions:**

*The FC+ ISS field guide has 7 key sections. For solely FP supportive supervision, all sections are applicable except section 2 on Fistula care service delivery (leave blank). Likewise, for solely Fistula / POP supportive supervision, all sections are applicable except section 3 on Family planning (leave blank).*



**Key Facility Contact Person(s)**

Name	Rank / Cadre	Phone number	Signature

**Internal General Management and External Linkages**

		Yes / No	Remarks
1.	Is an up-to-date duty roster displayed?		
2.	Is all staff that should be on duty present?		
3.	Does the facility have a catchment area population map?		
4.	Are there challenges in the implementation of services?		
5.	Is there an existing and functional community health committee in the facility?		
6.	Are there regular minuted team meetings? (Facility and Community Health committee)		
7.	Is there a functional emergency transport system available for referral?		
8.	Does the facility use standard referral forms?		
9.	What is the total no. of clients referred from the time of last visit?		
10.	Are there feedbacks on referrals to other facilities?		
11.	Do facility staff conduct outreach services? <i>(Probe the methodology used)</i>		

**2. FISTULA / POP SERVICE DELIVERY**

<b>A. Clinicians</b>		
<b>Cadre</b>	<b>Provider Names</b>	<b>Remarks</b>
Physician(s) conducting repairs <i>(specify if He/She is a specialist &amp; his/her capacity to repair fistula and/or POP)</i>	1 ----- 2 ----- 3 ----- 4 -----	
Ward Nurses	1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 -----	
Theatre Nurses / Anesthetists	1 ----- 2 ----- 3 ----- 4 -----	
Note if any clinicians left facility since last visit (provider's name and new facility affiliation, if known)	1 ----- 2 ----- 3 ----- 4 -----	

**B. Staff Training: How many staff are trained in the following**

*INTERVIEWER: Record the number of additional staff needed for each service. Record 0 if none needed.*

	<b>Number trained</b>		<b>Additional needed</b>
	<b>Fistula</b>	<b>POP</b>	
Surgeons			
Nurse for pre, intra and post- operative fistula care management			
Anesthesia Clinician & skill level <i>Only spinal vs spinal &amp; general</i> <i>If general, Ketamine or endotracheal inhalant general anesthesia</i>			
Infection Prevention & Quality Improvement			
Surgical Counseling <i>fistula and/or POP</i>			
Family Planning service integration			
Family planning counseling			
Other (specify)			

QUESTION	COMMENTS: note deficiencies, reasons, recommendations
<p><b>C. Equipment</b>                      Refer to list of EngenderHealth Standard Fistula Equipment and supplies</p>	
Availability of adequate & functional theatre equipment <i>see checklist on appendix A1</i>	
Availability of functional ward equipment <i>see checklist on appendix A2</i>	
How many complete sets are available? <i>see checklist on appendix B</i>	
<p><b>D. Consumables &amp; Fistula service medical drugs</b></p>	
Availability of a suitable storage area for the consumables & drugs. Assess the storage conditions.	
Availability of adequate consumables for client care? <i>see checklist on appendix C</i>	
Availability of adequate medical drugs for client care? <i>see checklist on appendix C</i>	
How regular is the consumable supply from the program? <i>Specify date of last supply</i> <i>document supply from other partners</i>	
Any item stock-out in the last 6 months? <i>if yes, specify</i>	
Are the supplies of good quality? <i>e.g., not damaged, not expired, etc.</i>	
<p><b>E. Length of waiting period in days –</b>                      Audit the pre-operative, postoperative &amp; theatre registers for 5 -10 clients in the last quarter</p>	
How long do the clients wait from diagnosis of fistula to admission?	
Average no. of days admission to repair	
Average no. of days repair to discharge	
Average no. of days total hospital stay	

QUESTION	COMMENTS: note deficiencies, reasons, recommendations	
<b>F. Backlog of fistula/POP treatment services</b>		
	<b>Fistula</b>	<b>POP</b>
No. of women awaiting treatment in facility		
No. of dedicated operating theater days every week		
No. of repairs in the last one full quarter		
Percentage of fistulas that were iatrogenic		
Percentage of fistulas that were caused by sexual violence or genital cutting		
Fistula closure rate in last one full quarter: <i>Explanation if the average is &lt;70%</i>		
Estimated complication rate prior quarter		
No. of deaths prior quarter		
Was death reported according to Project Sentinel Event protocol?		
<b>G. Availability of Policy documents &amp; Compliance with service delivery guidelines</b>		
Standard of Practice on Obstetric fistula in Nigeria – Nurses version		
Standard of Practice on Obstetric fistula in Nigeria – Doctors version		
WHO Surgical Safety Checklist posted in Operating Theatre		
Service delivery documents: <i>completeness, maintained in good state, confidentiality, informed consent, FP counseling, etc</i>	<b>Fistula</b>	<b>POP</b>
• Admission register		
• Post-operative register		
• Theatre register		
• Client folders		
• Operation note		
• Informed consent form		
• Family planning counseling		
• Other (specify)		
Assess compliance with surgical safety checklists for		
• Client assessment for surgical candidacy, diagnosis, classification, staging		
• Preoperative management		
• Postoperative management		

- Management of complications

**H. Service Providers**

**3. FAMILY PLANNING SERVICE**



	Provider Names	Remark
Nurses / Midwives	1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 -----	
CHEWs & Others	1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 -----	
Note if any providers were transferred since last visit (provider's name and new facility affiliation, if known)	1 ----- 2 ----- 3 ----- 4 -----	

**I. Staff Training:**

*Record a number, including 0, in each cell*

	Number trained	Additional number needed
Family planning counseling		
Family planning technology (LARC)		
Contraceptive Logistics Management System - CLMS		
Family Planning Service integration		
Infection Prevention & Quality Improvement		
Family Planning Compliance		
Other (specify)		

**J. FP Service Delivery Overview (from the time of last visit) – Check the Register**

Number of clients counselled on FP	Number of FP acceptors	Number of FP referrals





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**K. Availability of posters, Job aids, cue cards and streamlined CLMS tools at the SDP.**

Forms/posters/cue cards/ counseling cards	Yes	No	Number of copies available?
National Family Planning Standard of practice			
Daily Consumption Record (DCR)			
Know your FP Posters (Tiarht Poster)			
Requisition, Issue & Report Form (RIRF )			
Job aids - the CLMS tools, Counseling cards, FP Cue cards			
Availability of FP Registers			

**L. Use of Posters/ Cue Cards/ CLMS tools in the SDP.**

*Document access to forms and confirm skills of service provider*

	Yes	No	Comment
Does the Service Provider complete the DCR on a daily basis?			
Has the Service Provider completed the RIRF over the last review period?			
Does the data on the FP Register tally with that on the DCR?			
Does the data on the DCR tally with that on the RIRF?			
Does the service providers make refer to FPRH Clinical protocols			
Does the service providers make use of the posters, cue cards to counsel clients			

**M. Availability of Family Planning Commodities**

What are the contraceptives routinely provided to Clients in this SDP?	Yes	No	Stock out		Stock out duration
			Yes	No	
Female Condom					
Male Condom					
Depo-provera (150mg inj+syringe)					
Noristerat (200mg inj+syringe)					
IUCD					
Progesterone-only (mini) pills e.g Exluton					
Microgynon					
Implanon implant					
Jadelle implant					

**N. Assessment of the Storage Conditions**

	Yes	No	Comment

1	Does the SDP have a separate store for FP items?			
2	If Yes, is the store secured?			
3	If No, where are the contraceptives kept?			
4	Are all the contraceptives stored & organized in a manner accessible for First-Expiry-First-Out (FEFO)?			
5	Are contraceptives placed on shelves or pallets?			
6	Are cartons stacked away from walls?			
7	Are the commodities in good condition (not crushed)?			
8	Is the storeroom well ventilated?			
9	Are all contraceptives protected from direct sunlight & fluorescent lights?			
10	Are all contraceptives protected from humidity?			
11	Is the store visually free from rodents and insects?			

**O. Availability of necessary Equipment**

	Yes	No	Comment
Does the facilities have the following FP equipment <i>refer to the checklist on appendix D</i>			

**P. RH/FP Legislative and Policy Requirements-(Assess service delivery sessions)**

	Yes	No	Comment
1	Does the clinic set targets for FP acceptors or particular methods? If yes ,please describe		
2	Does the clinic pay incentives in cash or kind to FP acceptors or to NGO/Clinic staff for achieving FP targets? If yes, describe.		
3	If a client declines the FP service, is he or she allowed other service in your clinic? Are there any benefits provided only to clients accepting FP services.		
5	Are you or the clinic providing experimental contraceptive drugs, devices, and or medical procedures? If so, do you provide information on the risks and benefits of such procedures?		
	<b>For hospitals/providers of sterilization services:</b>		
6	Do you offer your clients a form of authorization/consent to have the sterilization/surgery performed?		
7	Are the clients offered any compensation for undergoing the sterilization?		

**4. HMIS/M&E**

QUESTIONS	Fistula	POP	Family
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				Planning
1.	Site M&E officer and support staff, where applicable, have been trained on M&E and conversant with the new tools			
2.	Are data storage and retrieval methods adequate? There is an arch lever folder containing SFs from all points. <i>Confirm that copies of SFs for the last 4 quarters are available and duly signed.</i>			
3.	A copy of the SOP for data management is available in the unit			
4.	Are standard HMIS registers/forms available at this unit and in use?			
5.	Was the HMIS form 001 completed for last month?			
6.	Did the facility submit last month's completed HMIS form to the LGA?			
7.	Does entry made on fistula or POP registers for a given period correspond with entry made on HMIS summary form for that period?			
8.	Is there evidence of data use as seen by the graphical display of previous achievement?			
9.	Is data analysed and used for management purposes?			
10.	Is action plan developed and persons responsible allocated over time?			
11.	Is action plan developed and persons responsible allocated over time?			

**5. REVIEW OF HUMAN RESOURCE IN THE ENTIRE FACILITY**

Category	Number available and Remarks
Physicians who are fistula surgeons	
Nurses	
Midwives	
Nurse Midwives	
Anesthetists & Anesthesiologists	
Community Health Officers	
CHEWs	
Environment Health Officers	
Pharmacy staff	
Laboratory Staff	
Records staff	
Cleaners	
Security staff	
Others (specify)	

**6. QUALITY IMPROVEMENT**

QUESTION	YES	NO	COMMENTS: deficiencies, reasons, and recommendations
<b>A. Site implementation of the following quality improvement measures</b>			
<ul style="list-style-type: none"> <li>Regular quality audits <i>QA committee, mortality/morbidity meetings</i></li> </ul>			
<ul style="list-style-type: none"> <li>Facilitative supervision <i>internal and/or external supervision</i></li> </ul>			
<b>B. Supportive work environment</b>			
<ul style="list-style-type: none"> <li>Space</li> </ul>			
<ul style="list-style-type: none"> <li>Furniture</li> </ul>			
<ul style="list-style-type: none"> <li>Privacy / Confidentiality</li> </ul>			
<ul style="list-style-type: none"> <li>Support staff</li> </ul>			
<b>C. Adequacy of infrastructure</b>			
<ul style="list-style-type: none"> <li>Dedicated fistula / Family Planning units or shared, seasonal facilities</li> </ul>			
<ul style="list-style-type: none"> <li>Dedicated fistula operating theatre vs. one that is shared to provide other surgeries</li> </ul>			
<ul style="list-style-type: none"> <li>Bathrooms, toilets, other amenities</li> </ul>			
<b>D. Reliability of utilities</b>			
<ul style="list-style-type: none"> <li>Water supply <i>mains-piped, well-water, borehole, other reservoir system</i></li> </ul>			
<ul style="list-style-type: none"> <li>Electrical power <i>mains, generator/s</i></li> </ul>			
<b>E. Infection Prevention</b>			
<ul style="list-style-type: none"> <li>Availability of infection prevention materials. <i>refer to checklist on appendix E</i></li> </ul>			
<ul style="list-style-type: none"> <li>Availability of infection prevention protocols or guidelines</li> </ul>			
<ul style="list-style-type: none"> <li>Availability of job aids &amp; posters on infection prevention</li> </ul>			
<ul style="list-style-type: none"> <li>Inspect the physical hygiene of the service areas</li> </ul>			
<ul style="list-style-type: none"> <li>Number of providers trained on Infection prevention &amp; waste management</li> </ul>			
<ul style="list-style-type: none"> <li>Availability of proper hand washing stations. How many?</li> </ul>			
<ul style="list-style-type: none"> <li>Decontamination</li> </ul>			
<ul style="list-style-type: none"> <li>Sterilization – autoclaving, dry heat oven, chemical (specify)</li> </ul>			
<ul style="list-style-type: none"> <li>High-level disinfection – boiling, steaming or chemical (specify)</li> </ul>			
<b>F. Waste Management</b>			

Elements/Actions	In Place?	Next Steps to be done		
		What	By Whom	By When
<b>Waste Management: Written Plans &amp; Procedures</b>				
1. A written waste management plan <i>Describing all the practices for handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required.</i>				
2. Internal rules for generation, handling, storage, treatment, and disposal of healthcare waste.				
3. Clearly assigned staff responsibilities that cover all steps in the waste management process.				
4. Staff waste handling training curricula or a list of topics covered.				
5. Waste minimization, reuse, and recycling procedures.				
<b>Waste Management: Staff Training, Practices, Protection</b>				
6. Staff trained in safe handling, storage, treatment, and disposal. <i>Do staff exhibit good hygiene, safe sharps handling, proper use of protective clothing, proper packaging and labeling of waste, and safe storage of waste? Do staff know the correct responses for spills, injury, and exposure?</i>				
7. Protective clothing. <i>Available for workers who move and treat collected infections waste such as surgical masks and gloves, aprons, and boots.</i>				
8. Good hygiene practices. <i>Are soap and, ideally, warm water readily available workers to use and can workers be observed regularly washing.</i>				
9. Workers vaccinated for against viral hepatitis B, tetanus infections, and other endemic infections for which vaccines are available.				
<b>Waste Management: Handling and Storage Practices</b>				
10. Temporary storage containers and designated storage locations.				

<p><b>11.</b> Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?</p>		
<p><b>12.</b> Minimization, reuse, and recycling procedures. <i>Does the facility have good inventory practices for chemicals and pharmaceuticals, i.e.:</i> <i>Does facility use the oldest batch first; open new containers only after the last one is empty; procedures to prevent products from being thrown out during routine cleaning;</i></p>		
<p><b>13.</b> A waste segregation system. <i>Is general waste separated from infectious/hazardous waste?</i> <i>Is sharp waste (needles, broken glass, etc.) collected in separate puncture-proof containers?</i> <i>Are other levels of segregation being applied e.g. hazardous liquids, chemicals and pharmaceuticals, PVC plastic, and materials containing heavy metals ((these are valuable, but less essential)?)</i></p>		
<p><b>14.</b> Temporary storage containers and designated storage locations. <i>Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?</i> <i>Is the location distant from patients or food?</i></p>		
<p><b>Waste Management: Treatment Practices</b></p>		
<p><b>15.</b> Frequent removal and treatment of waste <i>Are wastes collected daily?</i> <i>Are wastes treated with a frequency appropriate to the climate and season?</i> Warm season in warm climates within <b>24 hrs</b> Cool season in warm climates within <b>48 hrs</b> Warm season in temperate climates within <b>48 hrs</b></p>		
<p><b>16.</b> Treatment mechanisms for hazardous and highly hazardous waste. <u>(The most important function of treatment is disinfection).</u> <i>Are wastes being burned in the open air, in a drum or brick incinerator, or a single-chamber incinerator?</i></p>		

<p><i>If not are they being buried safely (in a pit with an impermeable plastic or clay lining)? Is the final disposal site (usually a pit) surrounded by fencing or other materials and in view of the facility to prevent accidental injury or scavenging of syringes and other medical supplies?</i></p>		
<p><b>17.</b> If the waste is transported off-site, are precautions taken to ensure that it is transported and disposed of safely?</p>		

**SUMMARY NOTES AND RECOMMENDATIONS FROM THE SUPERVISION AND MONITORING VISIT**

**A. Progress toward resolving issues raised at last visit (if applicable):**

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**B. Review Challenges & Action plans**

	Challenges / Strengths	Remark / Proposed actions
Human resources		
Organisation of services		
Working environment		
Equipment		
Consumables		
Technical competence		
Trainings		
Infection prevention & waste management		
Management & supervision		
Referral System		

**C. External assistance needed:**

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**Supervision team leader from the Ministry (sign):** ..... **Date:** .....

**Program staff (sign):** ..... **Date:** .....

**Facility Director (sign):** ..... **Date:** .....



## APPENDIX A1 - Theatre Equipment

Item	Quantity seen	Functionality? Comments
1. Patient Trolley		
2. Stethoscope, BP machine (aneroid), thermometer		
3. Operating table – Well functioning mechanical / hydraulic table with arm and leg-holders and an inclination possibility of at least 30 - 60°		
4. Operating lights or Angle poise lamps with the possibility of focusing		
5. Surgeon,s stool - revolving, adjustable height, padded top, without back rest		
6. Suturing materials - absorbable polyglycolic acid and nonabsorbable nylon sutures		
7. A set of Free suturing needles – strong, ½ circle, round bodied.		
8. Drip / IVF stands, hooks, double hooks, of variable height		
9. Instrument Trolley / Table		
10. Oxygen source – Cylinder or Concentrator		
11. Anesthetic machine with GA accessories; gases, anesthetic injectable medications & tubing		
12. Emergency / Resuscitation box - with adult bellows/ambu bag, face mask, airways, laryngoscope with various blades, tubings emergency drugs etc.		
13. Shelve / Cabinet for drugs & supplies		
14. Shelve / Cabinet for instrument trays		
15. Autoclave and sterilizer either on electricity or on gas		
16. Continuous Vital Functions Monitor		

17. Air conditioner		
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**APPENDIX A2 – Essential Ward Equipment**

Items	Quantity seen	Comments
Beds		
Bed sheets		
Mackintosh		
Drip stands		
Stethoscope		
BP machine		
Thermometer		
Instrument trolley		
Instrument drums		
Surgical Gowns for clients		
Storage cupboard / shelve for Ward instruments		
Examination couch		
Fistula Examination set <ul style="list-style-type: none"> <li>• Kidney basin</li> <li>• Sims speculum</li> </ul>		

<ul style="list-style-type: none"> <li>• Uterine sound</li> <li>• Dissecting forceps</li> <li>• Bladder Syringe, 50ml</li> </ul>		
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**APPENDIX B - Complete Fistula & POP Surgical Instruments**

Items	Minimum Quantity for a complete repair set	Quantity of each item seen in the theatre	Functionality? Comments
1. Instrument trays	1		
2. Sponge forceps	1		
3. AUVARD, Self-retaining weighted speculum one	1		
4. THOREK scissors, 18cm, angled 90 degrees	1		
5. Curved long dissecting scissors	1		
6. Mayo Tissue dissecting forceps, 20cm, long, toothed	2		
7. Needle holder, Mayo-Hegar, 18cm / 20 cm, straight	2		
8. Scalpel holder for blades No. 11	1		
9. Scissors to cut sutures, 18cm	2		



10. ALLIS tissue forceps	2		
11. Langenbeck tissue retractor, 11x43mm blade	1		
12. Vulsellum forceps, curved, 23cm	1		
13. Deschamps aneurysm needle, very sharp, curved left/right, slender needle, half-circle, 20cm	1		
14. Mosquito artery forceps 10 cm long	5		
15. Kelly Artery forceps 20 cm long/curved	4		
16. Dilators set, HEGAR, set of 16 dilators, sizes 3-18cm	1		
17. Calibrated up to 25 cm Uterine sound	1		
18. Probe with eye, malleable, 20 cm	1		
19. Female metal catheter, 16 cm (12 FG)	1		
20. Bladder Irrigation syringe with big nozzle, 60 ml	1		
21. Metal kidney dishes	2		
22. Gallipot, approx. 100 ml	1		
23. Towel clips, Backhaus, 12,5 cm	4		
24. Metal Ruler in cms	1		



25. Mayo Safety Pin forceps holder, 140 mm	1		
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**APPENDIX D: Medical Consumables / Supplies**

Items	Adequate Quantity	
	YES	No
IS THIS SITE REGISTERED WITH DIRECT RELIEF (DR)?		
IF REGISTERED WITH DR, IS MOU COMPLETED?		
IF MOU EXECUTED, IS SITE RECEIVING DR SUPPLIES?		
Fistula Kit(s)		
Fistula Suture Package(s)		
Midwifery Kit(s)		
EmONC Package(s)		
1. Intravenous fluids – Normal saline or Ringers lactate & Dextrose saline		
2. Injection Bupivacaine (Marcaine)		
3. IV cannula (18G & 20G)		
4. Intravenous Giving sets		
5. Syringes & needles (5ml & 10ml)		
6. Spinal needle (19G & 21G)		
7. Surgical blades (size 11)		
8. Surgical glove size (size 7 1/2 & 8)		
9. Examination gloves		
10. Absorbent gauze		



11. Adhesive plaster		
12. Urine bags		
13. Urethral Foley Catheters (16G & 18G)		
14. Ureteric catheter		
15. Bladder syringe, 60cc with big nozzle		
16. Sanitary pads		
17. Cotton wool		
18. Methylene blue or gentian violet		
19. Lubricant (sterile water-based jelly, such as K-Y jelly, or xylocaine jelly)		
20. Antiseptic solution (e.g., Savlon, Purit, Povidone iodine)		
21. Methylated Spirit		
18. Medications: Tray, injectable/oral/suppository medications, broad spectrum antibiotics, analgesics, antiemetics, Adrenaline inj 1 mg in 1 ml, 1 ml amp		

### APPENDIX E – Essential FP Unit Equipment

Items	Yes	No	Comments
1. Exam room			
2. Examination couch			
3. Weight scale			
4. Light source e.g. Angle poise lamp			
5. B. P. Instrument			
6. Stethoscope			
7. Thermometer			
8. Contraceptive cupboard			
9. Stool			
10. Equipment/supplies for lab test			



(optional)			
11. IUD Insertion couch			
<b>12. Complete IUD Insertion / Removal kit</b> <ul style="list-style-type: none"> <li>• 3 Vaginal Specula (1 large, 1 medium,1 small)</li> <li>• Vulsellum or Tenaculum</li> <li>• Gallipot</li> <li>• A Pair of blunt-nosed scissors</li> <li>• Uterine sound</li> <li>• Sponge Holding Forceps</li> <li>• Remover hook</li> </ul>			
13. Pelvic exam instruments			
14. Drapes			
15. Draw sheet			

# NOTES