

# FISTULA CARE

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## Fistula Services Facilitative Supervision and Medical Monitoring for Service Delivery

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EngenderHealth, 440 Ninth Avenue, New York, NY 10001, USA  
Telephone: 212-561-8000, Fax: 212-561-8067, Email: [jruminjo@engenderhealth.org](mailto:jruminjo@engenderhealth.org)

# I. FACILITY INFORMATION

Facility Name: \_\_\_\_\_

District/state/Country: \_\_\_\_\_

## Time Period Covered

Date of this Supervisory Visit: (dd/mm/yy) \_\_\_\_\_

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

Date of Previous fistula Supervisory Visit at this Site \_\_\_\_\_

Report from Last Visit: is it available?/ Reviewed? \_\_\_\_\_

Time Period Covered/reviewed in this Visit: \_\_\_\_\_

## Assessment Completed by (key persons in supervision team)

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

## Key Fistula Contact Person(s) interviewed at Facility

(E.g. Fistula Ward administrator, doctor or nurse-in-charge, fistula surgeon, recent trainee-s. The site visitor may have additional comment from unstructured client-satisfaction interview with client-s)

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Cadre: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Cadre: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Cadre: \_\_\_\_\_

## II. Fistula Service Delivery at Facility

### Service Providers for Repair Surgery and Nursing Care

1. Current Providers of fistula Repair; Providers of pre and post op Nursing (state if theater nurse)				
a. Cadre	b. Provider Names	c. For repairs, note degree complexity: simple, medium, complex	d. Number Competent providers vs additional number needed	e. Note if any of providers transferred since last visit (provider's name, new facility affiliation if known)
Surgeon conducting repairs (and specialty if any; state if non-physician)	1 _____ 2 _____ 3 _____ 4 _____			
Nurse and/or midwife (state if ward or theater deployed)	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____			
Perceived adequacy of administrative support (composite of interviews)				
Perceived need for additional fistula or other RH training for the same or other staff	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			

QUESTION	YES	NO	COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS
<b>2. Equipment (fistula repair sets and other support equipment: (please refer to list of EngenderHealth Standard Fistula Equipment and supplies)</b>			
a. Availability of general theater and ward equipment/ furniture/ appliances			
b. Availability fistula-specific equipment			
c. Number of complete fistula sets _____ ; Is this number adequate?			
d. Is all the equipment fully functional? _____			
<b>3. Expandable Supplies (e.g. catheters, syringes, gauze, gloves)</b>			
a. Are expandable supplies available?			
b. If available, are they in adequate quantity?			
c. Any item stock-out last 6 months? (if yes, specify item)			
d. Are the supplies of good quality (e.g. not damaged, not expired, etc)?			
QUESTION	YES	NO	COMMENTS: IF NO- SPECIFY MEDICATION, DEFICIENCY, REASONS, RECOMMENDATIONS
<b>4. Availability of fistula service medical drugs and of Family Planning Methods</b>			
a. Availability of medical drugs;			
b. Availability of FP methods (list which methods available, methods for which there is provider, which counseled for)			
c. Adequacy of medical drugs;			
d. Adequacy of quantity and range of FP methods			
e. Any stock -outs in last 6 months for medical drugs? (specify medical drug)			
f) Any stock outs in last 6 months for FP methods? (specify FP method)			
g. Are medical drugs and FP methods of good quality (e.g. not expired or damaged)?_____			

5. Length of waiting period in days	Comment, if any
a. Number of days from diagnosis of fistula to admission _____	_____
b. Average number of days, admission to first repair _____	_____
c. Average number of days, repair to discharge _____	_____
d. Average number of days for total hospital stay _____	_____
6. Backlog of fistula treatment services	Comment if any
a. Number women awaiting treatment in facility _____	_____
b. Estimated number of women with fistula in catchment area, if known and source of info _____	_____
c. Number of dedicated theater days every week _____	_____
d. number of fistula repairs in the last 2 full quarters _____	_____
e. percentage that was iatrogenic _____	_____
f. percent from sexual violence or genital cutting _____	_____
g. Any community fistula outreach, IEC/BCC, MAP _____	_____
h. Fistula Closure rate last 2 full quarters; _____ (comment on reasons if average <70%) _____	_____
i. Estimated complication rate last 2 full quarters _____	_____
j. Number of deaths associated with fistula surgery or other fistula related clinical procedure in last 2 quarters _____ ; was death investigated/ reported according to agency protocol? _____	_____

QUESTION	YES	NO	COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS
<b>7. AVAILABILITY OF POLICY DOCUMENTS, HMIS</b>			
<b>What is the Availability of</b>			
a) Fistula care Policy or Strategy documents			
b) Reference materials			
c) Job aids			
d) Service delivery documents: (with comment on completeness, whether maintained in good state, confidentiality, for each)			
admission register			
client record file			
theater register			
operation notes			
discharge summary			
informed consent form			
other (specify)			

QUESTION	YES	NO	COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS
<b>8. AVAILABILITY OF FREE OR SUBSIDIZED SERVICES</b>			
Are fistula prevention, treatment and rehabilitation/reintegration services available and free or subsidized? (please specify) _____			
<b>9. COMPLIANCE WITH FISTULA SERVICE DELIVERY GUIDELINES</b> (IF available check yes; If NOT, check no for 'not available')			
a. Compliance with guidelines for Client Assessment, diagnosis and classification			
b. Guidelines for pre-op management?			
c. Guidelines for post op management?			
d. Guidelines for use of analgesia and/or of anesthesia:			
e. Guidelines for management of complications			
f. If EmoC offered, Guidelines for safe management of labor and delivery			
g. Accurate and consistent use of Partograph,			
h. Use of Active Management of 3 <sup>rd</sup> stage of labor			
i. Other guidelines (specify)			
<b>Total number of deliveries last two completed quarters</b>			
<b>C section rate</b>			
<b>Number of Inward referrals last two completed quarters</b>			
<b>Number of outward referrals last two completed quarters</b>			

QUESTION	YES	NO	COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS
<b>QUALITY IMPROVEMENT:</b>			
<b>10. Does site implement QI measures</b>			
a. regular quality audits e.g. mortality/ morbidity meetings etc			
b. Facilitative Supervision (internal and/or external supervision)			
<b>11. Supportive work environment</b>			
a) space			
b) comfort			
c) furniture			
d) support staff, etc			
<b>12. Adequacy of Infrastructure</b>			
a) Whether dedicated fistula wards (or shared, temporally /seasonal)			
b) Whether dedicated theater (or shared on a daily or other schedule)			
c) Bathrooms, amenities, etc			
<b>13. Reliability of Utilities</b>			
a) Water supply (whether main piped, well or borehole; need for reservoir e.g. tanks)			
b) Electric power (mains, generator/s)			
<b>14. INFECTION PREVENTION: Compliance with IP service delivery standards (see IP guide)</b>			
10. Decontamination			
11. Cleaning of instruments			
12. Sterilization – autoclaving, dry heat oven or chemical (specify)			
13. High-level disinfection – boiling, steaming or chemical (specify)			
14. Hand-washing			
15. Gloving			

<b>15.Waste disposal and environmental protection:</b>	<b>For each element listed below, circle the response</b>
H1- does site have a written management plan to show observer for non hazardous general waste, Medical Liquid waste and Medical Solid waste?	<ol style="list-style-type: none"> <li>1. site reports it has written management plan and plan is shown to observer,</li> <li>2. site has formal management plan reportedly but not shown to observer,</li> <li>3. no formal management plan,</li> </ol>
H2 Number and types of staff trained in IP/medical waste disposal in last 4 quarters: clinical staff._____ and non-clinical staff_____	<ol style="list-style-type: none"> <li>1. at least one clinical or one non-clinical person trained; AND site has clearly assigned staff that cover all steps in waste management, at least one person trained,</li> <li>2. No person trained</li> </ol>
H 3 Does site have clearly assigned staff responsibilities that cover all steps in the waste management process.	<ol style="list-style-type: none"> <li>1. yes</li> <li>2. no</li> </ol>
H4 Does site have appropriate and adequate supplies and equipment for IP and waste management? (ref IP guide) including decontaminants, containers, protective clothing?	<ol style="list-style-type: none"> <li>1. Site has supply of bleach, bucket for decontamination and a sterilizer/autoclave</li> <li>2. Site has either bleach or bucket for decontamination, or sterilizer/autoclave but not all</li> <li>3. OR does not have any of bleach or bucket for decontamination or sterilizer/autoclave</li> </ol>
H5 Does site have and use IP job aids and medical waste management protocols or curricula from USAID, EngenderHealth or WHO etc.	<ol style="list-style-type: none"> <li>1. At least one IP job aid posted in OR and/or Ward and/or procedure/slucie room, and site follows use of waste management protocols</li> <li>2. Job aid posted in OR or ward, or procedure/slucie room or there is use of waste management protocols</li> <li>3. No job aid posted in work areas</li> </ol>
H6 Sorting: internal rules for appropriate separating of waste by type at the place where generated (e.g. needles and sharps disposed of in special sharps' containers, such as covered leak proof puncture proof cardboard boxes, plastic bottles or tin cans)	<ol style="list-style-type: none"> <li>1. Waste separated by type immediately and separation is at point where waste generated and contaminated sharps immediately isolated into safe temporary containers</li> <li>2. Waste separated by type immediately or separation is where generated or placed in appropriate containers,</li> <li>3. Waste not separated by type immediately and separation is not where generated and not placed in appropriate containers,</li> </ol>
H7 Handling: appropriate collecting and transporting of medical waste within the facility (e.g. handling medical waste as little as possible before temporary storage and disposal; removing and emptying waste containers from operating, procedure and slucie rooms before completely full, at least once a day. Good hygiene, protective clothing)	<ol style="list-style-type: none"> <li>1. Appropriate transporting of waste and use of protective clothing and good hygiene (including regular washing with soap and water)</li> <li>2. Appropriate transporting of waste or use of protective clothing or use of good hygiene</li> <li>3. Inappropriate transporting and lack of use of protective clothing and good hygiene</li> </ol>
H8 Interim storage: appropriate and temporary safe storage, packaging and labeling of medical waste within the facility (e.g. always for less than 24 hours, before disposal; stored in a designated closed off area that is minimally accessible to staff, visitors and food. Correct response for spills, injury, exposure)	<ol style="list-style-type: none"> <li>1. Appropriate storage area and labeling and always for less than 24 hours</li> <li>2. Appropriate storage area or labeling or storage always less than 24 hours,</li> <li>3. Inappropriate storage area and labeling of waste, storage sometimes for more than 24 hours</li> </ol>



<b>15. Waste disposal and environmental protection:</b>	<b>For each element listed below, circle the response</b>
<p>H9 Final disposal general: appropriate eliminating solid medical waste, liquid medical waste, sharps and hazardous chemical waste from the health facility (e.g. all solid and liquid waste and contaminated waste disposed of away from the community. Never stored in open container, never thrown into an open pile.)</p>	<ol style="list-style-type: none"> <li>1. Waste disposed is away from the community and never stored in open containers and never thrown in open pile</li> <li>2. Waste disposed is away from the community or never stored in open container or never thrown in open pile,</li> <li>3. Waste disposed in the community and sometimes stored in open containers and thrown in open piles</li> </ol>
<p>H10 Final disposal of Solid waste: appropriate disposal, e.g. at the facility if possible under supervision by staff who understands the risks. Can use burning, or burying or transporting to an off site disposal site.</p> <p>Functional burning in a drum or brick incinerator are best. Less optimal: Open burning, in a small designated area far from premises. If wet, doused with kerosene first before starting the fire).</p>	<ol style="list-style-type: none"> <li>1. site has optimally functional incinerator or arrangement for off-site transfer</li> <li>2. site has non-optimal incinerator or arrangement for off-site transfer</li> <li>3. site does not have incinerator, or arrangement for off-site transfer</li> </ol>
<p>H11 Final disposal of solid waste by Burying safely (e.g. at a designated, fenced or walled -off space in view of the facility with a pit large enough for all the solid medical waste generated at site to prevent scavenging and accidental injury. Pit with an impermeable plastic or clay lining. Burial pit at least 50 meters away from any water source to prevent contamination. Site with proper drainage, located downhill from any wells, free of standing water, in an area that does not flood. Bottom of the pit should be 2 meters above the water table (consult local water engineer./water authority about location of the water table. Keep waste covered with 10-30 cm of soil.)</p>	<ol style="list-style-type: none"> <li>1. site has optimally functional waste burial site or arrangement for off-site transfer</li> <li>2. site has non-optimal waste burial site or arrangement for off-site transfer</li> <li>3. site does not have waste burial site or arrangement for off-site transfer</li> </ol>
<p>H12 Off-site disposal: are precautions taken to ensure that waste is transported and disposed of safely?</p>	<ol style="list-style-type: none"> <li>1. All precautions taken to ensure that waste is transported safely</li> <li>2. Some precautions taken to ensure that waste is transported safely</li> <li>3. No precautions taken to ensure safe transport</li> <li>4.</li> </ol>
<p>Additional observations and comment on IP and waste storage/disposal</p>	

### III. Monitoring of Counseling Services

15. Fistula Counseling and Family Planning Counseling: availability of Trained Counselors				
a. Cadre	b. Provider Names	c. trained in Fistula Counseling		d. trained in FP Counseling
Physicians	1 _____ 2 _____ 3 _____			
Non-physician /nurse midwife	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____			
a. Total number of counselors available _____ b. Fistula counseling _____ c. FP counseling _____ d. Specify FP methods for which counseling is available _____ e. Number needed for fistula counseling _____ f. Needed for FP counseling _____				
QUESTION		YES	NO	COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS
16. Counseling equipment and job aids available				
a. Flip chart:				
b. Posters				
c. Anatomical models and/or pictures				
a. Client pamphlets b. Other (specify) c. Range of FP methods (specify methods) available _____				

**17. Specific aspects of Counseling Process**

(Team may complete this section after direct observation of a counseling session or, failing that, according to what the Providers describe as being included in their routine counseling- specify).

a. Do providers follow Standard Guidelines for Fistula Counseling during the phases of:

- a. Admission\_\_\_\_\_
- b. Pre-op\_\_\_\_\_
- c. Intra-op\_\_\_\_\_
- d. Post-op\_\_\_\_\_
- e. Discharge from hospital?\_\_\_\_\_
- f.

b. Do providers make appropriate use of REDI, GATHER or another counseling model?\_\_\_\_\_

c. Number of women with fistula counseled in last 2 full quarters \_\_\_\_\_ out of a total of \_\_\_\_\_. Percent :\_\_\_\_\_

**d. What information or services are provided to women who do not accept FP after fistula services?**

Further information and/or services			
Given appointment for another time at same site or given referral to other FP clinic or home visit			

**e. Additional quality of service components**

The woman is treated with respect; dignity; empathy			
Provider ensures visual/ auditory privacy; confidentiality			
Rapport and a rights- based client-provider interaction			

**f. FP Monitoring**

Log book present and complete for FP method adoption			
Monthly and quarterly reports for FP service available			
Information on FP adoption shared regularly with fistula service providers and managers on site			

## Fistula Service referrals and Linkages to other RH and reintegration

QUESTION	YES	NO	COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS
<b>17. Linkages to other RH services</b>			
a. Screening and/or treatment for other RH issues eg HIV/STI			
b. support services for Gender issues and harmful traditional practices (if necessary)			
c. other			
<b>18. Referrals</b>			
a. There is documentation of fistula upward/downward referrals (in log book or monthly and quarterly reports: specify) b. Linkages to facility reintegration services c. Linkages to community reintegration services			

**IV. Notes from Client Interviews: optional**

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**V. Summary Notes and Recommendations from the Supervision and Monitoring Visit**

Progress towards resolving issues raised in last visit (if applicable):

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**Programmatic challenges, Quality Improvement and other issues to be addressed before next visit:**

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**External assistance needed:**

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**General comments:**

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**Were Results of visit shared with District Health Management Team (DHMT) or other collaborators?**

- Yes       No