

# FISTULA CARE

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## Facility Assessment of Fistula Treatment and Prevention Services: Guidelines for Planning, Conducting and Disseminating Findings

April 2009

*By*



EngenderHealth  
for a better life



**USAID**  
FROM THE AMERICAN PEOPLE



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

# **Facility Assessment of Fistula Treatment and Prevention Services: Guidelines for planning, conducting and disseminating findings**

## **Introduction**

The purpose of conducting site assessments is to assist country program partners to prepare for introducing and/or expanding fistula prevention and care services. The assessment tool was expanded and revised in late 2008 to include sections to address four key prevention interventions which Fistula Care will focus on in selected programs: integrating family planning; correct and consistent use of the partograph, , immediate catheterization after prolonged labor to prevent or treat small fistulae; and strengthening c-section services.

The package of materials for the site assessment includes:

1. Proposal guidelines. Country programs are required to submit a proposal which will describe the objectives and rationale for the assessment, how the assessment will be managed and carried out, a budget, roles and responsibilities of FC staff and consultants, and how findings will be disseminated. The proposal and a cover sheet is submitted to the Senior M&E/Research Advisor for review and approval prior to the start of the assessment. Ideally the proposal should be submitted at least 4 weeks prior to the assessment.
2. Tip Sheet for Planning the Assessment
3. Site Assessment Tool (see separate document)
4. Presentation of Findings: An Outline for the Assessment Report



**Fistula Care Facility Needs Assessment  
Proposal Cover Sheet**

Name/Location of site (s) to be assessed \_\_\_\_\_

Name of program submitting proposal: \_\_\_\_\_

Name of Program manager: \_\_\_\_\_

Total projected budget in \$US: \_\_\_\_\_

Source of funding: \_\_\_\_\_

Is funding secured? \_\_\_\_\_

Technical assistance required: \_\_\_\_\_

Is this TA covered in the budget? \_\_\_\_\_

Projected start and end dates: \_\_\_\_\_

Signature of Program Manager: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

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**Review and approval by Fistula Care**

\_\_\_\_\_  
**Sr. Advisor, M&E/Research (print clearly)**

\_\_\_\_\_  
**Signature of Sr. Advisor, M&E/Research**

## **Facility Needs Assessment Proposal Outline**

### **Introduction/background**

In this section, describe why this facility has been selected for the needs assessment. Describe how this site fits in with the current program strategy for fistula repair and prevention services. Include any relevant data known about fistula from previous studies, needs assessments, etc.

### **Assessment Objectives**

In this section, state the specific objectives of the needs assessment. Please provide a general statement that the objective is to conduct a programmatic assessment to determine the readiness of the site(s) in the country to provide fistula care services.

### **Assessment Design & Methodology**

Describe all aspects of the assessment including instruments to be used, sampling procedures (if applicable for any record reviews), estimated number of providers and patients (if applicable) to be interviewed. . Indicate who will conduct the assessment, and when and where it will take place. Fistula Care has developed a comprehensive site assessment tool which we recommend you use for the assessment. If you decide to modify this tool for the assessment, please submit the revised /modified assessment tool you will use for this assessment.

### **Protection of Human Subjects- Informed consent & confidentiality**

Describe the process that will be used to obtain informed consent from participants and how confidentiality will be maintained. State specifically who will be responsible for obtaining the informed consent procedures. Informed consent forms (if they will be used) must be included as an attachment.

### **Management, Roles & Responsibilities**

Please describe

- How the assessment will be managed (by a consultant and/or EngenderHealth staff person)
- Roles and responsibilities of the staff and consultants involved.
- Who locally has approved the assessment (who are we partnering with?)
- Expected required technical assistance from EngenderHealth staff.

Attach a timeline for the assessment as an appendix.

### **Dissemination and Utilization of Results**

Describe how the assessment findings s will be disseminated and used. Specify how the final report will be produced and to whom it will be distributed.

### **Appendices**

Appendices should include:

- 1) Any instruments to be used to collect data (e.g., questionnaire),
- 2) Copies of the informed consent forms (if any),
- 3) Timeline for the assessment and
- 4) Budget for costs (include costs for personnel, consultants, and subcontractors; travel; technical assistance from NY or regional offices; translations and transcriptions; data collection, analysis, report writing, and dissemination; planning and dissemination workshops.

## Tip Sheet for Planning the Fistula Site Assessment

1. Selection of the sites for inclusion in the assessment should be discussed with key stakeholders in each country (e.g., MOH, Fistula Working groups, etc.).
2. Each site should be informed of an assessment team visit at least 1 week in advance to ensure availability and as a consideration to the site.
3. Assessment team members should include someone from the Fistula Care team and other key stakeholders from the country as appropriate (MOH, NGO partners, etc.)
4. Assessment team members should meet prior to the start of the assessment field visits to review the tool to make sure that everyone understands the tool, how it should be administered, and to make any changes as may be required based on the country situation. In particular, in-country team members should be reminded to allow the site staff to answer all questions and provide clarification during the interview process.
5. Assessment team members should know in advance the language requirements of each site and have at least two (preferably all) members of the team who are able to communicate with the site staff and correctly administer the assessment.
6. Depending on the size of the assessment team, we suggest that the team break into sub-teams. Breaking into smaller teams can be more efficient and will reduce the number of days required at each site. After a general introduction to the site the sub teams can visit different departments concurrently in order to gather the required information. The assessment tool is designed to collect information from X departments.
7. The site should be informed that the team will require a staff person to accompany them during the assessment.
8. A list of the representatives from each department that are needed for the assessment should be proposed to the facility and if possible a schedule should be created in consultation with the facility to ensure that department representatives can plan to be available during the assessment while they continue their duties.. If the team is aware in advance that only one or two individuals will be interviewed during the assessment, the team should go through the tool beforehand and highlight duplicate questions in different sections to reduce repetition and the amount of time the assessment takes.
9. At least one week before the assessment, each site should be provided with a copy of the assessment tool and a summary sheet of the kinds of statistical data that will be needed for the assessment so that this data is readily available during the assessment.
10. Assessment team members will need: two pencils, 2-3 additional copies of the assessment tool to share with the site, a clipboard; business cards.
11. At the end of the assessment the team should conduct a debrief meeting with the key administrative staff of the facility to provide general feedback about the findings and to thank them for their time and assistance.

## Presentation of Findings: An Outline for the Assessment Report

The assessment team should begin to review and compile the finding from the assessment as soon as possible following the site visit. The team members will need to meet to review findings from their respective interviews and observations of services.

Presented below is a suggested outline for the final report that includes suggested tables that can be used to present information in the report. We recommend that the report include a summary table with the key data from all sites included in the assessment for easy reference; see Annex A.

**Executive summary.** One-page summary of key findings and recommendations.

**Introduction/Background.**<sup>1</sup> In this section, describe the rationale for the site's selection for a needs assessment. Describe how this site fits in with the current country program strategy for fistula repair and prevention services. Include any relevant data known about fistula in the country from previous studies, needs assessments, etc.

**Objectives of needs assessment**<sup>1</sup>In this section, state the specific objectives of the needs assessment. Please provide a general statement that the objective is to conduct a programmatic assessment to determine the readiness of the site(s) in the country to provide fistula care services.

### Methodology<sup>1</sup>

- Describe all aspects of the assessment including instruments to be used, sampling procedures (if applicable for any record reviews), and the estimated number of providers and patients interviewed (if applicable).
- Describe the members of the assessment team (names and job affiliation); provide dates of the assessment.
- List the names of the facilities included in the assessment and some background about the sites; e.g., type of site (MOH, NGO, FBO), location in the country, whether the site currently provides fistula repair services, etc.
- Describe any preparatory meeting(s) with stakeholders and with the assessment team.
- Describe the data collection process, including how protection of human subjects and informed consent were managed at each site.
- Include any mention of limitations of the assessment (e.g., if patients could not be interviewed, if services were not observed, etc.).

### Findings

Using the structure of the assessment tool, describe the general findings for each major component of the assessment. Outlined below are suggested headings and some table designs for presentation of the data.

1. Capacity and Ownership of The Health Facilities (see suggested Table A for format for presentation of findings)
2. Service Statistics
  - Family Planning Counseling, Use And Referral

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<sup>1</sup> This is also part of the assessment proposal the FC team submits for review prior to the assessment visit.  
Fistula Care Guidelines for Site Assessments  
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- Normal and Cesarean Section Deliveries
  - Fistula Causes and Management
3. Availability of IEC Materials
  4. Availability of Clinical Services
  5. Waiting Area Amenities, Privacy and Confidentiality Precautions:
  6. Continuity of Care and Referral Services:
  7. Information, Training and Development for Staff
  8. Infection Prevention and Environmental Screening
  9. Staff Needs for Information Training and Development
    - Number of staff with varied range of skills at the health facility (see sample Table B)
  10. Training Needs and Health Facility Capacity To Conduct Training (See Sample Table C).
  11. Staff Needs for Supplies, Equipment and Infrastructure:
  12. Staff Need for Facilitative Supervision and Management:
  13. Community Involvement
  14. Facility Data Collection, Analysis and Use:
  15. Availability of Written Protocols, Standards, Guidelines and Reference Materials in Facility (See Sample Table D).
  16. Capacity for Fistula Care –Treatment and Prevention (see sample table E).

## **Summary of Strengths and Challenges**

## **Recommendations**

## **References**

## Sample Table Formats for Fistula Assessment Report

**Table A: Services provided by Sites (Key: Y = provided and N = not provided)**

Facilities <span style="font-size: 1.2em;">→</span>	Site A	Site B	Site C	Site D	Site E
<b>Services</b> <span style="font-size: 1.2em;">↓</span>					
Fistula routine repair					
Fistula camps					
Fistula referral					
Family planning counseling					
Family planning services					
Family planning referral					
Antenatal care (ANC)					
Postnatal care (PNC)					
Sexual dysfunction services					
Reproductive health for men					
Gender based violence (GBV) management					

**Table B: Number of Staff providing fistula services**

Health Facility <span style="font-size: 1.2em;">→</span>	Site A	Site B	Site C	Site D	Site E
<b>Skills/area or specialization</b> <span style="font-size: 1.2em;">↓</span>					
Urologists					
Gynecologists					
General doctors					
Surgeons					
Visiting surgeons					
Visiting gynecologist					
Ward nurse					
Theater nurse					
Anesthetists					
FP counselor					
Social worker					
Physiotherapist					

**Table C: Number of staff at each facility who have undergone formal training in fistula care**

Health Facility <span style="font-size: 1.2em;">→</span>	Site A	Site B	Site C	Site D	Site E
<b>Area Training</b> <span style="font-size: 1.2em;">↓</span>					
Pre/post management <span style="margin-left: 100px;">operative</span>					
Theater nursing care					
Physiotherapy					
Administering fistula anesthesia for fistula repair					
Fistula client counseling					
FP counseling					
RH/VCT counseling					
Infection prevention					
Quality improvement					



<b>Health Facility</b> →	<b>Site A</b>	<b>Site B</b>	<b>Site C</b>	<b>Site D</b>	<b>Site E</b>
<b>Area Training</b> ↓					
MAP in RH					
Community mobilization					
Labor and delivery					
Use of partograph					
Management of obstructed labor					
Catheterization					
Use of vacuum extractor (Ventous)					
Performing C/S					



**Table D: Availability in facility of written standards, protocols, norms, and guidelines (Key: Y = provided and N = not provided)**

<b>Facilities</b> →	<b>Site A</b>	<b>Site B</b>	<b>Site C</b>	<b>Site D</b>	<b>Site E</b>
<b>Available materials</b> ↓					
Standards, protocols, norms & guidelines for Supervision					
Standards, protocols, norms & guidelines for EmOC					
EmOC job-aids					
Standards, protocols, norms & guidelines for Family planning counseling					
Standards, protocols, norms & guidelines for Family planning service delivery					
Family planning job-aids					
Standards, protocols, norms & guidelines for infection prevention					
Infection prevention job-aids					
Written waste disposal plan					

**Table E: Infrastructure capacity to carry out EmOC and fistula repair**  
**(Key: Y = provided and N = not provided)**

Facilities		Site A	Site B	Site C	Site D	Site E
<b>Available materials</b>						
Number (No.) of beds	Hospital					
	Gynecology					
	Obstetric					
	Combined obs/gyn					
	Dedicated to fistula					
No. of delivery rooms						
No. of C/S operating rooms						
Operating table available for fistula repair						
Fistula repair kit						
State of repair or disrepair of ward where fistula clients are taken care of.						
State of repair or disrepair of theater where fistula clients are operated.						
Ability to schedule routine fistula repair						
Ability to schedule fistula repair camps						
Days set aside for fistula repair in a week						

### Annex A. SAMPLE FISTULA CARE SITE ASSESSMENT SUMMARY

Health Facility 	Site A	Site B	Site C	Site D	Site E
Indicator 					
District					
Region					
Facility type	Military Referral and designated district hospital	Designated District hospital	Designated District hospital	District hospital	Tertiary – National University Teaching Hospital
Ownership	Government	FBO -Anglican	FBO -Catholic	Government	Government
Locality of facility	Urban	rural	Urban	Urban	Urban
Bed capacity	360	152	416	400	500
Visible sign/ posters advertising services available	Not seen	Not seen	VCT, ARV	Not seen	Not seen
Availability of take home brochures and handouts	N	N	N	N	N
Fistula counseling	Y	Y	Y	Y	Y
Fistula referral	Y (Diff. cases)	Y	Y (Kanombe hospital)	N	N
Fistula repair	Y - Routine	Y - Camps	Y - Camps	Y	Y
FP Counseling	Y	Y	Y	Y	N
FP Services	Y	Y	Y –Natural methods	N	N
FP Referral	N	N	Y –artificial methods	Y	N
ANC	Y	Y	N	N	Y
Normal Delivery	Y	Y	Y	Y	N
EmOC – 24/7	Y	Y	Y	Y	Y
PAC	Y	Y	Y	Y	Y
PNC	Y	N	Y	Y	Y
STI/HIV/AIDS counseling & Mgt	Y	Y	Y	Y	Y
Sexual dysfunction services	Y	N	Y	Y	Y
RH for men	Y	N	Y	Y	N
Nursing care 24/7 for in-pts	Y	Y	Y	Y	Y
VCT, PMTCT,	Y			Sexual violence management	
ART					

Health Facility →	Site A	Site B	Site C	Site D	Site E
Indicator ↓					
Electricity – Mains	Y	Y	Y	Y	Y
- generator	Y	Y	Y	Y	Y
Water - Piped	Y	Y	Y	Y	Y
Telephone	Y	Y	Y	Y	Y
Internet	Y	Y	Y	Y	Y
Teaching materials available					
• Fistula	N	N	N	N	Y
• FP	Y	N	Y	Y	N
• EmOC	N	N	Y	N	N
• C/S	N	N	N	N	N
• Black/ white board		Y	N	Y	Y
• Flipchart stand			N		
• Screen	Y		N	Y	Y
• Overhead projector	Y	Y	N	Y	Y
• LCD	Y	Y	N	Y	Y
• Computer	Y		Y	Y	Y
• Reference materials/ library	Y	Y	Y	Y	Y
• Copier		Y			
• Video(VCR) TV	Y				
• Video tapes/ cassettes	Y	Y	Y	Y	Y
• CD/DVD	Y		N		
• Camera		Y	N	Y	Y
• Furniture, cabinets		Y			Y
	Y	Y	N	Y	Y
			N	Y	Y
			Y	Y	Y
Training materials needed	<ul style="list-style-type: none"> <li>• Cassettes</li> <li>• DVDs</li> </ul>	<ul style="list-style-type: none"> <li>• Anatomy models</li> <li>• Books</li> <li>• CD/DVD</li> </ul>	<ul style="list-style-type: none"> <li>• Flipchart stand</li> <li>• Laptop</li> </ul>	<ul style="list-style-type: none"> <li>• Model of baby</li> </ul>	<ul style="list-style-type: none"> <li>• Materials</li> <li>• Human resource capacity</li> </ul>

Health Facility →	Site A	Site B	Site C	Site D	Site E
Indicator ↓					<ul style="list-style-type: none"> <li>building</li> <li>Equipment</li> </ul>
Fistula repairs:					
• 2006	0	17	-		
• 2007	36	13	-		
• 2008	15	9	-		
FP clients counseled:					
• 2006	148	-	-	-	
• 2007	168	-	-	84	
• 2008	122	-	-	96	
FP referrals:					
• 2006	0	-	-	-	
• 2007	0	-	-	84	
• 2008	0	-	-	96	
FP acceptors:					
• 2006	148	45	-	-	
• 2007	168	447	-	-	
• 2008	122	527	-	-	
Deliveries:					
• 2006	367	-	3,177	-	
• 2007	460	586 (June –Dec)	3,641	3,264	
• 2008	-	902 (Jan – Oct)	-	3,427 (By Oct 2008)	
C/S					
• 2006	99 (27%)	153	1,398 (43.7%)	-	
• 2007	100 (21.7%)	266 (45.4%)	1,639 (45%)	690	
• 2008	-	345(38%)	-	639 (By Oct 2008)	
Staff providing fistula services:					
General doctors					
- Fulltime	0	0	0	0	0
- Part-time	0	0	0	2	2
- Visiting	0	0	0	0	0
Surgeons					
- Fulltime	0	0	0	0	0

<b>Health Facility</b> →	<b>Site A</b>	<b>Site B</b>	<b>Site C</b>	<b>Site D</b>	<b>Site E</b>
<b>Indicator</b> ↓					
- Part-time	0	0	0	1	0
- Visiting	0	0	0	1	0
<b>Urologists</b>					
- Fulltime	0	0	0	0	0
- Part-time	0	0	0	0	3
- Visiting	0	0	0	0	0
<b>OB/Gyn</b>					
- Fulltime	0	0	0	0	0
- Part-time	1	0	0	0	1
- Visiting	0	1	1	1	0
<b>Ward nurses/midwives</b>					
- Fulltime	0	0	0	0	0
- Part-time	3	10	35	10	57
- Visiting	0	0	0	0	0
<b>Theater nurses</b>					
- Fulltime	0	0	0	0	0
- Part-time	2	3	2	6	3
- Visiting	0	0	0	0	0
<b>Clinical officers</b>					
- Fulltime	0	0	0	0	0
- Part-time	0	0	0	0	0
- Visiting	0	0	0	0	0
<b>Anesthetists</b>					
- Fulltime	0	0	0	0	0
- Part-time	7	2	1	6	4
- Visiting	0	0	0	0	0
<b>FP counselors</b>					
- Fulltime	0	0	0	0	0
- Part-time	0	2	0	0	0
- Visiting	0	0	0	0	0
<b>Social worker</b>					
- Fulltime	0	0	0	0	0
- Part-time	0	0	0	1	1
- Visiting	0	0	0	0	0
<b>Physiotherapist</b>					
- Fulltime	0	0	0	0	0

<b>Health Facility</b> →	<b>Site A</b>	<b>Site B</b>	<b>Site C</b>	<b>Site D</b>	<b>Site E</b>
<b>Indicator</b> ↓					
- Part-time	3	4	0	0	8
- Visiting	0	0	0	0	0
<b>Fistula surgeons with different skills</b>					
- Simple	1	0	0	1	6
- Moderate	0	0	0	1	2
- Complicated	0	0	0	0	2
- Trainer	0	0	0	0	3
- TOT	0	0	0	0	0
<b>Surgeons for training to different levels:</b>					
- Simple	2	4	2	2	2
- Moderate	1	0	0	0	2
- Complicated	0	0	0	1	4
- Trainer	0	0	0	0	2
- TOT	0	0	0	0	0
<b>Staff trained in different fistula skills</b>					
- pre/post op management	3 (unstructured OJT)	0	0	0	0
- theater nursing	2(unstructured OJT)	0	0	6	0
- anesthetic	0	1	0	6	0
- physiotherapy	3	3	0	0	0
- counseling	0	0	0	0	0
- FP counseling	6	5	2	3	0
- RH/ VCT counseling	10	34	3	17	7
- IP	0	4	0	0	0
- QI	30	0	0	0	?
- MAP in RH	0	0	0	0	0
- Community mobilization	4	3	0	0	0
<b>EmOC</b>					
- Labor & Delivery	8	4	35	1	57
- Partograph					

Health Facility →	Site A	Site B	Site C	Site D	Site E
Indicator ↓					
- Management of obstructed labor	4	6	35	17	74
- Catheterization	1	0	35	-	74
- Forceps					
- Vacuum	10	34	0	17	74
- C/S	0	1	0	NA	1
	1	8	1	10	17
	3	8	1	10	17
Staff to be trained on:					
- pre/post op management	6	10	16	27	6
- theater nursing	2	5	16	4	3
- anesthetic	0	3	2	No response	6
- physiotherapy	2	3	3	2	?
- counseling	6	5	16	4	2
- FP counseling	10	10	35	4	2
- RH/ VCT counseling	20	0	30	30	0
- IP	20	30	35	30	74
- QI	0	12	30	30	10
- MAP in RH	2	8	30	10	10
- Community mobilization	4	6	35	10	5
EmOC					
- Labor & Delivery	0	12	0	20	43
- Partograph					
- Management of obstructed labor	4	12	20 – update	20 –update	0
- Catheterization	1	12	20		0
- Forceps					
- Vacuum	0	0	35	0	0
- C/S	0	0	35	0	16
- other	4	0	34	27	10
	0	8	2	10 –update	0
			• 10 -How to take care of		



Health Facility →	Site A	Site B	Site C	Site D	Site E
Indicator ↓					
			patient during transfer <ul style="list-style-type: none"> <li>• 4 care of premature; neonates</li> </ul>		
System available for transfer of knowledge	Y - OJT - Grand Round	Y - Weekly meetings	Y - Daily staff meetings	Y	Y Daily staff presentations
Days set for fistula surgery in a week	1	No routine surgery – only camps	No routine surgery - only camps	No routine surgery – only camps	1 day (2 cases)
Trained fistula surgeon at site	Y	N 2 with Minor experience during camps but need training for simple repairs	N	Y	Y
24/7 post-op fistula care	Y	Y	Y	Y	Y
Backlog of fistula cases - in facility - in community	N Y	N Y	N Y	60 booked Y	Y Y
Av. Waiting time: - occurrence – 1 <sup>st</sup> repair - 1 <sup>st</sup> consultation – 1 <sup>st</sup> repair - Admission – 1 <sup>st</sup> repair	330 days 2 days 2 days	365 days 2 days 2 days	–	1,825 days 150 days 5 days	90 days 88 Cannot tell
State of (fistula) repair/disrepair: - Ward - Theater	No dedicated fistula ward and theater Fair Fair	No fistula dedicated facilities. - Fair - Can do with improvement	No fistula dedicated facilities	No fistula dedicated facilities - Fair - Good	No dedicated fistula wards nor theater Theater and wards are in good condition
Number of: - beds for fistula - Operating tables	3 1 – not functioning well	35 beds for obs/gyn - 2		- 60 - 2	43 beds (Obs/Gyn) - 2

Health Facility →	Site A	Site B	Site C	Site D	Site E
Indicator ↓					
% cause of fistula: - Obstructed labor - Iatrogenic	Most  Few	Most  Few		100%  0%	Most  Few - Traumatic & congenital
% closure and continence rate: - after 1 <sup>st</sup> repair - by time of discharge - post- op stress incontinence		Most		73% 10%  17%	80% 19%  1%
Complication rate after repair: - within 6 wks - anesthetic - deaths	0 0 0	0 0 0		0 0 0	0 0 0
Providers able to assess incontinence	Y	Y		Y	Y
Providers able to diagnose and classify fistula	Y	Y		N	Y
Facility able to schedule: - routine repair - periodic camps	Y Y	N Y		N Y	Y Y
Ability for long post-op care +3/52	Y – but no food	Y – but no food		N	Y
Routine use of in-dwelling catheter for small fistula	Y	Y		N	N
Capacity to offer adjunct therapy: - food	N	N		Y	Y

<b>Health Facility</b> →	<b>Site A</b>	<b>Site B</b>	<b>Site C</b>	<b>Site D</b>	<b>Site E</b>
<b>Indicator</b> ↓					
- physiotherapy	Y	Y		N	Y
- general hygiene	Y	Y		Y	Y
- dermatitis Rx					
- Rx for anemia	N	Y		Y	Y
- Emotional support	Y	Y		Y	Y
	N	Y		N	N
Capacity to offer pre-operative care:					
- fistula counseling	Y	N		N	Y
- counseling for family	Y	N		N	Y
- obtain informed consent	Y	N		Y	Y
- minimum pre-op investigations					
- bowel preparation before surgery	Y	Y		Y	Y
	Y	N		Y	Y
System for reintegration in place	N	N		N	N
System for rehabilitation before discharge:					
- basic literacy					
- physiotherapy	N	N		N	N
- arts & craft	N	Y		N	Y
- sewing	N	N		N	N
- other	N	N		N	N
	N	N		N	N
Have capacity for fistula skills training					
- High client volume	Y	Y		Y	Y

<b>Health Facility</b> →	<b>Site A</b>	<b>Site B</b>	<b>Site C</b>	<b>Site D</b>	<b>Site E</b>
<b>Indicator</b> ↓					
- Trainer on site - Preceptor onsite	N N	N N		N N	Y N
Post-repair follow-up include: - social needs - FP counseling - FP methods - FP Referral - Diagnosis & Rx for infertility	N Y Y Y Y	N Y Y N N		N N N N N	N N N N Y
% of types of anesthesia used during repair: - % spinal - % GA	99% 1%	100% 0%		96% 4%	90% 10%
% of approach used in repair: - % abdominal - % vaginal - % abd. & vaginal	3% 96% 1%	10% 85% 5%		6% 94% 0%	15% 85% 0%
<b>Availability of maternity services:</b> - No. delivery rooms - No. C/S OR rooms - No. maternity beds - Staff trained in partograph use - Partograph routinely used - In-dwelling catheter routinely used for	3 1 49 (For obs & Gyn) Y 50% of the times Y	1 with 3 beds 2 33 (for obs & gyn) Y Y Y	4 2 92 (OBS & GYN) Y Y Y	3 2 103 (+ 30 gyn ward) Y Y Y	2 2 43 Y Y N

Health Facility →	Site A	Site B	Site C	Site D	Site E
Indicator ↓					
obstructed labor					
<b>Availability of FP services:</b>					Not provided
- information to fistula clients	Y	Y	Y	Y	
- risk/intention assessment	Y	Y	N	Y	
- FP counseling including HIV/AIDS and dual protection	Y	Y	Y	Y	
- Condon demonstration and method	Y	Y	N	Y	
- Oral contraceptive instruction and methods	Y	Y	N	Y	
- Oral pills follow-up or referral	Y	Y	Y	Y	
- DMPA with instructions and return date	Y	Y	N	Y	
- DMPA follow-up or referral	Y	Y	Y	Y	
- IUD with instructions	N	Y	N	Y	
- IUD follow-up or referral	N	Y	Y	Y	
- TL with instructions and follow-up	N	Y	Y	Y	
- Vasectomy with instructions and follow-up	N	Y	N	Y	

Health Facility →	Site A	Site B	Site C	Site D	Site E
Indicator ↓					
<b><u>OUTREACH PROGRAM</u></b>					
Availability of outreach	N	N	N	N	N
Source of referral to health facility: - satisfied clients - other health facilities - media - other	Y Y N	Y M	Y M		
Type of feedback given to referral sources	None	-Referral paper has 2 parts, referral and feedback that is completed and given to the client escort	Form filled & ambulance takes it back		
Where complicated cases are referred to	Camps by visiting surgeons	Regional Hospital (no feedback)	Regional hospital		
Services included in outreach program - delivery by skilled providers - FP services - ANC & home visits to pregnant women - Distribution of fistula IEC materials - Girls education - Delaying childbearing - Men's role in	NA	NA	NA	NA	

<b>Health Facility</b> →	<b>Site A</b>	<b>Site B</b>	<b>Site C</b>	<b>Site D</b>	<b>Site E</b>
<b>Indicator</b> ↓					
<ul style="list-style-type: none"> <li>- access to delivery</li> <li>- Home visit to women with fistula</li> <li>- Reintegration after repair</li> <li>- Health education</li> </ul>					
No. of outreach visits in a quarter	NA	NA	NA	NA	
Training of community workers in the last one year on: <ul style="list-style-type: none"> <li>- safe delivery, labor &amp; delivery, birth planning, signs of obstructed labor</li> <li>- Harmful traditional practices</li> <li>- FP</li> <li>- Gender issues, relations &amp; equity</li> </ul>	NA	NA	NA	NA	
Efforts to raise site staff awareness of fistula treatment	Y	N		N	N
Efforts to engage other site staff in fistula services	N	N		N	N
Need to carry out more outreach in the community	NA	NA		NA	NA
<b><u>Management and quality</u></b>					
Formal system for review of management and administration in place	Y	Y	Y	Y	Y
Frequency of formal admin	Monthly	Monthly	Weekly – for	-Monthly-Management	Weekly

<b>Health Facility</b> →	<b>Site A</b>	<b>Site B</b>	<b>Site C</b>	<b>Site D</b>	<b>Site E</b>
<b>Indicator</b> ↓					
& management meetings			management Monthly for QI	committee of -6 -Qtly Community Administration Board -Bi-annual General Assembly	
Formal meetings to discuss QI	Y Uses PBF – performance based financing	Y Uses PBF	Y	Y  Uses PBF	Y
Duration since last QI meeting	Within the last 3/12	Within the last 3/12	3 Weeks	Last 3/12	One week
Observed QI action plan	Not observed	Not observed	Y	Not observed	Not observed
Participation of community members in the formal QI meetings	N	N	N	Y	Y
System in place for client opinion on facility services	N	Y	Y	Y	Y
Type of system for receiving client opinion on services	NA	Suggestion box	Suggestion box	- Suggestion box - community administration Board	- Patient and Family Rights committee - Suggestion box
Facility leadership sourcing for community participation in health programs in last 1 yr.	N	N	N	Y	N
Community sourcing for participation in health programs	NA	NA	N	Y	Y
Frequency of facility leadership's participation in community health activities	NA	NA	NA	Once a month	NA
Types of records kept at facility					
-Client record form	Y	Y	Y	Y	Y
- Admission register	Y	Y	Y	Y	Y
- discharge register	Y	Y	Y	Y	Y
- Theater register	Y	Y	Y	Y	Y



<b>Health Facility</b> →	<b>Site A</b>	<b>Site B</b>	<b>Site C</b>	<b>Site D</b>	<b>Site E</b>
<b>Indicator</b> ↓					
- Other	<ul style="list-style-type: none"> <li>• FP register</li> </ul>	<ul style="list-style-type: none"> <li>• FP register</li> <li>• HIV screening</li> </ul>		<ul style="list-style-type: none"> <li>• Financial records</li> </ul>	<ul style="list-style-type: none"> <li>• Death certificate</li> <li>• Birth records</li> </ul>
Formal, regular review of records & statistics	Y	Y	Y	Y -PBF evaluation with rewards (salary top up) -Audits	Y
Record review findings used for decision-making	Y	Y	Y	Y	Y
Service statistics used for decision making in the last 6/12	N	Y	Y	Y	Y
Availability in facility of written standards, protocols, norms or guidelines for supervision	Y	Y	N	Y	Y
Availability of written protocols and reference materials on Fistula service provision	N	N	N	N	N
Availability of: <ul style="list-style-type: none"> <li>- WHO fistula programmatic guidelines</li> <li>- A fistula training curriculum for surgeons</li> <li>- A fistula training curriculum for nurses</li> <li>- Guidelines for anesthesia in fistula surgery</li> <li>- Fistula counseling and Quality</li> </ul>	NA	NA	NA	NA	NA

<b>Health Facility</b> →	<b>Site A</b>	<b>Site B</b>	<b>Site C</b>	<b>Site D</b>	<b>Site E</b>
<b>Indicator</b> ↓					
improvement handbook (COPE)					
Availability of written protocols and ref materials for EmOC	Y	N	Y	Y	N
Availability of written ref materials for FP	Y	Y	NA	Y	N
Availability of Fistula job aids	N	N	N	N	N
Availability of EmOC job aids	Y	N	Y	N	N
Availability of FP job aids	Y	Y	NA	Y	N
Availability of supervisory staff skilled in quality surgical, pre & post-op fistula functions	N	N	N	Y	Y
<b><u>Waste Disposal Mechanism</u></b>					
Availability of written protocols/guidelines for IP	Y	Y	Y	Y	N
Availability of IP job aids	Y	Y	Y	N	N
IP Committee in place	Y (not very operational)	N	N	N	Y
Frequency of IP Committee meetings	?	NA	NA	NA	Every 2/52
Regular IP updates for staff	Y	NA	N	NA	Y
Availability of written waste disposal plan	Y	Y	Y	N	N
Written disposal plan seen	NOT SEEN	Not seen	Not seen	Not seen	Not seen
System for solid medical waste disposal	incinerator	Incinerator	Incinerator and pit	Incinerator	Incinerator
System for liquid waste disposal	DK	Placenta pit	Pit	Sewer system	DK
Availability of puncture resistant container for					

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<b>Indicator</b> ↓					
sharps					
- Theater	Y	Y	Y	Y	Y
- Wards	Y	Y	Y	Y	Y
Availability of leak proof, lidded medical waste containers in:					
- theater	Y	Y	Y	Y	Y
- Wards	Y	Y	Y	Y	Y
Device available for final medical waste disposal	Incinerator	Incinerator and pit	Incinerator and pit	incinerator	- Incinerator - Nyanza-area identified by govt.
Availability of plastic bucket with lid for chlorine solution in:					
-Theater	Y	N	N	N	Y
-Wards	Y	N	N	N	Y
System for disposal of contaminated syringes and bandages	Burnt in incinerator	Burnt in incinerator	Burnt in incinerator	Burn in incinerator	Burn in incinerator
Attendance in the last 3 yrs of IP training/update	Y	Y (Within EmOC)	Y (Waste management)	N	Y
Observation of IP condition in facility	Good but could improve	Poor	Good but could improve	Good in theater - Ward – good but could improve	GOOD
<b>Laboratory</b>					
Availability on laboratory	Y	Y	Y	Y	Y
Ability of lab to conduct all fistula investigations	Y	Y	Y	Y	Y
Availability of blood bank in facility	N	N	N	Y	N
<b>Waiting, counseling and Examination Areas</b>					
Availability of More than one waiting place	Y	Y	Y	Y	Y
Nature of waiting area for	Sheltered area with	Sheltered area with	Sheltered area with	Sheltered area with	Sheltered area with

<b>Health Facility</b> →	<b>Site A</b>	<b>Site B</b>	<b>Site C</b>	<b>Site D</b>	<b>Site E</b>
<b>Indicator</b> ↓					
clients	seats outdoors	seats outdoor	seats outdoor	seats	seats outdoor
Type of counseling area	Separate room with door	Separate room with door	Separate room with door	Separate room with door	Separate room with door
Availability of teaching aids and audio-visual at counseling area	Not adequate	Not adequate	Not adequate	Not adequate	Y Adequate
Type of examination area	Separate room with door	Separate room with door	Separate room with door	Separate room with door	Separate room with door
Availability of flexible/portable examination lamp for pelvic examination	Y	Not observed	Y	Y	Y
Availability of system for equipment maintenance and repair	Y	Y Telephone call	Y	Y	Y
Availability of drugs and supplies inventory	Y	Y	-	Y	Y
When inventory was last updated	?	Within the last 6/12	-	Within the last 6/12	Within last 6/12
Three key reproductive health issues in the community within facility catchment area	<ul style="list-style-type: none"> <li>• Inadequate FP services</li> <li>• High incidence of abortion</li> <li>• Inadequate quality ANC</li> <li>• Low rates of delivery assisted by trained providers</li> </ul>	<ul style="list-style-type: none"> <li>• Resistance of FP by men</li> <li>• Deliveries at home without skilled attendance</li> </ul>	<ul style="list-style-type: none"> <li>- High fertility, without FP</li> <li>- Less attendance of ANC than recommended 4 or more visits</li> <li>- Delays before reaching health facility when in labor</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate awareness of RH risks in community</li> <li>• Unaffordable transport for majority</li> <li>• Inadequate EmOC skills among service providers</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate FP</li> <li>• Shortage of qualified personnel including midwives</li> <li>• Inadequate referral system including radio communication and ambulance</li> <li>• Delays at community levels leading to fistula</li> </ul>

Health Facility →	Site A	Site B	Site C	Site D	Site E
Indicator ↓					
What facility needs to increase/ improve fistula services	<ul style="list-style-type: none"> <li>• Need to increase qualified personnel</li> <li>• Need for a fistula theater and repair equipment</li> <li>• Need for fistula ward and hostel</li> </ul>	<ul style="list-style-type: none"> <li>• Train fistula repair teams</li> <li>• Sensitize the community on SM and fistula</li> <li>• Provide fistula reference materials</li> </ul>	<ul style="list-style-type: none"> <li>- Reduce delays by improving transport system</li> <li>- Improve ANC attendance</li> </ul>	<ul style="list-style-type: none"> <li>- Develop provider skills</li> <li>- Provide financial resources</li> </ul>	<ul style="list-style-type: none"> <li>- Need for community awareness of pregnancy and delivery risks and what they can do.</li> <li>- Take fistula services near to the community</li> <li>- Need for dedicated fistula ward with 10 beds for preoperative and 10 for post operative clients</li> <li>- Need for dedicated fistula operating room</li> <li>- Stigma to fistula clients</li> </ul>