

FISTULA CARE

Facility Assessment of Fistula Treatment and Prevention Services: Site Assessment Tool

May 2011

By



EngenderHealth
for a better life



EngenderHealth, 440 Ninth Avenue, New York, NY 10001, USA
Telephone: 212-561-8000, Fax: 212-561-8067, Email: jruminjo@engenderhealth.org
Or elandry@engenderhealth.org

**Facility Assessment of Fistula Treatment and Prevention Services:
A Tool for Administrators and Service Providers**
(note default layout is A4 paper)

Section 1. Management/Administrative and General Facility Services

Facility Name _____ State(Region/Province) _____ Department _____	Facility Address: _____ _____ District: _____		
001 Source of the majority of funds to the facility in general <input type="checkbox"/> 1. Federal/Government <input type="checkbox"/> 2. State <input type="checkbox"/> 3. Self-paying clients <input type="checkbox"/> 4. Private grants /donors <input type="checkbox"/> 5. Charity/mission hospital <input type="checkbox"/> 6. Other (specify)_____			
002 Source of the majority of funds for fistula treatment/ prevention services <input type="checkbox"/> 1. Federal/Government <input type="checkbox"/> 2. State <input type="checkbox"/> 3. Self-paying clients <input type="checkbox"/> 4. Private grants /donors <input type="checkbox"/> 5. Charity/mission hospital <input type="checkbox"/> 6. Other (specify)_____			
003 Source of additional support in cash or kind by individuals or organizations: 			
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> 004 Facility Type <input type="checkbox"/> 1. Health Post/ Dispensary/Health center II <input type="checkbox"/> 2. Health Center III and sub district hospital <input type="checkbox"/> 3. Secondary/ specialist hospital (district/Provincial referral hospital) <input type="checkbox"/> 4. Tertiary/ university hospital/ National referral <input type="checkbox"/> 5. Maternity only <input type="checkbox"/> 6. Women’s & children’s hospital <input type="checkbox"/> 7. Fistula center only <input type="checkbox"/> 8. Other:..... </td> <td style="width:50%; border: none; vertical-align: top;"> 005 Ownership <input type="checkbox"/> 1. Federal (MOH/Govt) <input type="checkbox"/> 2. State <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Other ____ 006 Locality of Facility <input type="checkbox"/> 1. Rural <input type="checkbox"/> 2. Urban <input type="checkbox"/> 3. Peri-urban </td> </tr> </table>		004 Facility Type <input type="checkbox"/> 1. Health Post/ Dispensary/Health center II <input type="checkbox"/> 2. Health Center III and sub district hospital <input type="checkbox"/> 3. Secondary/ specialist hospital (district/Provincial referral hospital) <input type="checkbox"/> 4. Tertiary/ university hospital/ National referral <input type="checkbox"/> 5. Maternity only <input type="checkbox"/> 6. Women’s & children’s hospital <input type="checkbox"/> 7. Fistula center only <input type="checkbox"/> 8. Other:.....	005 Ownership <input type="checkbox"/> 1. Federal (MOH/Govt) <input type="checkbox"/> 2. State <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Other ____ 006 Locality of Facility <input type="checkbox"/> 1. Rural <input type="checkbox"/> 2. Urban <input type="checkbox"/> 3. Peri-urban
004 Facility Type <input type="checkbox"/> 1. Health Post/ Dispensary/Health center II <input type="checkbox"/> 2. Health Center III and sub district hospital <input type="checkbox"/> 3. Secondary/ specialist hospital (district/Provincial referral hospital) <input type="checkbox"/> 4. Tertiary/ university hospital/ National referral <input type="checkbox"/> 5. Maternity only <input type="checkbox"/> 6. Women’s & children’s hospital <input type="checkbox"/> 7. Fistula center only <input type="checkbox"/> 8. Other:.....	005 Ownership <input type="checkbox"/> 1. Federal (MOH/Govt) <input type="checkbox"/> 2. State <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Other ____ 006 Locality of Facility <input type="checkbox"/> 1. Rural <input type="checkbox"/> 2. Urban <input type="checkbox"/> 3. Peri-urban		
007 Cadres of persons Interviewed <input type="checkbox"/> 1. Specialist doctor <input type="checkbox"/> 2. Non-specialist doctor <input type="checkbox"/> 3. Clinical officer /assistant medical officer <input type="checkbox"/> 4. Nurse <input type="checkbox"/> 5. Midwife <input type="checkbox"/> 6. Administrator <input type="checkbox"/> 7. Other:	008 Position of persons interviewed <input type="checkbox"/> 1. One of the persons interviewed is also In-Charge of facility <input type="checkbox"/> 2. At least one of the persons interviewed is a fistula surgeon <input type="checkbox"/> 3. At least one of the persons interviewed is a fistula trainer <div style="border: 1px solid black; padding: 5px;"> Interviewer’s Name _____ Today’s Date: (mo/day/yr)_____ </div>		

FACILITY OVERVIEW: ADMINISTRATION AND SERVICES		
Interviewer	AFTER ARRIVAL AT THIS FACILITY, ANSWER QUESTIONS 100 - 103 BASED ON YOUR OBSERVATIONS.	
100	What time did you arrive at the facility?	Day: Time: Hour Min
101	Was the facility open at the time you arrived?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

	Services	Yes	No	Not Determined
102	Is there visible signage, such as signboards or posters outside and/or inside the facility, advertising the availability of the services listed below?			
a	Family planning	1	2	9
b	Fistula treatment	1	2	9
c	STI/HIV/AIDS services	1	2	9
d	VCT	1	2	9
e	PMCT	1	2	9
f	Antenatal care	1	2	9
g	Maternity/ delivery care	1	2	9
h	Postnatal care	1	2	9
i	PAC services	1	2	9
j	Reproductive health services for men	1	2	9
k	Other (specify)	1	2	9
103	Are brochures / handouts on the services listed below available to take home?			
a	Family planning	1	2	9
b	Fistula treatment	1	2	9
c	STI/HIV/AIDS	1	2	9
d	Pregnancy and /or Antenatal care	1	2	9
e	Birth preparedness /emergency readiness in pregnancy	1	2	9
f	Labor and Delivery	1	2	9
g	PMCT /VCT	1	2	9
h	Postnatal care	1	2	9
i	PAC	1	2	9
j	FGC, Gichiri cut, harmful traditional practices	1	2	9
k	Gender relationships/ equity	1	2	9
l	Men as partners in reproductive health	1	2	9

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 Fistula Care Project implemented by EngenderHealth, an International Reproductive Health NGO. 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>Interviewer's Signature (Indicates interviewer read the informed consent and respondent has agreed to be interviewed)</p>		<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Date</i></p>
<p>104</p>	<p>May I begin the interview?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2.No</p>	<p>If NO then STOP, thank her/him for their time so far and release them.</p>

Number	GENERAL INFORMATION ABOUT FACILITY SERVICES AND AMENITIES			Comments/SKIP	
	Yes	No	Don't Know		
105	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.				
a	Fistula client counseling for prevention	1	2	9	
b	Fistula client referral	1	2	9	
c	Fistula repair	1	2	9	
d	Family planning counseling.	1	2	9	
e	Family planning services	1	2	9	
f	Family planning referrals	1	2	9	
g	Antenatal care	1	2	9	
h	Normal delivery care	1	2	9	
i	Emergency obstetric care, 24/7	1	2	9	
j	Emergency obstetric care, but not 24/7	1	2	9	
k	Post-natal care	1	2	9	
l	Post-abortion care	1	2	9	
m	STI/HIV/AIDS counseling and management	1	2	9	
n	Sexual dysfunction services	1	2	9	
o	RH services for men	1	2	9	
p	Routine nursing care available 24 hours , seven days a week for in patient services	1	2	9	
q	Other (specify)				
106	Does this facility have electricity?	1	2	9	IF NO, SKIP to 108
	If facility has electricity, specify how electricity is supplied	a) theater: mains____ generator____ b) ward: mains____ generator____ c) hostel mains____ generator____ d) rehab cent mains____ generator____			
107	Does this facility have electricity today?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Only in some departments/sections			
108	What is the main source of the water used in the facility today? INTERVIEWER: READ OUT ALL RESPONSES BUT CHECK ONLY ONE RESPONSE	<input type="checkbox"/> 1 Piped water from outside facility <input type="checkbox"/> 2 Bore hole or deep well <input type="checkbox"/> 3 Shallow/regular well <input type="checkbox"/> 4 Surface water/river water <input type="checkbox"/> 5 Rain water catchment system <input type="checkbox"/> 6 Other (specify)_____			

Number	GENERAL INFORMATION ABOUT FACILITY SERVICES AND AMENITIES			Comments/SKIP	
109	Is water stored before use? INTERVIEWER: ASK TO SEE WHERE WATER IS STORED TO CONFIRM THE DEVICE. Multiple Responses allowed	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes, in water tank/s <input type="checkbox"/> 2. Yes, in buckets <input type="checkbox"/> 9. Don't Know <input type="checkbox"/> 3. Other (specify) _____			
		Yes	NO	DK	
110	Does this facility have a telephone?	1	2	9	IF NO GO TO 112
111	Is the telephone working today? (if only in some depts., circle 3)	1 3	2	9	
112	Does this facility have internet access?	1	2	9	IF NO GO TO 114
113	Is the internet accessible today?	1	2	9	
114	Are there teaching materials available for training in fistula treatment in this facility?	1	2	9	
115	Are there teaching materials available for training in family planning in this facility?	1	2	9	
116	Are there teaching materials available for EmOC training in this facility?	1	2	9	
117	Are there teaching materials available for cesarean delivery training in this facility?	1	2	9	
118	Is there equipment available for conducting training?	1	2	9	
	If yes, is the following equipment available for use in training? Interviewer: read the list and circle response for each item listed below.				
a	black/white board	1	2	9	
b	Flipchart/newsprint and stand	1	2	9	
c	projection screen	1	2	9	
d	overhead projector/transparencies	1	2	9	
e	Resource library/reference materials	1	2	9	
f	Copier	1	2	9	
g	LCD	1	2	9	
h	Training tapes	1	2	9	
i	computer	1	2	9	
j	video/TV	1	2	9	
k	camera +stand	1	2	9	
l	Anatomic models	1	2	9	
m	Printer	1	2	9	
n	CD/ DVD	1	2	9	
o	other e.g. furniture, cabinets	1	2	9	
119	Are there additional training materials/equipment needed? IF yes specify what materials are need.	1	2	9	

NUMBER	PROVIDER CAPACITY FOR FISTULA, FP AND MATERNITY SERVICES			COMMENTS AND SKIP PATTERN
120	How many of each type of staff currently offer fistula prevention, treatment, reintegration services? 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.			
		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	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)		
		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		
j	Quality Improvement		
k	Engaging MAP in RH		
l	Social work/community mobilization		
m	Other (specify)		

123	Is there a system for staff to transfer knowledge and skills they have acquired from training?	<input type="checkbox"/> 1. Yes <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 <input type="checkbox"/> 2. No			
	If NO does it partner with any organization to do outreach?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			IF NO, SKIP TO 132
125	Which of the following messages /services to engage the community are included in your outreach program? READ OUT LIST AND CHECK EACH MESSAGE/ SERVICE TO ENGAGE COMMUNITY MENTIONED BY RESPONDENT				
	<input type="checkbox"/> 1. Delivery with skilled provider at prepared facility <input type="checkbox"/> 2. Family planning services <input type="checkbox"/> 3. ANC entry or home visits to pregnant women <input type="checkbox"/> 4. Distribution of IEC/communication materials about fistula Surgery <input type="checkbox"/> 5. Girls education to the completion of secondary school <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 <input type="checkbox"/> 8. Home visits to women with fistula <input type="checkbox"/> 9. Reintegration of women after repair <input type="checkbox"/> 10. Health Education <input type="checkbox"/> 11. Other (specify) <input type="checkbox"/> 88. Question Skipped			
126	How often in the last quarter did the outreach program occur?	(Number) _____ <input type="checkbox"/> 77. Number varies <input type="checkbox"/> 88. Question Skipped <input type="checkbox"/> 99. Don't Know			
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 <input type="checkbox"/> 2. Other health facilities <input type="checkbox"/> 3. Media <input type="checkbox"/> 4. Community and/or family <input type="checkbox"/> 5. Other <input type="checkbox"/> 8. Question Skipped			
128	What type of feedback is given to the referring source for fistula case referrals? (specify)				
129	Where are complicated fistula cases referred to?				
		Yes	No	Don't Know	

Number	OUTREACH PROGRAM-GENERAL FACILITY				Comments/ Skip
130	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.				
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	
131	Does this facility need to carry out more outreach activities in the community?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Question Skipped If yes: Specify type of activity. Specify activity's main objective.			
132	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?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No If yes, specify _____			
133	Are there any specific in-reach activities at this facility with staff not working with fistula clients that should be done to engage them in fistula treatment or prevention activities?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	IF NO/DON'T KNOW, GO TO 136
135	How often are formal meetings & discussions held to discuss the facility's management or administrative issues? (CHECK ONE)	<input type="checkbox"/> 1. Weekly <input type="checkbox"/> 2. Monthly <input type="checkbox"/> 3. Quarterly <input type="checkbox"/> 4. Semiannually <input type="checkbox"/> 5. Other (specify) _____ <input type="checkbox"/> 8. Question Skipped <input type="checkbox"/> 9. Don't Know	
136	Does this facility hold formal meetings to monitor the quality of services it delivers?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	IF NO/DON'T KNOW, GO TO 138
137	When was the last such meeting held?	<input type="checkbox"/> 1. Within the past 3 months <input type="checkbox"/> 2. Between 3 and 6 months <input type="checkbox"/> 3. More than 6 months ago <input type="checkbox"/> 8. Question Skipped <input type="checkbox"/> 9. Don't Know	
138	Are there any formal tools or approaches used for quality improvement activities? Interviewer: Prompt with COPE, Facilitative supervision, performance improvement, or other quality improvement tools	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know If Yes (specify)	
139	Did this facility draw up any quality improvement action plan in the last two quarters?	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes, but not shown to interviewer <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?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	IF NO/DON'T KNOW GO TO 142
141	What system is in place to determine client opinion about the health facility or services? Interviewer: DO NOT PROMPT; CHECK EACH ANSWER MENTIONED (MORE THAN ONE RESPONSE POSSIBLE)	<input type="checkbox"/> 1. Suggestion box <input type="checkbox"/> 2. Client survey form <input type="checkbox"/> 3. Client interview <input type="checkbox"/> 4. Other (specify) _____ <input type="checkbox"/> 8. Question Skipped <input type="checkbox"/> 9. Don't Know	
142	Do community members routinely take part in facility organized quality improvement meetings?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. 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>Prompt with Community COPE or other local QI mechanisms if existent</p>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know
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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know
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 <input type="checkbox"/> 2. Once a year <input type="checkbox"/> 3. Twice a year <input type="checkbox"/> 4. Three times a year <input type="checkbox"/> 5. Every other month <input type="checkbox"/> 6. Once a month (or more frequently) <input type="checkbox"/> 7. Other (specify) _____ <input type="checkbox"/> 9. Don't Know

146	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) 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> <tbody> <tr> <td><input type="checkbox"/> A. Client record</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> B. Admission record</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> C. Discharged register</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> D. Theater register</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> E. Rounds/nursing hand over</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> F. Other (specify)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		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)						
	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	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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
148	Have service statistics been used for service decision-making in the past 2 quarters?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
149	Are there written standards, protocols, norms, or guidelines for supervision available and easily accessible in the facility?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
150	Do written job tasks exist for each cadre in fistula care service delivery?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
151	Does the facility have written protocols and reference materials for fistula service provision?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
152	Does the facility have the following specific materials. (Read the list and check all that are mentioned)	<input type="checkbox"/> 1. WHO fistula programmatic guidelines <input type="checkbox"/> 2. A Fistula training curriculum for surgeons <input type="checkbox"/> 3. A fistula training curriculum for nurses <input type="checkbox"/> 4. Guidelines for anesthesia in fistula surgery. <input type="checkbox"/> 5. Fistula counseling manual Quality improvement handbooks e.g. COPE <input type="checkbox"/> 6. Other specify _____ _____ _____	
153	Does the facility have written protocols and reference materials for EmOC, including cesarean deliveries?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know If yes, list key EmOC materials: _____ _____ _____ _____	
154	Does the facility have written protocols and reference materials for family planning ?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know If yes, list key FP materials: _____ _____ _____ _____	

NUMBER	MANAGEMENT & QUALITY-GENERAL FACILITY		COMMENTS/SKIP
155	Does the facility have fistula job aids for providers?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
156	Does the facility have EmOC job aids?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
157	Does the facility have family planning job aids?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	

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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
160	Does the facility have Infection Prevention job aids?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
161	Does this facility have an Infection Prevention Committee?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	IF NO/DON'T KNOW GO TO 163
162	How often does the Infection Prevention (IP)Committee meet?	<input type="checkbox"/> 1. monthly <input type="checkbox"/> 2. quarterly <input type="checkbox"/> 3. semi annually <input type="checkbox"/> 4. annually <input type="checkbox"/> 5. other (specify): <input type="checkbox"/> 9. Don't Know	
163	How often do staff receive updates about IP?	<input type="checkbox"/> 1. monthly <input type="checkbox"/> 2. quarterly <input type="checkbox"/> 3. semi annually <input type="checkbox"/> 4. annually <input type="checkbox"/> 5. other (specify): <input type="checkbox"/> 9. Don't Know	
164	Has anyone at this facility attended Infection Prevention training or update training in the past THREE years?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
165	Does the site have a <u>written</u> waste management disposal plan?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
166	<p>If yes, ask to see the plan. Is the plan adequate? <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></p>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know If no, specify _____ _____	<i>Ref: Fistula Care Supervision/monitoring medical waste management section</i>
167	What disposal system do you have for <u>solid</u> medical waste disposal?	Specify _____ _____ _____ _____ <input type="checkbox"/> 9. Don't Know	

168	What disposal system do you have for <u>liquid</u> medical waste disposal?	Specify _____ _____ _____ _____ <input type="checkbox"/> 9. Don't Know	
-----	---	--	--

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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
172	<p>In what ways do you dispose of items such as syringes and bandages that may be contaminated?</p> <p>Interviewer: PROBE IF NECESSARY; CHECK ONE ONLY.</p>	<input type="checkbox"/> 1. Collected and disposed externally <input type="checkbox"/> 2. Burned in incinerator <input type="checkbox"/> 3. Burned in open pit <input type="checkbox"/> 4. Burned and buried <input type="checkbox"/> 5. Put in trash/open pit <input type="checkbox"/> 6. Put in pit latrine <input type="checkbox"/> 7. Other (specify) _____ <input type="checkbox"/> 9. 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. <i>(N/A: not applicable N/O: not observed)</i>	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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	IF NO/DON'T KNOW, GO TO 177
175	Is the laboratory able to conduct all the main tests that you need for fistula services?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Question Skipped <input type="checkbox"/> 9. Don't Know <input type="checkbox"/> 7. Depends (specify):	
176	Specify what the minimum package of tests required for pre-op and post op fistula patients is at this site:		
a	Pre-op fistula treatment:		
b	Post op fistula treatment:		
c	Pre-op Cesarean /laparotomy		
d	Post op Cesarean /laparotomy:		
177	Do you have a blood bank?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
178	Do you have inventory records for drugs and supplies?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
179	Do you maintain bin card for drugs and supplies	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. System is computerized <input type="checkbox"/> 9. Don't Know	
180	When was the last time you updated the inventory records?	<input type="checkbox"/> 1. Within the last six months <input type="checkbox"/> 2. More than six months ago <input type="checkbox"/> 3. Question Skipped <input type="checkbox"/> 9. Don't Know	
181	What are the three key reproductive health issues in the community you serve?		
182	What would you need to do to increase and improve your fistula services?		

183. Finally, what do you see as the strengths and challenges at this facility?

Strengths

Challenges

Additional Comments

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

INTERVIEWERS COMMENTS

Site strengths

Site Challenges

Additional Comments

200: Fistula Treatment Service/Department

Facility Name _____	Department/Section
201 Cadres of Persons Interviewed <input type="checkbox"/> 1. Specialist doctor <input type="checkbox"/> 2. Non-specialist doctor <input type="checkbox"/> 3. Clinical officer /Assistant medical officer <input type="checkbox"/> 4. Nurse <input type="checkbox"/> 5. Midwife <input type="checkbox"/> 6. Administrator <input type="checkbox"/> 7. Other:	202 Position of person/s interviewed <input type="checkbox"/> 1. One of the persons interviewed is also In-Charge of facility <input type="checkbox"/> 2. At least one of the persons interviewed is a fistula surgeon <input type="checkbox"/> 3. At least one of the persons interviewed is a fistula trainer Interviewer's name _____ Interviewer's ID _____ 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.				
203	Are there brochures and pamphlets in the department addressing the issues listed below?				
	Services	Yes	No	Not Determined	
a	Fistula prevention	1	2	9	
b	FGC, Gichiri cut, and/or other harmful traditional fistula treatment	1	2	9	
c	Fistula treatment	1	2	9	
d	Reintegration and/or stigma/discrimination	1	2	9	

INTERVIEWER: FIND THE PERSON WHO IS IN CHARGE OF FISTULA TREATMENT SERVICE. READ THAT PERSON THE MESSAGE SHOWN BELOW

Hello, My name is I am representing the Fistula Care Project implemented by EngenderHealth, an International Reproductive Health NGO. 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 department. 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 department. 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 hour 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.

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

Number	GENERAL INFORMATION ABOUT FACILITY SERVICES AND AMENITIES				Comments/ SKIP
	Services	Yes	No	Don't Know	
205	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.				
a	Fistula client counseling for prevention	1	2	9	
b	Fistula client referral	1	2	9	
c	Fistula repair	1	2	9	
d	STI/HIV/AIDS counseling and management	1	2	9	
e	Sexual dysfunction services	1	2	9	
f	Routine nursing care available 24 hours , seven days a week for in patient services	1	2	9	
g	Other (specify)				
206	Are teaching materials available for fistula training here?	1	2	9	
207	What is total number of services provided in recent years:	2007	2008	2009	
A	Women who had fistula repairs				
B	Women referred elsewhere for repair				
C	Number of urinary diversions				

Number	GENERAL INFORMATION ABOUT FACILITY SERVICES AND AMENITIES			Comments/ SKIP
208	How many fistula surgeons are presently on staff 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)			
		Number Present	Additional Needed	
a	Competent for simple repairs			
b	Competent for moderate complexity repairs			
c	Competent for complicated surgery			
d	Competent as trainer of fistula surgeons			
e	Competent as a 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 : _____	
210	Is a trained fistula surgeon present at the department every day? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
212	Is there a backlog of fistula cases? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know If Yes, estimate the number and specify source of info if known: A). in the ward _____ B.) in the Community. _____	
213	Average waiting time to first surgery (in days) a) From occurrence of fistula _____ b) From first consultation _____ c) From admission to the ward _____	

214	No. and state of repair/disrepair of amenities; CHECK IF dedicated or shared. 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 Beds: _____	
216	No. of functional theater beds available for fistula repair Beds: _____	
217	No. of hostel beds available for fistula clients Beds: _____	
218	No. of rehabilitation center beds available for fistula clients Beds: _____	
219	<p>What are the general causes of fistula at this facility and what is their percentage contribution to all causes? (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> 1. Prolonged /obstructed labour _____ %</p> <p><input type="checkbox"/> 2. Yankan gichiri _____ %</p> <p><input type="checkbox"/> 3. Iatrogenic _____ %</p> <p><input type="checkbox"/> 4. Sexual violence _____ %</p> <p><input type="checkbox"/> 5. Other (specify): _____ %</p>	
220	<p>What is the <u>estimated</u> closure and continence rate for fistula repair?</p> <p>_____ %</p> <p><input type="checkbox"/> 99. Don't Know</p>	
a	<p>closure after first repair attempt</p> <p>_____ %</p> <p><input type="checkbox"/> 99. Don't Know</p>	
b	<p>ultimate closure rate (after one or more attempts)</p> <p>_____ %</p> <p><input type="checkbox"/> 99. Don't Know</p>	
c	<p>post -op residual incontinence at time of discharge</p> <p>_____ %</p> <p><input type="checkbox"/> 99. Don't Know</p>	
221	<p>What is the <u>estimated</u> complication rate for fistula repair in the last two quarters for: (INTERVIEWER: reach items a to e)?</p>	
a	<p>major post-operative complications within 6 weeks (e.g. fever, infection)</p> <p>_____ %</p> <p><input type="checkbox"/> 99. Don't Know</p>	
b	<p>minor complications</p> <p>_____ %</p> <p><input type="checkbox"/> 99. Don't Know</p>	
c	<p>anesthetic complications</p> <p>_____ %</p> <p><input type="checkbox"/> 99. Don't Know</p>	

Number	Availability of Fistula Repair, Rehabilitation and Referral Services	Comment/SKIP	
d	total complications	_____% <input type="checkbox"/> 99. Don't Know	
222	How many fistula related deaths were there in the last two years?	_____ <input type="checkbox"/> 99. Don't Know	
223	How many providers are skilled to assess women with complaint of incontinence?	_____ <input type="checkbox"/> 99. Don't Know	
224	How many providers are skilled to diagnose and classify fistula for appropriate management and referral?	_____ <input type="checkbox"/> 99. Don't Know	

Number	Availability of Fistula Repair, Rehabilitation and Referral Services				Comment/SKIP
		Yes	No	Don't Know	
225	Can the facility consistently schedule routine fistula repair services in the theatre or periodic campaigns?	1	2	9	
226	Does the facility have the capacity for long-term post-op care (~ 3+ weeks) including provision of meals.	1	2	9	
227	Does the facility routinely use indwelling catheterization for women with small fistula?	1	2	9	
228	Does the facility have the capacity to offer adjunct therapies and/or pre-operative care.?	1	2	9	IF YES, read the list below from a to k. IF NO/DON'T KNOW, SKIP to 229
<i>Adjunct Therapies: does the facility:</i>					
a	provide food (nutrition)	1	2	9	
b	physical therapy for foot drop	1	2	9	
c	general hygiene	1	2	9	
d	treatment for dermatitis from urinary leaking	1	2	9	
e	treatment for anemia	1	2	9	
f	assessment and support for emotional disturbances, e.g., depression	1	2	9	
<i>Pre operative care: does the facility:</i>					
g	provide fistula counseling for patient	1	2	9	
h	provide fistula counseling for client's family	1	2	9	
i	obtain informed consent for procedure/surgery	1	2	9	
j	have a list of minimum pre op investigations	1	2	9	
k	help women with bowel preparation (before surgery)	1	2	9	
229	Is there a system for assisting women to reintegrate into communities, e.g., on-site and/or Linkages and collaboration with CBOs?	1	2	9	
230	Does the site provide rehabilitation/reintegration services before discharge post surgery?	1	2	9	IF YES, read each of the items listed a to f. IF NO/DON'T KNOW, skip to Q 231
a	Fistula counseling	1	2	9	
b	Basic literacy	1	2	9	
c	Physical therapy	1	2	9	
d	Arts & crafts	1	2	9	
e	Sewing	1	2	9	

Number	Availability of Fistula Repair, Rehabilitation and Referral Services			Comment/SKIP	
	Yes	No	Don't Know		
f	Other: _____	1	2	9	
231	Is there capacity to offer practical experiences in support of training (surgeon and nurses):	1	2	9	
a	client volume	1	2	9	
b	fistula trainer on site	1	2	9	
232	Does Post repair follow up include: INTERVIEWER: read each item and circle response				
a	Addressing social needs of women affected by fistula	1	2	9	
b	FP counseling	1	2	9	
c	FP methods	1	2	9	
d	REFERRAL FOR FP methods	1	2	9	
e	Diagnosis and treatment for infertility	1	2	9	
233	What are the estimated % of fistula surgeries performed using: INTERVIEWER: READ ITEMS A TO C AND RECORD THE ESTIMATED %				
a	<input type="checkbox"/> Spinal anesthesia	% repairs _____ <input type="checkbox"/> 99. Don't Know			
b	<input type="checkbox"/> General anesthesia	% repairs _____ <input type="checkbox"/> 99. Don't Know			
c	<input type="checkbox"/> Other anesthesia regimen (specify):	% repairs _____ <input type="checkbox"/> 99. Don't Know			
234	What percentage of repairs are through different approaches? INTERVIEWER read items a to c and record the response				
a	Abdominal approach	% repairs _____ <input type="checkbox"/> 99. Don't Know			
b	Vaginal approach only	% repairs _____ <input type="checkbox"/> 99. Don't Know			
c	Combined approach: _____	% repairs _____ <input type="checkbox"/> 99. Don't Know			

Number	MANAGEMENT & QUALITY—FISTULA SERVICES		Comment/SKIP
235	Does this department maintain patient records for fistula patients?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	IF NO/DON'T KNOW, GO TO 238
237	Is this information used for decision-making?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Not applicable <input type="checkbox"/> 9. Don't Know	
238	Have service statistics been used for service decision-making in the past 6 months?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
239	Does the department have written protocols and reference materials for fistula service provision?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
240	Does the department have the following specific materials .(Read the list and check all that are mentioned)	<input type="checkbox"/> a. WHO fistula programmatic guidelines <input type="checkbox"/> b. A fistula training curriculum for surgeons <input type="checkbox"/> c. A fistula training curriculum for nurses <input type="checkbox"/> d. Guidelines for anesthesia in fistula surgery. <input type="checkbox"/> e. Fistula counseling manual <input type="checkbox"/> f. Quality improvement handbooks e.g. COPE <input type="checkbox"/> g. Other specify...	
241	Does the department have job aids for fistula service provision?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
243	Is there Preceptor development on site to expand support of surgeon and nurses training?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	

Number	MANAGEMENT & QUALITY—FISTULA SERVICES		Comment/SKIP
244	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) G=Good; F=Fair; P=Poor; 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—FISTULA		Comment/SKIP
245	Is there more than one place where new clients wait for services?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
246	Where do clients wait until they are served? Interviewer: CHECK ONE RESPONSE	<input type="checkbox"/> 1. Sheltered area with seats outdoors <input type="checkbox"/> 2. Seats in room separate from treatment or examination area <input type="checkbox"/> 3. Curtained off, seats shared with treatment or examination area <input type="checkbox"/> 4. Sheltered waiting area, but no seats..... <input type="checkbox"/> 5. No sheltered waiting area <input type="checkbox"/> 88. Question skipped <input type="checkbox"/> 77. Not shown area	
247	Where are clients counseled?	Specify place	
a	Is there adequate auditory privacy	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
b	Is there adequate visual privacy	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
c	Details and other observations		
248	Are there any teaching aids/audio-visual props for counseling?	<input type="checkbox"/> 1. Yes adequate <input type="checkbox"/> 2. Yes, but not adequate <input type="checkbox"/> 3. No <input type="checkbox"/> 9. Don't Know	
249	Where are clients examined?	<input type="checkbox"/> 1. Same area as counseling <input type="checkbox"/> 2. Other space/area <input type="checkbox"/> 9. Don't Know	IF 1, SAME AREA AS COUNSELING, SKIP TO 250. IF other space, answer A to C based on you observations
a	Adequate auditory privacy	<input type="checkbox"/> 1. Yes adequate <input type="checkbox"/> 2. No, not adequate <input type="checkbox"/> 8. Question not asked <input type="checkbox"/> 9. Don't Know, not observed	
b	Adequate visual privacy	<input type="checkbox"/> 1. Yes adequate <input type="checkbox"/> 2. No, not adequate <input type="checkbox"/> 8. Question not asked <input type="checkbox"/> 9. Don't Know, not observed	

Number	WAITING, COUNSELING AND EXAMINATION AREAS—FISTULA		Comment/SKIP
c	Details and other observations		
250	INTERVIEWER REVIEW SOURCE OF LIGHT IN THE EXAMINATION AREA.		
a	Adequate natural light	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9. Don't Know, not observed If Poor, Specify	
b	Adequacy and functionality of overhead light	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9. Don't Know, not observed If Poor, Specify	
c	Adequacy, functionality and flexibility of working exam lamp	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9. Don't Know, not observed If Poor, Specify	
251	OVERALL AND ADDITIONAL COMMENTS ABOUT FISTULA TREATMENT SERVICE		

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 _____	
Department.....	
301 Cadres of persons interviewed <input type="checkbox"/> 1. Specialist doctor <input type="checkbox"/> 2. Non-specialist doctor <input type="checkbox"/> 3. Clinical officer /assistant medical officer <input type="checkbox"/> 4. Nurse <input type="checkbox"/> 5. Midwife <input type="checkbox"/> 6. Administrator <input type="checkbox"/> 7. Other:	302 Position of persons interviewed <input type="checkbox"/> 1. One of the persons interviewed is also In-Charge of facility <input type="checkbox"/> 2. At least one of the persons interviewed is a fistula surgeon <input type="checkbox"/> 3. At least one of the persons interviewed is a fistula trainer Interviewer's Name _____ Today's Date: (mo/day/yr) _____

FACILITY OVERVIEW: ADMINISTRATION AND SERVICES		
Interviewer	AFTER ARRIVAL AT THIS FACILITY, ANSWER QUESTIONS 303 TO 305 BASED ON YOUR OBSERVATIONS.	
303	What time did you arrive at the department	Day: Time: Hour Min
304	Was the department open at the time you arrived?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

GENERAL INFORMATION ABOUT FACILITY SERVICES AND AMENITIES

Number		Yes	No	Not determined	Comments/Skip
305	Are brochures / handouts on the services listed below available to take home?				
a	STI/HIV/AIDS	1	2	9	
b	Antenatal care	1	2	9	
c	Delivery/Maternity	1	2	9	
d	MTCT prevention/VCT	1	2	9	
e	Postnatal care	1	2	9	
f	PAC	1	2	9	

INTERVIEWER FIND THE PERSON WHO IS IN CHARGE OF MATERNITY SERVICE. READ THAT PERSON THE MESSAGE SHOWN BELOW:

Hello, My name is I am representing the Fistula Care Project implemented by EngenderHealth, an International Reproductive Health NGO. 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 department. 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 hour 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

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

NUMBER	PROVIDER INFORMATION FOR MATERNITY SERVICES	COMMENT/SKIP	
307	How many of each type of staff are assigned to Maternity department?		
	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.		
		Full time	Part time
	a	General doctors	Visiting
	b	Surgeons	
	c	Urologists	
	d	OB/gyns	
	e	Clinical officers or clinical assistants	
	f	Anesthetists	
	g	Nurses	
h	midwives		
i	other:		
308	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)		
		Number staff trained	Number additional staff need
a	Normal vaginal labor		
b	Assisted vaginal delivery		
c	Cesarean section		
d	Management of obstructed labor		
e	Vaginal Operative delivery		
f	Delivery with Forceps		
g	Delivery with Vacuum		
h	Use of in-dwelling catheter in prolonged/obstructed labor		
i	Laparotomy for ruptured uterus		
j	Active use of partograph for safe labor and delivery		
k	Trainer or preceptor of EmOC provider		
l	Trainer of EmOC trainers		
m	Ward nurse with pre and post operative care skills for obstetric surgery		
n	Theater nurse intra-operative care skills for obstetric surgery		
o	Social worker		
p	Physiotherapist		
q	Family planning counselor		
r	Other RH counseling specify, eg HIV		
s	Infection prevention		

Number	GENERAL INFORMATION ABOUT MATERNITY SERVICES					Comments/ SKIP
	Services	Yes	No	Don't Know		
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	1	2	9		
b	Normal delivery care	1	2	9		
c	Emergency obstetric care but not 24/7	1	2	9		
d	Emergency obstetric care, 24/7	1	2	9		
e	Post-abortion care	1	2	9		
f	Postnatal care	1	2	9		
g	STI/HIV/AIDS counseling and management	1	2	9		
h	Routine nursing care available 24 hours , seven days a week for in patient services, including for c section	1	2	9		
i	Other (specify)					
310	Are teaching materials available for EmOC training?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know				
311	Are teaching materials available for cesarean delivery training?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know				
312.	What is total number of services provided in recent years for the following:	2007	2008	2009	2010	2011
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/ SKIP
313	Is the partograph routinely used to monitor labor?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Depends/varies (explain): <input type="checkbox"/> 9. Don't Know	
314	What percentage of labors in the last quarter were monitored using the partograph? (estimate)	_____% <input type="checkbox"/> 99. Don't Know	
315	Are there any barriers to the routine use of the partograph?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
	IF YES, what are those barriers?		
316	Do staff routinely use in-dwelling catheter after obstructed labor?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Depends/varies (explain): <input type="checkbox"/> 9. Don't Know	
317	In the last quarter what proportion of deliveries included the use of uterotonics (e.g. oxytocin) for the 3 rd stage of labor?	_____% <input type="checkbox"/> 99. Don't Know	
318	In the last quarter , What proportion of deliveries did providers use controlled cord traction?	_____% <input type="checkbox"/> 99. Don't Know	
319	Are there any barriers to providers using AMSTL? (active management of the third stage of labor)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
	IF YES, what are those barriers?		
320	Is Magnesium sulphate (MgSO4) routinely used for eclampsia/PET?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
321	Are there any barriers to the use of MgSO4?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
	IF YES, what are those barriers?		

Number	GENERAL INFORMATION ABOUT MATERNITY SERVICES				Comments/SKIP	
322	Routinely, how many days in a week is elective cesarean performed?	Number of days : _____ <input type="checkbox"/> 99. Don't know				
323	What proportion of all cesareans are due to obstructed labor?	_____% <input type="checkbox"/> 99. Don't know				
324	What proportion of all cesarean section is due to prolonged labor?	_____% <input type="checkbox"/> 99. Don't know				
325	What is the estimated number, from last year, of women with ruptured uterus?	_____ <input type="checkbox"/> 99. Don't know				
326	What is the estimated number, from last year, of women with destructive vaginal operations?	_____ <input type="checkbox"/> 99. Don't know				
327	Is there a trained cesarean section surgeon <i>present</i> at the facility every day?	<input type="checkbox"/> 1. Yes always <input type="checkbox"/> 2. Yes, sometimes <input type="checkbox"/> 3. No If only some days/times, specify when/frequency:				
328	What is the average waiting time to surgery for emergency cesarean surgery from time decision made	_____ hours <input type="checkbox"/> 99. Don't know				
329	What are the 3 most common causes for any delays for cesareans?	<input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. there are never any delays <input type="checkbox"/> 9. Don't know				
330	No. and state of repair/disrepair of amenities; CHECK IF dedicated or shared. State of Repair: G: good, F: fair; P : Poor					
		No.	Shared	Dedicated	State of Repair	
a	Antenatal wards					
b	Labor wards					
c	Delivery Rooms					
d	Maternity Theaters					
e	Post natal wards					
f	Maternity waiting homes					

Number	GENERAL INFORMATION ABOUT MATERNITY SERVICES		Comments/SKIP
331	Number of beds for maternity care:		
a	No. of ward beds available for ante-natal clients	_____beds	
b	No. of postnatal beds	_____beds	
c	No. of beds available for post op maternity patients	_____beds	
332	No. of beds for gynecology problems	_____beds	
333	What is the <u>estimated</u> total complication rate for cesareans in the last year?	_____ <input type="checkbox"/> 99. Don't know	
a	Post-operative complications within 6 weeks (e.g. fever, infection)	_____ <input type="checkbox"/> 99. Don't know	
b	Anesthetic complications	_____ <input type="checkbox"/> 99. Don't know	
c	Other		
334	Number of maternal deaths in last 4 quarters	_____ <input type="checkbox"/> 99. Don't know	
335	Top 3 main causes of maternal death, ranked in order of frequency:	<input type="checkbox"/> 1. _____ <input type="checkbox"/> 2. _____ <input type="checkbox"/> 3. _____	

Number	Availability of Maternity Services			Comments/ SKIP
		Yes	No	If no explain
336	Does the department have providers skilled to assess women with complaint of labor pains or vaginal bleeding?	1	2	
337	Are there providers skilled to diagnose labor and likely complications for appropriate management and referral?	1	2	
338	Can the department consistently do elective and emergency c section 24/7?	1	2	
339	Do staff routinely use indwelling catheterization for women with obstructed labor?	1	2	
340	Do staff routinely use indwelling catheterization for women with small fistula?	1	2	
341	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	
342	Is there a Preceptor /coach on site to expand support of surgeon and nurses training?	1	2	
343	Is there adequate infrastructure, equipment and supplies to support training in EmOC?	1	2	
344	INTERVIEWER REVIEW SOURCE OF LIGHT IN THE EXAMINATION AREA.			
a	Adequate natural light	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9. Don't Know, not observed		If Poor, Specify
b	Adequacy and functionality of overhead light	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9 Don't Know, not observed		If Poor, Specify
c	Adequacy , functionality and flexibility of working exam lamp	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9. Don't Know, not observed		If Poor, Specify

345	INTERVIEWER REVIEW SOURCE OF LIGHT IN THE DELIVERY ROOM.		
a	Adequate natural light	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9 Don't Know, not observed	If Poor, Specify
b	Adequacy and functionality of overhead light	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9. Don't Know, not observed	If Poor, Specify
c	Adequacy , functionality and flexibility of working exam lamp	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9. Don't Know, not observed	If Poor, Specify
346	INTERVIEWER REVIEW SOURCE OF LIGHT IN THE THEATER		
a	Adequate natural light	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9. Don't Know, not observed	If Poor, Specify
b	Adequacy and functionality of overhead light	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9 Don't Know, not observed	If Poor, Specify
c	Adequacy , functionality and flexibility of Working exam lamp	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9. Don't Know, not observed	If Poor, Specify
347	OVERALL AND ADDITIONAL COMMENTS ABOUT MATERNITY SERVICE		

Number	OUTREACH PROGRAM-MATERNITY SERVICES			Comments/SKIP
348	Does this department have a maternity outreach/ community linkage program?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know		
	If NO, does it partner with any other organization that does outreach/linkage to its community?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know		IF NO/DON'T KNOW, SKIP TO 352
349	Which of the following services are included in your outreach program? READ OUT LIST AND CHECK EACH SERVICE MENTIONED BY RESPONDENT			
	<input type="checkbox"/> 1. Delivery with skilled provider at prepared facility <input type="checkbox"/> 2. Family planning services <input type="checkbox"/> 3. ANC entry or home visits to pregnant women <input type="checkbox"/> 4. Distribution of IEC/communication materials about fistula Surgery <input type="checkbox"/> 5. Girls education to the completion of secondary school <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	<input type="checkbox"/> 8. Home visits to women with fistula <input type="checkbox"/> 9. Reintegration of women after repair <input type="checkbox"/> 10. Health Education <input type="checkbox"/> 77. Question Skipped <input type="checkbox"/> 11. Other (specify)		
350	How often in a quarter does the outreach program occur?	(Number) _____ <input type="checkbox"/> 88. Question Skipped <input type="checkbox"/> 99. Don't Know		
351	Has this facility provided training to community service workers in the past one year on the following topics?			
		Yes	No	Don't Know
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
352	What are the sources of referral to the facility? (CHECK ALL THAT APPLY)	<input type="checkbox"/> 1. TBAs <input type="checkbox"/> 2. Other health facilities or health workers <input type="checkbox"/> 3 Family/community members <input type="checkbox"/> 4. other		

Number	OUTREACH PROGRAM-MATERNITY SERVICES		Comments/SKIP
353	<p>Is feedback routinely given to referring sources?</p>	<p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know</p> <p>IFYES, Specify type of feedback</p>	
354	<p>Where are complicated maternity cases referred to most commonly? _____</p>		

NUMBER	MANAGEMENT & QUALITY-MATERNITY SERVICES		COMMENTS/SKIP
355	Does this department have a formal system for reviewing management or administrative issues?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	If no, skip to 357
356	How often are formal meetings & discussions held to discuss the facility's management or administrative issues?	<input type="checkbox"/> 1. Weekly <input type="checkbox"/> 2. Monthly <input type="checkbox"/> 3. Quarterly <input type="checkbox"/> 4. Semiannually <input type="checkbox"/> 5. Other (specify) _____ <input type="checkbox"/> 7. Question Skipped <input type="checkbox"/> 9. Don't Know	
357	Is the information from service statistics used for decision making?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
358	Have service statistics been used for decision making in the last two quarters?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
359	Is there a system in place to determine client opinion about the health department or services?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
360	What system is in place to determine client opinion about the health facility or services? Interviewer: DO NOT PROMPT; CHECK EACH ANSWER MENTIONED (MORE THAN ONE POSSIBLE)	<input type="checkbox"/> 0. No system is in place..... <input type="checkbox"/> 1. Suggestion box <input type="checkbox"/> 2. Client survey form..... <input type="checkbox"/> 3. Client interview <input type="checkbox"/> 4. Other (specify) _____ <input type="checkbox"/> 9. Don't Know	

NUMBER	MANAGEMENT & QUALITY- MATERNITY		COMMENTS/SKIP
361	Does the department have written protocols and reference materials for EmOC service provision, including c section?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know If yes, list the top 10 key reference materials and protocols	
362	Does the department have job aids for EmOC?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	

363	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) G=Good; F=Fair; P=Poor; NO=not observed					Comments
		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. Maternity register						
<input type="checkbox"/>	G. EmOC register						
<input type="checkbox"/>	H.. Other (specify)						

Waste Disposal Mechanisms -MATERNITY		
364	Do staff in this unit get regular Infection Prevention updates?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know
365	How often do staff receive updates about IP?	<input type="checkbox"/> 1. monthly <input type="checkbox"/> 2. quarterly <input type="checkbox"/> 3. semi annually <input type="checkbox"/> 4. annually <input type="checkbox"/> 5. other (specify): <input type="checkbox"/> 9. Don't Know
366	Has anyone at this facility attended Infection Prevention training or update training in the past THREE years?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know
367	What disposal system do you have for <u>solid</u> medical waste disposal?	Specify: <input type="checkbox"/> 9. Don't Know
368	What disposal system do you have for <u>liquid</u> medical waste disposal?	Specify <input type="checkbox"/> 99. Don't Know
369	Do you have a special puncture-resistant container for sharps in theater and wards?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9Don't Know
370	Do you have leak-proof, lidded waste containers for medical waste disposal in theater and wards?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know
371	Do you use a plastic bucket with a lid for Chlorine solution in theater and wards?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know
372	In what ways do you dispose of items such as syringes and bandages that may be contaminated? Interviewer: PROBE IF NECESSARY; CHECK ONE ONLY.	<input type="checkbox"/> 1. Collected and disposed externally <input type="checkbox"/> 2. Burned in incinerator <input type="checkbox"/> 3. Burned in open pit <input type="checkbox"/> 4. Burned and buried <input type="checkbox"/> 5. Put in trash/open pit <input type="checkbox"/> 6. Put in pit latrine <input type="checkbox"/> 7. Other (specify) _____ _____ <input type="checkbox"/> 9. Don't Know

373	(OBSERVER comment about general IP conditions in the department including the delivery room and what needs improvement)		
-----	--	--	--

Finally, what do you see as the strengths and challenges for the maternity department?

Department strengths

Department Challenges

Additional Comments

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

INTERVIEWERS COMMENTS

Department strengths

Department Challenges

Additional Comments

400. Family Planning Service/Department

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

FACILITY OVERVIEW: FAMILY PLANNING DEPARTMENT				
Interviewer	UPON ARRIVAL AT THIS FACILITY, ANSWER QUESTIONS 403-405 BASED ON YOUR OBSERVATIONS.			
403	What time did you arrive at the department?	Day: _____ Time: Hour Min		
404	Was the department open at the time you arrived?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
405	Are brochures / handouts on the services listed below available to take home?			
		Yes	No	
a	Family planning, general	1	2	
b	Family planning, specific methods	1	2	
c	STI/HIV/AIDS	1	2	
d	Gender relationships/ equity	1	2	
e	Men as partners in reproductive health	1	2	

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 Fistula Care Project implemented by EngenderHealth, an International Reproductive Health NGO. 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 department. 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 hour 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, maternity and family planning services

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

406	<p>May I begin the interview?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>	<p>If NO then STOP, thank her/him for their time so far and release them.</p>
------------	---	--

NUMBER	PROVIDER INFORMATION FOR FAMILY PLANNING SERVICES			COMMENTS/ SKIP
407	<p>How many of each type of staff in this department provide family planning services</p> <p>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.</p>			
		Full time	Part time	Visiting
a	Doctors			
b	Clinic/ward Nurses/Nurse midwives			
c	Theater nurses/midwives			
d	Clinical officers or clinical assistants			
e	Anesthetists			
f	Family planning counselors			
g	Social worker			
h	Other:			
408	<p>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)</p>			
		Number staff trained	Additional staff need	
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>Is there a system for staff to transfer knowledge and skills they have acquired from training?</p>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know IF Yes, specify how: <input type="checkbox"/> 1. weekly meetings <input type="checkbox"/> 2. monthly meetings <input type="checkbox"/> 3. informal discussions with other staff <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.					
		2007	2008	2009	2010	2011
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 <input type="checkbox"/> 2. Male Condoms <input type="checkbox"/> 3. Female Condoms <input type="checkbox"/> 4. IUD <input type="checkbox"/> 5. Injection <input type="checkbox"/> 6. Implants <input type="checkbox"/> 7. Female Sterilization <input type="checkbox"/> 8. Male Sterilization <input type="checkbox"/> 9. Standard days method (SDM) <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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
413	Do FP service providers perform risk/intention assessment for pregnancy, spacing, or completion?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
414	Do staff counsel on FP methods including ability to prevent HIV/STIs, dual protection?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
415	Do staff provide condoms, instruct and demonstrates their use?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
416	Do staff provide oral contraceptives with instructions for use?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9 Don't Know			
418	How often in a quarter does the outreach program occur?	_____ times per quarter <input type="checkbox"/> 8. Question Skipped <input type="checkbox"/> 9. Don't Know			
419	Has this facility provided training to community service workers in the past one year on the following topics?				
	Training Pro vided	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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know (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 <input type="checkbox"/> 2. Other women who have had FP services here <input type="checkbox"/> 3. Other health facilities <input type="checkbox"/> 4. Media <input type="checkbox"/> 5. Other			

OUTREACH PROGRAM-FAMILY PLANNING SERVICES		
423	Is any feedback given to the referring source?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know If yes, specify type of feedback _____
424	Do you ever have to refer cases because of (CHECK ALL THAT APPLY)	<input type="checkbox"/> 1. Non supportive site policy for FP <input type="checkbox"/> 2. They have complications or side effects <input type="checkbox"/> 3. FP commodity chosen is not available <input type="checkbox"/> 4. Lack of equipment or materials <input type="checkbox"/> 5. Lack of trained provider 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?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
426	Is this information used for decision-making?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
427	Have service statistics been used for decision-making in the past 6 months?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
428	Does the department have job aids for family planning?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
429	Does the department have job aids for infection prevention?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
430	Has anyone in this department attended Infection Prevention training or update training in the past 3 years?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
431	<i>(OBSERVER comment about general IP conditions in the department and what needs improvement)</i>		

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) G=Good; F=Fair; P=Poor; 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/SKIP
433	Is there more than one place where new clients wait for services?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
434	Where do clients wait until they are served? Interviewer: CHECK ONE RESPONSE	<input type="checkbox"/> 1. Sheltered area with seats outdoor <input type="checkbox"/> 2. Seats in room separate from treatment or examination area <input type="checkbox"/> 3. Curtained off, seats shared with treatment or examination area <input type="checkbox"/> 4. Sheltered waiting area, but no seats <input type="checkbox"/> 5. No sheltered waiting area <input type="checkbox"/> 8. Question skipped <input type="checkbox"/> 9. Not shown area	
435	Where are clients counseled?	Specify place _____	
a	Adequate Auditory privacy	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
b	Adequate visual privacy	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	
c	Details and other observations		
436	Where are clients examined? Interviewer: CHECK ONE RESPONSE	<input type="checkbox"/> 1. Separate room with door <input type="checkbox"/> 2. Curtained area, no door <input type="checkbox"/> 3. Other private area where clients cannot be seen or heard <input type="checkbox"/> 4. Same area as one used for waiting/counseling <input type="checkbox"/> 5. Other (describe): _____ _____	
437	Interviewer ASSESS THE SOURCE OF LIGHT IN THE EXAMINATION AREA FOR ADEQUACY, FUNCTIONALITY AND WHERE APPLICABLE, FLEXIBILITY.		
a	Natural light	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9. Don't Know, not observed	
b	Overhead light	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9. Don't Know, not observed	
c	Working exam lamp	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Poor <input type="checkbox"/> 9. 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
ADDITIONAL COMMENTS

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
Equipment :General, surgical		
501	Is all general equipment needed for surgery available today? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if no specify what is missing
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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if yes, specify what has been lacking
503	Interviewer: is the available general equipment fully functional? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if no specify
Equipment: Fistula specific		
504	Is all equipment needed for fistula surgery available today? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if no specify what is missing
505	Have you been without any of this equipment at any time within the last 6 months, including today? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if yes, specify equipment
506	Is the available equipment fully functional? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if no specify
a	What other equipment would you need? _____	
Equipment: maintenance		
507	Is there a system for repair/maintenance of surgical equipment <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if yes, describe
508	Is there a system for replacement of surgical equipment? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if yes, describe
Supplies: general, surgical		
509	Are all general supplies/drugs needed for surgery available today? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if no specify what is missing
510	Have you been without any of these supplies/drugs any time in the past 6 months, including today? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if yes, specify what is missing

NUMBER	INVENTORY OF EQUIPMENT, SUPPLIES AND MEDICATIONS	COMMENT
511	Are the available supplies and drugs in good condition and not expired? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if no specify what has expired
Supplies: fistula surgery		
512	Are all supplies and drugs needed for fistula surgery available today? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if not specify what is missing
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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if yes, specify which ones
514	Are the available supplies and drugs in good condition and not expired? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if not specify which ones
a	What other supplies would you need? _____	
Supplies: infection prevention		
515	Are all supplies needed for IP available today? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if no , what is the condition?
Supplies: family planning		
518	Are all needed supplies and FP commodities available today? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if yes, specify which ones

NUMBER	INVENTORY OF EQUIPMENT, SUPPLIES AND MEDICATIONS	COMMENT
520	Are the available supplies/ commodities in good condition and not expired? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if no specify which ones
Supplies and equipment: for Fistula and/or EmOC /FP training (if applicable)		
521	Are all needed supplies and equipment for training available today? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if no specify what is 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if no, specify what is in poor condition
Antimicrobials and analgesics and other / anesthetics and other medications		
524	Are all needed antimicrobials /analgesics /anesthetics and other medications available today? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. 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 <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't Know	if no, specify current condition

INTERVIEWERS COMMENTS
Strengths
Challenges

ADDITIONAL COMMENTS

APPENDIX A. Fistula Equipment and Supplies

STANDARD FISTULA FACILITY EQUIPMENT AND SUPPLIES

EngenderHealth/Fistula Care

There are very few pieces of equipment or supplies that are solely and exclusively for fistula surgery. Many items of the fistula equipment may be common to other surgical sets, e.g. cesarean, laparotomy, minor surgery, D & C . Some of the equipment is mandatory, some optional, depending on specific site routines e.g. use of GA vs spinal Anesthesia, infiltration with “jungle-juice” for vaginal dissection, use of diathermy etc. This provides a more comprehensive list because some programs may be setting up a completely new surgical service and may not have start-up equipment. (Ward specific equipment is not included)

Fistula Repair Instruments (Vaginal and/or abdominal)

- **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 holders** 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 faraboef) 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 TM)
- **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(Maraine) 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)

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