

# FISTULA CARE

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## Fistula Facilitative Supervision and Clinical Monitoring for Service Delivery

*(includes: Medical Waste Management Compliance)*

Updated

12/12/12



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## I. FACILITY INFORMATION

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

District/state/country: \_\_\_\_\_

### Time Period Covered

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

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

Date of previous fistula supervisory visit at this site \_\_\_\_\_

Report from last visit: Is it available?/reviewed? \_\_\_\_\_

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

### Assessment Completed by (Key Persons in Supervision Team)

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

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

Job title: \_\_\_\_\_

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

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

Job title: \_\_\_\_\_

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

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

Job title: \_\_\_\_\_

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

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

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

Job title: \_\_\_\_\_

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

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

Job title: \_\_\_\_\_

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

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

Job title: \_\_\_\_\_

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



| QUESTION  | YES | NO | COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS |
|---|-----|----|---|
| <b>2. Equipment (fistula repair sets and other support equipment). Refer to list of EngenderHealth Standard Fistula Equipment and supplies.</b>           |     |    |   |
| a. Availability of general theater and ward equipment/furniture/appliances  |     |    |   |
| b. Availability fistula-specific equipment  |     |    |   |
| c. No. of complete fistula sets: _____ Is this number adequate?   |     |    |   |
| d. Is all of the equipment fully functional?  |     |    |   |
| <b>3. Expendable supplies (e.g., catheters, syringes, gauze, gloves)</b>  |     |    |   |
| a. Are expendable supplies available?   |     |    |   |
| b. If available, are they in adequate quantity?   |     |    |   |
| c. Were any items out of stock in the last six months? (If yes, specify)  |     |    |   |
| d. Are the supplies of good quality (e.g., not damaged, not expired, etc.)?   |     |    |   |
| <b>4. Availability of fistula service medical drugs and of family planning methods</b>  |     |    |   |
| a. Availability of medical drugs  |     |    |   |
| b. Availability of family planning methods (List which methods are available, methods for which there is a provider, and methods that are counseled for.) |     |    |   |
| c. Adequacy of medical drugs  |     |    |   |
| d. Adequacy of quantity and range of family planning methods  |     |    |   |
| e. Were any medical drugs out of stock in the last six months for medical drugs? (If yes, specify.)   |     |    |   |
| f. Were any family planning methods out of stock in the last six months? (If so, specify.)  |     |    |   |
| g. Are medical drugs and family planning methods of good quality (e.g., not expired or damaged)?  |     |    |   |

| 5. Length of waiting period in days   | Comment, if any |
|---|-----------------|
| a. No. of days from diagnosis of fistula to admission<br>_____  | _____           |
| b. Average no. of days from admission to first repair:<br>_____   | _____           |
| c. Average no. of days from repair to discharge:<br>_____   | _____           |
| d. Average no. of days for total hospital stay:<br>_____  | _____           |
| 6. Backlog of fistula treatment services  | Comment, if any |
| a. No. of women awaiting treatment in facility:<br>_____  | _____           |
| b. Estimated no. of women with fistula in catchment area, if known, and source of info: _____   | _____           |
| c. No. of dedicated operating theater days every week:<br>_____   | _____           |
| d. No. of fistula repairs in the last two full quarters:<br>_____   | _____           |
| e. Percentage of fistulas that were iatrogenic:<br>_____  | _____           |
| f. Percentage of fistulas that were caused by sexual violence or genital cutting: _____   | _____           |
| g. Any community fistula outreach, IEC/BCC, MAP:<br>_____   | _____           |
| h. Fistula closure rate in last two full quarters: _____<br>(Comment on reasons if the average is <70%:<br>_____)   | _____           |
| i. Estimated complication rate in last two full quarters:<br>_____  | _____           |
| j. No. of deaths associated with fistula surgery or other fistula-related clinical procedure in last two quarters:<br>_____.<br>Was death investigated/reported according to agency protocol? _____ | _____           |

| QUESTION  | YES | NO | COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS |
|---|-----|----|---|
| <b>7. Availability of policy documents, HMIS</b>  |     |    |   |
| <i>Indicate the availability of:</i>  |     |    |   |
| a. Fistula care policy or strategy documents  |     |    |   |
| b. Reference materials  |     |    |   |
| c. Job aids   |     |    |   |
| d. Service delivery documents:<br>(with comment on completeness, whether maintained in good state, confidentiality, for each) |     |    |   |
| • Admission register  |     |    |   |
| • Client record file  |     |    |   |
| • Theater register  |     |    |   |
| • Operation notes   |     |    |   |
| • Discharge summary   |     |    |   |

| QUESTION  | YES | NO | COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS |
|---|-----|----|---|
| • Informed consent form   |     |    |   |
| • Other (specify: _____)  |     |    |   |
| <b>8. Availability of free or subsidized services</b>   |     |    |   |
| Are fistula prevention, treatment, and rehabilitation/reintegration services available and free or subsidized? (If yes, describe service(s) in comments)) |     |    |   |
| <b>9. Compliance with fistula service delivery guidelines</b><br>(If available, check yes; if NOT, check no for “not available.”)                         |     |    |   |
| Assess compliance with guidelines for:  |     |    |   |
| a. Client assessment, diagnosis, and classification   |     |    |   |
| b. Preoperative management  |     |    |   |
| c. Postoperative management   |     |    |   |
| d. Use of analgesia and/or of anesthesia  |     |    |   |
| e. Management of complications  |     |    |   |
| f. (If EmoC offered), safe management of labor and delivery   |     |    |   |
| g. Accurate and consistent use of the partograph,   |     |    |   |
| h. Use of active management of the third stage of labor   |     |    |   |
| i. Other guidelines (specify):  |     |    |   |
| <b>Total number of deliveries in the last two completed quarters</b>  |     |    |   |
| <b>Cesarean section rate</b>  |     |    |   |
| <b>Number of inward referrals in the last two completed quarters</b>  |     |    |   |
| <b>Number of outward referrals in the last two completed quarters</b>   |     |    |   |

| QUESTION   | YES | NO | COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS |
|--|-----|----|---|
| <b>QUALITY IMPROVEMENT</b>   |     |    |   |
| <b>10. Site implementation of the following quality improvement measures</b>   |     |    |   |
| a. Regular quality audits (e.g., mortality/morbidity meetings, etc.)   |     |    |   |
| b. Facilitative supervision (for internal and/or external supervision)   |     |    |   |
| <b>11. Supportive work environment, in terms of:</b>   |     |    |   |
| a. Space   |     |    |   |
| b. Comfort   |     |    |   |
| c. Furniture   |     |    |   |
| d. Support staff, etc.   |     |    |   |
| <b>12. Adequacy of infrastructure, in terms of:</b>  |     |    |   |
| a. Whether there are dedicated fistula wards (or shared, temporal/seasonal facilities)   |     |    |   |
| b. Whether there is a dedicated operating theater (vs. one that is shared on a daily or other schedule)                                    |     |    |   |
| c. Bathrooms, amenities, etc.  |     |    |   |
| <b>13. Reliability of utilities, in terms of:</b>  |     |    |   |
| a. Water supply (whether water is mains-piped, or from a well or borehole, as well as whether there is a need for a reservoir—e.g., tanks) |     |    |   |
| b. Electrical power (mains, generator/s)   |     |    |   |
| <b>14. Infection prevention</b>  |     |    |   |
| Compliance with infection prevention service delivery standards (see guide), in terms of:  |     |    |   |
| a. Decontamination   |     |    |   |
| b. Cleaning of instruments   |     |    |   |
| c. Sterilization—autoclaving, dry heat oven or chemical (specify)  |     |    |   |
| d. High-level disinfection—boiling, steaming, or chemical (specify)  |     |    |   |
| e. Hand washing  |     |    |   |
| f. Gloving   |     |    |   |

| <b>15. Medical waste management compliance (disposal and environmental protection)</b>  |  |
|---|--|
| <b>For each element listed below, circle the response.</b>  |  |
| a. Does site have a written management plan (to show the observer) for nonhazardous general waste, liquid medical waste, and solid medical waste?   | <ol style="list-style-type: none"> <li>1. Site reports it has a written management plan, and the plan was shown to the observer,</li> <li>2. Site reports it has a formal management plan, but it was not shown to the observer.</li> <li>3. Site has no formal management plan.</li> </ol>  |
| b. What numbers and types of staff were trained in infection prevention/medical waste disposal in last four quarters?<br>No. of clinical staff _____<br>No. of nonclinical staff _____  | <ol style="list-style-type: none"> <li>1. At least one clinical or one nonclinical person was trained, <u>and</u> the site has clearly assigned staff who cover all steps in waste management, with at least one person trained.</li> <li>2. No persons are trained.</li> </ol>  |
| c. Does site have clearly assigned staff responsibilities that cover all steps in the waste management process?   | <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>  |
| d. Does site have appropriate and adequate supplies and equipment for infection prevention and waste management (see infection prevention guide), including decontaminants, containers, and protective clothing?  | <ol style="list-style-type: none"> <li>1. Site has a supply of bleach, a bucket for decontamination, and a sterilizer/autoclave.</li> <li>2. Site has either bleach or a bucket for decontamination, or a sterilizer/autoclave, but not all.</li> <li>3. Site does not have any of bleach or bucket for decontamination or sterilizer/autoclave.</li> </ol>  |
| e. Does site have and use infection prevention job aids and medical waste management protocols or curricula from USAID, EngenderHealth, WHO, etc.?  | <ol style="list-style-type: none"> <li>1. At least one job aid is posted in the operating theater and/or ward and/or procedure/sluice room, and site follows use of waste management protocols.</li> <li>2. Job aid is posted in the operating theater or ward or procedure/sluice room, or waste management protocols are used.</li> <li>3. No job aid is posted in work areas.</li> </ol>  |
| f. <i>Sorting</i> : Are there internal rules for appropriate separation of waste by type at the place where it is generated (e.g., needles and sharps disposed of in special sharps containers, such as covered leak-proof, puncture-proof cardboard boxes, plastic bottles, or tin cans)?  | <ol style="list-style-type: none"> <li>1. Waste is separated by type immediately, separation occurs at the point where waste is generated, and contaminated sharps are immediately isolated into safe temporary containers.</li> <li>2. Waste is separated by type immediately, or separation occurs where the waste is generated, or contaminated sharps are placed in appropriate containers,</li> <li>3. Waste is not separated by type immediately, separation does not occur where the waste is generated, and contaminated sharps are not placed in appropriate containers.</li> </ol> |
| g. <i>Handling</i> : Is there appropriate collection and transportation of medical waste within the facility (e.g., handling medical waste as little as possible before temporary storage and disposal; removing and emptying waste containers from operating, procedure, and sluice rooms before completely full, at least once a day; Observing good hygiene; and wearing protective clothing)? | <ol style="list-style-type: none"> <li>1. Waste is transported appropriately and protective clothing and good hygiene (including regular washing with soap and water) are used.</li> <li>2. Waste is transported appropriately or protective clothing or good hygiene are used.</li> <li>3. Waste is transported inappropriately and there is a lack of use of protective clothing and good hygiene.</li> </ol>  |
| h. <i>Interim storage</i> : Is medical waste appropriately and temporarily stored safely, packaged, and labeled within the facility (e.g., always for less than 24 hours, before disposal; stored in a designated, closed-off area that is minimally accessible to staff, visitors, and   | <ol style="list-style-type: none"> <li>1. Storage area and labeling are appropriate and storage is always for less than 24 hours.</li> <li>2. Storage area is appropriate or labeling is appropriate or storage is always for less than 24 hours,</li> <li>3. Storage area is inappropriate, labeling of waste is inappropriate, and storage sometimes is for more than 24</li> </ol>  |

|  |  |
|--|--|
| <p>food; correct response for spills, injury, exposure is followed)</p>  | <p>hours.</p>  |
| <p>i. <i>Final disposal, general:</i> Are solid medical waste, liquid medical waste, sharps, and hazardous chemical waste from the health facility eliminated appropriately (e.g., all solid and liquid waste and contaminated waste disposed of away from the community; never stored in open container; never thrown onto an open pile)?</p>   | <ol style="list-style-type: none"> <li>1. Disposal of waste is away from the community, and waste is never stored in open containers and never thrown onto an open pile.</li> <li>2. Disposal of waste is away from the community, or waste is never stored in open container or never thrown onto an open pile.</li> <li>3. Waste is disposed of in the community and sometimes is stored in open containers and thrown onto open piles.</li> </ol> |
| <p>j. <i>Final disposal of solid waste:</i> Is solid waste disposed of appropriately (e.g., at the facility, if possible, under the supervision of staff who understand the risks, by burning or burying, or by transporting it to an off-site disposal site).</p>   | <p>Circle all that apply:</p> <ol style="list-style-type: none"> <li>1. Final disposal of solid waste is by burning.</li> <li>2. Final disposal of solid waste is by burying.</li> <li>3. Final disposal of solid waste is through an arrangement for off-site transfer.</li> <li>4. Other (specify):</li> </ol>   |
| <p>k. <i>Burning:</i> If final disposal of solid waste is by burning, functional burning in a drum or brick incinerator is best. Less optimal would be open burning, in a small designated area far from the premises. If wet, waste should be doused with kerosene first before starting the fire.</p>  | <ol style="list-style-type: none"> <li>1. Site has an optimally functional incinerator.</li> <li>2. Site has a nonoptimal incinerator.</li> <li>3. Site does not have an incinerator.</li> </ol>   |
| <p>l. <i>Burying:</i> If final disposal of solid waste is by burying, is this done safely (e.g., at a designated, fenced, or walled-off space in view of the facility, with a pit large enough for all the solid medical waste generated at the site, to prevent scavenging and accidental injury)? Does the pit have an impermeable plastic or clay lining? Is the burial pit at least 50 m away from any water source, to prevent contamination? Does the site have proper drainage? Is it located downhill from any wells, free of standing water, in an area that does not flood? Is the bottom of the pit 2 meters above the water table? (Consult local water engineer/water authority about location of the water table.) Is waste covered with 10–30 cm of soil?</p> | <ol style="list-style-type: none"> <li>1. Site has optimally functional waste burial site.</li> <li>2. Site has nonoptimal waste burial site.</li> <li>3. Site does not have waste burial site.</li> </ol>   |
| <p>m. If final disposal is off-site, are precautions taken to ensure that waste is transported and disposed of safely?</p>   | <ol style="list-style-type: none"> <li>1. All precautions are taken to ensure that waste is transported safely.</li> <li>2. Some precautions are taken to ensure that waste is transported safely.</li> <li>3. No precautions are taken to ensure safe transport.</li> </ol>   |
| <p>n. Additional observations and comment on infection prevention and waste storage/disposal:</p>  |  |



### III. Monitoring of Counseling Services

| 16. Fistula counseling and family planning counseling: availability of trained counselors  |   |                                  |  |   |
|--|---|----------------------------------|--|---|
| a. Cadre   | b. Provider Names   | c. Trained in fistula counseling | d. Trained in family planning counseling |   |
| Physicians   | 1 _____<br>2 _____<br>3 _____   |                                  |  |   |
| Nonphysician/nurse-midwife   | 1 _____<br>2 _____<br>3 _____<br>4 _____<br>5 _____<br>6 _____<br>7 _____<br>8 _____<br>9 _____ |                                  |  |   |
| a. Total number of counselors available: _____<br>b. Fistula counseling: _____<br>c. FP counseling: _____<br>d. Specify family planning methods for which counseling is available: _____<br>e. No. needed for fistula counseling: _____<br>f. No. needed for family planning counseling: _____ |   |                                  |  |   |
| QUESTION   |   | YES                              | NO                                       | COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS |
| 17. Counseling, equipment, and job aids available  |   |                                  |  |   |
| a. Flipcharts  |   |                                  |  |   |
| b. Posters   |   |                                  |  |   |
| c. Anatomical models and/or pictures   |   |                                  |  |   |
| d. Client pamphlets  |   |                                  |  |   |
| e. Other (specify)   |   |                                  |  |   |
| f. Range of family planning methods available (specify methods): _____   |   |                                  |  |   |

**18. Specific aspects of the counseling process**

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

- a. Do providers follow Standard Guidelines for Fistula Counseling during the phases of:
  - a. Admission: \_\_\_\_\_
  - b. Preoperative period: \_\_\_\_\_
  - c. Intraoperative period: \_\_\_\_\_
  - d. Postoperative period: \_\_\_\_\_
  - e. Discharge from hospital: \_\_\_\_\_
- b. Do providers make appropriate use of REDI, GATHER, or some other counseling model? \_\_\_\_\_
- c. How many women have received fistula counseled in the last two full quarters: \_\_\_\_? Out of a total of \_\_\_\_? Percent : \_\_\_\_\_

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

|  |  |  |  |
|--|--|--|--|
| Further information and/or services  |  |  |  |
| An appointment for another time at the same site or a referral to some other family planning clinic or arrangements for a home visit |  |  |  |

**e. Additional quality of service components**

|   |  |  |  |
|---|--|--|--|
| Treatment of the woman with respect, dignity, and empathy |  |  |  |
| Visual/auditory privacy and confidentiality               |  |  |  |
| Rapport and a rights-based client-provider interaction    |  |  |  |

**f. Family planning monitoring**

|  |  |  |  |
|--|--|--|--|
| A log book is present and is complete on family planning method adoption.  |  |  |  |
| Monthly and quarterly reports for family planning services are available.  |  |  |  |
| Information on family planning adoption is shared regularly with fistula service providers and managers on-site. |  |  |  |

## Fistula Service Referrals and Linkages to Other Reproductive Health and Reintegration Services

| QUESTION  | YES | NO | COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS |
|---|-----|----|---|
| <b>19. Linkages to other reproductive health services</b>   |     |    |   |
| a. Screening and/or treatment for other reproductive health issues (e.g., HIV and other sexually transmitted infections)  |     |    |   |
| b. Support services for gender issues and harmful traditional practices (if necessary)  |     |    |   |
| c. Other  |     |    |   |
|   |     |    |   |
| <b>20. Referrals</b>  |     |    |   |
| a. Documentation of fistula upward/ downward referrals (in a log book or in monthly and quarterly reports [specify])<br>b. Linkages to facility reintegration services<br>c. Linkages to community reintegration services |     |    |   |

**IV. Notes from Client Interviews [optional]**

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

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

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**Programmatic challenges, quality improvement, and other issues to be addressed before next visit:**

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**External assistance needed:**

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**General comments:**

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

Yes       No