

FISTULA CARE

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

Updated

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USAID
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EngenderHealth
for a better life

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

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Fistula Care
c/o EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
email: info@fistulacare.org
www.fistulacare.org

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**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: _____	Facility Address: _____
State (Region/Province): _____	_____
Department: _____	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): _____
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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): _____
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003 Source of additional support in cash or kind by individuals or organizations:
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004 Facility Type <input type="checkbox"/> 1. Health post/dispensary/health center II <input type="checkbox"/> 2. Health center III and subdistrict hospital <input type="checkbox"/> 3. Secondary/specialist hospital (district/provincial referral hospital) <input type="checkbox"/> 4. Tertiary/university hospital/ national referral hospital <input type="checkbox"/> 5. Maternity only <input type="checkbox"/> 6. Women's and 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. Periurban

007 Cadres of persons interviewed <input type="checkbox"/> 1. Specialist doctor <input type="checkbox"/> 2. Nonspecialist 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.
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Interviewer's Name: _____
Today's Date (mo/day/yr): _____

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	Sexually transmitted infection (STI)/HIV/AIDS services	1	2	9
d	Voluntary counseling and testing for HIV (VCT)	1	2	9
e	Prevention of mother-to-child transmission of HIV (PMTCT)	1	2	9
f	Antenatal care	1	2	9
g	Maternity/delivery care	1	2	9
h	Postnatal care	1	2	9
i	Postabortion care (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 for clients to take home?			
a	Family planning	1	2	9
b	Fistula treatment	1	2	9
c	STIs/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	PMTCT/VCT	1	2	9
h	Postnatal care	1	2	9
i	PAC	1	2	9
j	Female genital cutting (FGC)/gishiri cutting/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 represent the Fistula Care project, which is implemented by EngenderHealth, an international reproductive health NGO. We are conducting an assessment so as to improve the availability and quality of 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 at this facility. All of 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 one-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 participate 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 FP services.

<p>Interviewer's Signature (Indicates that the interviewer has read the informed consent and that the respondent has agreed to be interviewed.)</p>		<p>_____</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 her/his time so far, and release her/him.</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	Postnatal care	1	2	9	
l	Postabortion care	1	2	9	
m	STI/HIV/AIDS counseling and management	1	2	9	
n	Sexual dysfunction services	1	2	9	
o	Reproductive health services for men	1	2	9	
p	Routine nursing care available 24/7 for inpatient services	1	2	9	
q	Other (specify)				
106	Does this facility have electricity?	1	2	9	IF NO, SKIP to 108
	If the facility has electricity, specify how electricity is supplied.	a) Theater: Mains _____ Generator _____ b) Ward: Mains _____ Generator _____ c) Hostel: Mains _____ Generator _____ d) Rehab centre: 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 at 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	<p>Is water stored before use?</p> <p>INTERVIEWER: ASK TO SEE WHERE WATER IS STORED, TO CONFIRM THE RESPONSE. (Multiple responses are allowed.)</p>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes, in water tank/s <input type="checkbox"/> 2. Yes, in buckets <input type="checkbox"/> 3. Other (specify) _____ <input type="checkbox"/> 9. Don't know			
		Yes	No	Don't know	
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 at this facility?	1	2	9	
115	Are there teaching materials available for training in family planning at this facility?	1	2	9	
116	Are there teaching materials available for emergency obstetric care training at this facility?	1	2	9	
117	Are there teaching materials available for cesarean delivery training at 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 the response for each item listed below.				
a	Blackboard/whiteboard	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 projector	1	2	9	
h	Training tapes	1	2	9	
i	Computer	1	2	9	
j	Video/TV	1	2	9	
k	Camera and stand	1	2	9	
l	Anatomic models	1	2	9	
m	Printer	1	2	9	
n	CD/DVD player	1	2	9	
o	Other items (e.g., furniture, cabinets)	1	2	9	

Number	GENERAL INFORMATION ABOUT FACILITY SERVICES AND AMENITIES			Comments/SKIP	
119	Are additional training materials/equipment needed? (If yes, specify what materials are needed.)	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, and 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	Obstetrician-gynecologists				
e	Fistula ward nurses/midwives skilled in preoperative and postoperative functions to support fistula surgery				
f	Theater nurses/midwives				
g	Clinical officers or assistant medical officer				
h	Anesthetists				
i	Family planning counselors				
j	Social workers				
k	Physiotherapists				
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 are needed.)		
		Number of staff trained	Additional number needed
a	Nursing for preoperative/postoperative fistula care management		
b	Theater/intra-operative nursing for fistula surgery		
c	Fistula anesthesia skills		
d	Physiotherapy		
e	Fistula counseling		
f	Family planning counseling		
g	Postpartum family planning counseling		
h	Other reproductive health counseling (specify—e.g., HIV/STIs)		
i	Infection prevention		
j	Quality improvement		
k	Engaging men in reproductive health		
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	
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Number	OUTREACH PROGRAM—GENERAL FACILITY			Comments/Skip	
124	<p>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 <i>engage</i> the community.)</p>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
	<p>If NO, does it partner with any organization to do outreach?</p>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			IF NO, SKIP TO 132
125	<p>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.</p>				
	<input type="checkbox"/> 1. Delivery with skilled provider at prepared facility <input type="checkbox"/> 2. Family planning services <input type="checkbox"/> 3. Antenatal care entry or home visits to pregnant women <input type="checkbox"/> 4. Distribution of information, education and communication materials about fistula Surgery <input type="checkbox"/> 5. Girls' education, to the completion of secondary school <input type="checkbox"/> 6. Delay of early childbearing for women's and children's 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	<p>How often in the last quarter did the outreach program occur?</p>	<p>(Number) _____ <input type="checkbox"/> 77. Number varies <input type="checkbox"/> 88. Question skipped <input type="checkbox"/> 99. Don't know</p>			
127	<p>What are the sources of referrals to the facility for women who have fistula? (Check all that apply.)</p>	<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	<p>What type of feedback is given to the referring source for fistula case referrals? (specify)</p>				
129	<p>Where are complicated fistula cases referred to?</p>				
	<p style="text-align: center;">Yes No Don't know</p>				

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 and 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 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 <i>in-reach</i> 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 AND QUALITY—GENERAL FACILITY		COMMENTS/SKIP
134	Does this facility have a formal system for reviewing management/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 and discussions held to discuss the facility's management/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 the 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 ago <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 about 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 clients' opinions 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 clients' opinions about the health facility or services? Interviewer: DO NOT PROMPT; CHECK EACH ANSWER MENTIONED. (MORE THAN ONE RESPONSE IS 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	

NUMBER	MANAGEMENT AND QUALITY—GENERAL FACILITY		COMMENTS/SKIP
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	
143	Have you or others at this facility sought the participation of community members or community groups in any health-related programs within the last year? (Prompt with Community COPE or other local quality improvement mechanisms, if they exist.)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know	
144	Have community members or groups approached you or this facility with ideas for community participation in any health-related programs?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know	
145	How often would you say that you or other health providers at this facility participate in community health activities (such as community education, campaigns, or outreach)?	<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: What is their general state? To what degree are they complete? Confidential? Do they record consent? Are they adequate 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. Discharge register						
<input type="checkbox"/>	D. Theater register						
<input type="checkbox"/>	E. Rounds/nursing handover						
<input type="checkbox"/>	F. Other (specify)						

NUMBER	MANAGEMENT AND 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 two quarters?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know	
149	Are 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 descriptions and specific 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 <input type="checkbox"/> 6. Quality improvement handbooks e.g. COPE <input type="checkbox"/> 7. Other (specify): _____ _____	
153	Does the facility have written protocols and reference materials for emergency obstetric care, including cesarean deliveries?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know If yes, list key 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 materials: _____ _____ _____	

NUMBER	MANAGEMENT AND 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 emergency obstetric care 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 preoperative/postoperative functions?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know	

Number	WASTE DISPOSAL MECHANISMS—GENERAL FACILITY		Comments/Skip
159	Does the 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 the 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 committee meet?	<input type="checkbox"/> 1. Monthly <input type="checkbox"/> 2. Quarterly <input type="checkbox"/> 3. Semiannually <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 infection prevention?	<input type="checkbox"/> 1. Monthly <input type="checkbox"/> 2. Quarterly <input type="checkbox"/> 3. Semiannually <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 <u>three</u> 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>(i.e., does it describe all of the practices for handling, storing, treating, and disposing of hazardous and nonhazardous waste, as well as the type of 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	
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Number	WASTE DISPOSAL MECHANISMS—GENERAL FACILITY		Comments/ Skip	
		Theater	Ward	Comments
169	Do you have a special puncture-resistant container for sharps in the operating theater? In the 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 the operating theater? In the 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 the operating theater? In the 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</p> <p>CHECK ONE ONLY.</p>	<input type="checkbox"/> 1. Collected and disposed of 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 infection prevention conditions at the facility. MARK AN X ABOUT INFECTION PREVENTION CONDITIONS FOR EACH SECTION OF THE FACILITY OBSERVED. <i>(N/A: not applicable)</i> <i>(N/O: not observed)</i>	Good	Good/Could be improved	Poor	Comments
a	Facility				
b	Fistula ward				
c	Operating theater				
d	Labor ward				
e	Delivery room				
f	Family planning 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 of the main tests that you need for fistula services?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 7. Depends (specify): _____ <input type="checkbox"/> 8. Question skipped <input type="checkbox"/> 9. Don't know	
176	Specify the minimum package of tests required for preoperative and postoperative fistula patients at this site:		
a	Preoperative fistula treatment		
b	Postoperative fistula treatment		
c	Preoperative cesarean /laparotomy		
d	Postoperative 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 a 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 Person(s) Interviewed <input type="checkbox"/> 1. Specialist doctor <input type="checkbox"/> 2. Nonspecialist 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 facility in-charge <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 QUESTION 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	Female genital cutting (FGC), gishiri cutting, and/or other harmful traditional fistula treatments	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 represent the Fistula Care project, which is implemented by EngenderHealth, an international reproductive health NGO. We are conducting an assessment so as to improve the availability and quality of 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 of 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 participate 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 that the interviewer has read the informed consent and that the 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 her/his time so far, and release her/him.

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	Sexually transmitted infection (STI)/HIV/AIDS counseling and management	1	2	9	
e	Sexual dysfunction services	1	2	9	
f	Routine nursing care available 24/7for inpatient 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:	20__	20__	20__	
A	Women who had fistula repairs				
B	Women referred elsewhere for repair				

Number	GENERAL INFORMATION ABOUT FACILITY SERVICES AND AMENITIES				Comments/ SKIP
C	Number of urinary diversions				
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, on how many days in a week is fistula surgery performed?	Number of days : _____	
210	Is a trained fistula surgeon <i>present</i> in 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 24/7 nursing care, including specialized postoperative 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 the source of info, if known: A). In the ward: _____ B.) In the community: _____	
213	What is the average waiting time to first surgery (in days)?	a) From occurrence of fistula: _____ b) From first consultation: _____ c) From admission to the ward: _____	

214	How many of the following amenities do you have, and what is their state of repair/disrepair? (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 operating theaters					
b	Fistula wards					
c	Fistula hostel					
d	Rehabilitation center					

Number	AVAILABILITY OF FISTULA REPAIR, REHABILITATION, AND REFERRAL SERVICES		Comment/SKIP
215	How many ward beds are available for fistula client?	Beds: _____	
216	How many functional operating theater beds are available for fistula repair?	Beds: _____	
217	How many hostel beds are available for fistula clients?	Beds: _____	
218	How many rehabilitation center beds are 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>	<input type="checkbox"/> 1. Prolonged/obstructed labor: _____% <input type="checkbox"/> 2. Yankan gishiri: _____% <input type="checkbox"/> 3. Iatrogenic: _____% <input type="checkbox"/> 4. Sexual violence: _____% <input type="checkbox"/> 5. Other (specify): _____% <input type="checkbox"/> 6. Don't know: _____%	
220	What is the <u>estimated</u> closure and continence rate for fistula repair?	_____% <input type="checkbox"/> 99. Don't know	
a	What is the estimated closure rate after the first repair attempt?	_____% <input type="checkbox"/> 99. Don't know	
b	What is the ultimate closure rate (after one or more attempts)?	_____% <input type="checkbox"/> 99. Don't know	
c	What is the postoperative residual incontinence rate at the time of discharge?	_____% <input type="checkbox"/> 99. Don't know	
221	What is the <u>estimated</u> complication rate for fistula repair in the last two quarters for: (INTERVIEWER: read items a to e)		
a	Major postoperative complications within six weeks (e.g., fever, infection)?	_____% <input type="checkbox"/> 99. Don't know	
b	Minor complications?	_____% <input type="checkbox"/> 99. Don't know	
c	Anesthetic complications?	_____% <input type="checkbox"/> 99. Don't know	

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 who complain 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 operating theater or during periodic campaigns?	1	2	9	
226	Does the facility have the capacity for long-term postoperative care (about three or more weeks), including provision of meals?	1	2	9	
227	Does the facility routinely use in-dwelling catheterization for women with small fistula?	1	2	9	
228	Does the facility have the capacity to offer adjunct therapies and/or preoperative 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 provide:</i>				
a	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>Preoperative care: does the facility:</i>				
g	Provide fistula counseling for the client?	1	2	9	
h	Provide fistula counseling for the client's family?	1	2	9	
i	Obtain informed consent for the procedure/surgery?	1	2	9	
j	Have a list of minimum preoperative 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 their community (e.g., on-site and/or linkages and collaboration with community-based organizations)?	1	2	9	
230	Does the site provide these rehabilitation/reintegration services before discharge following surgery?	1	2	9	IF YES, read the list below from a to f. IF NO/DON'T KNOW, skip to 231
a	Fistula counseling	1	2	9	
b	Basic literacy	1	2	9	
c	Physical therapy	1	2	9	
d	Arts and 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 postrepair follow-up include: INTERVIEWER: Read each item and circle the response.				
a	Addressing the social needs of women affected by fistula?	1	2	9	
b	Counseling about family planning?	1	2	9	
c	Providing FP methods?	1	2	9	
d	Referring for FP methods?	1	2	9	
e	Diagnosing and treating infertility?	1	2	9	
233	What is the estimated percentage of fistula surgeries performed using: INTERVIEWER: Read items a to c and record the estimated percentage.				
a	<input type="checkbox"/> Spinal anesthesia?	% of repairs: _____ <input type="checkbox"/> 99. Don't know			
b	<input type="checkbox"/> General anesthesia?	% of repairs: _____ <input type="checkbox"/> 99. Don't know			
c	<input type="checkbox"/> Other anesthesia regimen? (specify): _____	% of repairs: _____ <input type="checkbox"/> 99. Don't know			
234	What percentages of repairs are performed through the following approaches? INTERVIEWER: Read items a to c and record the response.				
a	Abdominal approach	% of repairs: _____ <input type="checkbox"/> 99. Don't know			
b	Vaginal approach only	% of repairs: _____ <input type="checkbox"/> 99. Don't know			
c	Combined approach (specify): _____	% of repairs: _____ <input type="checkbox"/> 99. Don't know			

Number	MANAGEMENT AND QUALITY—FISTULA SERVICES		Comment/SKIP
235	Does this department maintain records for fistula clients?	<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 six 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. A 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 preoperative/postoperative 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 the training of surgeons and nurses?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know	

Number	MANAGEMENT AND QUALITY—FISTULA SERVICES		Comment/SKIP
244	List the types of record keeping used in this facility? CHECK ALL THAT APPLY.	<p>(OBSERVE: What is their general state? To what degree are they complete? Confidential? Do they record consent? Are they adequate to meet indicator requirements?</p> <p>G=Good; F=Fair; P=Poor; NO=Not observed</p>	

	General state	Completeness	Confidentiality	Consent	Adequacy for indicators	
<input type="checkbox"/> A. Client record						
<input type="checkbox"/> B. Admission record						
<input type="checkbox"/> C. Discharge register						
<input type="checkbox"/> D. Operating theater register						
<input type="checkbox"/> E. Rounds/nursing handover						
<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 area sharing seats 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"/> 77. Not shown area <input type="checkbox"/> 88. Question skipped	
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	Add details and other observations		
248	Are there any teaching aids/audiovisual 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 your 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 lighting	<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 SERVICES		

252. Finally, what do you see as the strengths and challenges for the fistula care department?

Department strengths

Department challenges

Additional comments

Interviewer: Thank the interviewee and make transition/linking comment for continuation of assessment to other departments.

INTERVIEWER'S 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. Nonspecialist 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 facility in-charge. <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	At 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 for clients to take home?				
a	Sexually transmitted infections (STIs)/HIV/AIDS	1	2	9	
b	Antenatal care	1	2	9	
c	Delivery/maternity	1	2	9	
d	Prevention of mother-to-child transmission of HIV/voluntary counseling and testing for HIV	1	2	9	
e	Postnatal care	1	2	9	
f	Postabortion care	1	2	9	

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

Hello, my name is I represent the Fistula Care project, which is implemented by EngenderHealth, an international reproductive health NGO. We are conducting an assessment so as to improve the availability and quality of services for fistula prevention and treatment in your area. This interview is a part of that 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 at this facility. All of 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 participate 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 that the interviewer has read the informed consent and that the 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 her/his time so far, and release her/him.</p>

NUMBER	PROVIDER INFORMATION FOR MATERNITY SERVICES			COMMENT/SKIP	
307	How many of each type of staff are assigned to the maternity department? Interviewer: READ OUT THE 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	Visiting	
	a	General doctors			
	b	Surgeons			
	c	Urologists			
	d	Obstetrician/gynecologists			
	e	Clinical officers/clinical assistants			
	f	Anesthetists			
	g	Nurses			
	h	Midwives			
i	Other:				
308	How many staff are trained in the following areas? (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 are needed.)				
		Number of staff trained	Number of additional staff needed		
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 of emergency obstetric care providers				
l	Trainer of emergency obstetric care trainers				
m	Ward nurse with preoperative and postoperative care skills for obstetric surgery				
n	Theater nurse intraoperative care skills for obstetric surgery				
o	Social worker				
p	Physiotherapist				
q	Family planning counselor				

NUMBER	PROVIDER INFORMATION FOR MATERNITY SERVICES			COMMENT/SKIP
r	Other reproductive health counseling (Specify—e.g., 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 SERVICES 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	Postabortion 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 24/7 for inpatient services, including for cesarean delivery	1	2	9		
i	Other (specify)					
310	Are teaching materials available for emergency obstetric care 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:	20__	20__	20__	20__	20__
a	Number of deliveries					
b	Number of cesarean deliveries					
c	Number of 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 an indwelling 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 percentage of deliveries included the use of uterotonics (e.g., oxytocin) for the third stage of labor?	_____% <input type="checkbox"/> 99. Don't know	
318	In the last quarter, in what percentage of deliveries did providers use controlled cord traction?	_____% <input type="checkbox"/> 99. Don't know	
319	Are there any barriers to providers using active management of the third stage of labor (AMTSL)?	<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 or pre-eclampsia/toxemia?	<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 delivery performed?	Number of days : _____ <input type="checkbox"/> 99. Don't know				
323	What percentage of all cesareans are due to obstructed labor?	_____% <input type="checkbox"/> 99. Don't know				
324	What percentage of all cesareans are 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 surgeon trained in cesarean section <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 delivery, from the time the decision is made?	_____ hours <input type="checkbox"/> 99. Don't know				
329	What are the three most common causes for any delays for cesarean deliveries?	<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	What are the number and state of repair/disrepair of the following amenities; CHECK IF they are dedicated or shared. State of repair: G: good, F: fair; P : Poor					
		No.	Shared	Dedicated	State of repair	Comments
a	Antenatal wards					
b	Labor wards					
c	Delivery rooms					
d	Maternity theaters					
e	Postnatal wards					
f	Maternity waiting homes					

Number	GENERAL INFORMATION ABOUT MATERNITY SERVICES		Comments/SKIP
331	How many beds are set aside for the following types of maternity care?		
a	How many ward beds are available for antenatal clients?	_____beds	
b	How many postnatal beds are available?	_____beds	
c	How many beds are available for postoperative maternity clients?	_____beds	
332	How many beds are set aside for gynecology problems?		_____beds
333	What is the <u>estimated</u> total complication rate for cesareans in the last year?		_____
a	What is the estimated rate of postoperative complications within 6 weeks (e.g., fever, infection)?	_____ <input type="checkbox"/> 99. Don't know	
b	What is the estimated rate of anesthesia complications?	_____ <input type="checkbox"/> 99. Don't know	
c	Other		
334	How many maternal deaths have occurred in the last four quarters?		_____ <input type="checkbox"/> 99. Don't know
335	What are the top three main causes of maternal death at this facility, ranked in order of frequency?		1. _____ 2. _____ 3. _____

Number	AVAILABILITY OF MATERNITY SERVICES			Comments/ SKIP
		Yes	No	If no explain
336	Does the department have providers skilled at assessing women who complain of labor pains or vaginal bleeding?	1	2	
337	Are there providers skilled at diagnosing labor and likely complications, for appropriate management and referral?	1	2	
338	Can the department consistently do elective and emergency cesarean delivery, 24/7?	1	2	
339	Do staff routinely use in-dwelling catheterization for women with obstructed labor?	1	2	
340	Do staff routinely use in-dwelling catheterization for women with small fistula?	1	2	
341	Does the department have the 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 a cesarean section? Specify cadres and number: _____			
b	Is there adequate client volume?	1	2	
c	Is there a labor management trainer on-site?	1	2	
342	Is there a preceptor/coach on site to expand support of surgeons' and nurses' training?	1	2	
343	Is there adequate infrastructure, equipment, and supplies to support training in emergency obstetric care?	1	2	
344	INTERVIEWER: REVIEW SOURCE OF LIGHT IN THE EXAMINATION AREA.			
a	Adequacy of 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	Adequacy of 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 OPERATING THEATER.		
a	Adequacy of 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 SERVICES		

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. Antenatal care entry or home visits to pregnant women <input type="checkbox"/> 4. Distribution of information, education, and communication materials about fistula surgery <input type="checkbox"/> 5. Girls' education to the completion of secondary school	<input type="checkbox"/> 6. Delay of 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"/> 77. Question skipped		
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 year on the following topics?			
		Yes	No	Don't know
a	Safe pregnancy, labor, and delivery	1	2	9
b	Birth planning and emergency preparedness in pregnancy	1	2	9
c	Recognition of danger signs in pregnancy and labor and in 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. Traditional birth attendants <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>If YES, specify the type(s) of feedback:</p>	
354	<p>To where are complicated maternity cases referred most commonly?</p>	<p>_____</p>	

NUMBER	MANAGEMENT AND 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 and 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 clients' opinions about the health department or services?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know	
360	<p>What system is in place to determine clients' opinions about the health facility or services?</p> <p>Interviewer: DO NOT PROMPT; CHECK EACH ANSWER MENTIONED (MORE THAN ONE POSSIBLE)</p>	<input type="checkbox"/> 0. No system 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 AND QUALITY—MATERNITY		COMMENTS/SKIP
361	<p>Does the department have written protocols and reference materials for emergency obstetric care service provision, including cesarean delivery?</p>	<p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know</p> <p>If YES, list the top 10 key reference materials and protocols.</p>	
362	<p>Does the department have job aids for emergency obstetric care?</p>	<p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know</p>	

363	<p>What types of record keeping are used at this facility? CHECK ALL THAT APPLY.</p>		<p>(OBSERVE: What is their general state? To what degree are they complete? Confidential? Do they record consent? Are they adequate to meet indicator requirements?) G=Good; F=Fair; P=Poor; NO=Not observed</p>				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. Discharge register							
<input type="checkbox"/> D. Theater register							
<input type="checkbox"/> E. Rounds/nursing handover							
<input type="checkbox"/> F. Maternity register							
<input type="checkbox"/> G. Emergency obstetric care 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 infection prevention?	<input type="checkbox"/> 1. Monthly <input type="checkbox"/> 2. Quarterly <input type="checkbox"/> 3. Semiannually <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 <u>three</u> years?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know	
367	What system do you have for disposal of <u>solid</u> medical waste?	Specify: _____ _____ _____ <input type="checkbox"/> 9. Don't know	
368	What system do you have for disposal of <u>liquid</u> medical waste?	Specify: _____ _____ _____ <input type="checkbox"/> 99. Don't know	
369	Do you have a special puncture-resistant container for sharps in the operating theater and wards?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don'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 the operating 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 that may be contaminated, such as syringes and bandages? Interviewer: PROBE IF NECESSARY; CHECK ONE ONLY.	<input type="checkbox"/> 1. Collected and disposed of 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 infection prevention conditions in the department, including in the delivery room, and what needs improvement.)		
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Finally, what do you see as the strengths and challenges for the maternity department?

Department strengths

Department challenges

Additional comments

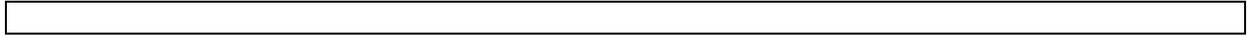
Thank the interviewee and make transition/linkage comments for continuation of the assessment in other departments.

INTERVIEWER'S COMMENTS

Department strengths

Department challenges

Additional comments



400. Family Planning Service/Department

Facility Name _____			
Department			
401 Cadres of Persons Interviewed <input type="checkbox"/> 1. Specialist doctor <input type="checkbox"/> 2. Nonspecialist 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:	402 Position of Persons Interviewed <input type="checkbox"/> 1. One of the persons interviewed is also the facility in-charge. <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.		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> Interviewer's Name: _____ </td> </tr> <tr> <td style="padding: 5px;"> Today's Date (mo/day/yr): _____ </td> </tr> </table>		Interviewer's Name: _____	Today's Date (mo/day/yr): _____
Interviewer's Name: _____			
Today's Date (mo/day/yr): _____			

FACILITY OVERVIEW: FAMILY PLANNING DEPARTMENT				
Interviewer	UPON ARRIVAL AT THIS FACILITY, ANSWER QUESTIONS 403-405 BASED ON YOUR OBSERVATIONS.			
403	At 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 for clients to take home?			
		Yes	No	
a	Family planning (general)	1	2	
b	Family planning (specific methods)	1	2	
c	Sexually transmitted infections (STIs)/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 represent the Fistula Care project, which is implemented by EngenderHealth, an international reproductive health NGO. We are conducting an assessment so as to improve the availability and quality of 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 at this facility. All of 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 participate 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 that the interviewer has read the informed consent and that the respondent has agreed to be interviewed.)</p>	<p>_____ Date</p>
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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 her/his time so far, and release her/him.</p>
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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? Interviewer: READ OUT THE 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	Operating theater nurses/midwives			
d	Clinical officers/clinical assistants			
e	Anesthetists			
f	Family planning counselors			
g	Social workers			
h	Other:			
408	<p>How many staff are trained in the following services? (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 are needed.)</p>			
		Number of staff trained	Additional staff needed	
a	Family planning counseling			
b	Provision of family planning methods			
c	Bilateral tubal ligation			
d	No-scalpel vasectomy			
e	Intrauterine device (IUD)			
f	Hormonal implants			
g	Injectable contraception			
h	Engaging Men As Partners in reproductive health			
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.)					
		20__	20__	20__	20__	20__
a	What percentage (estimated) of clients are counseled for family planning?					
b	How many clients are provided with methods?					
c	How many clients are referred elsewhere for family planning methods?					
411	Which family planning methods were routinely available over the last two quarters? CHECK ALL THAT APPLY.	<input type="checkbox"/> 1. Pill <input type="checkbox"/> 2. Male condom <input type="checkbox"/> 3. Female condom <input type="checkbox"/> 4. IUD <input type="checkbox"/> 5. Injectable <input type="checkbox"/> 6. Implant <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 would like to ask you some specific questions about family planning services provided at this site:

412	Do staff provide family planning 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 family planning 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 family planning methods, including on their ability to prevent HIV/STIs or on dual protection?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know	
415	Do staff provide condoms and instruct and demonstrate 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 Provided	Yes	No	Don't know	
a	Men as partners in reproductive health	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 outreach for provision of the following? (INTERVIEWER: Read each item, a to e, and circle the response.)				
a	Male condom	1	2	9	
b	Female condom	1	2	9	
c	Oral contraceptives	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 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 received family planning services here <input type="checkbox"/> 3. Other health facilities <input type="checkbox"/> 4. Media <input type="checkbox"/> 5. Other			

OUTREACH PROGRAM—FAMILY PLANNING SERVICES

<p>423</p>	<p>Is any feedback given to the referring source?</p>	<p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 9. Don't know</p> <p>If yes, specify type of feedback:</p> <p>_____</p> <p>_____</p>	
<p>424</p>	<p>Do you ever have to refer cases because of any of the following? (CHECK ALL THAT APPLY.)</p>	<p><input type="checkbox"/> 1. Site policies are not supportive of family planning.</p> <p><input type="checkbox"/> 2. Clients have complications or side effects.</p> <p><input type="checkbox"/> 3. The family planning method chosen is not available.</p> <p><input type="checkbox"/> 4. The facility lacks equipment or materials.</p> <p><input type="checkbox"/> 5. The facility lacks a trained provider.</p> <p>If referrals are made, where do you refer to?</p>	

NUMBER	MANAGEMENT AND 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 six 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 three years?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know	
431	(OBSERVE: Comment about general infection prevention conditions in the department and what needs improvement.)		

432	List the types of record keeping used in this facility. CHECK ALL THAT APPLY.	(OBSERVE: What is their general state? To what degree are they complete? Confidential? Do they record consent? Are they adequate 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. Discharge register					
<input type="checkbox"/>	D. Operating theater register					
<input type="checkbox"/>	E. Rounds/nursing handover					
<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. A sheltered area with seats outdoors <input type="checkbox"/> 2. Seats in a room separate from the treatment or examination area <input type="checkbox"/> 3. Curtained-off seats shared with a treatment or examination area <input type="checkbox"/> 4. A sheltered waiting area but with 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	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		
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: Thank the interviewee and make transitional comments/linking to continuation of the 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

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500: INVENTORY OF EQUIPMENT, SUPPLIES, AND MEDICATIONS

This section may be answered by administrators, supplies officers, or in-charges for specific departments. For reference, the interviewer can use Fistula Care’s Fistula and Cesarean Standard Equipment and Supplies Lists, the Infection Prevention for Emergency Obstetric Care 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 six 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:
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:
Fistula-specific equipment		
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 six 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:
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? _____	
Maintenance of equipment		
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:
General and surgical supplies		
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 at any time in the past six 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:

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 is in poor condition or has expired:
Fistula surgery supplies			
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 no, specify what is missing:
513	Have you been without any of these supplies or drugs at any time within the last six 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:
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 no, specify:
a	What other supplies would you need? (describe): _____ _____		
Infection prevention supplies			
515	Are all supplies needed for infection prevention 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 six 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:
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, specify what is in poor condition or has expired:
Family planning supplies			
518	Are all needed supplies and family planning 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 six 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:

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 what is in poor condition or has expired:
Supplies and equipment for fistula and/or emergency obstetric care/family planning 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 six 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, anesthetics, and other medications			
524	Are all needed antimicrobials/analgesics/anest hetics 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 six 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 their current condition:

INTERVIEWER'S COMMENTS
Strengths
Challenges
ADDITIONAL COMMENT

