

Rwanda



Service Provision Assessment Survey 2001



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Ministry of Health

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National Population Office
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ORC Macro
Calverton, Maryland, USA

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This report summarizes the findings of the 2001 Rwanda Service Provision Assessment (RSPA) Survey carried out by the Ministry of Health in partnership with the National Population Office. ORC Macro provided financial and technical assistance for the survey through the USAID-funded MEASURE *DHS+* program, which is designed to assist developing countries to collect data on fertility, family planning, and maternal and child health. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.

Additional information about the RSPA may be obtained from the Ministry of Health, P.O. Box 914, Kigali (telephone 250-74267; fax 250-74267). Additional information about the MEASURE *DHS+* project may be obtained by contacting: MEASURE *DHS+*, ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (telephone 301-572-0200; fax 301-572-0999; e-mail: reports@orcmacro.com; internet: www.measuredhs.com).

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Preface

The Ministry of Health, together with the National Population Office, is pleased to publish the results of the Rwanda Service Provision Assessment (RSPA) conducted in 2001. The results of the RSPA, which was conducted in health facilities to evaluate the provision of health services, complement those of the Demographic and Health Survey of Rwanda (Enquête Démographique et de Santé au Rwanda, EDSR-II), which was conducted in 2000 at the household level.

This assessment, the first nationwide survey of its kind in Rwanda, also received technical assistance from ORC Macro and financial support from the U.S. Agency for International Development (USAID/Rwanda).

The results of this survey are being published to present information to the personnel of the Ministry of Health and its partners on the potential and actual capacity of service provision, as well as the quality of care patients receive.

The RSPA focused on maternal and child health care; antenatal, delivery, and postnatal care; STI/HIV/AIDS services; and family planning services. This corresponds with the reproductive health priorities set by the Ministry of Health, together with its partners, at the roundtable in Gisenvi, September 18-21, 2001.

The results of the RSPA shed light on several aspects of problems faced by reproductive health services in the areas of provider performance, equipment and supplies in facilities and laboratories, availability of medicine, initial staff qualification and in-service training, and supervision of health care providers. They will serve as a guide for finalizing the reproductive health program and better determining the strategic priorities for putting the program in place.

The results are valuable in this regard, but even more so because they call on all those involved in the health care system to lend whatever support they can to implementing programs for improving the quality of health care.

Finally, the personnel and partners of the Ministry of Health will be able to use the information from this study appropriately, so that with time, quality health care in general and specifically reproductive health care will become a reality in all health facilities in the country.

Prof. Abel Dushimimana
Minister of Health

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This first Rwanda Service Provision Assessment (RSPA) was successfully carried out through the cooperation of many people and organizations, to whom we would like to express our deep appreciation.

We express our sincere thanks first to the health care providers in the facilities visited, who spared no effort in allowing the interviewers to gather information and who were often inconvenienced by the process of data collection.

We are also especially grateful to the women and men who were willing to answer questions in exit interviews after their consultations.

This survey could not have been successfully completed without the constant support of several ministerial and administrative authorities. These include the Ministry of Health, which was responsible for the RSPA and which facilitated all the contacts needed for the study; the Ministry of Local Government, Information, and Social Affairs; and the provincial and health district authorities.

The U.S. Agency for International Development (USAID) and ORC Macro deserve special mention for their contribution to the financial and technical resources needed to carry out the study. We would like to reiterate our gratitude to ORC Macro for making available such highly competent personnel as Mohamed Ayad, who formulated the project; Nancy Fronczak, who was responsible for technical coordination; and Keith Purvis, who handled data processing. The unlimited dedication and expertise of resident advisors Boubacar Sow and Harouna Koche made it possible to successfully carry out the various phases of the survey. We express our appreciation to the rest of the staff at ORC Macro and the USAID/Rwanda mission for their assistance in completing the RSPA.

Thanks go also to all the field personnel, interviewers, supervisors, and drivers, whose perseverance made it possible for the fieldwork to be completed correctly and on schedule.

We also thank the staff of the Ministry of Health who contributed to the analysis and reading of the preliminary report.

Finally, we would like to express our appreciation to all the staff, both technical and administrative, of the National Population Office, who spared no effort throughout the various stages of the study, from preparation to data collection to processing and analysis, in order for the study to be successful.

Our sincere thanks go to all those, near and far, who contributed to the success of this study.

John B. Ruzibuka
Director of the National Population Office

Key Findings and Recommendations

The 2001 Rwanda Service Provision Assessment (RSPA) was conducted in a representative sample of 223 health facilities throughout Rwanda. The survey covered hospitals, health centers, and dispensaries and included both governmental (public) and government assisted non-governmental health facilities (GAHFs). The RSPA used interviews with health service providers and clients and observations of provider-client consultations to obtain information on the capacity of facilities to provide quality services, and the existence of functioning systems to support quality services. The areas addressed were the overall facility infrastructure, specific child health, family planning, and maternal health services, and services for sexually transmitted infections and HIV/AIDS. The objective was to assess the strengths and weaknesses of the infrastructure and systems to supporting these services, as well as to assess the adherence to standards in the delivery of curative care for children and antenatal care for women.

The RSPA was undertaken by the National Population Office (ONAPO) of the Ministry of Health, with technical assistance and funding provided through ORC Macro under the MEASURE *DHS+* project. USAID provided financial support for the survey.

Facility Infrastructure and Infection Prevention

Fifty-three percent of facilities (93 percent of hospitals but less than half of health centers or dispensaries) have regular electricity or a generator with fuel.

Onsite water was available at 74 percent of facilities, however, only 47 percent had year-round onsite water. Soap and water for hand-washing were present in all service delivery areas at 55 percent of facilities. Items for infection prevention were more consistently available in GAHFs than public facilities.

Eighty-six percent of facilities had functioning equipment for either high-level disinfecting or sterilizing reusable equipment, however, only 42 percent had the equipment, staff present who knew the correct processing time, and an automatic timing device.

Service Availability

Fifty-seven percent of all facilities offer some level of all basic child, maternal, and reproductive health services. Family planning services for temporary contraception are the least available services, with only 47 percent of GAHFs and 86 percent of public facilities offering temporary methods of family planning.

Ninety-six percent of facilities had at least one qualified provider for curative care (physician, or nurse A1 or A2). Fourteen percent of dispensaries, however, have no qualified providers for curative care; dispensaries that are not adjacent to hospitals are least likely to have doctors or nurses A1 or A2.

Forty-nine percent of facilities provide some services (primarily immunization services) through village outreach.

Seventy-one percent of hospitals and 27 percent of health centers had all items available that were assessed for supporting quality 24-hour emergency services. These were overnight or inpatient beds, at least two qualified providers for curative care, 24-hour onsite or on-call staffing (with a duty schedule present), access to 24-hour emergency communication, a client latrine, and an onsite water source at least some time during the year. All elements plus a year-round onsite water supply and a 24-hour regular supply of electricity (or a generator) were available at 50 percent of hospitals and 9 percent of health centers.

Facility Management

Fifty-four percent of facilities had a functioning management committee that meets at least every six months. Hospitals and dispensaries were least likely to have such a committee.

Eighty-two percent of facilities had of functioning system for eliciting community input.

Eighty-six percent of facilities had experienced a supervisory visit from officials external to the facility, during the six months preceding the survey.

Forty-three percent of all interviewed health service providers had been personally supervised during the six months prior to the survey and 37 percent had received in-service education related to their work during the past 12 months. Supervision patterns were similar for providers of the various services assessed. Providers of antenatal care were more likely than other providers to have received related in-service education during the past 12 months.

The proportion of facilities where at least half of the interviewed providers had received supervision or in-service education (routine supportive management practices) was 42 percent and 40 percent, respectively. Hospitals and GAHFs were least likely to have routine supervision of individual providers.

Management of Vaccines, Contraceptives, and Medicine Supplies

Only 54 percent of facilities that store vaccines had all components for maintaining and monitoring the cold chain. Routine maintenance of the temperature chart was the weakest component, with hospitals less likely to maintain the temperature chart than other facilities.

Seventeen percent of all facilities (from 15 percent of dispensaries to 23 percent of hospitals) had at least one expired contraceptive method present the day of the survey. Fifteen percent of all facilities (ranging from 7 percent of hospitals to 15 percent of health centers) had at least one expired item among the medicines that were selected to be assessed for expiry dates (primarily antibiotics and intravenous solutions).

Up-to-date inventories were lacking for vaccines (39 percent of facilities that store vaccines), for contraceptives (40 percent of facilities store contraceptives), and for medicines (27 percent of facilities).

Service-Specific Findings

Use of individual client cards is universal. This provides a record to support continuity of care.

The service delivery environment for most services provides visual and auditory privacy for clients. Private rooms for consultation are common (over 80 percent of STI service areas and over 90 percent of family planning service areas).

Service delivery protocols and visual aids for client education are lacking for all services. GAHFs were more likely than public facilities to have these items.

Essential advice regarding prevention of complications and early identification of and help seeking for problems was rarely provided during the observed consultations for sick children and for antenatal care.

Child Health Services

All basic child health services (curative care, growth monitoring, and immunization) are available at 79 percent of facilities. Health centers and dispensaries provide most of these services. Overall, child health services are not provided in an integrated manner. Immunization and growth monitoring are most often offered two days per week, while curative care for sick children (SC) is available 7 days per week.

While 83 percent of facilities that store vaccines had all child vaccines, 12 percent did not have DPT on the day of the survey.

Disposable syringes for immunization are universally available.

Less than half of all facilities (including health centers and dispensaries) had any documentation of monitoring immunization coverage.

The capacity to provide prereferral care for seriously ill children is limited because of lack of staff qualified to administer of prereferral antibiotics.

Observation of consultations for sick children indicated that evaluations reasonable for the diagnosis were carried out. However, a complete assessment of seriously ill children was often missing components. It was noted that counseling to continue feeding and providing fluids to ill children was provided during less than 10 percent of the observed consultations, and clients were advised of symptoms for which they should immediately return during only 12 percent of the consultations.

While 60 percent of the observed ill children were weighed, only 6 percent were weighed and the weight plotted against a standard. Assessment of immunization status was not a common component of the evaluation.

Use of antibiotics, particularly injections, appeared to be higher than appropriate, when compared with the diagnoses made by the providers. Seventy percent of children diagnosed as having a non-severe respiratory illness (primarily cough or cold) received or were prescribed antibiotics. The appropriateness of current use of antibiotics should be assessed and standards for use developed.

Family Planning Services

Oral contraceptives and progesterone-only injections are the most commonly available temporary methods of family planning. Long-term methods such as the intrauterine device (IUD) and implants are offered at less than 10 percent of facilities, with few of these facilities having the method available on the day of the survey.

Visual aids related to family planning are more widely available (51 percent of facilities) than for other family planning services.

All items for infection prevention were available in the service delivery area where pelvic examinations are conducted and injections are given in 37 percent of facilities.

Diagnosis of and treatment for sexually transmitted infections (STIs) are provided by family planning service providers in 45 percent of facilities offering family planning. All items assessed for infrastructure and equipment necessary for conducting a pelvic examination under quality conditions were available in only 18 percent of facilities, with an examination light being the item most often lacking.

Recent in-service education (within the past 12 months) related to STIs was received by 15 percent of interviewed family planning providers; in-service education specifically related to family planning counseling or method-specific information was received by 9 percent and 6 percent of family planning providers, respectively.

Maternal Health Services

Antenatal care (ANC) is offered in 90 percent of facilities with most (91 percent) providing the service 1 or 2 days each week.

Tetanus toxoid (TT) immunization services are not always available at the same time as ANC. Among the 60 percent of facilities offering ANC the day of the survey, 43 percent were offering TT.

Diagnosis and treatment of STIs is provided by ANC service providers in 24 percent of facilities offering ANC. All items assessed for infrastructure and equipment necessary for conducting a pelvic examination under quality conditions were available in only 15 percent of facilities, with an examination light being the item most often lacking.

Testing for syphilis or for HIV/AIDS were rarely components of the observed consultation for first-visit ANC clients. Two percent of observed first-visit ANC clients were referred for or tested for syphilis, 6 percent for counseling and testing services for HIV/AIDS, and 3 percent specifically for an HIV/AIDS test.

Abdominal palpation and listening for the fetal heart were components of almost all observed ANC consultations. Assessments for complications of pregnancy, however, were incomplete, with only 6 percent of observed ANC clients being asked about any vaginal bleeding and only 51 percent of those women who were five or more months pregnant being asked about fetal movement. Counseling on risk symptoms for which the pregnant woman should seek help was rarely provided.

Service statistics indicate that GAHFs are used more often than public facilities for ANC and for deliveries.

Delivery services are widely available, however, caesarean section services are available only in the district hospitals. Emergency transportation systems for transferring emergency obstetric cases supported by the facility are available at only 32 percent of health centers offering any maternity services.

The vacuum extractor, to facilitate difficult labor, is available only at 28 percent of facilities (16 percent of health centers). There is scope to upgrade the capacity of health centers to manage complicated deliveries when transfer to a hospital is not immediately possible.

STIs and HIV/AIDS

STI services are widely available, however, there is scope to increase case detection and treatment through expansion of service integration with antenatal care and family planning services.

Medications for treating gonorrhea are available at two-thirds of hospitals, and rarely at other facilities. Just over half of all facilities had condoms in the facility at the time of the survey. Where available, they were almost always in the STI service delivery area.

Equipment and supplies for conducting quality pelvic examinations in the service area where STI clients are normally seen, and for using laboratory diagnostic methods are not widely available even at hospitals.

HIV/AIDS diagnostic and care and support services are in the process of development and expansion. Counseling is widely available, however, HIV tests are available at only 11 percent of facilities (30 percent of hospitals) and antiretroviral treatment is available at only 9 percent of hospitals.

Availability of items for infection prevention facility-wide and components to support quality sterilization or high-level disinfecting procedures is weak in many instances. Implementation of a universal precautions policy and supervision for enforcing adherence should be considered.

Abbreviations

| | |
|-----------------------|--|
| AFB | Acid fast bacillus |
| AIDS | Acquired immunodeficiency syndrome |
| AIDSCAP | AIDS Control and Prevention |
| ANC | Antenatal care |
| ARI | Acute respiratory infection |
| AVSC (Engenderhealth) | Access to voluntary and safe contraception |
| BEOC | Basic essential obstetric care |
| BCG | Bacille de Calmette et Guérin |
| BUFMAR | Bureau des Formations Médicales Agréées au Rwanda (Office of government-approved health facilities) |
| CAMERWA | Centrale d'Achat des Médicaments Essentiels au Rwanda (Center for purchasing of essential medicines for Rwanda) |
| CEOC | Comprehensive Essential Obstetric Care |
| CNLS | Commission Nationale de Lutte contre le SIDA |
| CPA | Complementary Package of Activities |
| D&C | Dilatation and Curettage |
| DHS | Demographic and Health Survey |
| DPT | Diphtheria, pertussis, and tetanus |
| EDSR | Enquête Démographique et de Santé au Rwanda |
| EmOC | Emergency obstetric care |
| EPI | Expanded Program for Immunization |
| FHT | Fetal heart tone |
| FP | Family planning |
| GAHF | Government Assisted Health Facility |
| GLIA | Great Lakes Initiative on AIDS |
| GM | Growth monitoring |
| HC | Health center |
| HIV | Human immunodeficiency virus |
| HLD | High-level disinfection |
| IEC | Information, Education, Communication |
| INH | Isonicotinic acid hydrazide (isoniazid) |
| IMCI | Integrated Management of Childhood Illness |
| IP | Infection prevention |
| IUD | Intrauterine device |
| KOH | Potassium hydroxide |
| LMD | (Programme de) Lutte contre les Maladies Diarrhéiques |
| MCH | Maternal and child health |
| MMWR | Morbidity and Mortality Weekly Report |
| MNH | Maternal and Neonatal Health Project |
| MPA | Minimum Package of Activities |
| MoH | Ministry of Health |
| NGO | Non-governmental organization |
| OPD | Outpatient department |
| ONAPO | National Population Office (Office National de la Population) |
| OPV | Oral polio vaccine |
| ORC | Opinion Research Corporation |
| ORS | Oral rehydration solution |

| | |
|--------|--|
| ORT | Oral rehydration therapy |
| PEV | Programme Élargi de Vaccination |
| PMTCT | Prevention of mother-to-child transmission |
| PNC | Postnatal care |
| PNLS | Programme National de Lutte contre le SIDA |
| PVK | Préfecture de la Ville de Kigali |
| RFR | Rwanda Franc |
| RPR | Reactive Protein Reagent test |
| RSPA | Rwanda Service Provision Assessment |
| SC | Curative care for sick children |
| STI | Sexually transmitted infection |
| TB | Tuberculosis |
| TBA | Traditional birth attendant |
| TG/WG | Technical Guidance and Competence Working Group |
| TRAC | Treatment and Research AIDS Center |
| TT | Tetanus toxoid |
| UNAIDS | Joint United Nations Program on HIV/AIDS |
| UNICEF | United Nations Children's Fund |
| UNFPA | United Nations Population Fund |
| USAID | United States Agency for International Development |
| VCT | Voluntary counseling and testing |
| VDRL | Venereal Disease Research Laboratory |
| WHO | World Health Organization |

1.1 Overview

The Rwanda Service Provision Assessment (RSPA) is the first national survey of health facilities for Rwanda. It was undertaken to provide a picture of how the health facilities function and of the quality of the reproductive and child health services available. Specific service areas assessed were child health, family planning, maternal health, and services for sexually transmitted infections (STIs), including HIV/AIDS. The goal of the RSPA is to describe facility-based health services and to recommend improvements to service delivery.

The survey provides provincial- and national-level representative information on both public health facilities and government-assisted health facilities (GAHFs). Findings supplement the household-based health information collected in the 2000 Demographic and Health Survey in Rwanda—Enquête Démographique et de Santé du Rwanda, 2000 (EDSR-II). The EDSR-II provides information on the health status of the population of Rwanda and the utilization of health services (ONAPO and ORC Macro, 2001).

1.2 Institutional Framework and Objectives of the Study

The RSPA was conducted by the National Population Office (ONAPO) at the request of the Ministry of Health (MoH). Technical assistance was provided by ORC Macro through the MEASURE *DHS+* project. The U.S. Agency for International Development (USAID) financed the survey.

The objective of the RSPA is to provide reliable information on the following:

1. The availability of specific maternal, child, and reproductive health services;
2. The availability of infrastructure, equipment and supplies, staff, and health system components that contribute to quality of services;
3. The existence of management practices supportive of quality services;
4. The extent to which service providers adhere to quality standards when providing antenatal care (ANC) or consultation services for sick children; and
5. The health service experience from the client perspective.

An additional objective is to strengthen the capacity of the MoH, and ONAPO in particular, to conduct similar studies and to analyze and utilize health system data and health services data for program development.

1.3 Data Collection Instruments

Data were collected using structured printed instruments. These instruments were based on generic questionnaires developed in the MEASURE *DHS+* project and were adapted after consulting with technical specialists from the MoH, nongovernmental organizations (NGOs), and other organizations knowledgeable about the health services and service program priorities covered by the RSPA.

Operational definitions were developed for the health system components that were measured. These were revised for the RSPA after discussions with MoH officials in Rwanda and after the pretest. A training manual was developed and distributed to all data collectors to support standardized data collection.

Data were gathered through interviews with key informants at facilities, observation, and interviews with health care providers and clients. Specific data collection instruments were as follows:

- **Health facility inventory.** This form collected information on the type of facility and the operating authority. It also collected information regarding furnishings, equipment, personnel, and other items for each service assessed by the RSPA that was provided by the facility. One questionnaire was completed for each facility.
- **Health service provider interview.** Providers of relevant services were interviewed regarding their technical qualification, supervision received, continuing education received, and experience providing the services that were assessed.
- **Observation checklists.** Checklists specific to quality curative child care and ANC were used to collect information on procedures conducted and information shared between the provider and the client.
- **Exit interviews.** Exit interviews were conducted with clients whose ANC consultation had been observed and with the caretaker of observed sick children. The interview covered their perception of what had occurred during the consultation and their opinion on issues related to client satisfaction.

The inventory questionnaire was administered in French, with terminology that was identified as difficult during training translated into Kinyarwanda so that all data collectors would use similar terms. Observation and exit interviews were in French but were also translated into Kinyarwanda for use when appropriate.

1.4 Sample

A representative sample of facilities, a sample of health service providers at each facility, and a sample of ANC and child health clients were selected.

1.4.1 Sample of Facilities

The sample was selected to provide national- and provincial-level representation of health facilities offering maternal, child, and reproductive health services. These included hospitals, health centers, and dispensaries managed by the government (public) or by NGOs operating under agreement with the government (GAHFs). Private pharmacies, doctor's offices, and private clinics were not included in the sample.

All hospitals were surveyed. Using a list of facilities supplied by the MoH, all government and government-assisted health centers and dispensaries were listed by facility type, province, and operating authority and then systematically selected. The assigned numbers of facilities to be selected for each province were determined to ensure adequate provincial representation of facilities. The sampling universe thus established contained 361 health facilities. Table 1.1 gives the distribution of these health facilities by type, by operating authority (public or GAHF), and by province. The final sample included 57 percent of the government-operated health centers and dispensaries (excluding special facilities for prisons or schools), 58 percent of the government-assisted health centers and dispensaries, and 100 percent of the hospitals (excluding psychiatric facilities) (Table 1.1).

To ensure the sample included an appropriate number of facilities to permit analysis according to the type of facility and province, the facilities in some provinces were over-sampled. Because the sample distribution for the selected health facilities was not directly proportional to the distribution of the facilities in the universe, there was a potential for the findings to be biased. Therefore, data were weighted during analysis to account for the differentials caused by over-sampling.

Table 1.1 Rwanda SPA facility sample, actual and weighted numbers

Number of facilities in the sample, percentage of eligible facilities in the final sample, and weighted sample numbers, by type of facility, operating authority, and province, Rwanda SPA 2001

| Province | Number of hospitals ¹ | | Health centers and dispensaries | | | | | |
|--------------|----------------------------------|------|---------------------------------|------------------|-----------------|-------------------|------------------|-----------------|
| | Public | GAHF | Public | | | GAHF ² | | |
| | | | Number in sample | Percent eligible | Weighted number | Number in sample | Percent eligible | Weighted number |
| Butare | 3 | 1 | 13 | 68 | 11 | 13 | 68 | 11 |
| Byumba | 2 | 0 | 14 | 61 | 13 | 3 | 100 | 2 |
| Cyangugu | 2 | 2 | 8 | 80 | 7 | 6 | 46 | 4 |
| Gikongoro | 1 | 1 | 6 | 46 | 5 | 6 | 60 | 5 |
| Gisenyi | 3 | 1 | 10 | 53 | 15 | 2 | 40 | 2 |
| Gitarama | 0 | 3 | 14 | 67 | 15 | 8 | 67 | 9 |
| Kibungo | 2 | 0 | 19 | 70 | 13 | 3 | 100 | 4 |
| Kibuye | 1 | 3 | 2 | 50 | 3 | 10 | 53 | 10 |
| Kigali City | 2 | 0 | 8 | 38 | 9 | 4 | 50 | 6 |
| Kigali Ngali | 1 | 1 | 10 | 56 | 11 | 3 | 50 | 3 |
| Ruhengeri | 1 | 1 | 10 | 48 | 12 | 5 | 63 | 5 |
| Umutara | 1 | 2 | 9 | 50 | 10 | 3 | 50 | 3 |
| Total | 19 | 15 | 123 | 57 | 124 | 66 | 58 | 64 |

¹ All hospitals were surveyed.

² Government-assisted health facilities

All selected facilities were visited. Three selected facilities were no longer functioning and were replaced by three randomly chosen facilities with the same characteristics as those initially chosen. In addition, two health units were found to be of a different operating authority than indicated in the sample. These were surveyed, and the facilities were reclassified from government-assisted health facilities to public facilities.

Descriptive information on facilities included in the RSPA is presented in Appendix Tables A-1.1-A-1.4. The data include the size of catchment populations, utilization statistics for outpatient adults (Appendix Table A-1.1), monthly average number of overnight patients and number of overnight beds (Appendix Table A-1.2), numbers and qualifications of staff assigned to facilities (Appendix Table A-1.3), and the years of basic and technical training reported by providers interviewed in the RSPA (Appendix Table A-1.4).

1.4.2 Sample of Health Service Providers

The sample of health service providers was selected from providers who were present in the facility on the day of the survey and who provided services that were assessed by the RSPA. In facilities with fewer than 10 health providers, all of the providers present on the day of the visit to the unit were interviewed. In facilities where there were more than 10 providers, all providers whose work was observed were interviewed, and a random selection of the providers not selected for observation was interviewed to compile a minimum of 10 provider interviews. The selection was carried out to ensure that, if available, at least one provider from each service was interviewed even if no observations were conducted for that service.

The results of the RSPA are potentially biased because the staff who were present the day of the survey may not be representative of the staff who normally provide the services of interest in the facility.

Table 1.2 furnishes information on the eligible and interviewed providers. Provider data were weighted for analysis to ensure that analysis provided data representative of the eligible providers. There were no refusals for the interviews.

Table 1.2 Sample of interviewed health care providers and weighted values for providers

Number of providers assigned to facilities, number present the day of the survey (eligible), percentage of total staff eligible for interview, number of interviewed (sample) staff, percentage of eligible providers interviewed, and weighted value for provider interviews, by type of provider, type of facility, and operating authority, Rwanda SPA 2001

| Type of facility/ operating authority | Number of staff assigned to facility ¹ | Number of staff present on the day of the survey (eligible for interview) | Percentage of all staff who were present the day of the survey | Number of staff interviewed | Percentage of eligible staff who were interviewed | Weighted number of providers |
|---|--|--|---|-----------------------------------|---|------------------------------------|
| PHYSICIANS | | | | | | |
| Hospital | | | | | | |
| Public | 98 | 43 | 44 | 25 | 58 | 40 |
| GAHF | 39 | 26 | 67 | 15 | 58 | 19 |
| Health center | | | | | | |
| Public | 0 | na | na | 0 | na | 0 |
| GAHF | 1 | 0 | 0 | 0 | na | 2 |
| Dispensary | | | | | | |
| Public | 1 | 0 | 0 | 0 | na | 0 |
| GAHF | 0 | na | na | 0 | na | 0 |
| Total | 139 | 69 | 50 | 40 | 58 | 61 |
| NURSE A1 AND A2 | | | | | | |
| Hospital | | | | | | |
| Public | 538 | 181 | 34 | 112 | 62 | 173 |
| GAHF | 218 | 144 | 66 | 83 | 58 | 75 |
| Health center | | | | | | |
| Public | 309 | 230 | 74 | 216 | 94 | 108 |
| GAHF | 261 | 184 | 70 | 169 | 92 | 87 |
| Dispensary | | | | | | |
| Public | 27 | 21 | 78 | 20 | 95 | 11 |
| GAHF | 23 | 23 | 100 | 22 | 96 | 12 |
| Total | 1,376 | 783 | 57 | 622 | 79 | 466 |
| AUXILIARY AND NURSE A3 | | | | | | |
| Hospital | | | | | | |
| Public | 247 | 98 | 40 | 29 | 30 | 77 |
| GAHF | 173 | 94 | 54 | 23 | 24 | 42 |
| Health center | | | | | | |
| Public | 355 | 288 | 81 | 211 | 73 | 215 |
| GAHF | 226 | 187 | 83 | 93 | 50 | 100 |
| Dispensary | | | | | | |
| Public | 21 | 14 | 67 | 13 | 93 | 16 |
| GAHF | 15 | 13 | 87 | 7 | 54 | 15 |
| Total | 1,037 | 694 | 67 | 376 | 54 | 465 |
| na = Not applicable | | | | | | |
| ¹ From administrator list | | | | | | |

1.4.3 Sample for Observations

Outpatient consultation services for sick children under age 59 months and ANC client consultations were observed. The sample of observations was opportunistic, meaning that clients were selected for observation as they arrived because there was no way to know how many eligible clients would attend the facility the day of the survey. When there were several eligible clients waiting for service, an effort was made to ensure that children with sickness (rather than injury or skin or eye infections) were selected for observation and that there was a mixture of new and follow-up ANC clients observed. The ratio observers aimed for was “2 new for every 1 follow-up case” for ANC. Cases were not always available to allow this objective to be met.

Where numerous clients were eligible for observation, the rule was to observe a maximum of 5 clients for each provider of the service, with a maximum number of observations in any given facility for each service to be 15. In practice, more clients were observed in some facilities while fewer clients than were eligible were observed in others. The latter occurred because logistic arrangements sometimes resulted in missed observations.

Table 1.3 provides information on the eligible and observed clients. An attempt was made to interview the caretaker for all observed sick children before leaving the facility and to interview all ANC clients before leaving the facility. There were no refusals for observation of the sick children; however, there were nine refusals for exit interviews. There were no refusals for observation of ANC clients; however, there were four refusals for exit interviews. Refusals for exit interviews by caretakers of sick children were because

| Table 1.3 Sample of observed and interviewed clients | | | |
|--|---|----------------------------|--|
| Number of sick children/antenatal care (ANC) clients attending facility on the day of the survey (eligible), number of clients observed, and percentage of eligible clients who were observed, by type of client, type of facility, and operating authority, Rwanda SPA 2001 | | | |
| Type of facility/ operating authority | Number of clients present on the day of the survey (eligible for observation) | Number of clients observed | Percentage of eligible clients who were observed |
| SICK CHILDREN | | | |
| Hospital | | | |
| Public | 66 | 61 | 92 |
| GAHF | 39 | 34 | 87 |
| Health center and dispensary | | | |
| Public | 695 | 680 | 98 |
| GAHF | 519 | 464 | 89 |
| Total | 1,319 | 1,239 | 94 |
| ANC CLIENTS | | | |
| Hospital | | | |
| Public | 49 | 42 | 86 |
| GAHF | 128 | 97 | 76 |
| Health center and dispensary | | | |
| Public | 2,143 | 1,812 | 85 |
| GAHF | 1,248 | 991 | 79 |
| Total | 3,568 | 2,942 | 82 |

the child was seriously ill and being admitted or referred elsewhere. Reasons for refusals for exit interviews by ANC clients were not provided in the data; however, anecdotal reports were that refusals were because the woman felt she needed to leave or was lost to follow up when she went elsewhere in the facility (laboratory or pharmacy) for additional services.

1.5 Study Implementation

1.5.1 Training and Supervision of Data Collectors

Researchers from ONAPO were trained on the RSPA methodology and data collection instruments July 17-27, 2001. Data collectors were primarily recruited from applicants who were trained in nursing sciences. The data collectors were trained over a three-week period, August 6-24, 2001.

Nine teams of three people each collected the data. Each team was made up of a team leader and two investigators. The team leader was responsible for the organizing the work of the team and ensuring quality control of the data collected. The team leader completed the inventory questionnaire and the provider interviews. One investigator conducted the observations and the other conducted the exit interviews.

Each group of three teams was under the direction of a supervisor, who was also a team leader. The Technical Coordinating Team, made up of members from ONAPO and the resident advisor from ORC Macro, made weekly visits to each group to ensure the work was being conducted according to correct survey methodology and to provide quality control of the data collected. RSPA data were collected from September 10 to November 17, 2001.

1.5.2 Methods for Data Collection

Each team received a list of facilities to be visited. Data collection took one day in most facilities, with two days being allotted to hospitals, if required. In addition, if one of the observed services (consultation for sick children or ANC) was not being offered the day of the survey, the teams returned on a day when the service was offered. If the service was offered, the clients for that day were observed. If the service was offered but no clients came (as occurred occasionally for consultations for sick children), teams did not revisit the facility.

The team leader was instructed to ensure that the informant for each component of the facility survey was the most knowledgeable person for the particular health service or system component being addressed. Where relevant, the data collector indicated if a specific item being assessed was observed, reported available but not observed, not available, or it was uncertain if the item was available. Equipment, supplies, and resources for specific services were required to be in the relevant service delivery area or in an immediately adjacent room to be accepted as available. Informed consent was obtained from observed and interviewed providers and from clients for observations and exit interviews.

1.5.3 Data Analysis

Items were accepted as available if they were observed either in the service delivery areas or in an area immediately adjacent. If the service was not being offered on the day of the survey, an attempt was still made to observe each item. In some instances, however, the item may have been locked away or the knowledgeable staff was not present. In these cases, only if the service was not being provided on the day of the survey, “availability” was expanded to accept “reported available” if a facility staff member could verify that the item was present and in working order. This was applicable for curative child care, family planning, ANC, and STI services. Only observed items were accepted when assessing resources for delivery services because delivery services must be available whenever the facility is open. If an item was

locked away and could not be seen, it was evident it was not “available” for service. In none of the analyses did “reported” responses exceed 1 percent.

In looking at the observation data, it should be noted that many facilities provide routine services for clients separately from the actual consultation (e.g., taking blood pressures and temperatures). Often, there is a period of time between these events and the point at which the primary provider assesses the client. Although RSPA observers were instructed to follow a client through the entire system, this was not always possible logistically. Thus, when services were being provided outside the observed consultation on the day of the survey, the observed client was assumed to have received these services. Where this type of (functional) system applies, multiple providers participate in the services received by each client. The provider who ultimately diagnosed and prescribed was defined as the primary provider.

Aggregating the data into subsets makes it possible to analyze many pieces of information and to see how they relate to the overall capacity to provide quality services. It also enables monitoring changes in capacity to provide services and changes in adherence to standards, since there may be improvement in some items but not in others. There are not yet generally accepted aggregates of the health information collected in the RSPA. Initial decisions regarding what should comprise a particular aggregate can be difficult, with inclusion or exclusion of items equally valid depending on the objective of the user. The aggregate variables presented in this report are an initial phase in the process of developing health information aggregates. They will be refined as users provide feedback on the aggregate variables found useful (or not useful) to policymakers and program implementers.

1.6 Process for Data Management and Report Writing

Data management and analysis were carried out according to the following steps:

- **Management of questionnaires.** Completed and verified questionnaires were collected by supervisors and sent to ONAPO, where they were edited and classified to ensure all questionnaires were accounted for.
- **Data entry.** Data entry was conducted by five Rwandan data entry personnel supervised by an ORC Macro technical advisor and ONAPO staff. CSPro software developed by ORC Macro and the U.S. Census Bureau was used for data entry. Double entry of all the questionnaires was carried out to catch errors. This operation took place from November 12, 2001 to January 22, 2002.
- **Quality control and data editing.** Quality control and data editing took place at the same time as data entry. Where there were inconsistencies, the questionnaires were reviewed and questions were recoded when the correct response could be determined.
- **Data analysis.** The design of the tabulation plan and the preparation of the programs for the production of statistical tables were carried out from February to June 2002. Data analysis and clarification of questionable results were carried out from February to September 2002.
- **Development of final report.** The final report was written with input from ORC Macro technical staff and ONAPO and MoH technical personnel.

After the draft report was finalized, MoH technical staff and other partners were further consulted to share findings and make corrections and changes before publication of the report. This took place during February 2003.

This chapter provides a brief overview of the health system in Rwanda as it relates to health facilities and outpatient services. The chapter provides a context in which to view the findings of the Rwanda Service Provision Assessment (RSPA) survey. Information is presented regarding the following:

1. General organization of the health system;
2. The package of health services provided at different facility levels; and
3. Issues related to the health system and quality of care.

Information in this chapter is drawn from a variety of sources from the government and Republic of Rwanda (MoH, 1997a; MoH, 1997b; MoH, 1995-2001; Republic of Rwanda, 2001).

2.1 General Organization of the Health System

Following the 35th session of the African Regional Committee of the World Health Organization held at Lusaka in 1985, Rwanda adopted a health development strategy based on decentralized management and district-level care. The decentralization process began with the development of provincial-level health offices for health system management. Progress was made toward decentralizing management to the province and, ultimately, to the district level.

The development of the health system was completely disrupted at the time of the 1994 genocide. Much of the infrastructure, equipment, personnel, and the health system itself was destroyed. With the advent of peace, the government has been working to rebuild the health system. In February 1995, the government issued a new policy to guide the reconstruction of the health system.

Since 2000, steps have been taken toward restructuring and decentralizing management. The district health offices have operated as autonomous entities, providing services to well-defined populations in either urban or rural zones. The district health offices are responsible for the health needs of the population in that zone and for the health facilities and services, whether provided through the governmental or private sector. Decentralization of financial and logistic resource management has been implemented universally. However, there remain specific health programs that were initiated as vertical programs and that continue under a vertical management structure.

2.2 Overview of Operating Authorities for Health Services

Health services in Rwanda are provided through the public sector, government-assisted health facilities (GAHFs), private health facilities, and traditional healers.

2.2.1 Public Sector

The public sector is organized into three levels, with each level having a defined technical and administrative platform called a minimum package of activities. Each level coordinates with each other, to prevent overlap and to improve use of resources and services.

1. The central level, based in the capital, is primarily responsible for developing health policy and the overall strategic and technical framework within which health services are provided. The central level is also responsible for monitoring and evaluating operational programs and for managing the national referral facilities (the Butare Teaching Hospital and the teaching hospital in Kigali).

2. The intermediate level consists of 11 provincial health offices managed under health, gender, and social affairs guidelines. The Public Health Department of Kigali City also is in the intermediate level.

3. The peripheral level consists of district health offices. Each district has an administrative office, a district hospital, and primary health care facilities (health centers). The district administrative offices are responsible for planning, managing, coordinating, and evaluating, on a daily basis, the activities occurring in the health district. This administrative unit (work group) is made up of a basic management team of health professionals and managers, representatives of program managers active at the community level, community leaders, and directors of nursing schools.

At the end of 2001, there were 39 functional health districts, each with a district management team. Only 33 of these, however, had a functioning hospital. The main function of district hospitals is to care for patients referred by a primary-level facility. Although curative and rehabilitative care are the principal functions of the hospital, the hospitals are also responsible for supporting preventive and promotional activities within the catchment area. Hospital management participates in the planning of district activities and training and supervision of district personnel. Although the mean hospital capacity of one bed per 1,000 people is not unreasonable, it masks substantial variation among districts and provinces.

There were 365 peripheral health facilities at the end of 2001; 252 were health centers while 113 were health posts and dispensaries. Health centers are responsible for providing basic primary health care, which includes a complete and integrated array of curative, preventive, promotional, and rehabilitation services. Health posts, set up to take care of transitional situations, such as the flow of refugees or the existence of an epidemic, are not intended to remain a permanent part of the health system and will gradually be phased out.

There is a nationwide lack of physicians, nurses, and managers with sufficient experience to respond to the needs of both administrative structures and health facilities. This problem is more acute at the periphery, where operational management and delivery of health services occur.

2.2.2 Government-assisted Health Facilities

The conventional nonprofit sector is made up of health facilities run by various religious groups and nonprofit associations. In 2001, 40 percent of primary and secondary health facilities were in this category. Government-assisted health facilities (GAHFs)—called agréé facilities in Rwanda—are completely integrated into the public health system, and are included in the RSPA. The government provides services to both public and conventional nonprofit facilities, irrespective of their resources (human, equipment, or operating budget). GAHF staff and government staff are equally eligible for government-sponsored in-service education. GHAF representatives participate integrally in the work group (district management team) of each district and have a formal agreement to follow the policies of the MoH.

2.2.3 Private Sector

Since 1995, the private medical sector in Rwanda has grown considerably and continues to grow. In 1999, there were 69 private physicians either with private practices or working as employees of NGOs, commercial establishments, private insurance companies, or mutual societies. The number of private pharmacies throughout the country increased from 300 in 1999 to 405 in 2001.

As of 1999 there were 329 private health facilities in Rwanda, with more than 50 percent located in or near Kigali. Among these facilities, 63 were headed by physicians, 242 were headed by nurses, and 14 were headed by persons who were not medically trained. These private facilities have hospitalization capacity and some have very specialized services, such as gastrology, ophthalmology, and physiotherapy. They are often staffed with trained paramedical staff.

2.2.4 Traditional Medicine

Traditional medicine is widely used in Rwanda. Sick people are as likely to consult traditional practitioners as their modern health care providers, depending on the nature of the problem. The MoH and the Institute of Scientific Research and Technology are trying to organize traditional medical practitioners into associations, but few of these associations were functioning in 2001.

To improve the quality of home deliveries, the MoH has developed programs to improve the network and skills of traditional birth attendants (TBAs). A training program was implemented in four pilot districts (Byumba, Cyangugu, Gikongoro, and Gitarama) to train 1,200 TBAs. The expected role of the TBA is primarily to encourage pregnant women to seek services for ANC, vaccinations, and family planning and to improve their recognition of risk factors for which they should be referred to a facility. In addition, TBAs are trained in better delivery practices, specifically regarding hygienic conditions in case a woman cannot deliver in a facility. The number of TBAs trained in the pilot districts increased from 1,200 to 1,800 by the end of 2001. The trained TBAs received basic equipment and supervision. This program may be expanded to other districts if the evaluation determines that it is pertinent and effective.

2.3 Geographic Distribution and Populations Served by Health Facilities

To ensure the most efficient health care coverage possible, given limited availability of resources, norms were established in 1997. These norms include an average coverage of 200,000 people per district, with one hospital per district and 20,000 people per health center. The geographic area covered by an administrative unit or health care facility is the catchment area, or “zone de rayonnement.”

Originally, under the restructuring of the health system, administrative units for the health system were formed primarily base on geographic accessibility, regardless of the availability of infrastructure or existing civil administrative boundaries. As a result, it is not uncommon to find health centers or managers responsible for populations that cross several administrative boundaries.

Over time, the boundaries for the administrative units for the health system have been adapted, taking into account the size and boundaries of civil administrative units, while still considering geographic accessibility. At present, a population is defined as having access to health care if the service can be reached by foot in one and a half hours. Considering the current distribution of facilities, about 85 percent of the population live within one and a half hours of a primary care health unit. Geographic distance and mountainous terrain, however, continue to constrain access to health care. To improve geographic accessibility, a referral system combining access to ambulance services and a telephone network for district-level facilities is gradually being developed. This system will solve the problem of geographic accessibility between primary care health centers and hospitals, but not the problem of transporting patients to health centers, which still depends largely on traditional means of transportation. District health offices in Rwanda are characterized by great variability in size and demographic coverage. The population covered by a district facility varies from 70,000 to 480,000 people. The national average is around 200,000, which approximates the national norm.

2.4 Package of Health Services

Most common illnesses in Rwanda are transmissible diseases that are preventable through improved hygienic measures and changes in individual health behavior. The ten most important causes of morbidity and mortality fall into this category. Nine in ten health consultations at primary care facilities in Rwanda are for infectious diseases, such as malaria, respiratory infections, diarrhea, parasites, skin diseases, HIV/AIDS, tuberculosis, typhus, cholera, and meningitis. A package of activities directed toward these, as well as common preventive interventions, has been defined for each level of the health system.

2.4.1 Minimum Package of Activities for the Peripheral Level

At the health center level, the minimum package of activities (MPA) includes:

1. Promotional activities, including information, education, and communication (IEC); psychosocial support; nutritional activities related to small farming and food preparation; community participation; management and financing of health services; home visits; and hygiene and sanitation in the catchment area around the health center. Rwanda has a large population that has not completed primary education (over 60 percent of men and women over age 15), with many having no formal education (ONAPO and ORC Macro, 2001). Fifteen percent of men and women age 15-24 (with larger percentages at older ages) reported having no education. Thus, visual aids for promoting health education messages are important. The MoH has indicated that the availability and use of visual materials for providing information, education, and communication (IEC) for health education is a concern, and in fact, during June 2002 a national seminar was held specifically to review the use of IEC materials related to reproductive health and to discuss ways to improve the situation.
2. Preventive activities in areas such as premarital consultation, ANC, postpartum care for the mother and child, family planning counseling and services, school health, and epidemiologic surveillance activities.
3. Curative activities, including consultations, management of chronically ill patients, nutritional rehabilitation, curative care, observation before hospitalization, normal deliveries, minor surgical interventions, and laboratory testing.

Each health center is responsible for managing personnel, supplies, and financial resources and for training staff. The health center oversees general health-related activities that include development of health promoters and intersectoral collaboration with other departments (e.g., social welfare and agriculture) when appropriate. Health centers are the focal point for the development of community participation.

Since the economic crisis of the 1980s, free health care has become difficult to sustain. To improve the provision of medications, Rwanda adopted a strategy of health service financing based on community participation, following the Bamako Initiative. At the onset of the 1994 genocide, the program covered 68 percent of all health centers. After the war, the Bamako Initiative was relaunched. It was implemented by establishing committees in health centers and district health offices that included community members. Health committee representatives focused primarily on overseeing the financial management of the health center. There was little emphasis on a broader community role of liaising with community members to identify important health concerns and mobilizing the community to participate in activities or health projects. To fill this void, in 1995, MoH decided to set up a network of health promoters throughout the country. This initiative was inspired by a program of community agents introduced by ONAPO before 1994. At the time, the program focused on issues related to family planning. By 1999, practically all primary care facilities had a health committee whose membership was elected according to ministerial directives and a board of directors. Since April 2000, the committees have included health promoters elected by the population, thus guaranteeing better representation of community concerns.

2.4.2 Complementary Package of Activities for District Hospitals

The complementary package of activities (CPA) for district hospitals includes activities 1 and 3 of the MPA for the peripheral level, but emphasizes treating referred cases. Additional activities under the CPA include the following:

1. Prevention, including preventive consultations for referred cases and ANC consultations for at-risk pregnancies;

2. Family planning, with the provision of all methods for referred cases, including female and male sterilization;
3. Curative care, including management of referred cases, referrals for tertiary-level care, management of difficult labor, medical and surgical emergencies, minor and major surgical interventions, inpatient care, laboratory testing, and medical imaging; and
4. Management, including the training of paramedical personnel in district schools and collaboration with the district work group for continuing education and supervision activities.

2.4.3 Complementary Package of Activities for National Referral Hospitals

Although the national referral hospitals provide the highest level of service and should function almost solely as referral centers from district hospitals, in reality, there is an overlap of the activities of the district and national referral hospitals. This is because there is still an unclear delineation of responsibilities for the central-level national referral hospitals, and there are not enough functioning district hospitals, especially in urban areas. This results in national referral hospitals often assuming the responsibilities of district hospitals.

2.5 Progress in Implementing the Minimum Package of Activities and the Complementary Package of Activities

According to the 1999 MoH annual report, the 11 provincial management units carried out 92 percent of the activities linked to their functions. Areas of responsibility that were assessed as weak were provision of adequate supervision, in-service training, analysis of health information, and project management.

According to the same source, 93 percent of the responsibilities of the district management teams were carried out; however, 23 percent of the activities undertaken were outside an established norm. Similar to the findings for the central level, areas of responsibility that were assessed as weak were provision of in-service training, financial management, adequate supplies of medications, and supervision and monitoring of services.

The report found that, overall, health centers successfully provided 64 percent of the activities of the MPA. The proportion of the MPA successfully implemented varied widely with respect to activities and districts. Thirty-five districts were found to consistently provide more than 50 percent of the MPAs successfully. Four particular activities defined in the MPA, however, were found more often than others to be provided at below acceptable levels of activity for successful implementation. These were postpartum visits (24 percent), activities related to psychosocial management (18 percent), school health programs (12 percent), and premarital counseling (2 percent).

In general, the activities of the CPA for district hospitals were successfully carried out at the 33 functioning hospitals in Rwanda, with an overall assessment that 88 percent of activities were being provided at an acceptable level. The major identified areas of weakness were surgical and laboratory activities. The full range of surgical and laboratory services that is described in the CPA is not always available at all hospitals.

Hospitals and dispensaries are frequently adjacent to one another, with hospitals offering primarily inpatient services and dispensaries offering outpatient services. The objective is a complete separation of the two services, but this has not yet been fully implemented. In certain hospitals, the lack of an effective separation of hospital and dispensary (outpatient unit) functions contributes to overburdening hospital services and hampers management, especially of community and primary-care-level functions. In 1999, only 16 hospitals had managed a complete separation between the hospital and the dispensary.

2.6 Use of Curative Consultation Services

Health information system data on the annual number of outpatient clients is used to calculate the utilization rate for health services. Data for the period before 1994 are not computerized. However in 1995, at a time when needs were great, aid assistance was massive, and care was nearly free, the utilization rate of primary care services was 0.6 new cases per person (population) per year. In 1997 and 1998, the utilization rate was 0.3, after which it stayed the same through 2001 (Table 2.1). The decline in the service utilization rate can be attributed to several factors, but it is believed that the implementation of cost recovery—almost universally implemented since 1989 and resumed in 1999—is mainly responsible.

| Curative consultation rate | Year | | | | | | |
|---------------------------------|------|------|------|------|------|------|------|
| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
| Curative care consultation rate | 0.6 | u | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 |
| Referral rate | u | u | u | 1.4 | 1.9 | 2.2 | 2.3 |
| Referral return rate | u | u | u | 22.8 | 12.5 | 11.7 | 27.3 |

Source: MoH annual activity report of activities from 1995, 1997 to 2001, Information System Service of the Health Centers
u = Unknown (not available)

Rates of referral are judged by the MoH to be low. This may be because of a failure of primary care providers to recognize the gravity of certain symptoms, the refusal of referral by the patient after considering the relative cost of displacement and hospitalization, the lack of communication between the primary care site and the referral site, and problems arranging transportation to the referral site. The low percentage of return referrals, although increasing, is indicative of the weak link between hospitals and health centers.

2.7 Issues Related to Quality of Care

Concerned about the impact of its interventions on the quality of care, the MoH in 1994 created a division charged with promoting quality care. This division is responsible for promoting, coordinating, and elaborating on quality-of-care standards, monitoring and evaluating the quality of care in the country, and creating and launching strategies and tools or instruments needed to develop quality-care initiatives.

2.8 Supervision

Supervision plays an essential part in implementing a health policy and in improving the quality of services and care. A top-down supervisory system was installed in Rwanda in 1995. Each level of the structure supervises the level under it. Supervision is carried out by a team from the district administrative unit. It is usually performed by the supervisors, the managing administrator, the pharmacy manager, or other supervisors. Supervision by physicians is rare.

2.9 System of Supply and Distribution of Medications

In Rwanda, the objective of the health policy is to make medications accessible to the population. Since 1995, the national policy has recommended using generic essential medications, distributed to health units in the country through an independent central purchasing supply house, Centrale d'Achat des Médicaments Essentiels au Rwanda (CAMERWA), and a network of district pharmacies. CAMERWA is a nonprofit association that ensures a supply of medications to the public sector. It sells medications to district pharmacies and to certain health facilities on a for-profit basis as a means of financing the

activities of CAMERWA and, subsequently, to sustain the system. Supplies are provided to health facilities directly from CAMERWA through the district pharmacies or through other private sources such as the Bureau des Formations Médicales Agréées au Rwanda (BUFMAR), a for-profit private company that supplies medications mainly to private health facilities.

The list of essential medications is revised regularly; it was last revised in May 2000. The list includes medical consumables (medicines and other consumable supplies, such as bandages) and materials and reaction agents for laboratories. The list is based on the main causes of mortality and morbidity in the country and on the standards of evidence established by the most recent pathology reports. Currently, most of the medications are imported.

2.10 Availability of Human Resources

Before 1994, Rwanda lacked human resources in health, both in quality and quantity. This situation worsened with the genocide of 1994, when many people were killed or went into exile. The number of physicians working in the public sector dropped sharply after 1994. In 1988, there were 253 physicians working in the public sector; in 1995 this had dropped to 117 (data not shown). In 2000 the number had increased to 144 physicians (Table 2.2). The existing number of physicians is lower than the desired number—205 physicians in 2002. The gap is made worse by the increasing shift of physicians from the public sector to the private sector or to advanced studies.

| Personnel | 1988 | | 1997 | | 2000 | |
|----------------------------------|--------|---------|--------|---------|--------|---------|
| | Number | Percent | Number | Percent | Number | Percent |
| Physicians | 253 | 5 | 181 | 4 | 144 | 4 |
| Nurses and paramedical providers | 1,319 | 24 | 1,068 | 22 | 1,966 | 60 |
| Nonmedical personnel | 921 | 16 | 1,377 | 28 | 820 | 25 |
| Nonmedical support personnel | 3,096 | 55 | 2,274 | 46 | 349 | 11 |
| Total | 5,589 | 100 | 4,900 | 100 | 3,279 | 100 |

Note: The decrease in physicians is explained by physicians shifting from the public sector to the private sector.
Source: Ministry of Health and Social Affairs, Annual Report 1988, and Development Plan for Human Resources in Health, Ministry of Health, 2000.

There is also a lack of nursing personnel, although the country has considerable training potential. In recent years, 800 nurses graduated at the A2 level every year, which shows that for this group of health professionals, quantitative needs can be filled quickly in the future. With respect to paramedical personnel, the country has virtually no advanced-level physiotherapists, radiologists, anesthesiologists, midwives, or laboratory technicians. Since 1996, the Kigali Health Institute has been training paramedical personnel as physiotherapists, radiologists, anesthesiologists, midwives, laboratory technicians, and dental technicians. The training takes three years after secondary school is completed.

2.11 Basic Qualifications for Health Personnel

Health personnel currently consists of individuals who did their studies in Rwanda or in neighboring countries, such as Burundi, Uganda, the Democratic Republic of the Congo, and Tanzania. At the lowest level of qualification (auxiliary), the individual has to complete primary school, which in Rwanda ranges from six to eight years. The qualification is based on the number of years and the level of post-primary school education completed. For intermediate-level qualification, the minimum number of years beyond general studies is an average of three years (varying from two to four years). The number of years of training to become a physician is normally six years.

2.12 Health-sector Financing

Traditionally, the level of health-sector financing in Rwanda has been low. The largest sources of funding are the government allocation to the MoH through the Ministry of Finance and Economic Planning, contributions from the population, and external assistance from contributions or loan agreements with multilateral, bilateral, or nongovernmental partners of the MoH.

Between 1978 and 1994, funds allocated to the MoH for health programs continued to decrease. However, after the genocide of 1994, the share for health expenditures in the national budget started to increase. In 1999-2000, this share reached 4 percent, which corresponds to around 3.5 billion Rwandan francs, or about US\$1.25 per person in the population. In relation to the national economy, only 0.6 percent of the gross domestic product is dedicated to health.

In 1999, about 60 percent of government funds for the health sector were directed to services in outlying areas, 15 percent were allocated to referral hospitals, and 25 percent were allocated to central and regional management and other services. Between 1995 and 2000, external financial assistance grew considerably in the form of humanitarian rescue aid, especially for the rehabilitation of infrastructure, which had been severely damaged or completely destroyed. The MoH's dependence on external aid is considerable; however, the level of assistance to date remains constant.

The means to achieve a better balance between the provision of services and financing in the health sector is not simple. However, possible options, which may or may not be feasible under current conditions, include a significant increase in health spending by the government, a substantial increase in external contributions, the mobilization and rationalization of resources coming from the population, better prioritization of health interventions, or a combination of these options.

Although it is feasible to offer outpatient health services under a variety of conditions, there are certain infrastructure and health system components that are believed to encourage and support a consistent level of quality and appropriate utilization of health services.

The first part of this chapter provides information on the presence of infrastructure and resources for supporting quality services and appropriate utilization of services. These include availability of the following:

1. A range of preventive and curative maternal, child, and reproductive health services, and at least one staff member qualified to provide curative services;
2. Community outreach services;
3. Facility infrastructure supportive of client utilization and quality services; and
4. Emergency services 24 hours a day.

Next, the chapter considers management components for supporting quality service and appropriate utilization of services. These include the following:

1. Systems for addressing management issues;
2. Staff development activities through supervision and in-service education;
3. Community input to the facility; and
4. Funding mechanisms to decrease financial barriers to utilization.

The chapter concludes by considering two additional critical systems for supporting quality services in facilities:

1. Logistics systems to support quality and availability of medicines, vaccines, and contraceptive methods; and
2. Infection control systems and practices.

For Rwanda, when assessing infrastructure and resources at health facilities, it is important to know that, under the public system, hospitals are frequently adjacent to dispensaries or health centers—55 percent of the sample hospitals were adjacent to a dispensary, and 53 percent of the sample dispensaries or health centers were adjacent to hospitals.¹ These are independent facilities with different management and infrastructures. They may or may not offer the same services and may or may not share resources. This affects the profile of services and resources available. When necessary to understand the findings, data are provided showing whether facilities are adjacent to each other or stand alone.

3.1 Basic Infrastructure and Resources Supportive of Utilization of Services

3.1.1 Availability of a Range of Services and Qualified Staff

The availability of a range of maternal, child, and reproductive health services and the frequency with which the services are offered are key elements influencing client utilization. Clients are more likely to seek services at a facility if they are certain the needed service will be available; indeed, they may be

¹ Dispensaries are the facility type most often adjacent to hospitals. Only 6 percent of the surveyed health centers were adjacent to hospitals.

more likely to use a facility that provides a full range of services that meet most of their (and their family's) health needs. In addition, there should be qualified staff for providing the services.

The following were defined by the RSPA as the range of services, minimum availability, and minimum staffing desirable at a facility to encourage utilization of facility services:

- A range of services offered a minimum number of days per week:
 - ◆ Outpatient consultation services for sick children at least five days per week;
 - ◆ Services for STIs at least one day per week;²
 - ◆ Preventive services (child immunization [EPI], routine growth monitoring, and ANC) at least one day per week; and
 - ◆ Temporary methods of family planning, at least one day per week.
- Availability of facility-based normal-delivery services; and
- At least one qualified provider for curative care assigned to the facility.³

Table 3.1 and Figure 3.1 provide information on service and staff availability. Additional background information describing availability of specific services by province and operating authority, and describing facilities by whether they are adjacent to another facility or stand alone, are provided in Appendix Tables A-3.1 and A-3.2.

Overall, 57 percent of health facilities offered all the defined range of basic outpatient maternal, child, and reproductive health services, with essentially all of these (56 percent) offering the services at the defined minimum frequencies (Table 3.1).

There were notable differences in service availability between types of facilities, with more than 60 percent of health centers and dispensaries offering the full range of services with the defined minimum frequencies, compared with only 24 percent of hospitals (Figure 3.1). Hospitals, geared as they are to providing referrals and complex services, were much less likely to offer preventive and family planning services. Public facilities were more likely than GAHFs to offer the full range of services at the defined minimum frequencies, with the differentiating factor being the availability of family planning services⁴ (Appendix Table A-3.1).

There were notable differences in service availability depending on whether facilities were located adjacent to each other. When adjacent to one another, a hospital was more likely than a dispensary to offer facility-based delivery services and less likely to offer preventive services such as ANC and child immunization or family planning (Appendix Table A-3.2).

² In Rwanda, almost all facilities (94 percent) reported STI treatment was available through general adult curative OPD services at least five days per week.

³ For the RSPA, qualified providers for curative care were doctors or nurses level A1 or A2. The nurse A3 level was previously considered qualified to provide basic curative services. This qualification is being phased out and staff qualifications are upgraded when possible.

⁴ Most GAHFs have religious affiliations, which may influence whether they offer family planning services.

Table 3.1 Availability of services and qualified staff to meet basic client needs

Percentage of facilities that provide a defined range of maternal, child, and reproductive health services at defined frequencies, offer facility-based delivery care, and have at least one qualified provider for curative care, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities that provide: | | | | Number of facilities |
|----------------------------|--|--|---|--|----------------------|
| | All basic maternal, child, and reproductive health services ¹ | All basic maternal, child, and reproductive health services provided at defined minimum frequencies ² | All basic services at defined minimum frequencies and facility-based delivery services ³ | All services provided at minimum defined frequencies, facility-based delivery services, and at least one qualified provider for curative care ⁴ | |
| Type of facility | | | | | |
| Hospital | 24 | 24 | 24 | 24 | 34 |
| Health center | 63 | 62 | 57 | 54 | 170 |
| Dispensary | 68 | 68 | 32 | 22 | 19 |
| Operating authority | | | | | |
| Public | 67 | 66 | 60 | 55 | 144 |
| GAHF | 40 | 39 | 32 | 31 | 79 |
| Province | | | | | |
| Butare | 52 | 49 | 42 | 42 | 26 |
| Byumba | 65 | 65 | 59 | 48 | 17 |
| Cyangugu | 44 | 44 | 36 | 36 | 14 |
| Gikongoro | 64 | 64 | 57 | 50 | 12 |
| Gisenyi | 45 | 45 | 38 | 38 | 21 |
| Gitarama | 67 | 67 | 67 | 63 | 27 |
| Kibungo | 67 | 67 | 63 | 63 | 19 |
| Kibuye | 76 | 76 | 70 | 54 | 16 |
| Kigali City | 64 | 64 | 35 | 35 | 17 |
| Kigali Ngali | 48 | 48 | 34 | 34 | 17 |
| Ruhengeri | 49 | 49 | 49 | 43 | 19 |
| Umutara | 47 | 40 | 40 | 40 | 17 |
| Total | 57 | 56 | 50 | 46 | 223 |

¹ A range of services offered: The range of services assessed were consultation services for sick children and for sexually transmitted infections (STIs), temporary methods of family planning, antenatal care, immunization, and child growth monitoring.

² The defined range of services all available, with each offered at a defined minimum frequency: Consultation services for sick children offered at least five days per week, STI services at least one day per week, and preventive or elective services (any temporary method of family planning, antenatal care, immunization, and growth monitoring) at least one day per week.

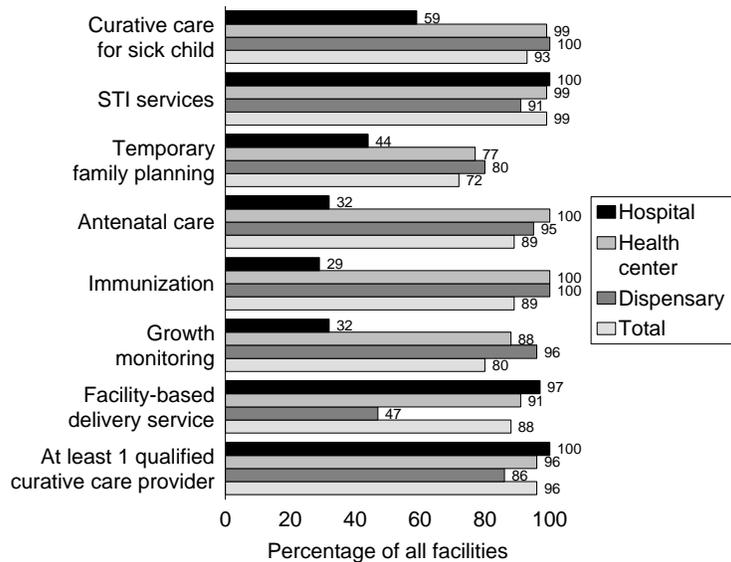
³ The range of services all available, with each offered at the defined minimum frequency, and facility-based delivery services.

⁴ The range of services all available, with each offered at the defined minimum frequency, facility-based delivery services, and at least one qualified provider for curative care.

Ninety-six percent of all facilities had at least one qualified provider for curative care assigned (Figure 3.1). However, 14 percent of dispensaries and 4 percent of health centers had no staff with qualifications above nurse A3 (Appendix Table A-3.1). This was more often true for dispensaries that stood alone (18 percent) and public facilities (5 percent) compared with 2 percent for GAHFs (Appendix Table A-3.2). The lack of qualified providers for curative care influences the level of services provided at the facility.

In total, 46 percent of the facilities surveyed offered all of the defined basic package of services at the defined minimum frequency, offered facility-based delivery services, and had at least one qualified provider for curative care assigned (Table 3.1). Only 24 percent of hospitals offered the full range of services. However, any hospitals that did not offer the full range of services were located next to a dispensary that provided the missing services. When comparing hospitals that were adjacent to a dispensary with those that were not, it was noted that none of those adjacent to dispensaries offered the full range of services. In contrast, 53 percent of those that were not adjacent to a dispensary offered the full range of services (Appendix Table A-3.2).

Figure 3.1 Availability of services and staff to meet basic client needs (N=223)



Rwanda SPA 2001

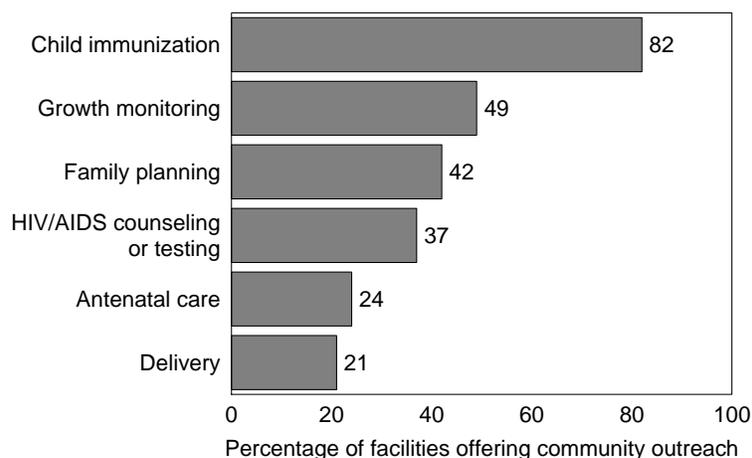
3.1.2 Availability of Services through Community Outreach

Health facilities often routinely offer specific health services at the village level (outreach services) in an attempt to increase community coverage, particularly for preventive services. Outreach services are also a means of increasing appropriate utilization of health services through increasing community awareness of the availability of facility-based services and of the importance of preventive measures.

Almost half (49 percent) of the health facilities offered some health services through community outreach (Appendix Table A-3.1), with GAHFs more likely than public facilities to offer services through outreach (55 percent compared with 46 percent). Hospitals were less likely to offer outreach services than health centers and dispensaries. Hospitals were often located adjacent to dispensaries and, in these cases, preventive services were more often offered by the dispensaries. Although only 11 percent of hospitals that were adjacent to dispensaries reported any outreach services, 40 percent of those standing alone reported some type of outreach services (Appendix Table A-3.2). Dispensaries adjacent to hospitals were twice as likely to report outreach services as those standing alone (64 percent compared with 32 percent). Given the small proportion (and total number) of stand-alone dispensaries, this may not significantly affect access to services; it may be of importance, however, if these facilities are located in underserved areas.

Not unexpectedly, child immunization services were the most commonly offered outreach services, with 82 percent of facilities with outreach activities reporting such services (Figure 3.2). Providing immunization through outreach activities is an internationally supported program strategy to increase immunization coverage.

Figure 3.2 Availability of specific health services through community outreach (N=110)



Rwanda SPA 2001

Key Findings

The defined range of facility-based maternal, child, and reproductive health services (consultation services for sick children; STI services, EPI, growth monitoring, family planning, and ANC) offered at defined minimum frequencies (sick child consultations at least five days per week and all other services at least one day per week) is available at 62 percent of all health centers and 68 percent of dispensaries, the primary sites for these outpatient services.

The full range of services offered at the defined minimum frequencies, plus facility-based delivery services and at least one qualified provider for curative care assigned, are available at 54 percent of health centers and 22 percent of dispensaries.

Fourteen percent of dispensaries have no qualified providers for curative care to provide the services. This represents a small proportion of all facilities.

Growth monitoring is not offered at 12 percent of health centers.

Family planning services are not offered at 53 percent of GAHFs.

3.1.3 Facility Infrastructure Supportive of Client Utilization and Quality Services

Although quality health services can be provided in the most minimal service delivery setting, there are basic client comfort amenities and infrastructure components that contribute to client and staff satisfaction, as well as to the quality and level of services possible. These items may contribute to client willingness to use a facility and staff willingness to work at the facility and may facilitate staff capacity to follow standards for quality services.

Key amenities and infrastructure components assessed were availability of the following:

- A waiting area that protects clients from sun and rain, a functioning client latrine, and a basic level of cleanliness⁵ (basic client comfort amenities).
- Electricity available 24 hours a day, with minimal or no disruption during the period client services are normally provided, or a functioning generator with fuel (regular electric supply).
- An onsite (either inside or within 500 meters of the facility) water source, available year round (regular water supply).

As shown in Table 3.2, 65 percent of facilities had all basic client comfort amenities. The presence of client amenities at hospitals and health centers were similar; however, only 51 percent of dispensaries had all elements. Details on client amenities (Appendix Table A-3.3) indicate that 20 percent of dispensaries did not have a functioning client latrine or a protected waiting area, and more than 30 percent were not

| Table 3.2 Service and facility infrastructure to support utilization and quality of services | | | | | | |
|---|---|----------------------------------|-----------------------------------|--|--|----------------------|
| Percentage of facilities with all basic client amenities, onsite water source, a regular supply of electricity or a backup generator, and both a regular supply of electricity and water, by type of facility, operating authority, and province, Rwanda SPA 2001 | | | | | | |
| Background characteristic | Percentage of facilities with: | | | | | Number of facilities |
| | All basic client amenities ¹ | Onsite water source ² | Regular water supply ³ | Regular supply of electricity/ backup generator ⁴ | Regular supply of water and electricity ⁵ | |
| Type of facility | | | | | | |
| Hospital | 68 | 85 | 65 | 98 | 65 | 34 |
| Health center | 66 | 73 | 45 | 45 | 28 | 170 |
| Dispensary | 51 | 62 | 34 | 49 | 23 | 19 |
| Operating authority | | | | | | |
| Public | 59 | 71 | 45 | 48 | 30 | 144 |
| GAHF | 75 | 79 | 51 | 63 | 39 | 79 |
| Province | | | | | | |
| Butare | 67 | 81 | 24 | 44 | 14 | 26 |
| Byumba | 55 | 55 | 44 | 38 | 18 | 17 |
| Cyangugu | 50 | 73 | 50 | 58 | 45 | 14 |
| Gikongoro | 72 | 72 | 36 | 44 | 15 | 12 |
| Gisenyi | 56 | 74 | 69 | 60 | 55 | 21 |
| Gitarama | 76 | 76 | 48 | 43 | 36 | 27 |
| Kibungo | 71 | 63 | 37 | 55 | 37 | 19 |
| Kibuye | 74 | 64 | 52 | 64 | 40 | 16 |
| Kigali City | 51 | 71 | 54 | 71 | 47 | 17 |
| Kigali Ngali | 86 | 88 | 41 | 80 | 34 | 17 |
| Ruhengeri | 76 | 77 | 59 | 39 | 22 | 19 |
| Umutara | 34 | 86 | 60 | 51 | 32 | 17 |
| Total | 65 | 74 | 47 | 53 | 33 | 223 |
| ¹ Clean, functioning client latrine, waiting area protected from sun and rain, and basic level of cleanliness. ² Water supplied in facility by tap or available within 500 meters of facility, may not be available year round. ³ Year-round water supplied in facility by tap or available within 500 meters of facility. ⁴ 24-hour regular electricity or a backup generator with fuel. ⁵ 24-hour regular electricity or a backup generator with fuel, and has year-round onsite water source. | | | | | | |

⁵ The standard for “clean” was that there be no obvious waste or dirt on the floor or furnishings.

considered basically clean (similar to health centers, where 27 percent were assessed as not clean). Although similar percentages of GAHF and public facilities had functioning latrines and waiting areas, a higher proportion of GAHF than public facilities were assessed as clean (82 percent compared with 68 percent).

A regular supply of electricity contributes to the capacity of a facility to utilize equipment that contributes to quality of care and provides a reliable source of lighting when patient care is provided at night. Although good quality care is possible without electricity, ensuring consistently available adequate lighting for patient care and fuel for sterilizing or disinfecting equipment for reuse is difficult without electricity. Fifty-three percent of facilities had a regular supply of electricity or a backup generator (98 percent of hospitals), and 47 percent had a regular supply of water (65 percent of hospitals). Only 33 percent of all facilities, however, had a regular supply of both electricity and water. Dispensaries adjacent to hospitals were more likely than those that stood alone to have regular water and electricity (52 percent compared with 12 percent) (Appendix Table A-3.4).

Five percent of all facilities (9 percent of hospitals and 5 percent of health centers) had no electricity, but did have a generator with fuel the day of the survey (data not shown). The cost and logistics required for maintaining a generator as the sole source of electric power likely limits the practicality of day-to-day utilization except for urgent situations or nighttime services. In total, 35 percent of all facilities had no electricity or generator; these included over 40 percent of the health centers and dispensaries but none of the hospitals (Appendix Table A-3.3).

Seventy-four percent of facilities had an onsite water source some time during the year, which may or may not have been available only seasonally (Table 3.2). When asked about their normal source for water during the time of year of the survey, 68 percent of all facilities (82 percent of hospitals) said their water was normally from piped sources (located either inside or outside the facility), with GAHFs more likely than public facilities to use piped water (77 percent compared with 63 percent). Other facilities indicated that they used rain water (12 percent), public fountains (10 percent), and other (e.g., lake, well, pond, multiple sources) (9 percent). In all, 2 percent of all facilities (health centers only) reported having no normal water source at the time of year of the survey (data not shown).

3.1.4 Infrastructure and Resources to Support Quality 24-hour Emergency Services

It is not expected that all levels of health facilities will provide 24-hour emergency services, but given that 24-hour care is essential for managing serious illness and potentially decreasing mortality, it is important to know about the availability of emergency services. For the RSPA, 24-hour emergency services refers to a facility offering emergency onsite treatment, with the capacity to monitor a seriously ill client overnight, until it is possible to refer the client to an inpatient setting, if necessary.

Although emergency services (such as first aid for injuries) can be provided under minimal conditions, the RSPA defined components believed to contribute to a service delivery environment that supports routine availability of 24-hour emergency services and a reasonable quality of service if a seriously ill client must remain overnight. The components assessed were as follows:

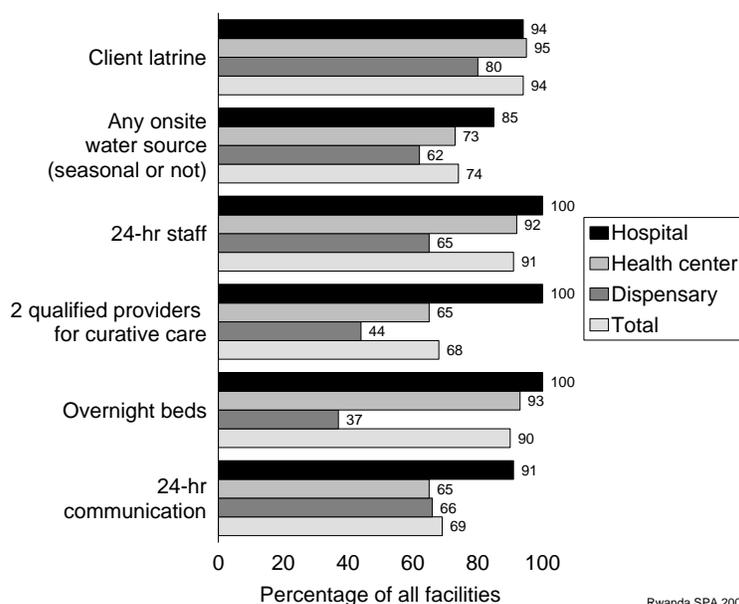
- A minimum of two qualified providers for curative care assigned to the facility;⁶
- 24-hour duty staff (either onsite or on-call);

⁶ At least two qualified staff are necessary for any assurance that qualified staff could be available 24 hours. The staff may be assigned to stay onsite or may be on-call (with documentation of their official responsibility to be available and within close proximity in case an emergency need arises).

- Twenty-four hour access to emergency communication (onsite, or within five minutes distance);
- Inpatient or overnight beds for caring for clients, at minimum, until stable enough to transfer to a higher-level facility if needed;
- Functioning client latrines;
- An onsite source of water, at a minimum within 500 meters of the facility (seasonal shortages were defined as acceptable);
- A nonseasonal onsite source of water was defined as preferable;
- A regular supply of electricity (24-hour electricity with minimum interruption, or generator with fuel available) was not considered essential, but was preferable.

Figure 3.3 provides details on items defined as supporting quality 24-hour emergency services, and Table 3.3 provides this information aggregated by facility type, operating authority, and province. Appendix Table A-3.3 provides details on the individual components for supporting quality 24-hour emergency services, by facility type and operating authority. Appendix Table A-3.4 shows the same information, by facility type, differentiating between adjacent facilities and those that stand alone.

Figure 3.3 Availability of items to support quality 24-hour emergency services (N=223)



With regard to the hours that curative care was available, most facilities reported eight or less hours per day. Despite reporting that they were open only 8 hours per day, most facilities also reported having staff on duty 24 hours for emergency services and beds for overnight care. For example, although only 8 percent of dispensaries reported their outpatient consultation area was officially open 24 hours, 65 percent of dispensaries assigned duty staff for 24 hours a day, although it was evident that only a small proportion were prepared to care for emergency patients overnight (37 percent had overnight beds). Thus, resources

and infrastructure to support quality 24-hour emergency services are described for all facilities, under the assumption that even though facilities reported they closed at night, they were clearly prepared for some level of emergency services. Where the facilities stand alone, they might be the only nearby source of emergency services.

In total, 39 percent of facilities (62 percent of all hospitals, 38 percent of health centers, and 8 percent of dispensaries) reported that their outpatient consultation area was officially open 24 hours (Appendix Table A-3.3). Appendix Table A-3.5 provides detailed information on the presence of items defined for supporting quality 24-hour emergency services, specifically for facilities that reported they were officially open 24 hours.

The likelihood of having various component elements varied by type of facility (Figure 3.3). Many health centers (35 percent) had only one qualified staff person assigned, with similar proportions lacking access to 24-hour communication.

Overall, 32 percent of all facilities (71 percent of hospitals, 27 percent of health centers and 6 percent of dispensaries) had the defined infrastructure components (qualified duty staff 24 hours, overnight beds, client latrines, and any onsite water source) to support quality 24-hour emergency services, and 14 percent had the basic infrastructure components, as well as a regular (nonseasonal) source of water, and electricity (Table 3.3).

| Table 3.3 Service and facility infrastructure to support quality 24-hour emergency services | | | |
|---|--|---|----------------------|
| Percentage of facilities with all defined components for supporting quality 24-hour emergency services and percentage with all components plus a regular supply of electricity and water, by type of facility, operating authority, and province, Rwanda SPA 2001 | | | |
| Background characteristic | Percentage of facilities with: | | Number of facilities |
| | All basic components for 24-hour emergency services ¹ | All basic components and regular supply of water and electricity ² | |
| Type of facility | | | |
| Hospital | 71 | 50 | 34 |
| Health center | 27 | 9 | 170 |
| Dispensary | 6 | 0 | 19 |
| Operating authority | | | |
| Public | 28 | 12 | 144 |
| GAHF | 41 | 18 | 79 |
| Province | | | |
| Butare | 58 | 11 | 26 |
| Byumba | 33 | 9 | 17 |
| Cyangugu | 48 | 31 | 14 |
| Gikongoro | 23 | 8 | 12 |
| Gisenyi | 10 | 5 | 21 |
| Gitarama | 67 | 28 | 27 |
| Kibungo | 19 | 5 | 19 |
| Kibuye | 30 | 12 | 16 |
| Kigali City | 35 | 26 | 17 |
| Kigali Ngali | 67 | 20 | 17 |
| Ruhengeri | 10 | 10 | 19 |
| Umutara | 46 | 6 | 17 |
| Total | 32 | 14 | 223 |

¹ At least two qualified providers for curative care, onsite or on-call 24 hours a day, overnight beds, patient latrine, 24-hour emergency communication, onsite water source at least sometime during year.

² Basic components as well as year-round onsite water source and 24-hour regular source of electricity or backup generator with fuel.

GAHFs were more likely than public facilities to have all defined items to support quality 24-hour emergency services (41 percent compared with 28 percent), with a smaller difference in capacity when a regular supply of electricity and water were included as support elements (18 percent compared with 12 percent).

Key Findings

Seventy-three percent of facilities were assessed as maintaining a basic level of cleanliness.

Over 40 percent of health centers and dispensaries have neither electricity nor a generator.

Twenty-six percent of facilities have no onsite water source.

Forty-seven percent of facilities (65 percent of hospitals) have a water source both onsite and available year-round.

Over 90 percent of facilities assign staff for 24-hour emergency services and have overnight beds.

Infrastructure support (regular supply of water and electricity) and emergency communication for quality 24-hour emergency services are missing for most facilities.

3.2 Management Systems to Support and Maintain Quality and Appropriate Utilization of Health Services

Basic management and administrative systems are required to ensure that health services can be consistently provided as planned with an acceptable level of quality. The management and administrative components assessed for supporting consistent provision of services at an acceptable level of quality were as follows:

- Routine management meetings for discussing issues related to facility management or administration, held at minimum every six months, with documentation (i.e., minutes) from a recent meeting (within six months);
- Routine staff-development practices through supervision and provision of in-service education at both the facility and individual staff level;
- Management practices that encourage community involvement; and
- Funding mechanisms that decrease financial barriers to utilization of health services.

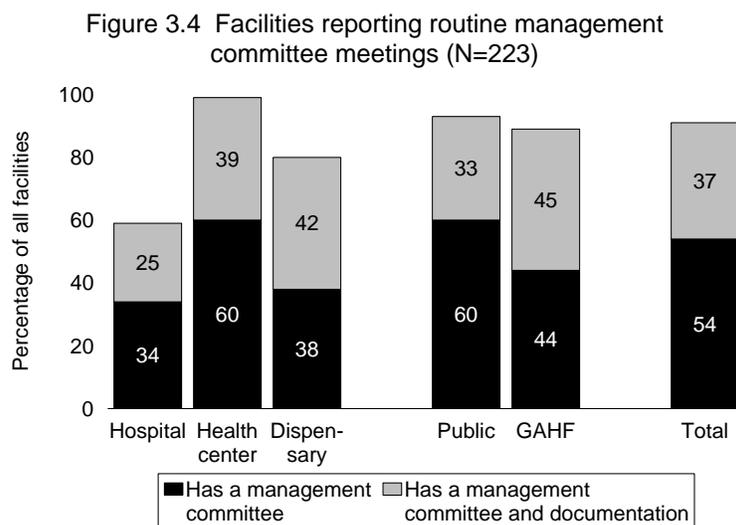
Information on the first two components (routine management meetings and routine staff development through supervision and in-service education) is summarized in Table 3.4, with additional details presented in Appendix Table A-3.6.⁷ Appendix Table A-3.7 provides details on staff development activities from the perspective of the health provider. The third and fourth components are examined in Table 3.5.

⁷ Additional information on specific in-service topics and staff supervision related to different services is presented in subsequent chapters.

3.2.1 Routine Management Meetings

To maintain a well-functioning health facility, a systematic and routine method for addressing management issues is essential. Large facilities may organize internal interdepartmental committees for addressing management issues. Health centers and dispensaries, and occasionally hospitals, however, often form health committees for management⁸ that may or may not include community representatives, to meet this need. The RSPA looked for some evidence of continuity in management and follow up on issues, in the form of written notes or records from meetings.

Although more than 90 percent of facilities reported having a management committee that met at least every six months, only 54 percent of facilities had written records from a meeting in the past six months (Figure 3.4). Hospitals were less likely to report regular management committee meetings and less likely to have documentation of a meeting (34 percent compared with 60 percent of health centers). Although 80 percent of dispensaries reported regular meetings, only 38 percent had any documentation of a meeting. Similar proportions of public facilities and GAHFs reported having management committees, although public facilities were more likely to have documentation of meetings than GAHFs (60 percent compared with 44 percent).



Rwanda SPA 2001

3.2.2 Supportive Supervision Activities

Supportive supervision activities that were assessed include the following:

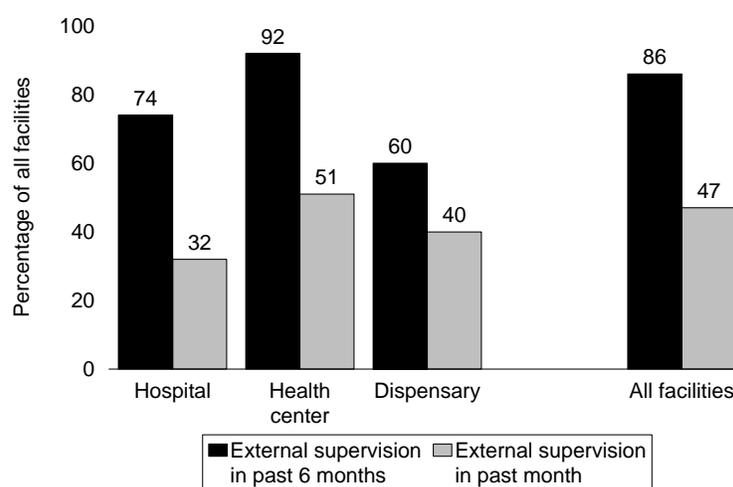
- Supervision by persons external to a facility;
- Personal supervision of service delivery providers; and
- In-service education related to the services of health service providers.

Supervision from managers external to a facility provides an opportunity to ensure that systemwide standards and protocols are followed at the facility level and to promote an “organizational culture”

⁸ Health committees for management, or management committees, are terms used to refer to meetings held by the facility for discussing management and/or administrative issues.

wherein it is expected that these standards and protocols will be implemented. It also provides an opportunity to expose staff to a wider scope of ideas and relevant experiences. A facility reporting at least one visit by external supervisors during the six months preceding the survey was considered to have had routine external supervision. Overall, 86 percent of facilities reported they had received an external supervisory visit during the six months before the survey, with 47 percent reporting the most recent visit took place the preceding month (Figure 3.5). Most facilities reported that the external supervisors were district-level personnel (data not shown). When facilities that had been externally supervised were asked about the activities of the external supervisors, 41 percent said meetings were held, 37 percent said records or books were reviewed, and over 20 percent said general problems were discussed or that administrative issues related to pharmaceuticals or finances were reviewed (data not shown)⁹. Forty percent of the visits were reported to include observation of service provision, an important means of supporting quality of care.

Figure 3.5 Supervision by persons external to facility (N=223)



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In addition to general supervision of facility activities, the work of individual staff must be assessed so that his or her strengths and weaknesses can be identified and appropriate support provided. If at least half of the interviewed health service providers in a facility had been personally supervised at least once during the past six months, the facility was defined as providing routine staff supervision. Although 86 percent of facilities had received external supervision during the past six months, at least half of the interviewed health service providers had been personally supervised during the past six months in only 42 percent of facilities (Table 3.4). Facility-level practices related to supervision of individual health service providers varied by managing authority and by type of facility. None of the interviewed health service providers reported being personally supervised in 10 percent of facilities (14 percent of GAHFs and 8 percent of public facilities), while all of the interviewed health service providers in 21 percent of all facilities (26 percent of public facilities and 11 percent of GAHFs) reported having been personally supervised. Hospitals were the least likely to have routine staff supervision, with only 21 percent of hospitals having provided personal supervision for at least half of the interviewed health service providers (Appendix Table A-3.6). This may be because many service delivery staff work in hospital outpatient settings, and subsequently, more health service providers are eligible for supervision. Regardless of the reason, this indicates that many health service providers at hospitals were not (or did not perceive that they were) personally supervised in their work. Among all interviewed health service providers, 43 percent had been personally supervised during the six months before the survey (Appendix Table A-3.7).

⁹ A facility could provide multiple responses.

Table 3.4 Supportive management practices at the facility level

Percentage of facilities that have documentation of a functioning management committee, received an external supervisory visit during the six months before the survey, and have routine supportive management for service providers (at least half of the interviewed health service providers were personally supervised during the six months before the survey, and at least half of the interviewed health service providers had received in-service education related to their service during the 12 months before the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities with: | | | | | | | |
|----------------------------|---|---|--|---|--|-----------|--|----------------------|
| | Management committee meetings at least once every 6 months and observed documentation of a recent meeting | At least half of interviewed health service providers in facility were: | | | | | All supportive management practices ¹ | Number of facilities |
| | | Facility-level external supervisory visit in the past 6 months | Personally supervised in the past 6 months | Received in-service education in the past 12 months | Personally supervised during the past 6 months and received in-service education in the past 12 months | | | |
| Type of facility | | | | | | | | |
| Hospital | 34 | 74 | 21 | 21 | 15 | 12 | 34 | |
| Health center | 60 | 92 | 46 | 43 | 37 | 27 | 170 | |
| Dispensary | 38 | 60 | 43 | 42 | 36 | 14 | 19 | |
| Operating authority | | | | | | | | |
| Public | 60 | 90 | 44 | 39 | 38 | 25 | 144 | |
| GAHF | 44 | 81 | 39 | 40 | 25 | 20 | 79 | |
| Province | | | | | | | | |
| Butare | 26 | 72 | 26 | 20 | 20 | 10 | 26 | |
| Byumba | 67 | 100 | 74 | 48 | 52 | 41 | 17 | |
| Cyangugu | 67 | 80 | 69 | 34 | 34 | 22 | 14 | |
| Gikongoro | 42 | 79 | 49 | 7 | 7 | 0 | 12 | |
| Gisenyi | 95 | 100 | 50 | 55 | 60 | 55 | 21 | |
| Gitarama | 54 | 89 | 38 | 53 | 37 | 33 | 27 | |
| Kibungo | 35 | 100 | 58 | 37 | 45 | 15 | 19 | |
| Kibuye | 36 | 56 | 28 | 58 | 22 | 6 | 16 | |
| Kigali City | 50 | 88 | 33 | 44 | 27 | 20 | 17 | |
| Kigali Ngali | 60 | 87 | 21 | 47 | 21 | 21 | 17 | |
| Ruhengeri | 65 | 94 | 34 | 42 | 41 | 30 | 19 | |
| Umutara | 59 | 87 | 41 | 21 | 21 | 14 | 17 | |
| Total | 54 | 86 | 42 | 40 | 33 | 23 | 223 | |

¹ Facility has a management committee that met in the past six months and has documentation of a recent meeting; received external supervision in the past six months; and at least half of all interviewed health service providers were both individually supervised six months before the survey and received in-service education relevant to the services they provided during the 12 months before the survey.

If at least half of the interviewed health service providers at a facility had received any in-service education relevant to their service during the 12 months before the survey, the facility was defined as having routine staff development activities. Facility-level information on in-service education was similar to that of supervision, with half or more of the interviewed health service providers reporting they had received in-service education related to their work during the past 12 months at only 40 percent of facilities. None of the interviewed health service providers from 14 percent of facilities had received in-service education related to their service during the prior 12 months. Dispensaries and health centers were more likely to have no health service providers with related in-service education during the prior 12 months (15 percent and 16 percent, respectively) than hospitals (6 percent) (Appendix Table A-3.6). Among all interviewed health service providers, 37 percent had received in-service education related to their service during the 12 months before the survey, with an additional 32 percent having received their most recent in-service education within the preceding 13-59 months (Appendix Table A-3.7).

At least half of interviewed health service providers had received both personal supervision during the prior six months and in-service education during the past 12 months, in 33 percent of facilities (37 percent of health centers, 36 percent of dispensaries, and 15 percent of hospitals) (Table 3.4).

In total, 23 percent of all facilities had all elements defined as routine supportive management practices (documentation of a functioning management committee, external supervision during the past six months, and supportive management for staff—at least half of the interviewed health service providers had been individually supervised during the past six months and received in-service education related to their service during the prior 12 months). Public facilities had all of these elements slightly more often than GAHFs (25 percent compared with 20 percent).

3.2.3 Management Practices Supporting Community Involvement

It is generally accepted that encouraging community input into relevant aspects related to facility functions increases the accountability of the facility to the community it serves and its understanding of the needs of the community, with the expected result being increased appropriate utilization of the facility and subsequent improved health within the population. Two of the most common mechanisms promoted under health sector development programs include the following:

- Community representation at facility meetings; and
- Mechanisms to elicit client feedback regarding the facility and services.

In Rwanda, community participation is encouraged by the MoH. Typically, health committees are formed that include health center staff, community members, and local administrators. Through the health committees, community representatives participate in planning activities, managing resources (currently, primarily the financial aspects), and mobilizing the community to support health activities. Hospital management committees, which primarily manage hospital resources and services, do not usually include community participants.

Sixty-nine percent of all facilities reported that community members routinely participate in some management meeting (Table 3.5), with health centers and dispensaries reporting this more often than hospitals.

Six in ten facilities reported client feedback mechanisms and were able to show some documentation indicating that feedback was reviewed. Overall, 31 percent of facilities not only elicited feedback, but also reported having made some change in the past three months as a result of the feedback (Figure 3.6). Among those facilities with systems for eliciting client feedback, 80 percent reported the feedback came through community meetings, 14 percent used suggestion boxes, 10 percent conducted exit interviews, 7 percent conducted home follow up of clients, and 2 percent used self-administered questionnaires (data not shown).

In total, 82 percent of all facilities either included community members in management meetings or had some routine activity for eliciting client feedback. Findings were similar for public facilities and GAHFs, but there were large variations among types of facilities and among provinces (Table 3.5).

Table 3.5 Management practices supporting community feedback and access to services

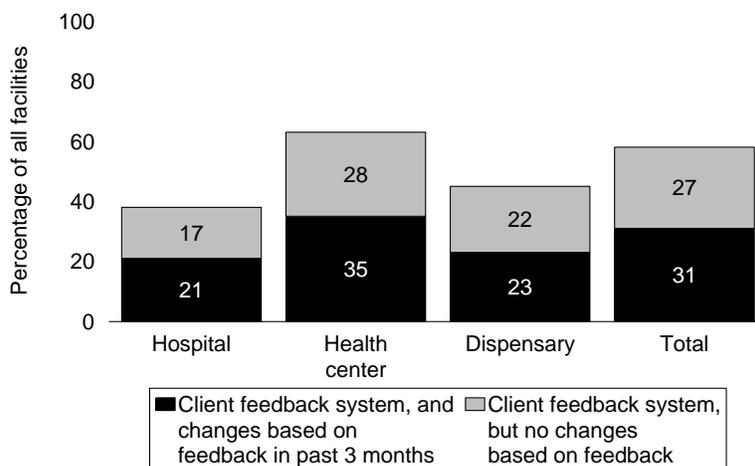
Percentage of facilities that have routine community participation in management meetings, percentage having a system of acquiring client opinion and feedback, percentage with either mechanism for obtaining community input, and percentage that participate in a social health insurance programs (“mutuelle de santé”), by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities: | | | | Number of facilities |
|----------------------------|---|---|--|--|----------------------|
| | Where community participation in management meetings is routine | With client feedback and review system ¹ | With either community participation or client feedback system ² | That participate in social health insurance programs | |
| Type of facility | | | | | |
| Hospital | 32 | 38 | 53 | 15 | 34 |
| Health center | 78 | 63 | 89 | 28 | 170 |
| Dispensary | 60 | 45 | 75 | 24 | 19 |
| Operating authority | | | | | |
| Public | 70 | 60 | 84 | 23 | 144 |
| GAHF | 69 | 54 | 79 | 29 | 79 |
| Province | | | | | |
| Butare | 59 | 56 | 66 | 63 | 26 |
| Byumba | 59 | 34 | 71 | 72 | 17 |
| Cyangugu | 62 | 66 | 87 | 8 | 14 |
| Gikongoro | 50 | 71 | 85 | 36 | 12 |
| Gisenyi | 84 | 52 | 95 | 0 | 21 |
| Gitarama | 80 | 76 | 93 | 48 | 27 |
| Kibungo | 79 | 81 | 91 | 0 | 19 |
| Kibuye | 82 | 68 | 94 | 6 | 16 |
| Kigali City | 79 | 73 | 85 | 15 | 17 |
| Kigali Ngali | 41 | 47 | 61 | 7 | 17 |
| Ruhengeri | 95 | 23 | 95 | 24 | 19 |
| Umutara | 48 | 47 | 61 | 0 | 17 |
| Total | 69 | 58 | 82 | 25 | 223 |

¹ Some mechanism for eliciting client feedback and documentation that there is a review of client feedback.

² Either community representation at management meetings or system for eliciting client feedback and reviewing feedback is in place.

Figure 3.6 Client feedback systems (N=223)



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3.2.4 Funding Mechanisms That Decrease Financial Barriers to Utilization of Health Services

Another means of improving appropriate utilization of services is to decrease out-of-pocket costs for using services. In Rwanda, the system for decreasing client out-of-pocket costs is a prepay social health insurance; commonly known as “mutuelle de santé,” this system is encouraged by the government and managed by the facilities. Patients, or families, join the social health insurance plan of participating facilities and pay a periodic premium. The premium is prorated according to client income. Under this system, when clients seek care at the facility, they pay a reduced fee. It is expected that facilities will be more responsive to client input, thus encouraging more clients to join the facility social health insurance plan.

As seen in Table 3.5, one-quarter of facilities participate in the social health insurance plan. Fewer hospitals (15 percent) have the plan than health centers (28 percent) or dispensaries (24 percent). GAHFs are more likely than public facilities (29 percent compared with 23 percent) to offer the plan to clients.

In later chapters, additional information is presented on clients’ out-of-pocket payments for ANC and sick child consultation services received and their participation in any health insurance program that might decrease or defer out-of-pocket expenses.

Key Findings

Systematic administrative and management support practices for facility services are widespread.

Most facilities hold routine management meetings, and more than half have documentation of recent meetings.

Thirty-three percent of facilities provide routine supervision and in-service education for health service providers.

Systems for eliciting community input for facility activities are widespread (at more than 80 percent of facilities).

Among all facilities, 31 percent reported making changes during the prior three months as a result of community feedback.

3.3 Logistics Systems for Vaccines, Contraceptives, and Medicines (Pharmaceutical Commodities)

To ensure that necessary medical commodities are available, a facility needs to ensure that commodities are stored under conditions that protect them from damage, that monitoring systems are adequate to minimize spoilage through expiration, and that resupply is timely. Specific components that were assessed to determine if logistic systems were sufficient for maintaining the quality and quantity of pharmaceutical commodities included the following:

- Adequate storage conditions;
- Storage of commodities by expiry date;¹⁰

¹⁰ Often the use and supply patterns for vaccines and medications result in all the current supplies having the same expiry date. In that case, it cannot be ascertained if the facility monitors and disburses according to expiry date. For

- Absence of expired commodities; and
- Up-to-date inventory records.

Information on storage conditions and stock management systems for vaccines, contraceptive methods, and medicines is presented in Table 3.6. Details for each element assessed for monitoring the vaccine storage cold chain are shown in Figure 3.7. Figure 3.8 provides details on the items assessed for the management system for the vaccine stock. Appendix Table A-3.8 provides further detail on vaccine for storage and stock management by operating authority and province. Figure 3.9 provides information on storage and stock management for contraceptive methods, and Figure 3.10 for medicines, with Appendix Table A-3.9 providing further detail for contraceptive methods and medicines by operating authority and province.

3.3.1 Storage and Management Systems for Vaccines

Vaccines must be stored at an appropriate temperature to maintain potency. To ensure that storage conditions are monitored for continuous safeguard of temperature, UNICEF policy is to monitor the temperature of a refrigerator (or cold box) at minimum twice daily and to record the temperature on a graph as proof of monitoring (WHO, 1998). For evidence of adequate storage conditions, facilities were assessed for 1) a functioning thermometer in the refrigerator; 2) a temperature of 0-8° centigrade¹¹ at the time of the survey; and 3) a completed temperature graph (completed twice a day) for the prior 30 days.

As noted in Table 3.6, among facilities that store vaccines, 54 percent had all components for quality monitoring and maintaining the storage temperature. Hospitals had the weakest systems, with only 29 percent having all components (compared with over half of all health centers and dispensaries). Documentation of monitoring the temperature was the most common weakness (Figure 3.7), while findings were similar for public facilities and GAHFs (Appendix Table A-3.8).

the purposes of the RSPA, if the supply was seen, but there was no variation in date for the supplies assessed, the facility is assumed to appropriately store and monitor by expiry date.

¹¹ This is the UNICEF recommendation for vaccine storage at the health center level.

Table 3.6 Storage conditions and stock monitoring systems for vaccines, contraceptives, and medicines

Among facilities that routinely store vaccines, percentage with adequate cold chain monitoring and stock monitoring systems and, among facilities storing medicines and clinical methods of contraception, percentage in which good storage conditions were observed and stock monitoring systems were in place, by facility type, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Vaccines | | | Contraceptive methods | | | Medicines | | |
|----------------------------|---|--|---------------------------------------|---|--|---|---|--|--|
| | Percent with adequate cold chain monitoring system ¹ | Percent with adequate system for monitoring and storing stock ² | Number of facilities storing vaccines | Percent with adequate system for storing methods ³ | Percent with adequate system for monitoring and storing stock ² | Number of facilities storing contraceptive methods ⁴ | Percent with adequate system for storing medicines ³ | Percent with adequate system for monitoring and storing stock ² | Number of facilities storing medicines |
| Type of facility | | | | | | | | | |
| Hospital | 29 | 29 | 7 | 91 | 47 | 11 | 79 | 32 | 34 |
| Health center | 55 | 26 | 162 | 86 | 47 | 115 | 80 | 43 | 170 |
| Dispensary | 54 | 32 | 16 | 79 | 27 | 14 | 72 | 31 | 19 |
| Operating authority | | | | | | | | | |
| Public | 53 | 25 | 119 | 86 | 48 | 110 | 81 | 42 | 144 |
| GAHF | 55 | 30 | 67 | 83 | 33 | 30 | 76 | 37 | 79 |
| Province | | | | | | | | | |
| Butare | 54 | 21 | 20 | 79 | 21 | 14 | 90 | 30 | 26 |
| Byumba | 46 | 29 | 15 | 83 | 50 | 12 | 77 | 50 | 17 |
| Cyangugu | 70 | 12 | 10 | 90 | 30 | 10 | 90 | 10 | 14 |
| Gikongoro | 46 | 23 | 11 | 89 | 22 | 9 | 93 | 43 | 12 |
| Gisenyi | 63 | 18 | 17 | 69 | 23 | 13 | 62 | 17 | 21 |
| Gitarama | 52 | 35 | 25 | 79 | 63 | 19 | 75 | 60 | 27 |
| Kibungo | 39 | 26 | 16 | 92 | 54 | 12 | 82 | 60 | 19 |
| Kibuye | 39 | 32 | 15 | 100 | 67 | 9 | 88 | 44 | 16 |
| Kigali City | 61 | 39 | 12 | 100 | 58 | 12 | 62 | 35 | 17 |
| Kigali Ngali | 66 | 25 | 14 | 92 | 43 | 14 | 80 | 47 | 17 |
| Ruhengeri | 62 | 38 | 18 | 90 | 43 | 14 | 88 | 58 | 19 |
| Umutara | 50 | 10 | 12 | 75 | 10 | 10 | 67 | 20 | 17 |
| Total | 54 | 27 | 185 | 86 | 45 | 140 | 79 | 40 | 223 |

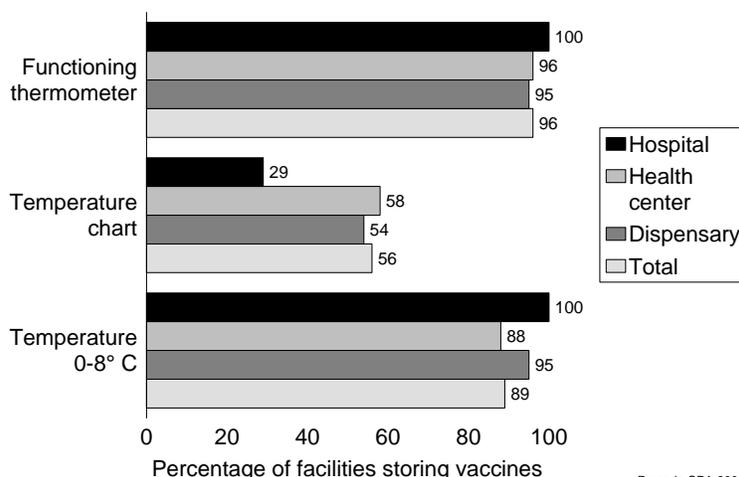
¹ Functioning thermometer in refrigerator, temperature chart up to date, and refrigerator temperature 0-8 degrees Celsius at time of survey.

² No expired items present, items stored by expiration date, up-to-date inventory available, and adequate cold chain monitoring system (vaccines) or storage practices (contraceptives and medicines).

³ Items are stored in dry location, off the ground, protected from water, sun, and pests.

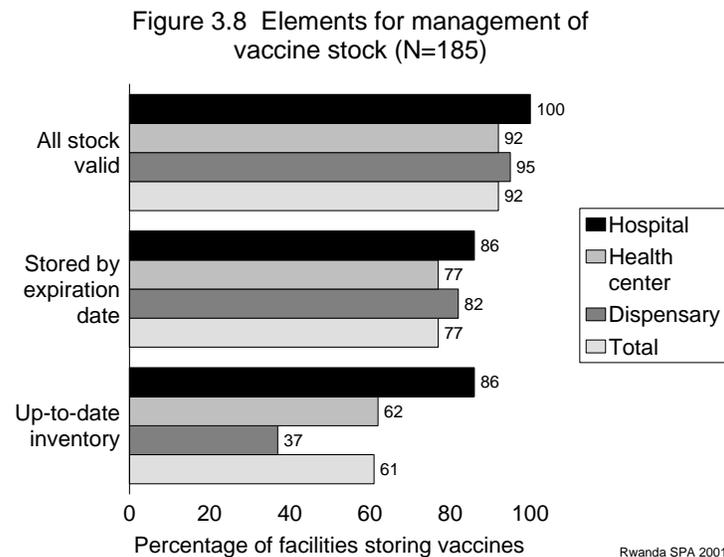
⁴ Data were missing for 17 facilities providing clinical methods of family planning.

Figure 3.7 Elements for monitoring vaccine storage conditions (N=185)



Rwanda SPA 2001

Expired vaccines were observed in 8 percent of health centers and 5 percent of dispensaries (Figure 3.8). No hospitals had expired vaccines present. The practice of storing vaccines by expiry date and maintaining an up-to-date inventory were not used systematically across facilities, with 77 percent of all facilities storing vaccines by expiry date and 61 percent having an up-to-date inventory. Stock management in hospitals was stronger than in health centers and dispensaries.



Overall, only 27 percent of facilities had all conditions for quality storage and stock management for vaccines (Table 3.6).

3.3.2 Storage and Management Systems for Contraceptive methods and Medicines

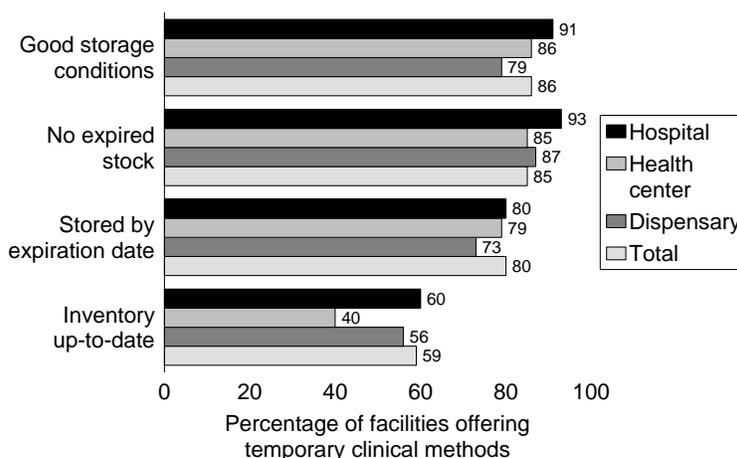
To prevent chemical deterioration and contamination, medications and contraceptives must be stored away from sunlight, under dry conditions, and must be protected from contamination by rodents.

In general, storage conditions for contraceptives were inadequate in 14 percent of facilities and for medicines in 21 percent of facilities (Table 3.6).

Evidence of well-functioning stock management systems for both contraceptives and medicines was weak. Expired contraceptives were found in 15 percent of facilities (Figure 3.9), with 12 percent of the facilities having expired condoms (data not shown). The percentage of facilities with expired medicines was similar, with 17 percent of facilities found to have at least one expired unit of the maternal, child, or reproductive health medicines that were assessed by the RSPA (Figure 3.10). Storage according to expiry date was found in only 80 percent of facilities with contraceptives and 71 percent of facilities with medicines. The presence of an up-to-date inventory was even lower, with only 59 percent of facilities having an up-to-date inventory for contraceptive methods and 73 percent having an up-to-date inventory for medicines.

Overall, 45 percent of facilities had all defined conditions for quality storage and stock management systems for contraceptive methods and 40 percent for medicines (Table 3.6). Public facilities were consistently noted to have more of the elements for good management of these commodities.

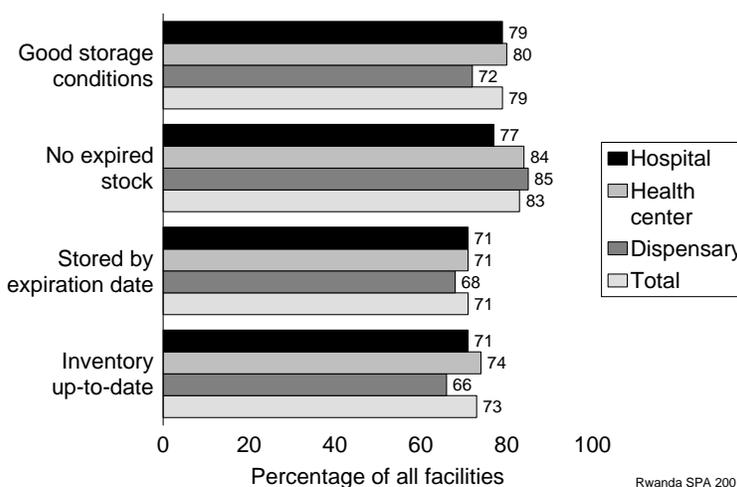
Figure 3.9 Elements for storing and managing contraceptive methods (N=157)



Note: Four facilities offering only natural methods are not included.

Rwanda SPA 2001

Figure 3.10 Elements for storing and managing medicine stock (N=223)



Rwanda SPA 2001

Key Findings

Monitoring the cold chain is not consistently documented in slightly less than half of all facilities.

Adequate storage conditions are lacking in 14 percent of facilities for contraceptive methods and in 21 percent of facilities for medicines.

Systems for monitoring stock for vaccines, contraceptives, and medicines are not consistent for more than 50 percent of facilities.

3.4 Systems for Preventing Transmission of Infection

“Universal precautions” is a term applied to infection prevention measures used to prevent cross-infection from blood and body fluids. The infection prevention measures are to be used by all health workers who may come into contact with blood or other body fluids, under the assumption that anyone may have an infectious condition that can be transmitted through these means unless measures are in place (CDC, 1987; JPIEGO, 2003).

The components of general infection prevention and universal precautions assessed by the RSPA were as follows:

- Facility-level capacity to process¹² and maintain the appropriate levels of disinfection of equipment;
- Infection-prevention items in relevant service delivery areas. These included 1) soap and water for hand-washing; 2) chlorine-based decontamination solution for immediate emersion of contaminated equipment that will be reused; 3) puncture-proof, covered containers for disposing of needles, blades, or other sharp items (sharps containers), to prevent injury and possible subsequent infection with HIV or hepatitis; and 4) clean gloves; and
- Safe disposal of contaminated (biohazardous) materials.

Table 3.7 summarizes information from the RSPA relating to the adequacy of infection prevention and hazardous waste control practices at the facilities surveyed. Figure 3.11 provides details on the highest level of processing (sterilization or high-level disinfecting [HLD] possible at facilities, Figure 3.12 provides details on the assessed components for supporting quality sterilization or HLD processing. Figure 3.13 provides information on the availability of equipment, knowledge of processing time, and an automatic timer for sterilizing or HLD processing, specifically for facilities where reusable syringes were observed. Figure 3.14 provides details on conditions for storing processed items, and Figure 3.15 provides details on items for infection prevention available in all assessed service delivery areas.

3.4.1 Capacity for Processing Equipment for Reuse

For syringes and most examination equipment, either sterilizing or HLD procedures are sufficient to prevent the spread of infection. To kill the spores that cause illnesses such as tetanus, however, either the dry sterilization or autoclave system (or less frequently used, chemical sterilization)¹³ is required. These systems are necessary for processing surgical equipment that will be reused, including blades and scissors used to cut an umbilical cord.

To properly process equipment, the used equipment should first be decontaminated (soaked in a 0.5 percent chlorine solution for at least 10 minutes) and then brush scrubbed with soap and water. The equipment must then be processed at the proper temperature for the proper time, it must be stored under sterile or HLD conditions (dry, stored in sterile wrapping or a sterile or HLD clasped box), and the date of sterilization should be indicated because sterility cannot be ensured after one week unless the item is also sealed in plastic.

The elements assessed for supporting consistent quality sterilization or HLD processing were 1) functioning equipment; 2) a power source for heat; 3) an automatic timer that indicates when the required

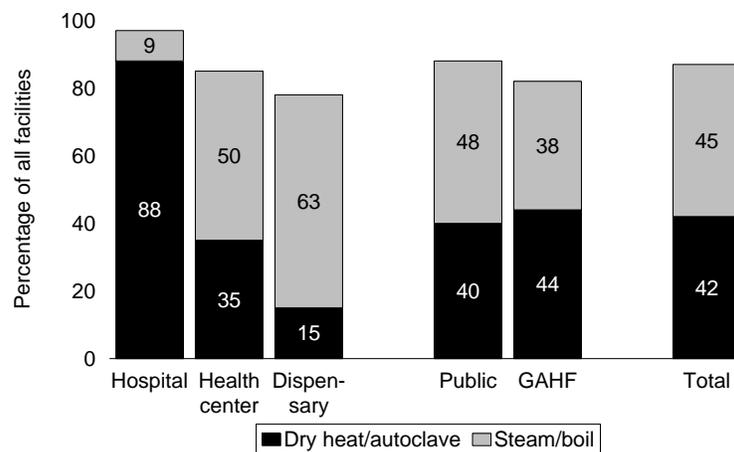
¹² Processing refers to either sterilization or high-level disinfecting procedures.

¹³ Formaldehyde or glutaraldehyde (Cydex).

amount of time has elapsed; and 4) a staff member who knows the proper processing time¹⁴ (and temperature, if relevant). In addition, the availability of other means for evaluating the quality of the procedure (such as temperature indicator tape) was assessed. Often, facilities process equipment differently depending on the size of the facility and the functional status of the equipment. Thus, the RSPA assessed the highest level capacity for a facility, rather than its stated “most common method.”

As noted in Figure 3.11, 88 percent of hospitals had functioning equipment for sterilizing items and an additional 9 percent had equipment for HLD procedures. Health centers (50 percent) and dispensaries (63 percent) were most likely to have equipment for HLD procedures. In total, 87 percent of facilities had functioning equipment for HLD procedures or sterilization. Chemical HLD procedures, where there was no other means for sterilization or HLD processing, were reported by only two health centers (data not shown).

Figure 3.11 Highest level of sterilization or HLD for which there is functioning equipment (N=223)



Rwanda SPA 2001

Forty-two percent of facilities (71 percent of hospitals and fewer than half of health centers or dispensaries) had functioning equipment (including a power source for heat), an automatic timer (either a part of the equipment or separate), and knowledge of sufficient time and temperature for processing equipment (Table 3.7 and Figure 3.12). This does not necessarily mean that the other facilities do not follow proper procedures, because it is possible that the staff who process equipment were not present the day of the survey, and careful staff may use a watch to time processing. However, for any assurance that procedures will be systematically followed so that equipment is consistently processed correctly, passive means for ensuring adherence to proper procedures (e.g., if knowledgeable staff are not present, having written procedures that can be accessed for correct processing times and temperatures and having a timer that can be set to indicate when the necessary time has elapsed) are important.

When asked about how needles and syringes are processed for reuse, 52 percent of all facilities reported they used one-time only (disposable) needles and syringes (Figure 3.13). Hospitals were more likely than health centers and dispensaries (85 percent compared with 47 percent or less) to use only disposable syringes. Public facilities (57 percent), were more likely than GAHFs (43 percent) to report using only disposable syringes and needles. Because almost half of all facilities reported that they sometimes reuse syringes and needles, the capacity of these specific facilities to ensure HLD procedures was assessed. It

¹⁴ If equipment automatically set the temperature or time, this was acceptable even if the staff could not tell how long the processing took or the temperature for processing.

was notable that, among all facilities, 48 percent reported sometimes reusing syringes but only 16 percent that used reusable syringes had the items to support routine quality HLD processing (equipment, automatic timer, and knowledge of processing time) (Figure 3.13), thus potentially increasing the risk of exposure of clients receiving injectable medications to hepatitis and HIV/AIDS.

Figure 3.12 Components to support quality sterilization or HLD (N=223)

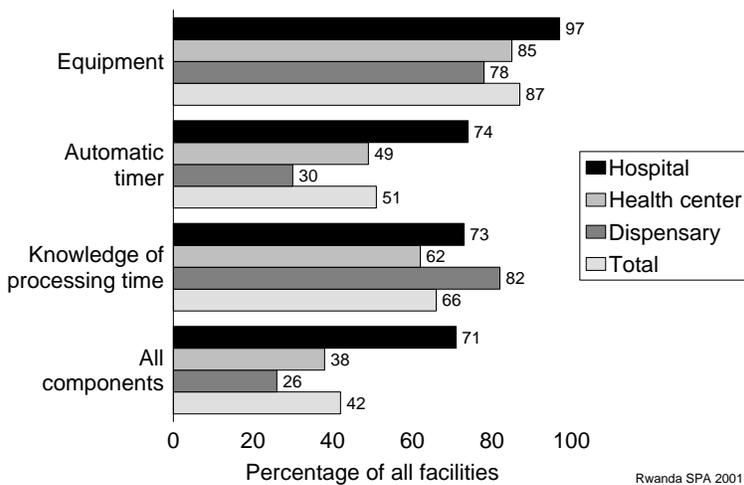
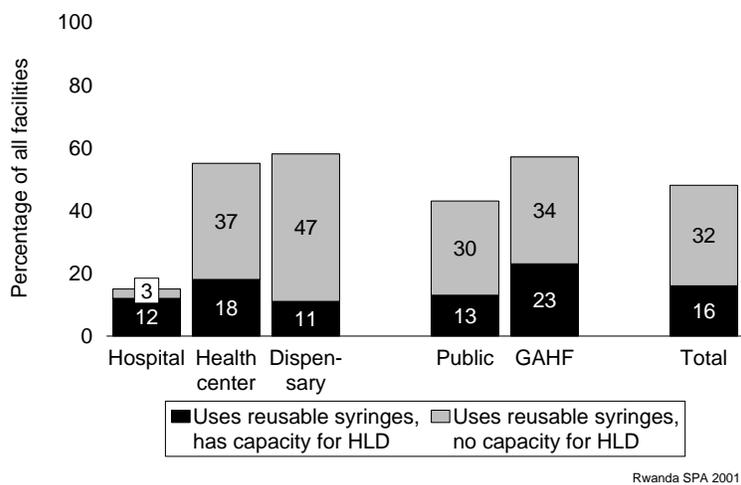


Figure 3.13 Percentage of facilities reporting use of reusable syringes and capacity for appropriate HLD processing (N=223)



The storage conditions that must be observed to maintain the level of cleanliness needed for use includes 1) storing items in a dry location; 2) either wrapping them in sterile cloth or placing them in a sterile or HLD box that clasps shut;¹⁵ and 3) writing the date of processing on the item, because the sterility cannot be ensured after one week, unless the item is also sealed in plastic. Other common storage procedures that may be accepted practice in some settings (such as keeping unwrapped items in an autoclave or keeping them on a tray covered with a clean cloth) may not ensure that the items maintain their sterile/HLD status.

¹⁵ Storing items in an autoclave and wrapping in sterile cloth without sealing tape were accepted procedure for the RSPA. Storing items unwrapped, on a tray under a clean cloth, was not accepted.

Only 55 percent of facilities had any items that had been processed and not yet used. Among these facilities, almost nine of ten facilities had conditions that were adequate for maintaining HLD or higher level of cleanliness, but only one of three facilities had any written date of when the equipment was processed (Figure 3.14). Hospitals were more likely to store and date processed items following good quality procedures. Documenting processing date, although important for maintaining quality, may have less practical importance in small facilities where items are routinely processed and used either the same day or within a few days. Table 3.7 provides information on adequate storage of processed items by province and operating authority.

| Table 3.7 Infection prevention and hazardous waste control | | | | | | |
|--|---|--|---|----------------------|--|--|
| Percentage of facilities that have capacity for quality HLD or sterilization of equipment, all infection prevention items in service delivery areas assessed by the RSPA, an adequate waste disposal system, and percentage with quality storage system for sterilized or HLD items, by type of facility, operating authority, and province, Rwanda SPA 2001 | | | | | | |
| Background characteristic | Percentage of facilities with: | | | | | |
| | Capacity for proper sterilization or HLD process ¹ | All relevant infection prevention items in service delivery areas ² | Adequate waste disposal system ³ | Number of facilities | Percentage of facilities with sterile storage conditions and processing dates on sterilized items ⁴ | Number of facilities with stored and processed items |
| Type of facility | | | | | | |
| Hospital | 71 | 27 | 53 | 34 | 62 | 29 |
| Health center | 38 | 21 | 55 | 170 | 21 | 85 |
| Dispensary | 26 | 32 | 39 | 19 | 11 | 8 |
| Operating authority | | | | | | |
| Public | 44 | 17 | 49 | 144 | 25 | 72 |
| GAHF | 39 | 33 | 62 | 79 | 37 | 50 |
| Province | | | | | | |
| Butare | 40 | 47 | 49 | 26 | 41 | 20 |
| Byumba | 45 | 17 | 27 | 17 | 20 | 5 |
| Cyangugu | 46 | 6 | 55 | 14 | 43 | 9 |
| Gikongoro | 58 | 36 | 71 | 12 | 10 | 9 |
| Gisenyi | 53 | 5 | 45 | 21 | 46 | 9 |
| Gitarama | 40 | 13 | 72 | 27 | 21 | 15 |
| Kibungo | 53 | 12 | 65 | 19 | 21 | 12 |
| Kibuye | 40 | 18 | 68 | 16 | 40 | 10 |
| Kigali City | 48 | 44 | 46 | 17 | 24 | 10 |
| Kigali Ngali | 54 | 66 | 40 | 17 | 11 | 9 |
| Ruhengeri | 16 | 0 | 35 | 19 | 19 | 5 |
| Umutara | 20 | 13 | 67 | 17 | 48 | 9 |
| Total | 42 | 23 | 53 | 223 | 30 | 122 |

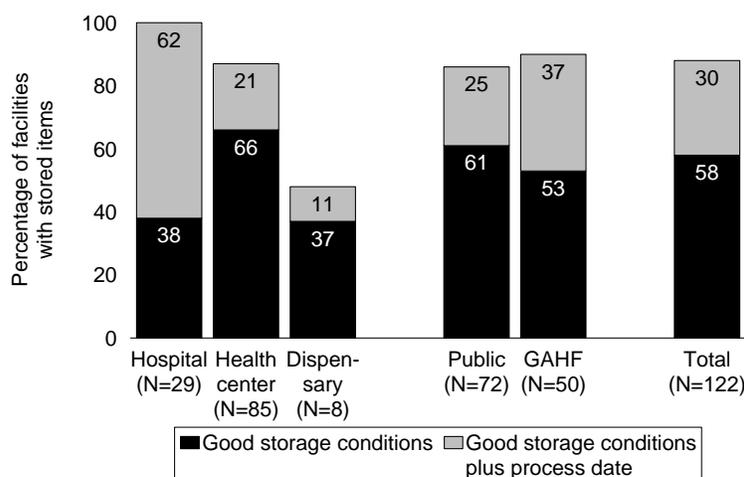
¹ Processing area has functioning automatic timer, functioning equipment and power source for method, and reports the correct processing time and temperature (if applicable). Only facilities not meeting the criteria for sterilizing or steam/boil HLD procedures were assessed for meeting the chemical HLD procedures criteria. Among these, only two health centers knew the proper processing time and had a timer. These facilities are included as having capacity.

² Soap and water in all areas, sharps box in all areas (except consultation for sick child), disinfecting solution and clean gloves in family planning, antenatal care, delivery, and STI service delivery areas.

³ Final disposal is incinerator, burial, or removal off site, and waste is not visible or is kept under protected conditions.

⁴ Items are wrapped and sealed with TST (time, steam, and temperature sensitive) tape, or items are in sterile container with clasp, and processing date is recorded.

Figure 3.14 Facilities with stored sterile or HLD items (N=122)



Rwanda SPA 2001

3.4.2 Infection Prevention and Hazardous Waste Control in Service Delivery Area

Nosocomial infections (infections that are contracted from the health facility) are always possible and complicate care giving for any health system. Prevention measures and constant vigilance are needed. To make a reasonable assumption that providers can wash their hands before and after seeing each client, soap and water must be in the immediate vicinity of the area where patients are being seen. Knowing that a facility has water does not provide any indication as to whether it is in a location convenient to service providers. For example, it is unlikely that providers will go to a water pump or tap outside of the building between clients. Because of the frequency with which even inside piped water systems malfunction because of seasonal fluctuations in water or maintenance problems, the presence of soap and water in each service area must be ensured. In addition, where relevant, service delivery areas must have a sharps box (to decrease injury and inadvertent exposure to hepatitis or HIV if stuck or cut), mixed chlorine-based disinfecting solution (for placing reusable contaminated equipment, such as speculums and minor surgical equipment), and clean gloves.

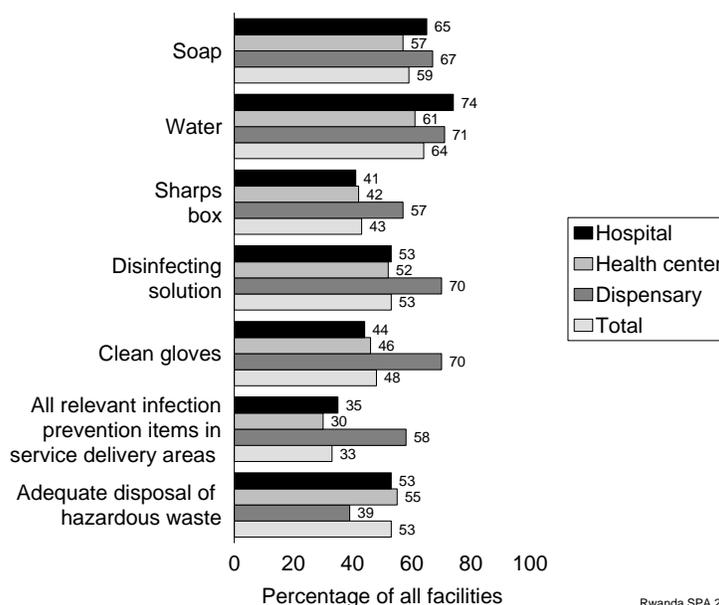
Contaminated waste includes items such as bandages, used cotton balls, needles, syringes, and so forth that may be contaminated by blood or other biological waste that might be infectious if touched. The most effective means for disposal is incineration and subsequent burial of the remains. Burying items in deep pits is also an effective means of disposal. The most important issue is verifying that there is a process for disposal that eliminates the possibility of contamination through contact. If the waste is visible and not protected from animals or people, either before or after processing, this increases the chances that people can inadvertently come in contact and risk subsequent infection.

Only 59 percent of facilities had soap and 64 percent had water in all service delivery areas where maternal, child, or reproductive health services were being provided the day of the survey. All relevant items¹⁶ for basic infection prevention were available in only 23 percent of all facilities. The situation was somewhat better in dispensaries (32 percent) than in hospitals (27 percent) or health centers (21 percent). Except for hazardous waste disposal, dispensaries performed better in all categories for infection prevention (Figure 3.15). One explanation for hospital weakness with regard to infection control measures being instituted in all service delivery areas is that, for large, busy facilities (such as the hospital

¹⁶ Soap and water in all areas, sharps box in all areas (except consultation for sick child), and disinfecting solution and clean gloves in family planning, ANC, delivery, and STI service delivery areas.

outpatient department), services are often delivered in many different locations thus requiring duplication of infection prevention facilities. Dispensaries typically have only one area where all services are delivered. The supplies and systems required to ensure that multiple service locations continuously adhere to infection prevention procedures requires more of an effort from management than that needed to ensure that one area is prepared. GAHFs were more likely than public facilities to have all of the items for infection prevention in each service delivery area (Table 3.7). There was no particular infection prevention item that was more often lacking than others; rather, one item or another was missing in approximately half of the facilities.

Figure 3.15 Infection prevention items in all assessed service delivery areas and facility hazardous waste control (N=223)



Slightly more than half of hospitals and health centers both used an adequate process for disposal of contaminated waste and had no waste visible and unprotected on the day of the survey, while only 39 percent of dispensaries had both of these elements for adequate disposal of waste (Table 3.7).

Key Findings

Means for prevention of infection are not consistently available and systems for quality processes are not systematically applied.

Thirteen percent of facilities (3 percent of hospitals) had no functioning equipment for HLD or sterilizing items; 12 percent of hospitals, although having equipment for HLD, did not have crucial (or essential) equipment for sterilization.

Support for consistent adherence to good quality disinfecting procedures (equipment, timer, knowledge or a reference for the time required for processing) were lacking in more than half of the facilities (and 29 percent of hospitals).

Capacity to adhere to infection prevention measures, at the service delivery setting, was weak, with similar proportions of relevant items (soap and water, sharps box, disinfectant solution, gloves) missing at different facilities. Only 23 percent of all facilities were able to meet the infection prevention measures for all service delivery areas.

4.1 Background

4.1.1 SPA Approach to Collection of Child Health Information

According to the World Health Organization (WHO), many sick children who are brought to the attention of health providers do not receive adequate assessment and treatment (WHO, 1999b). It is not uncommon for a provider to treat the symptom that is most evident, without conducting a full assessment of the health status of the child. One result of this practice is that often the underlying cause of an illness or other existing health problem is overlooked. For this reason, WHO and other agencies developed the strategy of integrated management of childhood illnesses (IMCI). The strategy promotes using every visit to a health care provider as an opportunity not only to conduct a full assessment of the child's current health and possible underlying problems, but also to provide preventive interventions such as immunization and growth monitoring (for early detection of faltering growth) to prevent or minimize progression to illness.

The RSPA uses the IMCI guidelines as the basis for assessing child health services and uses the national Expanded Program for Immunization (EPI) policy as the basis for assessing childhood immunization services.

This chapter uses information obtained in the RSPA to address four central questions:

1. What is the availability of services relevant to child health at the facilities surveyed in the RSPA?
2. To what extent do facilities offering immunization services for children have the capacity to support quality vaccination services?
3. To what extent do the health facilities providing consultation services for sick children have the capacity to support quality services in adherence to IMCI guidelines?
4. To what extent is there evidence that health workers involved in caring for sick children are adhering to standards for quality service provision?

4.1.2 Health Situation of Children in Rwanda

Vaccine coverage: The immunization program (EPI) under the Ministry of Health is aimed at ensuring that all children receive the following vaccinations: BCG, measles, and three doses each of DPT and polio vaccine, before they are one year old. In January 2001, a vaccine against hemophilus influenza and hepatitis B was introduced in Rwanda.

The results of the Enquête Démographique et de Santé Rwanda 2000 (EDSR-II) indicated that 76 percent of children age 12-23 months had received vaccinations for the six major preventable childhood diseases (tuberculosis, polio, diphtheria, pertussis, tetanus, and measles). Only 2 percent of infants had not received any vaccinations. However, this level of immunization coverage represented a substantial decrease from the level reported in the EDSR-I in 1992 (87 percent).

Childhood illness: The EDSR-II found a high level of mortality among children under five (196 deaths per 1,000 live births). It also provided household-based child mortality data and information on illnesses and health service utilization during the two weeks preceding the household visit for the survey. Key findings of that part of the survey include the following:

- Twenty-one percent of children under five had symptoms of acute respiratory infection (ARI) during the two-week period. Reported ARI illnesses were highest for children 6-11 months and children in rural households.
- Among children for whom symptoms of ARI were reported, only 15 percent had been taken to any health service provider for consultation on the illness.
- Three in ten children under five were reported to have had a fever during the two weeks before the survey. More than half of children who had fever (53 percent) did not receive any treatment.
- Fever is one of the symptoms of malaria, a major health issue in Rwanda. The majority of children with fever who received any treatment were treated for the fever (aspirin or paracetamol, 68 percent); about one-fourth received an antimalarial (chloroquine, 11 percent; quinine, 10 percent; and Fansidar, 3 percent)
- Few households (7 percent) had mosquito nets to prevent malaria.
- Seventeen percent of children under five were reported to have had one or more episodes of diarrhea during the two weeks preceding the survey. The prevalence of diarrhea was particularly high among children age 6-23 months (29 percent) and rural children (18 percent).

4.2 Availability of Child Health Services

Table 4.1 summarizes information on the availability of child health services for outpatient consultation for sick children, routine childhood immunization services (EPI), and routine growth monitoring services. Appendix Table A-4.1 provides additional detail.

| Table 4.1 Availability of child health services | | | | | |
|--|--|-------------------|------------------------|---------------------------------|----------------------|
| Percentage of facilities offering outpatient consultation services for sick children, growth monitoring services, child immunization services, and all three services, by type of facility, operating authority, and province, Rwanda SPA 2001 | | | | | |
| Background characteristic | Percentage of facilities that provide: | | | | Number of facilities |
| | Consultation for sick children | Growth monitoring | Childhood immunization | All basic child health services | |
| Type of facility | | | | | |
| Hospital | 59 | 32 | 29 | 27 | 34 |
| Health center | 99 | 88 | 100 | 88 | 170 |
| Dispensary | 100 | 96 | 100 | 96 | 19 |
| Operating authority | | | | | |
| Public | 94 | 79 | 90 | 77 | 144 |
| GAHF | 91 | 83 | 89 | 83 | 79 |
| Province | | | | | |
| Butare | 88 | 72 | 85 | 72 | 26 |
| Byumba | 100 | 88 | 88 | 88 | 17 |
| Cyangugu | 79 | 56 | 72 | 56 | 14 |
| Gikongoro | 92 | 85 | 92 | 85 | 12 |
| Gisenyi | 100 | 77 | 91 | 77 | 21 |
| Gitarama | 96 | 93 | 93 | 93 | 27 |
| Kibungo | 95 | 91 | 90 | 86 | 19 |
| Kibuye | 100 | 88 | 94 | 88 | 16 |
| Kigali City | 94 | 87 | 94 | 81 | 17 |
| Kigali Ngali | 88 | 54 | 88 | 54 | 17 |
| Ruhengeri | 95 | 83 | 95 | 83 | 19 |
| Umutara | 81 | 81 | 88 | 81 | 17 |
| Total | 93 | 80 | 89 | 79 | 223 |

Eight in ten facilities offer the three essential preventive and curative child health services assessed by the RSPA. Health centers and dispensaries are more likely than hospitals to offer all of these services. For

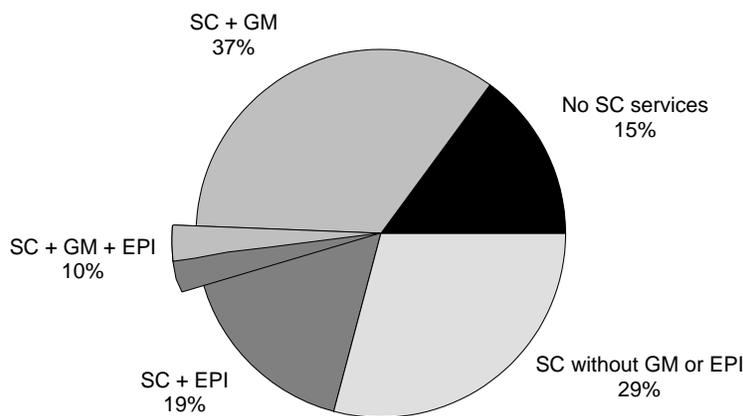
example, 96 percent of dispensaries offer all child health services compared with 27 percent of hospitals. This is because outpatient services are provided primarily by dispensaries and health centers and not by hospitals when they are located adjacent to one another. Almost all dispensaries and health centers offer sick child services and child immunization services, with a slightly smaller proportion offering growth monitoring services (88 percent of health centers and 96 percent of dispensaries). Overall, government-assisted health facilities (GAHF) are more likely than public health facilities to offer the full range of services (83 percent compared with 77 percent).

Almost all facilities providing sick child services offer this service at least five days per week, with 79 percent providing the service seven days per week (Appendix Table A-4.1). Routine EPI and growth monitoring services are available less frequently. For example, 72 percent of the facilities reported that EPI services were offered two days per week and 19 percent three days per week (data not shown); findings were similar for growth monitoring.

Because IMCI standards require that vaccines be available if needed and that child growth assessment be conducted on sick children, facilities where EPI and growth monitoring services are not routinely offered on the day the sick child is seen must take specific measures to ensure the child receives these services. Thus, it is helpful to know what proportion of facilities routinely offer all three services on any given day.

The RSPA indicated that, among facilities that provide any child health care, 85 percent were offering sick child services on the day of the survey but only 10 percent were offering sick child, EPI, and growth monitoring on that day. More facilities (37 percent) were offering both sick child and growth monitoring services than sick child and EPI services (19 percent) (Figure 4.1). Therefore, unless facilities had special measures to ensure these services were available, adherence to the IMCI standards was unlikely.

Figure 4.1 Availability of child health services the day of the survey, among facilities offering sick child (SC) services, growth monitoring (GM), and immunization (EPI) (N=206)



Rwanda SPA 2001

4.3 Capacity to Provide Quality Immunization Services

The following section addresses elements that are important for quality immunization services. They include the following:

- Capacity to maintain the quality of vaccines;
- Availability of all vaccines;

- Availability of equipment and supplies for vaccination session; and
- Availability of administrative components for monitoring immunization activities.

Table 4.2 provides a summary of the components necessary for quality immunization services that were present on the day of the survey in facilities that provide routine EPI services. Appendix Table A-3.8 provides details on the cold chain for storing vaccines. Appendix tables A-4.2 and A-4.3 provide details on availability of vaccines and equipment for providing vaccination services.

| Table 4.2 Health system components required for childhood vaccination services | | | | | | | |
|---|---|---|--|--|---------------------------|---|---|
| Percentage of facilities offering child vaccination services that have all equipment, items for infection prevention, and records indicating good administrative practices, by type of facility, operating authority, and province, Rwanda SPA 2001 | | | | | | | |
| Background characteristic | Percentage of facilities offering child vaccination services that have: | | | | | | |
| | All equipment ¹ | All items for infection prevention ² | Administrative components ³ | All equipment, items for infection prevention, and administrative components | All vaccines ⁴ | All equipment, items for infection prevention, administrative components, and vaccines ⁵ | Number of facilities offering child immunizations at the facility |
| Type of facility | | | | | | | |
| Hospital | 100 | 80 | 30 | 30 | 100 | 30 | 10 |
| Health center | 71 | 74 | 40 | 24 | 81 | 20 | 170 |
| Dispensary | 62 | 64 | 28 | 16 | 84 | 16 | 19 |
| Operating authority | | | | | | | |
| Public | 69 | 71 | 33 | 17 | 78 | 12 | 129 |
| GAHF | 77 | 77 | 50 | 35 | 90 | 35 | 70 |
| Province | | | | | | | |
| Butare | 85 | 92 | 39 | 27 | 82 | 15 | 22 |
| Byumba | 81 | 52 | 19 | 19 | 67 | 13 | 15 |
| Cyangugu | 94 | 61 | 39 | 20 | 80 | 20 | 10 |
| Gikongoro | 85 | 77 | 46 | 38 | 75 | 30 | 11 |
| Gisenyi | 47 | 61 | 13 | 5 | 90 | 5 | 19 |
| Gitarama | 70 | 78 | 70 | 44 | 96 | 39 | 25 |
| Kibungo | 47 | 64 | 55 | 27 | 71 | 23 | 17 |
| Kibuye | 79 | 81 | 40 | 26 | 93 | 26 | 15 |
| Kigali City | 53 | 77 | 49 | 26 | 93 | 20 | 16 |
| Kigali Ngali | 84 | 100 | 30 | 30 | 100 | 30 | 15 |
| Ruhengeri | 76 | 62 | 24 | 6 | 61 | 6 | 18 |
| Umutara | 77 | 62 | 31 | 8 | 67 | 8 | 15 |
| Total | 72 | 73 | 39 | 23 | 82 | 20 | 199 |

¹ Blank immunization cards, syringes and needles, and cold box with ice packs (or facility reports purchasing ice).
² Soap, water (any source), and sharps container.
³ Up-to-date register of vaccinations provided and documentation of community immunization coverage.
⁴ Routine child vaccines are BCG, DPT, polio, and measles. Seven of 15 facilities that do not routinely store vaccines had all vaccines present the day of the survey.
⁵ Fifteen facilities that do not routinely store vaccines, but that collect vaccines on the day of service, are included in this aggregate. One facility that stores vaccines (e.g., for distribution to other facilities) but does not offer child immunization services is excluded from this aggregate.

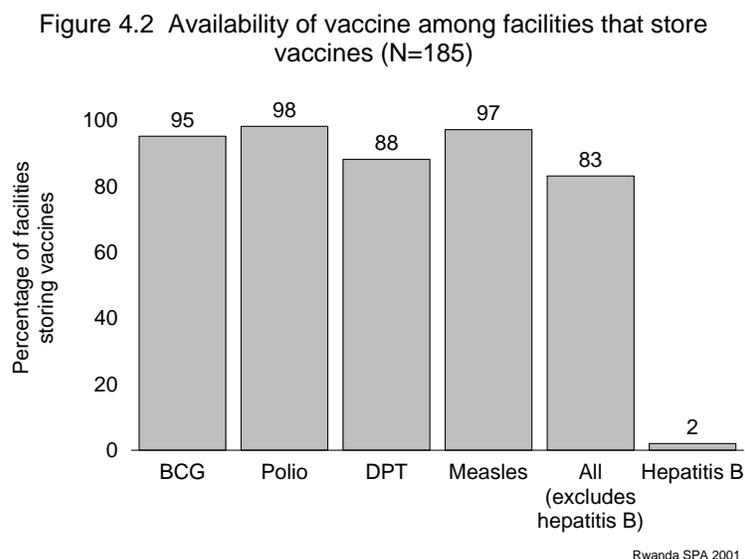
4.3.1 Capacity to Maintain the Quality of Vaccines

Among facilities that offer routine child immunization services, 95 percent had equipment for routine storing of vaccines (data not shown). This makes it possible for vaccines to be available 24 hours a day in the facilities. Lack of electricity or other fuel to maintain the cold chain is a common reason for a facility not to store vaccines. If a facility cannot store vaccines, it must collect the vaccines from a central location and maintain their temperature using ice packs and mobile vaccine carriers the days of service.

This results in limited ability to offer child vaccinations because the vaccines can be kept viable this way for only one or two days with any confidence that the cold chain has been maintained. As shown in Table 3.6, only 54 percent of facilities storing vaccines had all elements for adequately monitoring the cold chain, and only 27 percent had all elements for monitoring and storing the stock.

4.3.2 Availability of Vaccines

In facilities that both offer child immunization services and store vaccines, information was collected on the availability of vaccines for the six major childhood diseases. These vaccines are BCG (for tuberculosis), oral polio vaccine (OPV), diphtheria-pertussis-tetanus (DPT), and measles vaccine. All the vaccines were available in 83 percent of the facilities (100 percent of the hospitals, 83 percent of the health centers, and 88 percent of the dispensaries) that routinely store vaccines (Figure 4.2 and Appendix Table A-4.2). BCG and DPT were the vaccines most often not available. Because immunization against hepatitis is not a routine component of EPI in Rwanda, it is not yet widely available, with only 2 percent of facilities having the vaccine on the day of the survey. Appendix Table A-4.2 also shows the differences in the availability of vaccines by type of facility and province.

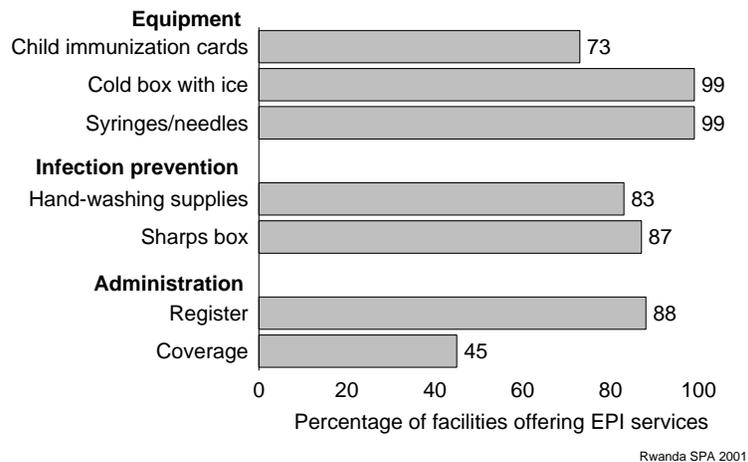


4.3.3 Availability of Equipment and Supplies for Vaccination Sessions

Figure 4.3 provides information on the availability of materials for providing quality immunization services. Individual child immunization cards are an integral part of immunization services and child health services and, therefore, should be available wherever child immunizations are provided. Although child immunization cards were available in all hospitals, they were available in only 72 percent of health centers and 66 percent of dispensaries (Appendix Table A-4.3).

During vaccination sessions, vaccines are frequently stored in portable cold boxes to maintain the temperature of vaccines that are being used and to avoid the need for frequent opening of freezers and refrigerators. Almost all of the facilities offering child immunization services had cold boxes and ice packs for transporting vaccines and for maintaining the cold chain during vaccination sessions (Figure 4.3).

Figure 4.3 Availability of materials for a quality EPI program among facilities offering EPI services (N=199)



Although almost all facilities had disposable syringes and needles available (99 percent), 36 percent also had reusable syringes and needles available. Dispensaries, health centers, and government-assisted health facilities were more likely to have reusable syringes and needles.

The standard of the MoH is that all health facilities should have the means to control and prevent infections when providing immunization services. Eight in ten facilities had soap and water for washing hands in the service delivery area. Hospitals were more likely than health centers and dispensaries to have these items (90 percent compared with 84 percent or less). GAHFs were also more likely than public facilities to have hand-washing facilities in the immunization service area (90 percent and 79 percent, respectively). Overall, 87 percent of facilities had a container to keep sharp implements in the service area, with only small differences between different facility types and operating authority (Appendix Table A-4.3).

Although it is likely that the reusable syringes and needles observed are leftover stock not routinely used (because facilities also had disposable syringes), it is important to know whether facilities have the capacity to disinfect reusable materials properly if they are used. Among facilities with reusable syringes and needles for immunization, 14 percent did not have functioning equipment for HLD procedures, and 37 percent did not have all components to support good quality processing (functioning equipment, automatic timer, and knowledge of processing time) to sterilize or achieve HLD status (data not shown).

4.3.4 Availability of Administrative Components for Monitoring Immunization Activities

Figure 4.3 shows that nine in ten facilities (88 percent) had an up-to-date register for documenting vaccination activities. Again, GAHFs were more likely than public facilities to maintain a register (94 percent compared with 84 percent) (Appendix Table A-4.3).

According to MoH standards, all facilities should monitor immunization coverage for their catchment area. Measures often used for monitoring problems with immunization coverage include the DPT dropout rate (the difference between the number of children who receive the first dose of DPT and the number of those who completed the three doses of DPT) and vaccine coverage rates (the percentage of eligible children who have been fully immunized with a specific vaccine, or with all vaccines). Measures of immunization coverage require an estimate of a target population. The RSPA specifically assessed whether the DPT dropout rate or measles coverage information was available. Less than half of the

facilities had documentation that they monitored either DPT dropout or measles coverage (Figure 4.3). GAHFs were more likely than public facilities to monitor the DPT dropout rate or population-based coverage rates (50 percent and 42 percent, respectively). Monitoring of coverage was documented in 46 percent of health centers and 39 percent of dispensaries. Only three in ten hospitals had records indicating they monitor immunization coverage (Appendix Table A-4.3). Because the catchment area of hospitals is often an aggregate of catchment areas of dispensaries and health centers, not all hospitals that provide child immunizations have a target population for which they should monitor coverage. It is also not uncommon for a public health department external to the hospital to monitor the total coverage for an area that aggregates information from numerous facilities. Thus, while hospitals may store vaccines and immunize children, they may not have a target population for which they are responsible for immunization and may not monitor coverage.

Seventy-two percent of all facilities that provide child immunizations had all the necessary equipment, and 73 percent had soap and water for washing hands in the immunization service area. However, only 39 percent had the administrative records necessary for monitoring the immunization services. In total, excluding vaccines, only 23 percent of facilities had all the equipment, infection control, and administrative support in place to provide quality immunization services. The capacity to provide quality immunization services was higher in GAHFs than in public facilities (35 percent and 17 percent, respectively). When availability of all routine childhood vaccines was added to the capacity criteria, GAHFs continue to perform better than public facilities, with 35 percent having all elements compared with 12 percent (Table 4.2).

Key Findings

Although nine in ten facilities offering child health services store vaccines, only 19 percent were offering vaccination services on the day of the survey. The majority of the facilities reported that they offer vaccination services only three or less days per week.

The lack of essential vaccines, blank immunization cards, maintenance of service registers, and monitoring of coverage indicate the absence of an effective management system in numerous facilities. GAHFs are more likely to have all of the components, permitting them to offer better quality vaccination services.

Despite having disposable syringes and needles, reusable syringes are present in facilities that are incapable of sterilizing them adequately for reuse.

4.4 Capacity to Provide Quality Consultation Services for Sick Children

To improve the diagnosis of illness and to minimize missed opportunities to provide preventive interventions, IMCI standards recommend that the following be part of any consultation for a sick child:

1. Assessing immunization status and providing vaccines that are due;
2. Assessing nutritional status;
3. Assessing complete current health status;
4. Ensuring that the child receives the first dose of any antibiotic at the facility and leaves the facility with the necessary medications; and
5. Ensuring that the caretaker knows how to administer the necessary medications or treatments and knows about appropriate foods and how much the child needs both during this sickness and when not sick.

The RSPA assessed the availability of equipment, supplies, and health system components necessary to adhere to IMCI guidelines and to support quality consultation services for sick children (WHO, 1999b; WHO, 2001a). Elements that were assessed were as follows:

- Infrastructure and resources to support quality of care;
- Equipment and supplies for assessing the sick child;
- Essential medicines for sick child services; and
- Management practices supportive of quality child health services.

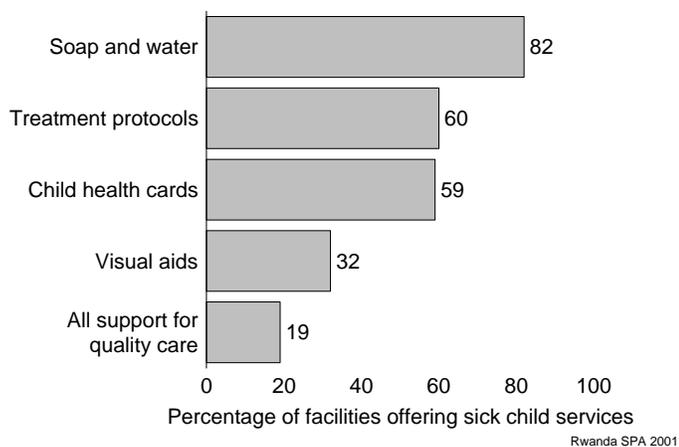
Table 4.3 summarizes key indicators relating to equipment and supplies. Additional detail can be found in Figures 4.4-4.8 and in Appendix Tables A-4.4 and A-4.5.

4.4.1 Infrastructure and Resources to Support Quality of Sick Child Services

Figure 4.4 summarizes information on the availability of infrastructure and resource items considered basic to providing quality counseling services for sick children. Among facilities offering sick child services, 82 percent had soap and water in the service delivery area, and six in ten had treatment protocols or guidelines in the delivery area for use during consultations. GAHFs were more likely than public facilities to have treatment protocols in the service delivery area (72 percent compared with 54 percent). The IMCI program has been introduced throughout Rwanda, and 37 percent of the facilities had IMCI protocols or standards available (Appendix Table A-4.4).

Use of individual child health records is important for continuity of care. Because many facilities do not keep child health records, but rather give them to the caretaker to maintain, the RSPA assessed whether blank cards (for use with new clients) were available. New individual child health cards were available at 59 percent of facilities (Figure 4.4).

Figure 4.4 Availability of items to support quality counseling services for sick children among facilities offering sick child services (N=206)



Visual aids and other materials for providing health education were not frequently found. Only 32 percent of facilities had any visual aids or other materials to support provision of health education to caretakers. These materials are more likely to be available in health centers (35 percent) and dispensaries (26 percent) than in hospitals (20 percent) (Appendix Table A-4.4).

Only 19 percent of facilities had all items (soap and water, child health cards, treatment protocols, and visual aids) to support quality sick child services (Table 4.3). Hospitals and health centers were more likely (20 percent each) to have all items to support quality of services for sick children, than dispensaries (11 percent). A higher proportion of GAHFs (35 percent) than public facilities (11 percent) had all items.

Table 4.3 Essential components to support quality consultation services for sick children

Percentage of facilities offering consultations services for sick children that have all items to support quality of services, all items for assessments and preventive interventions, and all basic and all prereferral medications, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities offering consultation services for sick children that have: | | | | Number of facilities offering sick child services |
|----------------------------|--|---|---------------------------|---------------------------|---|
| | All equipment and supplies to support quality of services ¹ | All items for assessments and preventive interventions ² | All essential medications | | |
| | | | First-line ³ | Pre-referral ⁴ | |
| Type of facility | | | | | |
| Hospital | 20 | 10 | 90 | 95 | 20 |
| Health center | 20 | 11 | 87 | 69 | 167 |
| Dispensary | 11 | 21 | 67 | 26 | 19 |
| Operating authority | | | | | |
| Public | 11 | 7 | 85 | 66 | 135 |
| GAHF | 35 | 21 | 86 | 70 | 71 |
| Province | | | | | |
| Butare | 33 | 26 | 85 | 82 | 23 |
| Byumba | 11 | 3 | 66 | 67 | 17 |
| Cyangugu | 17 | 0 | 74 | 49 | 11 |
| Gikongoro | 46 | 32 | 77 | 70 | 11 |
| Gisenyi | 5 | 5 | 95 | 52 | 21 |
| Gitarama | 38 | 9 | 100 | 59 | 26 |
| Kibungo | 4 | 0 | 70 | 84 | 18 |
| Kibuye | 30 | 26 | 88 | 76 | 16 |
| Kigali City | 9 | 0 | 84 | 44 | 16 |
| Kigali Ngali | 31 | 46 | 93 | 85 | 15 |
| Ruhengeri | 0 | 0 | 100 | 73 | 17 |
| Umutara | 0 | 0 | 75 | 66 | 14 |
| Total | 19 | 12 | 85 | 67 | 206 |

¹ Soap and water, child health cards, treatment protocols, and visual aids for health education all in service delivery area.
² Capacity to provide all child vaccines under good quality conditions, infant and child weighing scale, thermometer, minute timer, and ORS administration materials all available in curative child service delivery area.
³ ORS packet, oral antibiotic, and oral antimalarial.
⁴ IV fluids with infusion set, first-line injectable antibiotic, and second-line injectable antibiotic.

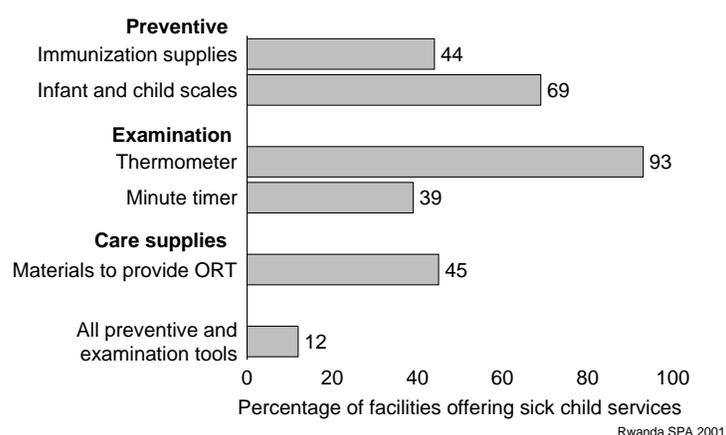
Where there are not enough qualified providers for all child health services, lesser qualified persons can be trained to provide EPI and growth monitoring services, as well as initial consultation services for sick children. For curative care, however, this assumes that seriously ill children, with illnesses beyond the training of the staff, will be appropriately identified and referred to a better qualified provider. When reviewing factors that influence quality of care, it is important to know how many facilities depend on referral for managing severe illnesses. As noted in Appendix Table A-3.1, 4 percent of health centers and 14 percent of dispensaries had no qualified providers for curative services. It is also worth noting that, on

the day of the survey, among the 781 interviewed child health service providers, 57 percent were doctors or nurses A1 or A2 (Appendix Table A-4.4). Among the facilities represented, 25 percent of the health centers and 26 percent of the dispensaries had no qualified providers for curative care interviewed who provided care for the sick child (data not shown). This does not mean that there was not a qualified provider available for referral at these facilities (the staff might have had another duty assignment on the day of the survey), but if qualified staff were present on the day of the survey, they did not indicate that they provide consultation services for sick children.

4.4.2 Equipment and Supplies for Assessing the Sick Child

Data on equipment, supplies, and medicines collected in the RSPA provide insights into the extent to which facilities have the capacity to provide key preventive services (immunization and growth monitoring), assess fever and respiratory rates, and administer oral rehydration therapy. In general, the results suggest that a larger proportion of facilities are equipped to provide basic preventive services than were offering the services on the day of the survey visit. For example, as discussed earlier in the chapter, although only 29 percent of facilities were offering both EPI and sick child services the day of the survey (Figure 4.1), 44 percent had all vaccines, equipment, and infection control items for providing quality vaccination services (Figure 4.5).

Figure 4.5 Availability of equipment and supplies for examination and treatment among facilities offering sick child services (N=206)



A similar situation exists with respect to the potential for providing growth monitoring services and, in general, for assessing children's nutritional status. Although only 47 percent of facilities were offering growth monitoring and sick child services the day of the survey (Figure 4.1), infant weighing scales were found in 90 percent of facilities, child weighing scales in 74 percent of facilities, and both types of scales in 69 percent of facilities (Figure 4.5 and Appendix Table A-4.4).

Overall, 44 percent of facilities had the capacity to provide both immunization and growth monitoring services on the day of the survey. Although the capacity to provide these preventive services on the day of the survey was similar between facility types, it was more commonly found in GAHFs (61 percent) than public facilities (35 percent) (Appendix Table A-4.4).

Evaluating fever by touch is sufficient to meet IMCI guidelines, but a thermometer provides a more objective assessment. Thermometers were available in almost all facilities (93 percent). For assessing the severity of respiratory illness, a clock or other means for measuring one minute is necessary to count the

respiratory rate. Although a wristwatch with a second hand is sufficient, the RSPA looked for a facility-supplied device (such as a wall clock with a second hand). Of all facilities visited in RSPA, only 39 percent had a facility-based minute timer. In practice, almost all staff had a wristwatch with a second hand, which would enable them to count respirations if necessary.

One of the IMCI interventions is to provide oral rehydration therapy (ORT) onsite for children with specified degrees of dehydration. Materials for mixing and administering ORT onsite were available in 45 percent of facilities. They were more commonly found at health centers (48 percent) than at dispensaries (40 percent) and hospitals (25 percent) and at GAHFs (64 percent) than public facilities (36 percent) (Appendix Table A-4.4).

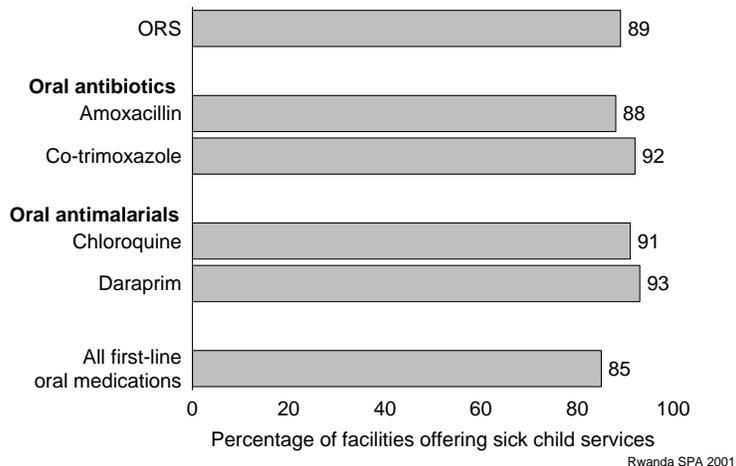
Overall, only 12 percent of facilities had the capacity to provide both child immunizations and growth monitoring, had equipment for examination (thermometer, facility minute timer), and had materials for administering ORT (Figure 4.5). Similar to previous findings, although overall availability of all items was low, GAHFs were more likely to have all capacity and supplies for preventive interventions and assessment of illness (21 percent) than public facilities (7 percent).

4.4.3 Essential Medicines for Sick Child Services

According to IMCI guidelines, essential medicines for treating a sick child include first-line, pre-referral, and other important medications.

First-line medicines include ORS (prepared from packets of oral rehydration salts), oral antibiotics against respiratory illnesses and dysentery (amoxicillin or co-trimoxazole), and antimalarial medications (chloroquine or daraprim). Figure 4.6 shows that 85 percent of facilities providing sick child services had all the essential first-line oral medicines for sick children, with a lower proportion of dispensaries having all medicines (67 percent) than hospitals (90 percent) and health centers (87 percent). There was no difference between GAHFs and public facilities (Table 4.3). Appendix Table A-4.5 provides details on each type of medicine, by facility type and operating authority.

Figure 4.6 Availability of first-line medicines for treating sick children among facilities offering sick child services (N=206)



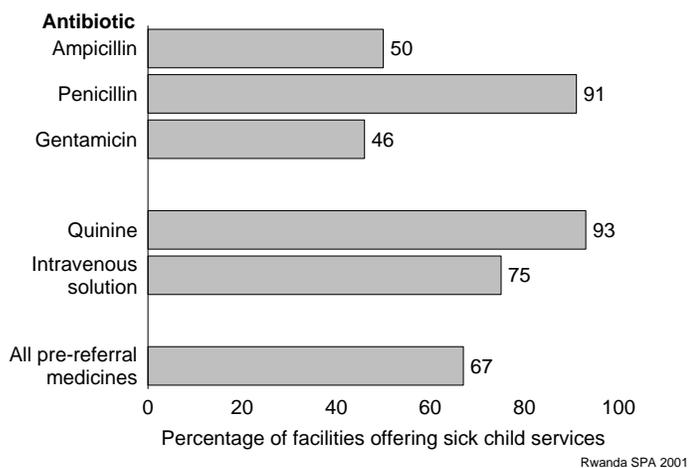
Prereferral medicines include injectable medications for providing urgent treatment before transferring to another facility if necessary. IMCI guidelines define basic prereferral medications as injectable antibiotics for serious infections (ceftriaxone, ampicillin, penicillin, or gentamicin), injectable antimalarials

(quinine), and intravenous solution with perfusion sets for treating severe dehydration. Among facilities offering sick child services, two-thirds (95 percent of hospitals and 69 percent of health centers) had all these medicines available (Table 4.3).

Only 26 percent of dispensaries had all prereferral medicines. Nonavailability of prereferral medications in dispensaries may be because many dispensaries are adjacent to hospitals and many have no physicians or nurses A1 or A2. In the Rwandan health services training curriculum, the medications nurses are authorized to prescribe are explicitly specified, and certain products with a synergistic effect, such as combinations of ampicillin and gentamicin, can be prescribed only by physicians. Availability of all prereferral medicines was similar for GAHFs and public facilities (70 percent compared with 66 percent). Intravenous solutions, available in all hospitals and many health centers (77 percent), were less available in dispensaries (33 percent) (Appendix Table A-4.5).

The figures in Table 4.3 are based on the Rwanda MoH standard, in which the availability of any injectable antibiotic was sufficient. However, IMCI recommends availability of specific antibiotics (ceftriaxone alone or gentamicin with penicillin or ampicillin) that will treat a broader range of severe illnesses. If availability of gentamicin is considered, the proportion of facilities that had all prereferral medicines decreased to 46 percent (Figure 4.7). Less than 2 percent of the facilities had ceftriaxone (data not shown), and gentamicin was available at only 44 percent of health centers and 25 percent of dispensaries (compared with 85 percent of hospitals) (Appendix Table A-4.5).

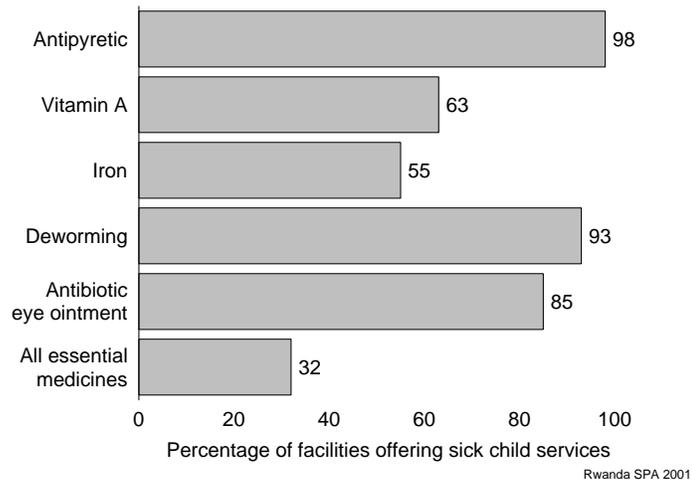
Figure 4.7 Availability of prereferral medicines (injectables) among facilities offering sick child services (N=206)



Nonessential medicines are those that may not be essential for treating serious illness, but are important for treating common symptoms and illnesses of sick children. These include antipyretic (aspirin or paracetamol), vitamin A and iron supplements, deworming medication (anthelmintic), and antibiotic eye ointment. Although all hospitals carried deworming medication, this medication was available in only 80 percent of dispensaries (Appendix Table A-4.5). Almost all facilities (98 percent) had antipyretics, 85 percent had an antibiotic eye ointment, and more than half (55 percent) had iron tablets (Figure 4.8).

In all, 32 percent of facilities offering sick child services had all of the nonessential medicines, with vitamin A and iron tablets being the items most commonly missing.

Figure 4.8 Availability of other essential medicines among facilities offering sick child services (N=206)



4.4.4 Management Practices Supportive of Quality Services

Information in health information systems is frequently compiled from client registers. Nine in ten facilities had up-to-date registers that contained, at a minimum, the client's age and symptoms of illness (Table 4.4). Health centers were more likely to have registers (95 percent) than hospitals (80 percent) and dispensaries (82 percent). This may be related to better supervision in health centers, with the expectation that records are maintained according to standard.

Supportive management practices for child health care providers were considered routine if at least half of the interviewed providers had received supervision or in-service education. Routine supervision of staff in a facility was identified for 68 percent of facilities; routine in-service education during the previous 12 months was identified for 39 percent of facilities (Table 4.4). Overall, however, only 24 percent of facilities had at least half of the staff who had both been supervised and received in-service education related to child health.

Among the interviewed child health service providers, 46 percent reported they were personally supervised during the preceding six months, 33 percent had received in-service training related to child health in the past 12 months, and 21 percent had received both types of supportive management. Providers in the public sector were more likely than those in GAHFs to have received both types of supportive management (23 percent compared with 17 percent) and providers in health centers (24 percent) were more likely than those in dispensaries (17 percent) and hospitals (12 percent) to have received both types of supportive management (Appendix Table A-4.6).

Among providers who reported having been supervised, the median number of times they remembered being supervised was 2.4 times during the previous six months (data not shown). This is close to the MoH standard of one visit per trimester. When asked what the supervisor did, one in four providers reported having received feedback on their work, 37 percent reported that their records had been reviewed, 36 percent reported that their work was observed, and 27 percent said that they discussed problems (data not shown).

Providers of child health services in health centers and dispensaries received in-service education over the course of the previous 12 months more frequently than those working in hospitals (35 percent compared to 25 percent) (Appendix Table A-4.6). The most frequent topics of training related to child health care

Table 4.4 Essential components to support quality consultation services for sick children

Percentage of facilities offering consultation services for sick children that had an up-to-date register for sick child services, percentage where at least half of the interviewed providers of child health services were personally supervised during the past 6 months, received related in-service education during the past 12 months, and were both supervised in the past 6 months and received in-service training related to child health during the past 12 months, and percentage that routinely charge for sick child services, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Among facilities offering consultation services for sick children: | | | | | |
|----------------------------|--|---|---|--|---|---|
| | Percentage with up-to-date register ¹ | Percentage where at least half of interviewed child health service providers: | | | Percentage with routine charges for consultation services for sick children | Number of facilities offering sick child services |
| | | Were personally supervised during past 6 months | Received in-service education during past 12 months | Were both personally supervised in past 6 months and received in-service education in past 12 months | | |
| Type of facility | | | | | | |
| Hospital | 80 | 35 | 35 | 5 | 100 | 20 |
| Health center | 95 | 73 | 38 | 26 | 99 | 167 |
| Dispensary | 82 | 60 | 47 | 25 | 90 | 19 |
| Operating authority | | | | | | |
| Public | 91 | 76 | 40 | 25 | 99 | 135 |
| GAHF | 94 | 53 | 36 | 22 | 97 | 71 |
| Province | | | | | | |
| Butare | 96 | 67 | 22 | 22 | 100 | 23 |
| Byumba | 72 | 94 | 26 | 20 | 100 | 17 |
| Cyangugu | 100 | 91 | 68 | 38 | 91 | 11 |
| Gikongoro | 100 | 53 | 15 | 15 | 100 | 11 |
| Gisenyi | 88 | 95 | 77 | 51 | 100 | 21 |
| Gitarama | 96 | 55 | 42 | 30 | 100 | 26 |
| Kibungo | 100 | 91 | 24 | 16 | 100 | 18 |
| Kibuye | 94 | 28 | 58 | 14 | 94 | 16 |
| Kigali City | 100 | 59 | 21 | 21 | 100 | 16 |
| Kigali Ngali | 100 | 23 | 38 | 16 | 87 | 15 |
| Ruhengeri | 86 | 68 | 39 | 20 | 100 | 17 |
| Umutara | 76 | 84 | 33 | 17 | 100 | 14 |
| Total | 92 | 68 | 39 | 24 | 99 | 206 |

¹ Register has entry in past 7 days and indicates child's age and symptom or diagnosis.

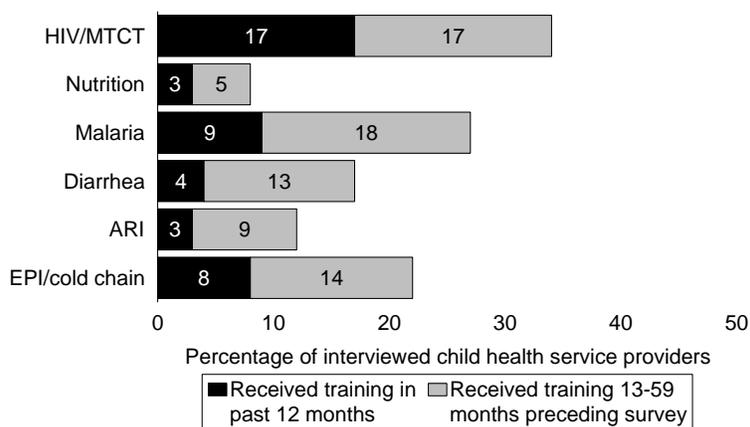
were subjects related to HIV/PMTCT (17 percent), treatment of malaria (9 percent), and immunization (8 percent). These were the same topics reported by staff whose most recent in-service education was between one and five years preceding the survey (Figure 4.9).

User fees may have a positive effect on utilization of health facilities (augmenting funds to improve services) or a negative effect (detering poor clients from using services). Charges for sick child consultation services were almost universal (99 percent), with the median charge reported by facilities being 100 Rwanda Franc (RFR) (Table 4.4). Much smaller proportions of facilities had charges for commodities such as vaccination or growth monitoring cards (18 percent) and syringes for administering vaccines (16 percent). Appendix Table A-4.7 provides information on facilities having routine charges and the median charge, by facility type and operating authority.

Data collected from caretakers of sick children provide additional information on the total out-of-pocket payment for all services (including any medicines or laboratory tests received at the facility). Results from these interviews are presented in Appendix Table A-4.8 according to whether the patient was or was not a member of a social health insurance plan commonly known as “mutuelle de santé,” a prepay form of insurance. Total expenses reported by those with coverage was about one-fifth that of those with no

coverage (median cost of 101 RFR compared with 451 RFR). The proportion of patients who have health insurance is low (20 percent).

Figure 4.9 In-service education received by interviewed child health service providers, by topic and timing of most recent education (N=781)



Rwanda SPA 2001

Key Findings

Child immunization, growth monitoring, and consultation for sick children were all offered on the day of the survey in 10 percent of facilities that offer sick child services. The equipment and supplies to provide the preventive services, however, were available in 44 percent of these facilities.

Limited ability of health centers and dispensaries to provide urgent services before transferring a patient to another facility or service is because of 1) nonavailability of essential medications, 2) nonavailability of protocols, and 3) absence of qualified staff.

Lack of visual aids to support health education.

GAHFs have better quality infrastructure and equipment, availability of medications, and documentation (protocols and guidelines) than public facilities.

4.5 Adherence to IMCI Guidelines for Sick Child Service Provision

The observations of sick child consultations conducted in the RSPA provide the basis for assessing whether providers are adhering to standards for providing quality service. A total of 1239 children were observed in 193 facilities. The observation checklists were based on IMCI guidelines and collected information on whether the consultation process for the sick child included the following:

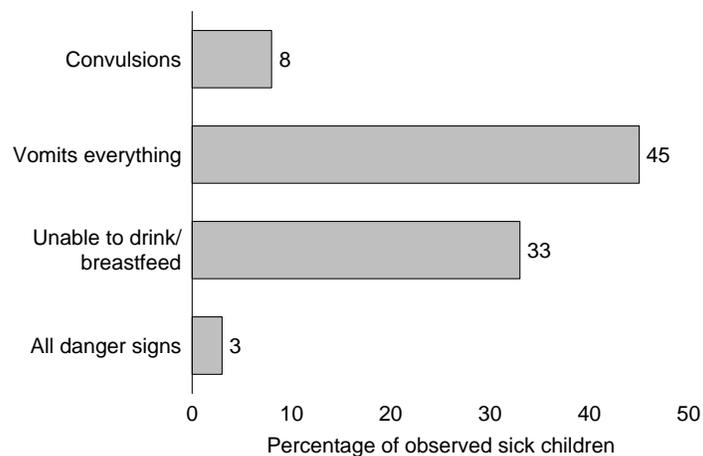
- Full assessment of the child's illness, including a physical examination, following IMCI guidelines;
- Assessment of immunization and nutritional status;
- Instruction about preventive measures and how to provide any prescribed treatment;
- Adherence to practices to support continuity of care; and
- Identification of areas for improvement in service delivery.

4.5.1 Full Assessment of Illness

The observation checklist covered all critical IMCI components for assessing a sick child. It is understood, however, that a provider will use judgment based on the child's presenting signs and symptoms. For example, a provider seeing a child who appears to have a common cough or cold and who is clearly alert would not be expected to ask about convulsions or whether the child is vomiting everything or not drinking anything. Thus, findings of low percentages for some categories of assessment do not necessarily indicate poor practices. Appendix Table A-4.9 presents detailed information on each component of the observed assessment of the sick child, by facility type and operating authority.

According to IMCI guidelines, the major danger signs a provider must assess include whether the child is able to breastfeed or drink anything, whether the child vomits everything, whether the child has had convulsions at home or in the facility, and whether the child is lethargic or unconscious. If there is any doubt, the provider should attempt to give the child something orally to see if the child can take anything. Assessments for all danger signs were rarely carried out (3 percent). One in three children was assessed for whether he or she drank anything, including breast milk, 45 percent were assessed for whether they vomited all food and drink, and 8 percent were assessed for convulsions (Figure 4.10).

Figure 4.10 Major danger signs assessed during observed sick child consultations (N=1239)

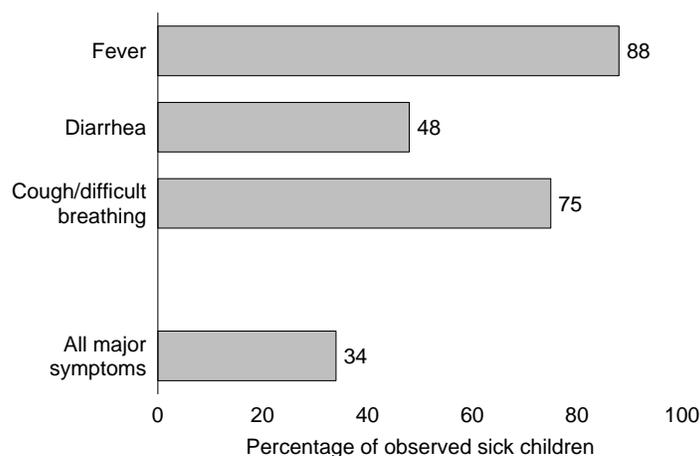


Rwanda SPA 2001

Regardless of the reason for the consultation, IMCI guidelines call for each child to be evaluated for the major symptoms of cough, respiratory difficulty, diarrhea, and fever. The caretaker of the sick child usually discusses the reason for the visit (for example, diarrhea or cough), and the provider must probe for other symptoms.

Overall, during the course of the consultation, an assessment of signs and symptoms of respiratory problems, diarrhea, and fever was conducted for one in three sick children (Figure 4.11). Fever was the symptom most commonly assessed (88 percent). This finding is consistent with the illnesses that are common in Rwanda, such as malaria, respiratory tract infections, and other illnesses characterized by high fever. Less than half the children (48 percent) were assessed for diarrhea. Three-fourths of the children were assessed for respiratory problems. Public facilities and GAHFs show similar patterns in assessing children's illnesses.

Figure 4.11 Major symptoms assessed during observed sick child consultations (N=1239)

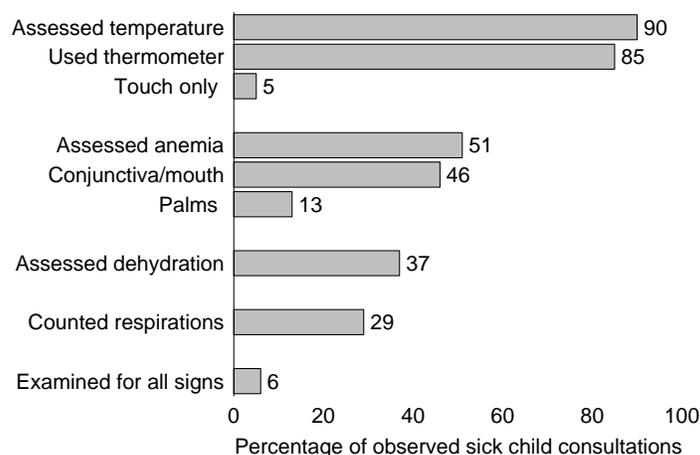


Rwanda SPA 2001

After information is obtained on the various signs and symptoms of illness, the provider should conduct a physical exam. This should include a hands-on evaluation of the child to verify the presence of fever (by touch or by taking the temperature), to measure the state of dehydration (pinching the abdominal skin), to check visually if the child has anemia, and to count the rate of respirations if a respiratory problem is suspected.

The most commonly practiced examination procedure was taking the child's temperature by using a thermometer (85 percent) or by touch only (5 percent). Half of the children were assessed for the presence of anemia, 46 percent by checking the inner eyelids and mouth, and 13 percent by checking the palms (8 percent were checked both ways). In 37 percent of the cases, the provider assessed the state of dehydration. Respiratory rate was taken for 29 percent of children. Nationally, only 6 percent of the children received all of these physical examinations procedures (Figure 4.12). Providers in health centers were slightly more likely to conduct all of the prescribed physical examinations than in other types of facilities (7 percent compared with 4 percent or less) (Appendix Table A-4.9).

Figure 4.12 Elements of physical examination conducted during observed sick child consultations (N=1239)

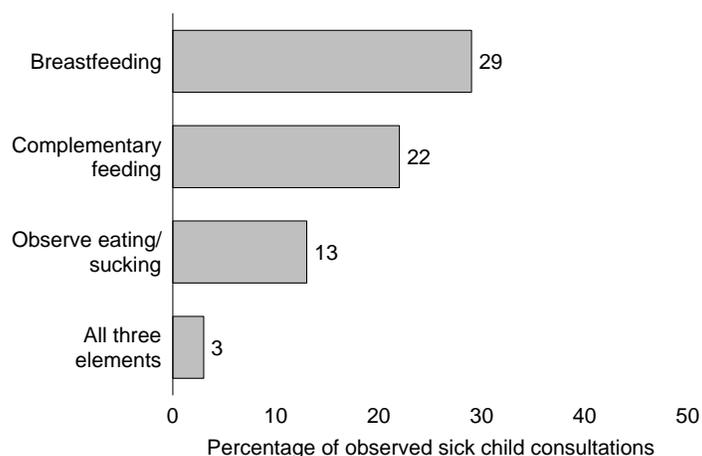


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There is a direct relationship between nutritional status and health. It is not uncommon for a child to be caught in a cycle of malnutrition and illness, where malnutrition makes a child more susceptible to illness, and illness contributes to malnutrition. Aggravating this cycle is the tendency for sick children to eat and drink less and the not uncommon practice of the child’s caretaker limiting the consumption of liquids and foods by the sick child.

Among children younger than age 24 months, 29 percent were evaluated for breastfeeding practices during the illness. Complementary feeding practices were only evaluated for only 22 percent of children, and 13 percent of the children were specifically checked for ability to breastfeed or drink at all. Overall, only 3 percent of children younger than two years were assessed for these three elements of nutrition during this illness (Figure 4.13).

Figure 4.13 Nutritional elements assessed for observed sick children under 24 months of age (N=892)



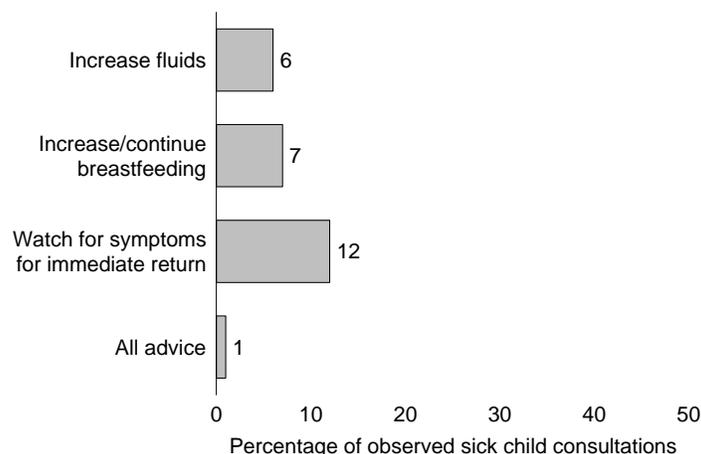
Rwanda SPA 2001

The IMCI strategy identifies essential advice that the child’s caretaker should receive before departure. This includes encouraging the caretaker to 1) continue to feed the child, 2) provide extra fluids to the child during the illness, and 3) watch for signs and symptoms for which the child should be brought back to a health care provider immediately.

Advice to increase the quantity of liquids was given in only 6 percent of cases, advice to give the same or increased amount of food or breast milk was given to 7 percent of caretakers, and the provider discussed signs and symptoms for which the child should be immediately returned to the facility in 12 percent of cases (Figure 4.14). Providers gave all three essential messages to caretakers in only 1 percent of the consultations.

After concluding the consultation for the sick child, the observed providers were asked about the diagnosis and major symptoms on which the prescribed treatment was based. This information provided a measure for assessing whether the examination and treatment were appropriate according to IMCI guidelines. IMCI guidelines indicate specific symptoms or diagnoses for which antibiotics should be prescribed and when children should be admitted to the facility or referred to a higher level of care. Table 4.5 presents information on the evaluations and examinations carried out by the providers and on the treatments given to the sick child according to the diagnosis and the symptoms assessed by the provider.

Figure 4.14 Essential advice observed being provided to caretakers of sick children (N=1239)



Rwanda SPA 2001

Table 4.5 Assessments, examinations, and treatment for sick children, classified by diagnosis or major symptom

Percentage of observed sick children diagnosed by provider with specific illnesses or symptoms for whom specific assessments, examinations, and treatments were provided, Rwanda SPA 2001

| Assessment/ examination/ treatment | Percentage of observed sick children diagnosed with specific illnesses or symptoms | | | | | | | Total ⁶ |
|--|--|--|---|----------------------|--|--|---|--------------------|
| | Respiratory | | Fever | | | Intestinal | | |
| | Pneumonia or other severe respiratory illness ¹ | Cough or other nonsevere respiratory illness without another severe diagnosis ² | Severe fever that is not malaria ³ | Malaria ⁴ | Fever without malaria or other severe diagnosis or cough | Severe or persistent diarrhea or dysentery or any dehydration with diarrhea ⁵ | Other diarrhea without other severe diagnosis | |
| IMCI assessment | | | | | | | | |
| 3 major symptoms | 39 | 34 | 50 | 38 | 15 | 48 | 34 | 36 |
| 3 major danger signs | 4 | 1 | 6 | 5 | 5 | 1 | 1 | 3 |
| Current eating/drinking | 5 | 11 | 6 | 9 | 6 | 15 | 12 | 9 |
| Advise continue feeding/increase food or drink | 10 | 13 | 6 | 8 | 6 | 23 | 20 | 11 |
| Physical exam | | | | | | | | |
| Temperature | 87 | 85 | 94 | 94 | 78 | 79 | 82 | 88 |
| Respiratory rate | 27 | 16 | 11 | 25 | 12 | 23 | 13 | 21 |
| Dehydration | 23 | 20 | 22 | 28 | 11 | 40 | 39 | 26 |
| Anemia | 55 | 52 | 44 | 57 | 28 | 47 | 51 | 52 |
| Treatment | | | | | | | | |
| Refer or admit | 17 | 9 | 17 | 16 | 5 | 13 | 7 | 13 |
| Any antibiotic | 100 | 70 | 28 | 96 | 40 | 44 | 26 | 78 |
| Injectable antibiotic | 98 | 0 | 22 | 95 | 9 | 1 | 4 | 61 |
| Oral antibiotic | 15 | 64 | 33 | 29 | 60 | 44 | 23 | 34 |
| Any antimalarial | 30 | 18 | 6 | 86 | 3 | 9 | 10 | 48 |
| Injectable antimalarial | 11 | 4 | 6 | 20 | 0 | 0 | 1 | 11 |
| Oral antimalarial | 20 | 14 | 0 | 67 | 3 | 9 | 9 | 38 |
| Oral rehydration (ORS) | 7 | 0 | 28 | 8 | 0 | 70 | 34 | 14 |
| Intravenous fluid | 2 | 0 | 0 | 1 | 0 | 2 | 1 | 1 |
| Number of observed sick children | 188 | 99 | 18 | 506 | 94 | 91 | 77 | 1013 |

¹ Pneumonia, bronchopneumonia, or bronchitis. Twenty-eight percent of these cases were also diagnosed as having malaria. These malaria cases are included in this category as well as under the malaria category.

² Children with severe fever and cough are classified under severe fever and not under this category.

³ Thirty-one percent of these children also had cough, but were classified only under this category.

⁴ The pneumonia cases that also have malaria are included in this category as well as in the pneumonia category.

⁵ Six percent of the children with severe persistent diarrhea also had severe fever and a few (0.4 percent) had malaria. These cases are classified under the severe or persistent diarrhea category and also under severe fever, or malaria, whichever was relevant.

⁶ Some children are classified (as indicated in prior notes) under more than one illness category.

Although a simple observation does not provide enough information to determine the appropriateness of diagnosis and treatment, several points should be noted. For severe respiratory illnesses such as pneumonia, bronchopneumonia, and bronchitis, the assessment should include counting the respiratory rate. This specific assessment occurred for only 27 percent of children diagnosed by the provider as having a severe respiratory illness. In all of these cases, recourse to antibiotics is warranted, and in fact, practically all the children were given antibiotics: 98 percent by injection, 15 percent orally, and some children by both forms.

Children with severe respiratory illnesses should be examined by a physician and even hospitalized. However, the RSPA results show that although 84 percent of the cases diagnosed as severe respiratory illness were examined in a health center (data not shown), only 17 percent of the children were referred. The corresponding percentage of referrals for dispensaries is 13 percent. Hospitals had the highest rate of referrals or admissions in cases of pneumonia (data not shown). This may mean that sick children taken to hospitals were either more seriously ill than those who were taken to health centers or dispensaries or that severe cases were less frequently referred. There are many barriers to clients receiving and accepting referrals or admission to facilities that may influence provider decisions to refer or not refer. One should, therefore, use this information only as an indicator of a need to conduct a more detailed assessment to determine the quality of care for children with severe respiratory illness.

Among children with less critical respiratory problems, the referral rate was approximately half of that for children with severe illness. Antibiotics were also less likely to be prescribed than for children with severe respiratory illness (70 percent compared with 100 percent). Although the prescription of antibiotics to nonsevere respiratory patients may have been appropriate, it may also indicate an overuse of antibiotics. Providers indicated that 56 percent of the children suffered simple coughs or colds (data not shown).

Among children diagnosed as having severe diarrhea or diagnosed with any dehydration linked to diarrhea, only 40 percent were physically assessed for dehydration using the skin-pinch test. Forty-four percent of children were given antibiotics, although only 18 percent of the children were classified as having dysentery. Using antibiotics inappropriately can prolong the diarrhea. ORS was given to 70 percent of children, of whom 8 percent remained in the facility for continued ORS treatment and 2 percent received intravenous fluids (data not shown).

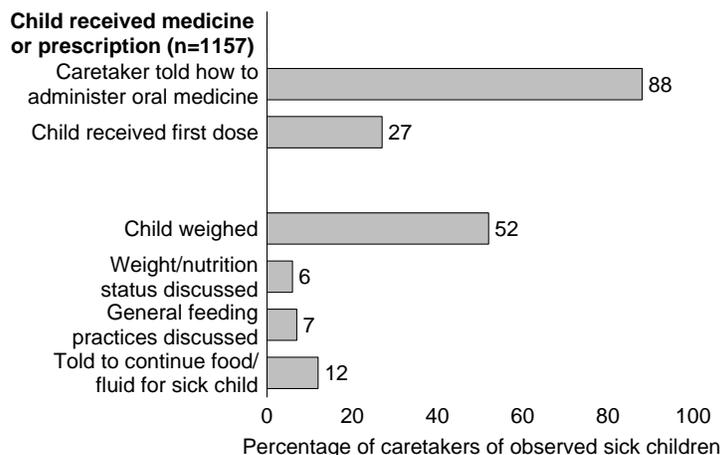
For children with severe febrile illness, IMCI guidelines recommend the use of antibiotics followed by referral. In general, this procedure was not practiced. In the RSPA, the number of children with a severe febrile disease that was not malaria or severe complicated measles made up only a small proportion of cases presented. Practically all of these children were evaluated and treated in a health center. Of these, 17 percent were referred and 28 percent received antibiotics. It is possible that, despite having a fever, judging from their activity level, the children did not appear to be seriously ill. Again, a more detailed assessment of the underlying causes of severe fever that are neither malaria nor a severe respiratory illness is warranted to ensure that critical cases of meningitis or other serious illnesses are being correctly identified.

Among children diagnosed with malaria, 86 percent received an antimalarial medication (20 percent by injection and 67 percent orally), and 96 percent were also treated with antibiotics.

IMCI guidelines recommend that the first dose of a medicine (particularly an antibiotic or antimalarial) should be provided at the facility, so that treatment can begin immediately. This practice also provides an opportunity to reinforce the dosage to the caretaker and to ensure that the child is able to take the medicine. When asked, 27 percent of caretakers reported that their child received the first dose of the prescribed oral medicine at the facility (Figure 4.15). However, providing the first dose was observed for only 3 percent of the children who received prescriptions or medicines (Figure 4.16). The discrepancy

between reported and observed practices related to receiving the first dose may be a result of caretakers mistakenly reporting paracetamol—which is frequently provided to children with fever while waiting to see the consulting provider—as the first dose of prescribed therapeutic oral medication, or it is possible that because of the way services were organized, the observer missed this event.

Figure 4.15 Events reported by caretakers of observed sick children (N=1230)



Rwanda SPA 2001

Key Findings

Comparison between observed assessment and information reported by the provider with regard to the final diagnosis shows that the providers reasonably fit their evaluation to the illness and its severity. However, complete evaluation for children diagnosed as having a serious illness was weak. The weakest element was providing information on continuing to provide food and fluid to sick children.

Despite the fact that 73 percent of children were diagnosed as having serious illness or malaria, only 12 percent of caretakers were advised on symptoms for which a child should be immediately taken to the facility.

Almost all children with severe respiratory illness (98 percent) received antibiotics through injection, 15 percent received oral antibiotics, and some received both.

Use of injectable antibiotics merits a deeper assessment to determine if this practice is appropriate and if protocols and standards for defining their use need to be developed.

Provision of the first dose of oral medication at the facility is not a common practice.

4.5.2 Reducing Missed Opportunities for Promoting Child Health Care

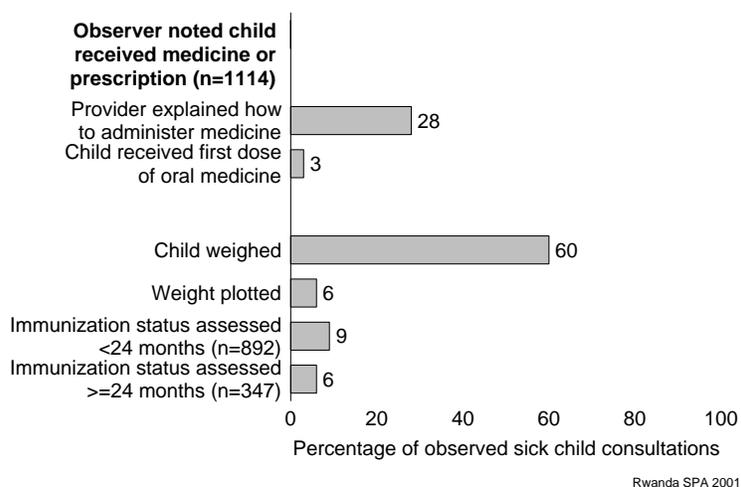
According to the IMCI approach, an evaluation of a child's growth is recommended to provide an objective evaluation of the current nutritional status and to detect any chronic latent nutritional problems. Growth monitoring includes comparing the child's current weight with a standard (based on either height or age), eliciting information on feeding patterns to determine if the normal diet is adequate for the child's age, and determining whether the current feeding patterns pose any additional risk to the child's current

health status. The provider should take advantage of the consultation with the child and the caretaker to provide advice if there appears to be any nutritional problem and to offer encouragement for continuing good practices if the evaluation shows that the growth of the child is proceeding well. IMCI guidelines concerning feeding practices of children include exclusive breastfeeding until age 6 months, followed by breastfeeding until two years of age with the introduction of locally available foods based on a balanced nutritional plan.

Figure 4.16 shows that more than half of sick children were weighed (60 percent), but for only 6 percent of these children was the weight compared to a standard. Where a standard was used for comparison, the most common practice was plotting the weight on a chart that graphs weight according to age. Consistent with the observations, half (52 percent) of caretakers recalled that the child was weighed, but only 6 percent of caretakers reported that a health care provider discussed their child's weight or nutritional status (Figure 4.15).

The vaccination status for each sick child should be assessed to see if the child has received the necessary vaccines. This is done either by checking the child's immunization card or asking the caretaker. Figure 4.16 shows that only 9 percent of children under age 24 months were evaluated for vaccination status. Children two years and older were less likely than younger children to have their immunization status assessed (6 percent).

Figure 4.16 Preventive interventions observed for sick children (N=1239)



Many caretakers did not bring the child's immunization card to the facility, so assessments depended on recall. It should be noted that, in Rwanda, the child health card in the public sector is different from the immunization card issued by the MoH. Therefore, the caretaker may not recognize the need to bring the immunization card when seeking curative care unless it is routinely requested.

Key Findings

Observations during the RSPA corroborate results of the IMCI system findings that opportunities to promote preventive health interventions each time a child is brought to a facility for a consultation are being missed despite existing capability. Providers are not screening for children who need immunizations. Although 60 percent of the children were weighed, their weight was rarely compared with any standard to provide a frame of reference for whether the weight was appropriate for the child.

4.5.3 Counseling on Child Health Issues

The use of visual aids during the consultation with the caretaker was almost nonexistent (2 percent) (Table 4.6). It should be recalled that only 32 percent of facilities had any visual aids available for use for child health services (see Figure 4.4).

Table 4.6 Provider practices related to health education and continuity of care

Percentage of sick child observations where visual aids were used when providing health education to the caretaker, percentage of observations where the observer noted that the provider referred to the child health card, percentage of observations where the provider wrote on the child health card, by type of facility and operating authority, Rwanda SPA 2001

| Background characteristic | Percentage of sick child observations where: | | | Number of observed sick children |
|----------------------------|--|--------------------------------------|----------------------------------|----------------------------------|
| | Provider used visual aids for health education | Provider used child health card | | |
| | | Referred to card during consultation | Wrote on card after consultation | |
| Type of facility | | | | |
| Hospital | 1 | 73 | 98 | 95 |
| Health center | 2 | 77 | 98 | 1026 |
| Dispensary | 3 | 62 | 99 | 118 |
| Operating authority | | | | |
| Public | 2 | 71 | 99 | 741 |
| GAHF | 2 | 82 | 98 | 498 |
| Total | 2 | 75 | 99 | 1239 |

4.5.4 Supporting Continuity of Care

Use of individual child health cards was almost universal (Table 4.6). Frequently, health services are organized in such a way that measurements of temperatures, weight, and other components of a consultation take place before the client is seen by the provider responsible for the consultation, and the information is recorded on a client record. Sixty-two percent of facilities were observed to routinely weigh children before the consultation and 71 percent to measure the temperature (data not shown). Slightly over half of the observed children were at a facility where weights and temperatures were taken outside the consultation room. In 25 percent of the observations, providers did not refer to the health card during the examination (Table 4.6); thus, they might not have used information from measurements taken by others in their assessment of the child. It was noted that providers at facilities where measurements were taken before the consultation were more likely to check the child's health card during the consultation than those where this system was not implemented (82 percent compared with 66 percent) (data not shown). GAHFs were more likely than other types of facilities to use the health cards during consultations (82 percent).

Key Findings

Providers rarely use visual aids during consultation with caretakers. Although visual aids for caretaker education were present in 32 percent of facilities, only 2 percent used them.

Three in four providers consulted the children's health cards, and almost all wrote notes after-wards. This practice permits the provider to use all of the measurements and information taken before the principal provider sees the child. It allows the provider to make conclusions based on more complete data about the condition of the child.

4.5.5 Caretaker Opinion from Exit Interviews

Before leaving the facility, observed caretakers of sick children were interviewed for their opinions on the consultation process, on the quality of the providers' services, and on the principal problems encountered on the day of the visit. The caretaker was read a list of specific common issues related to client satisfaction and was asked to rate the issue as a big, small, or no problem. Appendix Table A-4.10 shows that 9 percent of caretakers thought that the provider spent too little time with them. This complaint was cited less frequently at health centers (8 percent) than other facilities (12 percent or higher). There was no difference between public facilities and GAHFs.

A large number of caretakers (69 percent) reported that the provider had not told them what their child's illness was. This complaint was more frequent at dispensaries than at other facilities (74 percent compared with 69 percent each in hospitals and health centers). Caretakers in public facilities were more likely to cite this complaint than those in GAHFs (72 percent compared with 65 percent). Although a large proportion of caretakers felt that lack of explanation about the child's illness was a problem, only 20 percent of caretakers said that they had had questions they wanted to ask (data not shown). Among those with questions, only 55 percent felt they had been able to ask the provider, but 81 percent of these felt the provider had responded to their questions (data not shown).

When asked about other issues frequently associated with client satisfaction, waiting time (12 percent) and availability of medicines or supplies (14 percent) were cited most frequently as big problems. Appendix Table A-4.10 presents further information on issues of client satisfaction and whether they were perceived as major problems according to facility type and operating authority.

Key Findings

Issues related to facility resources, supplies, and service organization were not identified as being serious problems by most caretakers who were interviewed.

Caretakers felt that they were not able to ask all their questions about the health of the child. However, caretakers who asked questions were satisfied with the answers.

5.1 Background**5.1.1 SPA Approach to Collection of Family Planning Service Information**

Use of contraceptive methods to plan families may be desirable for many reasons including:

- Couples may wish to limit family size or delay a desired pregnancy.
- Appropriate spacing of births benefits maternal and child health. Studies have shown that spacing births at least two to three years apart contributes significantly to decreasing infant mortality (Govindasamy et al., 1993; Rutstein, 2000). Although there are fewer studies on the effects of spacing births on maternal health, it is generally accepted that too frequent births result in maternal depletion of essential minerals and vitamins.
- Preventing pregnancies that may worsen chronic or acute illnesses, including HIV/AIDS, benefits women's health.

To increase the appropriate use of family planning, contraceptive services and counseling should ideally be available wherever maternal health, reproductive health, or child health services are provided.

Key factors contributing to the appropriate, efficient, and continuous use of contraceptive methods (Murphy and Steele, 2000) include the following:

- The availability of a variety of contraception methods to address client preferences and client-specific suitability of methods (from the point of view of society and health);
- Counseling and screening of clients for appropriateness of methods;
- Client education, using visual aids to increase information retention regarding options, side effects, and appropriate use of the method;
- Availability of infrastructure and resources necessary for providing quality family planning services (e.g., equipment for client examinations, guidelines and protocols, trained staff, a service delivery setting that allows client privacy, and infection-control procedures); and
- Availability of other health services relevant for family planning clients. These include education and services for STIs and programs geared toward groups with special needs to improve access and appropriate utilization of family planning services.

This chapter uses information obtained in the RSPA to address the following central questions about the delivery of family planning services:

1. What is the availability of family planning services at the health facilities surveyed in the RSPA?
2. To what extent do the facilities offering family planning services have the infrastructure, resources, and supportive management required to support quality services?
3. To what extent do facilities offer family planning services for special groups?

5.1.2 Family Planning Services in Rwanda

Family planning activities in Rwanda began in 1982. After the Cairo 1994 International Conference on Population and Development challenged developing countries to broaden their understanding of demographic policy and to integrate their family planning services into the wider framework of

reproductive health, Rwanda redefined its reproductive health policy to promote integration of family planning services into all health services in the country.

The results of the 2000 Rwanda DHS survey (EDSR-II) indicated the following:

- Among married women and those in union, 4 percent used a modern method of contraception, and 9 percent used a traditional method at the time of the survey.
- Almost all respondents (94 percent of women and 98 percent of men) know at least one modern method of contraception.
- Use of modern methods of contraception is limited (3 percent among rural women and 14 percent among urban women).
- Many couples would use modern methods if they were available and corresponded to their needs. According to the EDSR-II, more than one-third of the women in union had unmet needs with respect to family planning. Beyond this, about 53 percent of women in union who were not using a contraceptive method expressed their wish to use a method in the future.

Contraceptive prevalence in Rwanda, a measure of the effectiveness of family planning activities, is low. A qualitative study conducted early in 2002 throughout the country to evaluate the underlying causes and principal barriers to the utilization of family planning services indicated that the principal constraint to access to health services was lack of family planning information and counseling (MoH, 2002). The study also revealed the continuing influence of pronatalist feelings in the country.

The RSPA collected detailed information about family planning services at health facilities. This information will be useful for guiding the family planning program and will contribute to reducing current levels of unmet need for family planning.

5.2 Availability of Family Planning Services

Table 5.1 presents information on the availability of family planning services. Overall, 71 percent of facilities offered temporary clinical methods of contraception, and 24 percent offered counseling on the rhythm method. Six percent of facilities (all hospitals) provide permanent methods (male or female sterilization). The clinical methods were more often available in health centers and dispensaries (75 percent and 80 percent, respectively) than in hospitals (44 percent). It was noted previously that where hospitals and dispensaries are adjacent to one another, the outpatient services, such as family planning, are more often provided in the dispensary. Clinical methods were also more frequently found in public facilities than in GAHFs (86 percent compared with 42 percent).

Family planning services should be offered regularly so that clients can depend on services being available when needed, and on providers being available to answer questions or respond to concerns. The methods offered at the facility must be consistently available to ensure there is no gap in supply and no need to substitute methods less desirable to the client. Limited finances and resources frequently result in family planning services being offered only one or two days a week. Table 5.2 shows that temporary methods of family planning services are available one or two days a week at 34 percent of facilities offering family planning services and five or more days per week at 60 percent of facilities.

Methods of family planning differ in how they function, their effectiveness, their side effects, the ease with which they can be used, and in view of these issues, their acceptability and desirability to users. To meet the varying needs and demands for contraception, a variety of methods should be available. The RSPA obtained information on the methods of family planning most commonly offered at health facilities in Rwanda. These include permanent methods, temporary (modern clinical) methods, and natural methods. Although the RSPA assessed whether permanent methods of contraception (male or female

sterilization) were available, the focus was on the conditions under which temporary contraceptive methods were provided.

| Table 5.1 Availability of family planning services | | | | |
|---|--|---|---------------|----------------------|
| Percentage of facilities offering temporary clinical methods of contraception, percentage offering permanent methods of contraception, and percentage offering counseling on the rhythm method, by type of facility, operating authority, and province, Rwanda SPA 2001 | | | | |
| Background characteristic | Percentage of facilities offering: | | | Number of facilities |
| | Temporary clinical methods of contraception ¹ | Permanent methods of contraception ² | Rhythm method | |
| Type of facility | | | | |
| Hospital | 44 | 41 | 24 | 34 |
| Health center | 75 | 0 | 26 | 170 |
| Dispensary | 80 | 0 | 11 | 19 |
| Operating authority | | | | |
| Public | 86 | 5 | 23 | 144 |
| GAHF | 42 | 9 | 27 | 79 |
| Province | | | | |
| Butare | 55 | 0 | 10 | 26 |
| Byumba | 82 | 6 | 28 | 17 |
| Cyangugu | 68 | 21 | 12 | 14 |
| Gikongoro | 72 | 0 | 21 | 12 |
| Gisenyi | 71 | 0 | 38 | 21 |
| Gitarama | 75 | 8 | 40 | 27 |
| Kibungo | 67 | 0 | 19 | 19 |
| Kibuye | 76 | 25 | 52 | 16 |
| Kigali City | 71 | 0 | 9 | 17 |
| Kigali Ngali | 82 | 6 | 7 | 17 |
| Ruhengeri | 73 | 10 | 23 | 19 |
| Umutara | 61 | 6 | 27 | 17 |
| Total | 71 | 6 | 24 | 223 |
| ¹ Any of the following: contraceptive pills (combined or progesterone only), injections (combined or progesterone only), condoms (male or female), implants, IUD, or spermicide. | | | | |
| ² Male or female sterilization | | | | |

The most commonly offered temporary methods are as follows:

- Contraceptive pills (either combined estrogen/progesterone or only progesterone), both taken daily;
- Contraceptive injections (either progesterone only, taken every two to three months, or more recently, a combined injection, taken monthly);
- Condoms (male and, more recently, female); and
- Rhythm (natural method based on prediction of female ovulation).

Availability of other, less frequently offered methods was also assessed. These are intrauterine devices (IUDs), progesterone implants, spermicides, and diaphragms.

A facility that offers all methods, including sterilization, is best able to meet the needs of clients. However, some variation in the availability of methods at facilities is expected because of differences in the qualifications and training required for service providers and in the infrastructure required to provide

Table 5.2 Frequency of availability of temporary family planning services

Percentage of facilities offering temporary methods of family planning (FP) 1-2 days per week, and offered 5 or more days per week by type of facility, operating authority, and province, Rwanda SPA 2001

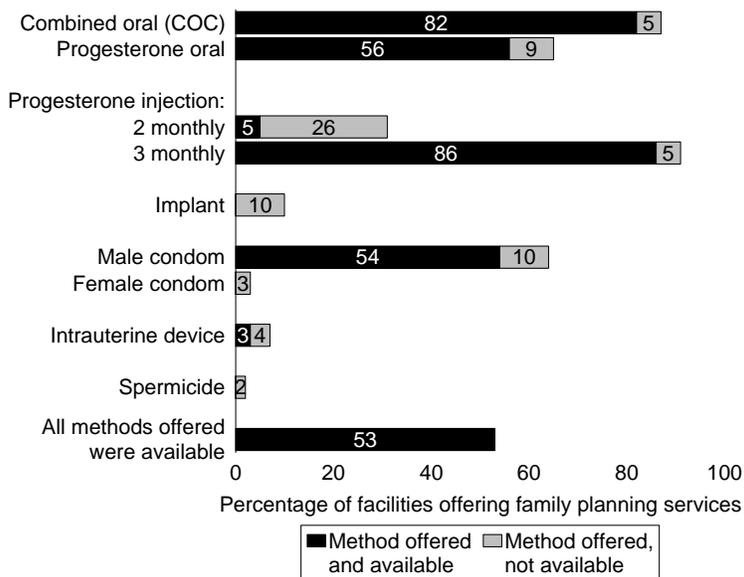
| Background characteristic | Percentage of facilities offering temporary family planning methods | | Number of facilities offering FP services |
|----------------------------|---|-------------------------|---|
| | 1-2 days per week | 5 or more days per week | |
| Type of facility | | | |
| Hospital | 20 | 67 | 15 |
| Health center | 35 | 60 | 131 |
| Dispensary | 36 | 50 | 15 |
| Operating authority | | | |
| Public | 32 | 62 | 124 |
| GAHF | 40 | 53 | 37 |
| Province | | | |
| Butare | 53 | 42 | 16 |
| Byumba | 7 | 93 | 14 |
| Cyangugu | 34 | 43 | 11 |
| Gikongoro | 44 | 56 | 10 |
| Gisenyi | 37 | 63 | 15 |
| Gitarama | 41 | 54 | 20 |
| Kibungo | 33 | 61 | 13 |
| Kibuye | 68 | 16 | 12 |
| Kigali City | 28 | 62 | 12 |
| Kigali Ngali | 25 | 75 | 14 |
| Ruhengeri | 9 | 83 | 14 |
| Umutara | 23 | 66 | 10 |
| Total | 34 | 60 | 161 |

the methods safely. Commonly used methods that require minimal training to provide safely are pills, injections, and condoms. Implants and IUDs require a higher level of skill and a more developed infrastructure to administer safely. Among the facilities offering any family planning method, sterilization was the sole method available in 17 percent of the hospitals (2 percent of all family planning facilities) (Appendix Table A-5.1). As noted in Chapter 3, hospitals are often adjacent to dispensaries, and in these cases, the dispensary usually offers the outpatient services, such as temporary family planning methods, rather than the hospital. The rhythm method was the only method offered in 10 percent of the GAHFs (2 percent of all family planning facilities). At least two modern temporary methods were offered in 92 percent of all family planning facilities.

Figure 5.1 provides information on the percentage of facilities that offer each method and the percentage where the offered method was available on the day of the survey. Progesterone-only injections (every three months) and combined oral contraceptives are the methods of family planning most often offered—available at 91 percent and 87 percent, respectively, of facilities where family planning services are offered. Condoms are offered at only 64 percent of facilities, with little difference between type of facility or operating authority (Appendix Table A-5.1). IUDs, implants, female condoms (introduced as a trial in a few facilities), and spermicides are not widely available. The implant is offered primarily in hospitals (44 percent of those offering family planning services) and rarely in health centers or dispensaries (6 percent and 8 percent, respectively). The IUD is offered primarily at hospitals (33 percent) and at only 2 percent of health centers and 14 percent of dispensaries. These methods require special training and service delivery conditions to safely carry out required procedures. Although not widely available, they were offered more frequently in GAHFs than in public facilities. Implants and IUDs were available in 25

percent and 18 percent of GAHFs, respectively, compared with only 6 percent and 3 percent of public facilities. Female condoms are new in Rwanda and are available in only 3 percent of facilities. Spermicides are available in only 2 percent of facilities (health centers only). The diaphragm is not routinely used in Rwanda and availability was not assessed.

Figure 5.1 Method of contraception offered, and availability of method on the day of the survey (n=161)



Rwanda SPA 2001

Among facilities that offered family planning, almost all had pills and three-month injectables available on the day of the survey. The progesterone-only pill and the male condom were not available in about 10 percent of the facilities offering these methods. Implants and IUDs were lacking in most facilities that offer these methods. On the day of the survey, only 53 percent of facilities had all methods that they offered available. This was true in 54 percent of the public facilities and 49 percent of the GAHFs (data not shown). Similarly, only 80 percent of the dispensaries, 52 percent of the health centers, and 40 percent of the hospitals had all the methods they offer available on the day of the survey.

Key Findings

Modern, temporary methods of contraception are available in 86 percent of public facilities (71 percent of all facilities), but in only 42 percent of GAHFs.

The supply for offered methods is not reliable. Only 53 percent of facilities had all methods they offered on the day of the survey.

Variety of methods is lacking. Long-term methods, such as the IUD and implants, are rarely offered (7 percent and 10 percent of facilities, respectively), and few of the facilities offering these methods had them available the day of the survey.

Sterilization is available only in district hospitals, limiting client access.

5.3 Components Supporting Quality Family Planning Services

5.3.1 Infrastructure and Resources for Quality Counseling¹

The RSPA assessed the availability of the following items for quality family planning counseling:

- Some level of auditory or visual privacy for counseling;
- Individual client health cards or records;
- Written guidelines or protocols; and
- Visual aids or written information for client education.

Family planning is often a sensitive issue for discussion. Assuring clients that conversation between client and provider cannot be overheard improves communication and, ultimately, the likelihood that the method provided is suitable for the client. It is not uncommon for family planning clients to be counseled in a room where other clients are waiting, but examinations and procedures requiring them to lie down or be exposed take place in a small adjacent room. Almost all facilities (93 percent) counseled family planning clients in either a private room or a room where there was a screen that could be drawn (Appendix Table A-5.2). Both of these situations were defined as providing some auditory privacy. Written family planning guidelines or protocols for family planning that included information on screening for eligibility of different methods were available in the family planning service delivery area in only 10 percent of facilities (Table 5.3), none of which were hospitals. Written guidelines or protocols

| Background characteristic | Percentage of facilities with: | | | | | Number of facilities offering FP services |
|----------------------------|--------------------------------|-------------|---|--|--|---|
| | Items for counseling | | All items for infection prevention ¹ | Conditions for quality pelvic examination ² | STI treatment provided by FP providers | |
| | Protocols or guidelines for FP | Visual aids | | | | |
| Type of facility | | | | | | |
| Hospital | 0 | 53 | 47 | 33 | 40 | 15 |
| Health center | 11 | 49 | 36 | 17 | 45 | 131 |
| Dispensary | 13 | 70 | 37 | 13 | 49 | 15 |
| Operating authority | | | | | | |
| Public | 11 | 51 | 34 | 20 | 47 | 124 |
| GAHF | 6 | 52 | 49 | 13 | 38 | 37 |
| Province | | | | | | |
| Butare | 5 | 42 | 47 | 32 | 37 | 16 |
| Byumba | 7 | 66 | 21 | 11 | 73 | 14 |
| Cyangugu | 0 | 23 | 63 | 27 | 37 | 11 |
| Gikongoro | 0 | 63 | 46 | 18 | 27 | 10 |
| Gisenyi | 10 | 17 | 8 | 8 | 56 | 15 |
| Gitarama | 16 | 36 | 37 | 10 | 37 | 20 |
| Kibungo | 6 | 89 | 11 | 6 | 50 | 13 |
| Kibuye | 8 | 74 | 42 | 27 | 16 | 12 |
| Kigali City | 28 | 69 | 69 | 56 | 69 | 12 |
| Kigali Ngali | 25 | 84 | 92 | 25 | 50 | 14 |
| Ruhengeri | 0 | 31 | 9 | 0 | 52 | 14 |
| Umutara | 11 | 34 | 11 | 11 | 32 | 10 |
| Total | 10 | 51 | 37 | 18 | 45 | 161 |

¹ Counseling about family planning often takes place in a different location than where clinical examinations (e.g., pelvic examinations) are conducted, thus the conditions for counseling are assessed separately from those for clinical examinations.

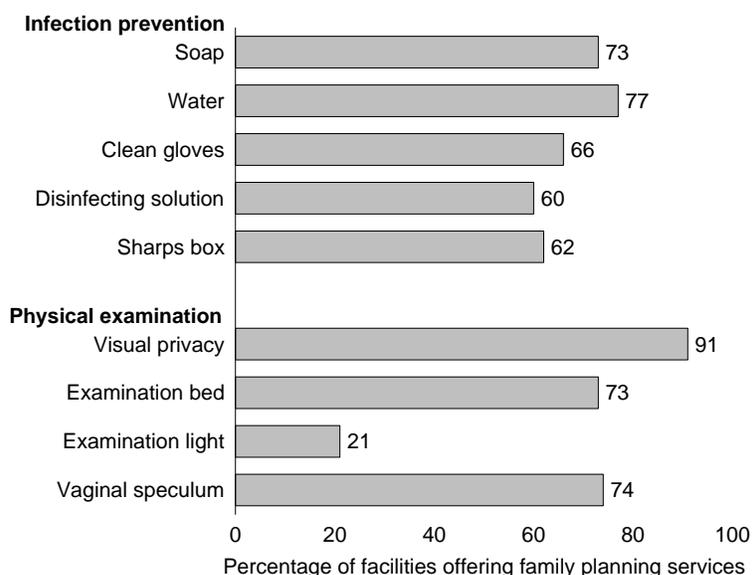
were more often available at public facilities (11 percent) than GAHFs (6 percent). Individual cards or records for family planning clients are important for monitoring clients over time, and for ensuring continuity of care. Because facilities often do not store client records, but rather, give them to the client to keep, the RSPA assessed the availability of blank cards for new family planning clients. Individual client cards were found at 79 percent of facilities (Appendix Table A-5.2) with availability similar across types of facilities and operating authority. Visual aids related to family planning were available in 51 percent of facilities. These were more often available at dispensaries (70 percent) than at other facilities (where around half had visual aids). Findings were similar for public facilities and GAHFs. All conditions for quality counseling were available in only 4 percent of facilities (Appendix Table A-5.2); written protocols or guidelines were the items most commonly missing.

The RSPA assessed the presence of items for infection prevention in the area where family planning examinations, such as pelvic examinations, took place. All items for infection prevention (hand-washing supplies, clean gloves, disinfectant solution, and a sharps box) were available in around one-third of the facilities (37 percent) (Table 5.3). Hospitals were more likely to have all items (47 percent) than health centers or dispensaries (36 percent and 37 percent, respectively). A higher proportion of GAHFs than public facilities had all items for infection prevention (49 percent compared with 34 percent). (However, individual items for infection prevention were missing in over one-fifth of facilities [Figure 5.2].)

Family planning clients frequently require a pelvic examination. Although most facilities had visual privacy (91 percent), only 73 percent had an examination bed, and few (21 percent) had a lighting source sufficient for good visualization during a pelvic examination. All conditions supportive of a quality pelvic examinations (visual privacy, an examination bed, an examination light, and a speculum) were available in only 18 percent of the facilities, and all infection prevention items were available in only 37 percent of facilities (Table 5.3).

Hospitals were more likely to have both all infection prevention and all examination infrastructure and materials (33 percent) than health centers (13 percent) or dispensaries (7 percent) (Appendix Table A-5.2).

Figure 5.2 Conditions for quality examination of family planning clients (N=161)



Rwanda SPA 2001

Key Findings

Almost all (93 percent) facilities offer family planning counseling and examinations under conditions that allow privacy.

Visual aids were available in the family planning service delivery area in more than half of facilities.

Written guidelines and protocols were rarely available (10 percent) in the family planning service delivery area.

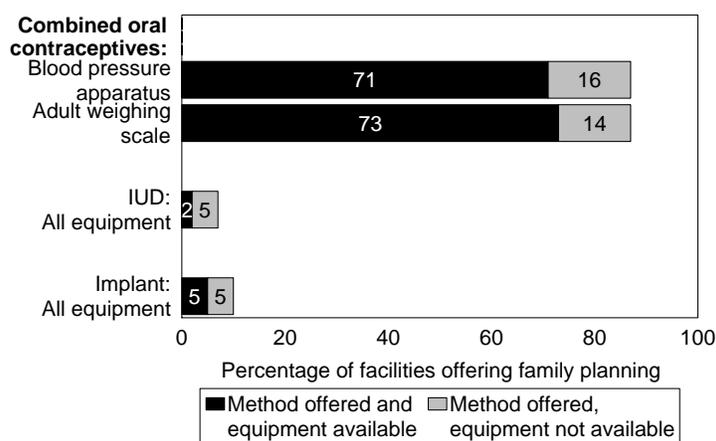
Facilities rarely had all items for infection prevention (37 percent) in the service area where family planning clients are examined.

All furnishings and equipment for pelvic examinations were available in only 18 percent of facilities. The item least likely to be available was an examination light. Although overall levels were low, public facilities were better equipped for pelvic examinations (21 percent) than GAHFs (13 percent).

5.3.2 Equipment and Resources for Quality Family Planning Services

Different contraceptive methods require different equipment to monitor the client and to provide the method safely. Safe provision of contraceptive methods that contain estrogen requires monitoring blood pressure, with some standards including weight monitoring. Although 87 percent of facilities offered the combined oral contraceptive with estrogen, blood pressure apparatus was available in only 71 percent of facilities (Figure 5.3). Likewise, a weighing scale was available in only 73 percent of facilities. Seven percent of facilities offer the IUD, but only 2 percent had the equipment (tenaculum and uterine sound, and a forcep for holding gauze to clean the cervix) for insertion of an IUD. Similarly, although 10 percent of facilities offered implant methods, only 5 percent had the trochar and canula, forceps, scissors, sterile gloves, and local anesthetic required for insertion or removal.

Figure 5.3 Percentage of facilities offering family planning that have equipment relevant to safe provision of combined oral contraceptives, IUDs, and implants available (N=161)



Because they are sexually active, family planning clients are at increased risk for contracting STIs. Consequently, counseling for prevention as well as diagnosis and treatment constitute essential components of quality family planning care. If these services are performed at the same time and place as

family planning services, it is more likely that clients will have the necessary exams and will receive the appropriate treatment for an STI if needed. Treatment of STIs by family planning providers, where they can diagnose and prescribe treatment for clients with symptoms without referring the client elsewhere, was available in 45 percent of facilities (Table 5.3). Integration of STI services with family planning was similar at all types of facilities, and slightly more common for public facility (47 percent) than GAHFs (38 percent).

Sixty-three percent of facilities had nystatin suppositories for treating candidiasis, a vaginal infection that can be sexually transmitted (Appendix Table A-5.3). Only 33 percent of facilities had medicines available to treat each of the main STIs: gonorrhea, chlamydia, trichomoniasis, and syphilis, with medicine for gonorrhea the most often lacking. STI medicines were more often found in hospitals (60 percent) than health centers (31 percent) or dispensaries (21 percent), and in GAHFs (47 percent) more often than public facilities (29 percent).

Key Findings

Blood pressure apparatus for monitoring clients receiving estrogen-based contraceptives are lacking in 13 percent of the family planning service delivery areas.

STI services are available in 45 percent of the family planning service areas.

Over 80 percent of family planning facilities had medicines for treating syphilis, chlamydia, and trichomoniasis.

Medicines for treating all of these STIs, plus gonorrhea, were lacking in 67 percent of facilities providing family planning services. GAHFs were better prepared to treat STIs, with 47 percent able to treat the four major STIs assessed, compared with 29 percent of public facilities.

5.3.3 Management Practices Supportive of Quality Services

Up-to-date registers for family planning services were defined as those having an entry in the past seven days that indicated the method used and whether the visit was a first-time or follow-up visit. These registers were available in 78 percent of facilities (Table 5.4). Hospitals were more likely to have up-to-date registers than other facilities (87 percent compared to around 78 percent).

Supportive management practices for family planning service providers were considered routine if at least half of the interviewed providers at a facility had received supervision or in-service education. Routine supervision of staff in a facility was identified for 77 percent of facilities, and routine in-service education during the previous 12 months was identified for 11 percent of facilities (Table 5.4). Overall, in only 10 percent of facilities had at least half of the staff both been supervised and received in-service education related to family planning. Higher proportions of public facilities routinely supervised their staff than GAHFs (82 percent compared with 60 percent). Routine provision of in-service education, however, was similar between public facilities and GAHFs.

Among the interviewed family planning service providers, 55 percent reported they were personally supervised during the preceding 6 months, 24 percent had received in-service training related to child health in the past 12 months, and 24 percent had received both types of supportive management (Appendix Table A-5.4).

Table 5.4 Management practices to support quality services for temporary methods of family planning

Percentage of facilities with up-to-date family planning (FP) registers, percentage where at least half of the interviewed providers of FP services were personally supervised during the prior 6 months, received related in-service education during the prior 12 months, and were both supervised in the prior 6 months and received in-service training related to FP services during the prior 12 months and percentage where there are charges for services, by type of facility, operating authority, and province, Rwanda SPA 2001

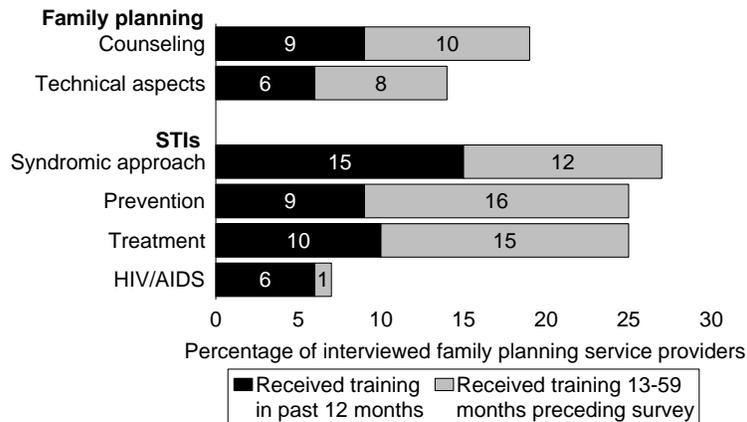
| Background characteristic | Among facilities offering family planning services, | | | | | |
|----------------------------|--|---|---|--|--|---|
| | Percentage where at least half of the interviewed family planning service providers: | | | | | |
| | Percentage with up-to-date register ¹ | Were personally supervised in past 6 months | Received in-service education in past 12 months | Were both personally supervised in past 6 months and received in-service education in past 12 months | Percentage with routine charges for FP services ² | Number of facilities offering FP services |
| Type of facility | | | | | | |
| Hospital | 87 | 40 | 13 | 7 | 53 | 15 |
| Health center | 77 | 82 | 11 | 10 | 52 | 131 |
| Dispensary | 78 | 72 | 10 | 10 | 67 | 15 |
| Operating authority | | | | | | |
| Public | 78 | 82 | 12 | 10 | 55 | 124 |
| GAHF | 80 | 60 | 11 | 8 | 47 | 37 |
| Province | | | | | | |
| Butare | 74 | 82 | 12 | 6 | 42 | 16 |
| Byumba | 86 | 81 | 0 | 0 | 80 | 14 |
| Cyangugu | 51 | 83 | 28 | 19 | 40 | 11 |
| Gikongoro | 74 | 44 | 0 | 0 | 65 | 10 |
| Gisenyi | 70 | 100 | 26 | 26 | 20 | 15 |
| Gitarama | 79 | 78 | 6 | 6 | 74 | 20 |
| Kibungo | 72 | 100 | 33 | 33 | 22 | 13 |
| Kibuye | 84 | 68 | 0 | 0 | 34 | 12 |
| Kigali City | 81 | 69 | 0 | 0 | 91 | 12 |
| Kigali Ngali | 92 | 42 | 0 | 0 | 50 | 14 |
| Ruhengeri | 83 | 76 | 26 | 17 | 76 | 14 |
| Umutara | 89 | 90 | 0 | 0 | 45 | 10 |
| Total | 78 | 77 | 11 | 10 | 53 | 161 |

¹ Register indicates method and whether client is first-time or follow-up client
² Facility either has a charge or asks for donations for family planning services

In-service education related to family planning includes in-service education on aspects of prevention, diagnosis, or treatment of STIs. In-service education was similar for all types of facilities. GAHF providers had received recent in-service education more frequently than public facility providers (34 percent compared with 21 percent). It should be noted that 24 of the interviewed providers said they provided family planning services but worked in facilities that did not officially offer family planning services.

The in-service education topics on family planning covered most frequently in the 12 months preceding the survey were on STIs. Fifteen percent had received education on the syndromic approach to diagnosis and treatment of STIs. Figure 5.4 provides information on the specific topics of in-service education received most recently during the 12 months preceding the survey and in the 13-59 months preceding the survey.

Figure 5.4 In-service education received by interviewed family planning service providers, by topic and timing of most recent education (N=408)



Rwanda SPA 2001

User fees may provide additional funds to improve services, or they may act as a deterrent to client utilization. Fifty-three percent of facilities reported they either have a routine charge or ask for a donation toward some aspect of family planning services (Table 5.4). Dispensaries (67 percent) were more likely than hospitals (53 percent) and health centers (52 percent) to have a charge. Public facilities were more likely than GAHFs to charge (55 percent compared with 47 percent). Thirty-two percent of facilities had a charge for the consultation, with the median fee being 100 RFR. Median fees for various aspects of family planning services are provided in Appendix Table A-5.5.

Key Findings

Only a small proportion of family planning providers had received in-service education on topics specific to family planning methods (6 percent) or counseling (9 percent) during the 12 months preceding the survey.

In-service education on subjects related to STIs was received by a higher proportion of providers, with the most reported topic being the syndromic approach to STIs (15 percent).

5.4 Family Planning Programs for Special Groups

It is widely recognized that certain population groups require special attention to ensure access to family planning information and services and to increase appropriate client utilization. Groups often identified as requiring particular attention include adolescents, single mothers, and men.

Thirty-seven percent of facilities reported having special family planning service activities directed toward single mothers, 28 percent toward men, and 18 percent toward adolescents (Table 5.5). Public facilities were more likely (20 percent) to have special programs for adolescents than GAHFs (14 percent). The reverse is true with respect to single mothers and men, with GAHFs likely than public facilities to report special activities for single mothers (41 percent compared with 36 percent) and for men (33 percent compared with 27 percent).

Table 5.5 Family planning activities targeted toward special groups

Percentage of facilities with family planning (FP) activities that target adolescents, single mothers, and men, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities with family planning activities for: | | | Number of facilities offering FP services |
|----------------------------|---|----------------|-----------|---|
| | Adolescents | Single mothers | Men | |
| Type of facility | | | | |
| Hospital | 7 | 47 | 40 | 15 |
| Health center | 20 | 37 | 27 | 131 |
| Dispensary | 19 | 32 | 24 | 15 |
| Operating authority | | | | |
| Public | 20 | 36 | 27 | 124 |
| GAHF | 14 | 41 | 33 | 37 |
| Province | | | | |
| Butare | 0 | 16 | 5 | 16 |
| Byumba | 21 | 48 | 41 | 14 |
| Cyangugu | 13 | 5 | 30 | 11 |
| Gikongoro | 9 | 19 | 0 | 10 |
| Gisenyi | 20 | 44 | 24 | 15 |
| Gitarama | 10 | 52 | 26 | 20 |
| Kibungo | 22 | 67 | 50 | 13 |
| Kibuye | 0 | 50 | 34 | 12 |
| Kigali City | 59 | 50 | 50 | 12 |
| Kigali Ngali | 17 | 25 | 17 | 14 |
| Ruhengeri | 9 | 16 | 24 | 14 |
| Umutara | 56 | 44 | 44 | 10 |
| Total | 18 | 37 | 28 | 161 |

Key Findings

Programs to meet family planning needs of special groups exist in some facilities and are more available in GAHFs than public facilities.

Around one-third of facilities have programs that focus on family planning issues for men (28 percent) or single mothers (37 percent).

Almost one-fifth of facilities have programs that focus on adolescents (18 percent).

6.1 Background

6.1.1 SPA Approach to Collection of Maternal Health Information

Maternal health is an issue that not only affects the woman but also has a direct bearing on the health of the newborn. About 15 percent of all pregnant women experience life-threatening complications as a result of their pregnancy (MNH, 2001a). Many complications and subsequent poor outcomes for women and infants can be prevented or minimized with early recognition of problems and appropriate interventions.

With an international focus on decreasing maternal morbidity and mortality, during recent years, there have been shifts in the emphasis placed on some traditional maternal health interventions. Some of the critical thinking and subsequent changes in program emphasis are described below:

- **Antenatal care (ANC):** Because all pregnant women are at risk of developing complications and many of these complications are unpredictable, it is important to ensure that all pregnant women have access to preventive interventions, early diagnosis and treatment for problems, and emergency care when needed. It is now being emphasized that ANC should focus on early detection and skilled and timely interventions for factors that have proven impacts on maternal and infant outcome (MNH, 2001a).
- **Postnatal care (PNC):** There is increasing attention placed on ensuring that women receive PNC within a few days of birth for early diagnosis of postpartum complications. PNC also provides an opportunity to counsel the new mother on care for herself and for her newborn and on family planning and to assess the newborn for any problems.
- **Delivery care:** Because every pregnancy may have complications, the emphasis is to promote use of skilled and trained delivery care providers and to ensure that all women have access to life-saving emergency interventions at the time of labor and delivery. In many countries, deliveries occur at home, attended by traditional birth attendants (TBAs). Previously there were extensive efforts and funds expended toward upgrading the skills of TBAs, but safe motherhood program initiatives have concluded that, in almost all cases, “the level of skill among ‘skilled birth attendants’ is lower than is ‘safe’ for safe motherhood. In-service training cannot improve the skill level of trained providers to the level of competency desired in all skills” (MNH, 2001b). With this conclusion has come a shift in the definition of qualified delivery providers to persons with “midwifery skills who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose and manage or refer complicated cases” (MotherCare Policy Brief #3) (Koblinsky, 2000).
- **Newborn care:** More attention has also been given recently to newborn care, with the increased awareness of common practices that are detrimental to newborn health and a focus on those good practices that should be promoted.

The maternal health services necessary for safe delivery and improved maternal and newborn outcome have been defined as follows:

- **Basic essential obstetric care (BEOC):** BEOC includes preventive services as well as medical interventions and procedures that can be provided by well-trained nonphysician providers. This includes ANC, with preventive interventions, early detection, and treatment of common problems

of pregnancy, and the ability to manage both problems of pregnancy and complications of labor to minimize the need for emergency interventions.

- **Emergency obstetric care (EmOC)** specifically covers life-saving interventions of blood transfusion and surgery.

Together, these services comprise comprehensive essential obstetric care (CEOOC) (MotherCare Policy Brief # 1) (Koblinsky, 1999).

Maternal and newborn health services represent a wide range of interventions depending on whether the mother and newborn are healthy or experiencing problems. The RSPA drew on the findings and recommendations of Safe Motherhood initiatives, such as the Maternal and Neonatal Health Project (MNH) and MotherCare, promoted by the World Health Organization (WHO) and other international organizations, to determine which aspects of maternal health to assess.

This chapter uses information obtained in the SPA to address five central questions regarding ANC and delivery services:

1. What is the availability of ANC services at the health facilities surveyed in the RSPA?
2. To what extent do the facilities offering ANC services have the capacity to support quality ANC services?
3. To what extent is there evidence that health workers involved in providing ANC adhere to standards for provision of quality services?
4. To what extent do the health facilities that provide delivery services have the capacity to support quality delivery services?
5. What are the common newborn care practices in facilities providing delivery services?

6.1.2 Maternal Health and the Utilization of Services in Rwanda

Using the sisterhood method, the 2000 DHS survey in Rwanda (EDSR-II) estimated the maternal mortality ratio as 1,071 maternal deaths for every 100,000 live births, for 1995-2000 (ONAPO and ORC Macro, 2001). While high, this is an improvement over the 1995 (just after the 1994 genocide) WHO and UNICEF estimate of 2,300 maternal deaths for every 100,000 live births (WHO, 2001c).

Other findings from the EDSR-II, a household-based survey, indicated the following:

- Ninety-two percent of women who gave birth in the five years preceding the survey received ANC from trained providers.
- ANC was largely provided by trained personnel (midwives, nurses, or medical assistants) (72 percent).
- Only a small percentage of women (6 percent) who received ANC recalled having been advised of the signs of complications of pregnancy.
- Nearly three out of four births (73 percent) in the past five years took place at home. Home deliveries were most common in rural areas (79 percent), among women with primary-level education (74 percent) or no education (86 percent) and those who had received no ANC (89 percent).
- Three out of ten births (31 percent) were attended by a health professional. Women residing in urban areas (68 percent), who made four or more ANC visits (50 percent), and those with a secondary-level education or higher (73 percent), were more likely to deliver with trained attendants.

- For nearly all women who delivered outside of a health facility, there was no PNC. The lack of PNC was more often found among women age 35 or older (80 percent), those in rural areas (78 percent), and those without any formal education (84 percent).
- Women cited lack of funds (76 percent), distance from a health facility (41 percent), and the need for a means of transportation (76 percent) as factors limiting their access to health care. Overall four women out of five (82 percent) cited at least one of these problems. Women from rural areas and those with primary-level education or less consistently reported that they faced problems in seeking health care more often than urban and better educated women.

6.2 Availability of ANC Services

To support appropriate utilization of ANC services, services should be available with sufficient frequency to meet the needs of most pregnant women. Preventive services, such as ANC, are commonly offered only one or two days per week. Although this strategy may facilitate the management of services and personnel, particularly where limited space and equipment are problems, this can create “missed opportunities” for providing ANC. A pregnant woman may be at the facility for another purpose (e.g., for a sick child or a child receiving immunization or other well child services, or even for herself if she is sick) and if she cannot receive the ANC services at the same time, she might be disinclined to return another day (because of time, financial constraints, or other factors) specifically for ANC.

In the RSPA, facility respondents were asked the number of days per week that they normally provide ANC and normally provided other services. Almost all facilities (90 percent) offered ANC (Table 6.1),

Table 6.1 Availability of antenatal care and tetanus toxoid vaccinations

Among all health facilities surveyed, percentage offering antenatal care (ANC); among facilities offering ANC, the percentage offering ANC 1 or 2 days per week, percentage offering ANC at least 5 days per week, percentage of facilities offering tetanus toxoid (TT) vaccine services 1 or 2 days per week, percentage offering TT at least 5 days per week, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities offering ANC services | Number of facilities | Percentage of facilities offering ANC services for the indicated number of days per week | | Percentage of facilities offering TT immunization for the indicated number of days per week ¹ | | Number of facilities offering ANC |
|----------------------------|--|----------------------|--|----------|--|----------|-----------------------------------|
| | | | 1-2 days | 5+ days | 1-2 days | 5+ days | |
| Type of facility | | | | | | | |
| Hospital | 32 | 34 | 82 | 18 | 64 | 0 | 11 |
| Health center | 100 | 170 | 92 | 2 | 81 | 2 | 170 |
| Dispensary | 95 | 19 | 85 | 11 | 78 | 6 | 18 |
| Operating authority | | | | | | | |
| Public | 90 | 144 | 93 | 3 | 83 | 2 | 129 |
| GAHF | 89 | 79 | 87 | 5 | 74 | 4 | 70 |
| Province | | | | | | | |
| Butare | 85 | 26 | 96 | 0 | 91 | 0 | 22 |
| Byumba | 94 | 17 | 76 | 18 | 63 | 13 | 16 |
| Cyangugu | 72 | 14 | 80 | 6 | 60 | 0 | 10 |
| Gikongoro | 92 | 12 | 92 | 0 | 100 | 0 | 11 |
| Gisenyi | 91 | 21 | 92 | 0 | 55 | 0 | 19 |
| Gitarama | 93 | 27 | 87 | 9 | 83 | 4 | 25 |
| Kibungo | 90 | 19 | 100 | 0 | 100 | 0 | 17 |
| Kibuye | 94 | 16 | 81 | 6 | 67 | 7 | 15 |
| Kigali City | 88 | 17 | 100 | 0 | 80 | 0 | 15 |
| Kigali Ngali | 88 | 17 | 100 | 0 | 93 | 0 | 15 |
| Ruhengeri | 95 | 19 | 88 | 6 | 78 | 6 | 18 |
| Umutara | 88 | 17 | 92 | 0 | 87 | 0 | 15 |
| Total | 90 | 223 | 91 | 4 | 80 | 3 | 199 |

¹ 17 of facilities offering ANC reported they provided no tetanus toxoid immunization services.

with 91 percent of all facilities offering ANC only one or two days per week and 4 percent providing ANC five or more days per week. Availability of tetanus toxoid (TT) vaccination services, a critical component of ANC, was also assessed. Among facilities offering ANC, 80 percent also offered TT one or two days per week, and 3 percent offered TT at least five days per week. On the day of the survey, 60 percent of the facilities were providing ANC services, 59 percent were providing both ANC and curative child care, 43 percent were providing both ANC and TT vaccination services, 19 percent were providing both ANC and family planning, and only 9 percent were providing both ANC and child immunization services (Appendix Table A-6.1).

Key Findings

Although ANC is available at most facilities, availability only one or two days per week may limit access to women who need other family health services that are not available the same day.

Availability of ANC the same day as other frequently needed health services (particularly child immunization services) is not common.

TT vaccination, an essential component of ANC, was offered in two of three facilities offering ANC the day of the survey.

6.3 Capacity to Provide Quality ANC

ANC aims to promote healthy behaviors in pregnant women and to provide early detection for and treatment of complications. Specific items that were assessed include the following:

- Infrastructure and resources to support quality counseling for ANC;
- Equipment and resources for quality ANC and PNC examinations;
- Equipment and resources for quality ANC and PNC services; and
- Management practices supportive of quality ANC services.

6.3.1 Infrastructure and Resources to Support Quality Counseling for ANC

The following items were assessed for supporting quality ANC counseling:

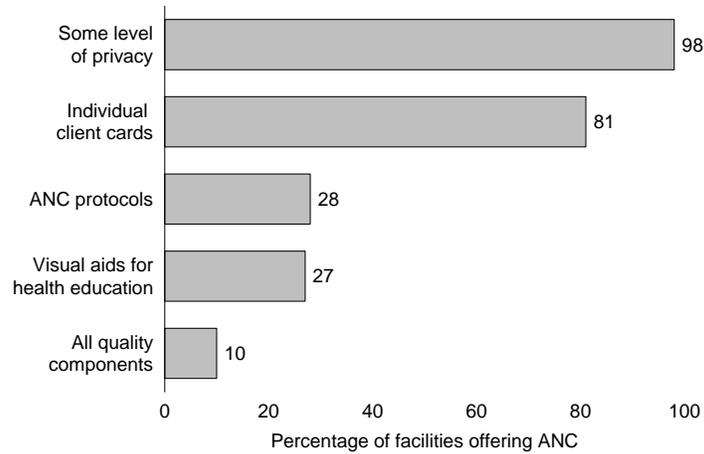
- Degree of privacy for counseling;
- Individual client cards;
- Guidelines or protocols for ANC; and
- Visual aids for client education.

Figure 6.1 provides information on the availability of each of these items, and Appendix Table A-6.2 provides details, by facility type and operating authority. Table 6.2 provides aggregate information on the availability of all items for quality counseling, by type of facility, operating authority, and province. Figure 6.2 provides information on topics facilities teach through group education for ANC clients.

It is not uncommon to find that ANC clients are counseled in a room where other clients are waiting, but that an examination, where they must lie down or be exposed, takes place in a small adjacent room. Thus, conditions for counseling and for examination are assessed separately. Almost all facilities (98 percent) (Figure 6.1) provided ANC counseling under conditions that allowed some measure of privacy. A private room was used in 88 percent of facilities; 6 percent counseled in a room with other people, but where

there was a movable visual barrier (data not shown). Findings were similar regardless of facility type or operating authority.

Figure 6.1 Availability of items for quality ANC counseling among facilities offering ANC (N=199)

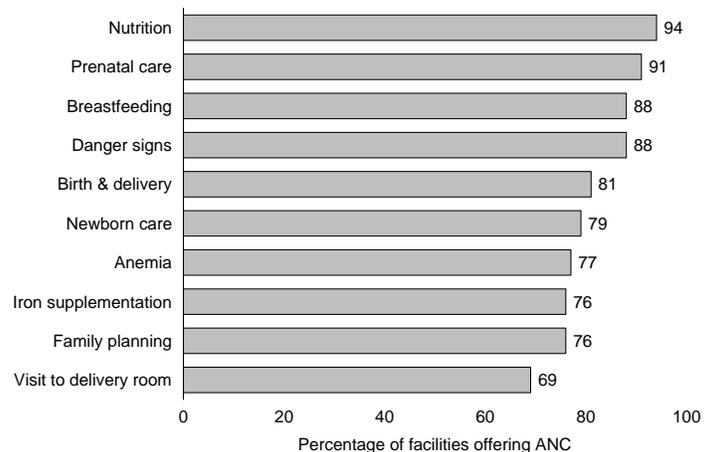


Rwanda SPA 2001

Individual client cards were available in 81 percent of the facilities, including almost all (91 percent) hospitals (Appendix Table A-6.2). Written ANC guidelines or protocols that included management of common problems during pregnancy were available in the ANC service delivery area in only 28 percent of facilities. None of the hospitals and only 31 percent of the health centers and 16 percent of the dispensaries had protocols in the service delivery area. Protocols were found more often in GAHFs than public facilities (39 percent compared with 22 percent).

Health education sessions providing information on maternal and child health are important for promoting desirable health practices, early detection of problems, and the appropriate use of health services. Almost all facilities (99 percent) that provide ANC organize group education sessions for maternal health. This was common in almost all health centers (99 percent) and dispensaries (100 percent) and in 82 percent of hospitals. Information on topics routinely covered in the group health education sessions is described in Figure 6.2. Despite widespread implementation of group education sessions, visual aids for health

Figure 6.2 Topics routinely included in group maternal health education sessions, among facilities offering ANC (N=199)



Rwanda SPA 2001

education related to maternal health were not widely available. Only 27 percent of facilities had any visual aids for use during group or individual health education discussions or educational materials for clients to take home (Figure 6.1).

All conditions for quality counseling were available in only 10 percent of facilities (Table 6.2), with written protocols or guidelines and visual aids the items most commonly missing (Figure 6.1). GAHFs were more likely than public facilities to have all the items necessary to support quality counseling, with 21 percent (compared with 4 percent of public facilities) having all the items.

Table 6.2 Availability of infrastructure and resources to support quality counseling and examinations for antenatal care

Percentage of facilities with all elements for quality antenatal care (ANC) counseling, physical examinations, essential supplies for basic ANC, medications to manage common complications of pregnancy, and laboratory testing for urine protein, anemia, syphilis, and HIV/AIDS, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities with all items for the indicated component | | | | Percentage of facilities with testing capacity for: | | | | Number of facilities offering ANC |
|----------------------------|---|------------------------------------|---|--|---|---------------------|-----------------------|-----------------------|-----------------------------------|
| | Quality counseling ¹ | Quality physical exam ² | Essential supplies for basic ANC ³ | Medications to manage common complications of pregnancy ⁴ | Urine protein ⁵ | Anemia ⁶ | Syphilis ⁷ | HIV/AIDS ⁸ | |
| Type of facility | | | | | | | | | |
| Hospital | 0 | 18 | 64 | 73 | 91 | 91 | 55 | 18 | 11 |
| Health center | 11 | 16 | 41 | 9 | 36 | 25 | 5 | 6 | 170 |
| Dispensary | 6 | 11 | 24 | 0 | 46 | 34 | 13 | 13 | 18 |
| Operating authority | | | | | | | | | |
| Public | 4 | 14 | 36 | 6 | 26 | 21 | 5 | 3 | 129 |
| GAHF | 21 | 18 | 51 | 21 | 65 | 46 | 17 | 14 | 70 |
| Province | | | | | | | | | |
| Butare | 15 | 23 | 27 | 12 | 42 | 35 | 4 | 4 | 22 |
| Byumba | 0 | 6 | 46 | 12 | 37 | 28 | 12 | 4 | 16 |
| Cyangugu | 0 | 14 | 53 | 8 | 26 | 26 | 9 | 0 | 10 |
| Gikongoro | 38 | 23 | 47 | 16 | 39 | 32 | 9 | 0 | 11 |
| Gisenyi | 0 | 12 | 40 | 13 | 13 | 5 | 0 | 0 | 19 |
| Gitarama | 14 | 13 | 35 | 9 | 48 | 39 | 5 | 5 | 25 |
| Kibungo | 0 | 0 | 12 | 0 | 24 | 12 | 4 | 0 | 17 |
| Kibuye | 13 | 19 | 62 | 20 | 79 | 39 | 7 | 13 | 15 |
| Kigali City | 27 | 38 | 45 | 27 | 70 | 77 | 18 | 25 | 15 |
| Kigali Ngali | 15 | 31 | 69 | 7 | 53 | 38 | 23 | 23 | 15 |
| Ruhengeri | 0 | 0 | 39 | 6 | 17 | 11 | 6 | 0 | 18 |
| Umutara | 8 | 8 | 38 | 15 | 30 | 22 | 22 | 16 | 15 |
| Total | 10 | 15 | 41 | 12 | 40 | 30 | 9 | 7 | 199 |

¹ Room provides some measure of privacy (private room or nonprivate room with visual barrier), visual aids for health education, protocols or guidelines for ANC, and individual client card or record.

² Visual privacy, clean gloves, soap and water, disinfecting solution, examination light, and examination table.

³ Iron and folic acid, tetanus toxoid vaccine, weighing scale, blood pressure apparatus, and fetoscope (Pinard).

⁴ Antihypertensive (methyldopa), antibiotic for ANC or PNC infections (amoxicillin, ampicillin, or co-trimoxazole), metronidazole, nystatin, mebendazole, antimalarial, and at least one medication to treat trichomoniasis, gonorrhea, chlamydia, and syphilis.

⁵ Clinistix or other urine test (usually flame and acetic acid).

⁶ Any test (e.g., hemoglobinometer, centrifuge, or filter paper methods).

⁷ VDRL kit and functioning microscope or RPR (rapid plasma reagin) kit.

⁸ Any HIV test (specific ones assessed were Rapid Test, ELISA, and Western Blot).

6.3.2 Equipment and Resources for Quality ANC and PNC Examinations

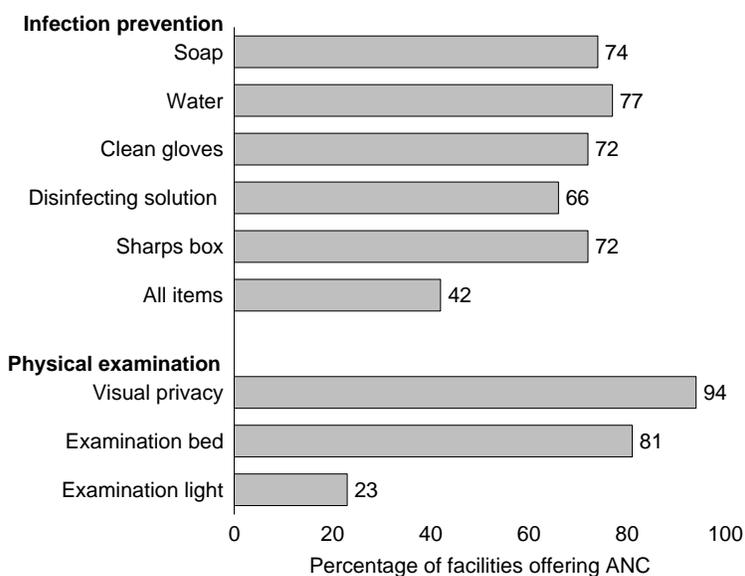
Items assessed for quality examinations were as follows:

- Items for infection prevention and
- Conditions for examinations.

Figure 6.3 provides information on conditions for examinations and prevention of infection. Appendix Table A-6.2 provides details by facility type and operating authority. Table 6.2 provides aggregate information on these items.

The RSPA assessed the presence of items for infection prevention in the area where ANC examinations, such as abdominal examinations or pelvic examinations, took place. Because some ANC services also provide injections and check blood anemia, a box for disposal of sharp items was included. All items (hand-washing supplies, sharps box, disinfecting solution, and clean gloves) were available in less than half of the ANC service delivery areas (42 percent) (Figure 6.3). Hospitals were more likely to have all items (64 percent) than health centers (40 percent) and dispensaries (45 percent); and a higher proportion of GAHFs than public facilities had all items for infection control (58 percent compared with 34 percent) (Appendix Table A-6.2).

Figure 6.3 Items for physical examination and infection prevention (N=199)



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The common physical examinations for ANC include palpating the abdomen, a breast examination, and when necessary, a pelvic examination. Although most facilities had visual privacy (94 percent) and an examination bed (81 percent), few had a lighting source (23 percent) sufficient for good visualization during a pelvic examination (Figure 6.3).

All items for infection prevention and furnishings and infrastructure to support a quality physical exam were available in the ANC service delivery area in 15 percent of the facilities. There were only small differences between types of facilities and operating authority (Table 6.2).

Key Findings

Individual items for infection prevention were each available in the ANC examination area in around 70 percent of facilities, and all items were present in 42 percent of the ANC service areas.

An examination light was present in only 23 percent of the ANC examination areas.

Individual client cards for continuity of care were available in 81 percent of facilities.

ANC service protocols and visual aids for teaching ANC clients were each lacking in around 75 percent of the ANC service areas.

6.3.3 Equipment and Resources for Quality ANC and PNC Services

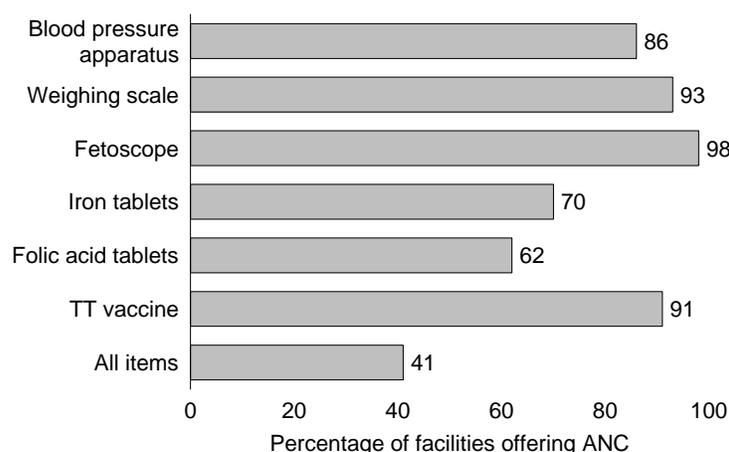
Items assessed for quality services were:

- Equipment and supplies for basic ANC;
- Medicines;
- Routine ANC interventions and capacity to provide the service; and
- Equipment for basic PNC.

Figures 6.4-6.6 provide information on the availability of items to provide services. Appendix Tables A-6.2 and A-6.3 provide details on items assessed. Table 6.2 provides aggregate information on these items and provides information on facility-level capacity to conduct laboratory tests relevant to ANC.

Among the items assessed for basic ANC (blood pressure apparatus, adult weight scale, fetoscope, iron and folic acid tablets, and TT vaccine) all components were available in 41 percent of facilities (Table 6.2). The fetoscope, the most expendable of these items (because a normal stethoscope can be used if necessary to listen to FHT), was the component most often available (98 percent of all facilities) (Figure 6.4). Equipment for measuring blood pressure was present in 86 percent of facilities. Given that maternal malnutrition is not uncommon, the capacity to provide iron (70 percent of facilities) and folic acid tablets (62 percent of facilities) is also essential for quality ANC. TT vaccine was available in 91 percent of facilities. Among all types of facilities and both public facilities and GAHFs, there were some facilities lacking each of these critical items (Appendix Table A-6.2).

Figure 6.4 Essential materials for basic ANC (N=199)

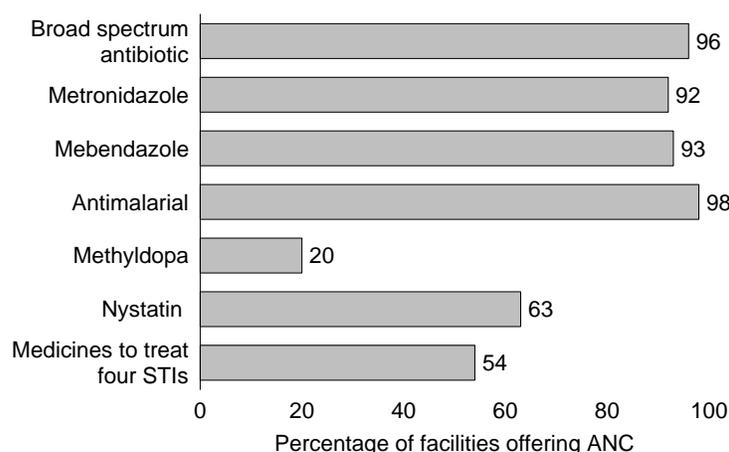


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Hypertensive disorder of pregnancy (pre-eclampsia), anemia, malaria, STIs, and worms or vaginal infections are conditions that are directly related to both maternal and newborn health. BEOC requires that a facility is able to provide early treatment for the common problems and complications of pregnancy to prevent progression to more serious problems.

Most facilities had antibiotics (96 percent), metronidazole (92 percent), an anthelmintic (mebendazole) (93 percent), and an antimalarial (98 percent) to treat some of the more common infections and parasitic problems that may affect the outcome of the pregnancy (Figure 6.5). At least one medicine to treat each of the assessed STIs (gonorrhea, chlamydia, syphilis, and trichomoniasis) were available in only 73 percent of hospitals and in around half of health centers and dispensaries (Appendix Table A-6.3). An antibiotic to treat gonorrhea (ceftriaxone, ciprofloxacin, or spectinomycin) was the STI medicine most frequently lacking at all types of facilities. GAHFs had all the medicines for STIs more often than public facilities (64 percent compared with 49 percent). Nystatin vaginal suppositories, although less essential, were also missing from many health centers and dispensaries. Health centers and dispensaries also usually did not have an antihypertensive. This means that women receiving ANC from health centers and dispensaries and who need these interventions must be referred to hospitals. This finding is not surprising because many health systems require that this level of treatment be provided by a physician. Nine percent of hospitals also did not have an oral antihypertensive available for their ANC outpatient clients. Except for hospitals (73 percent), very few facilities (12 percent) had all of these medicines for management of complications during pregnancy (Table 6.2). GAHFs were more likely to have the full range of medicines than public facilities (21 percent compared with 6 percent).

Figure 6.5 Oral medicines for managing common problems during ANC (N=199)



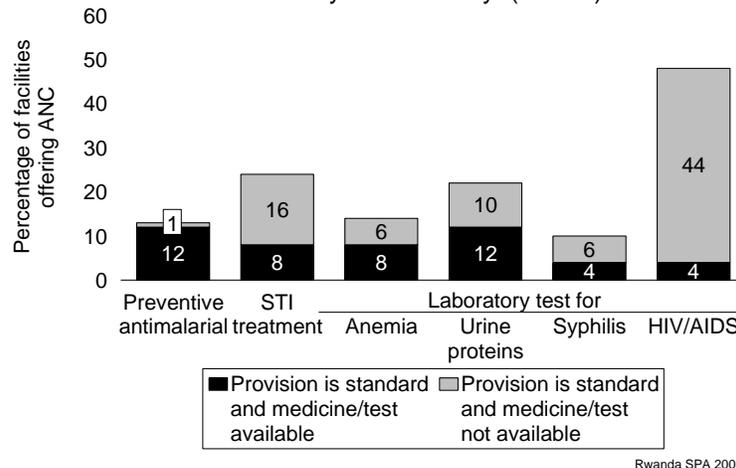
Rwanda SPA 2001

Provision of prophylactic antimalaria medicine was a routine component of ANC for 13 percent of facilities (Figure 6.6). The standard to provide prophylactic antimalaria medicine and the medicine were both available in 12 percent of the facilities the day of the survey. Among all facilities providing ANC, 98 percent had antimalarial medications available on the day of the survey (Appendix Table A-6.3), thus this preventive intervention could be expanded as a routine ANC intervention, should it be desired.

Treatment of STIs by ANC providers, where ANC providers can diagnose and prescribe treatment for clients with symptoms without referring the client elsewhere, was a routine component of ANC in 24 percent of facilities. The standard to allow treatment and availability of all STI medicines, however, was only available in 8 percent of facilities (Figure 6.6). Among all facilities, 54 percent had medicines available for all assessed STIs (Figure 6.5). Thus, with proper staff training, there is scope for expanding the availability of STI services by ANC providers, should this be desired.

Integration of STI services with ANC was weakest in hospitals and strongest in dispensaries, although there were opposite findings when assessing availability of all medicines for STIs. This finding is not surprising. Dispensaries and health centers, with fewer providers, may by necessity provide integrated services because they have only a few providers who see all clients. This differs from hospitals, where there are often specialized service areas with staff who provide only specific services. Dispensaries and health centers, however, may be limited with regard to the scope of treatment because MoH policy limits treatment options for nonphysicians. The lack of integration of STI treatment with ANC in hospital, and the lack of availability of the medicines to treat all STIs at health centers and dispensaries is an issue of concern. When a client must go elsewhere for diagnosis and/or treatment, there is greater possibility that the client will not follow through to receive the referral services, particularly when the reason for referral is a sensitive problem, such as STIs. Given the strong relationship between most STIs and poorer newborn outcome, this is an important quality-of-care issue.

Figure 6.6 Percentage of facilities offering ANC where indicated item is routine component of ANC, and medicine or test was available the day of the survey (N=199)



Rwanda SPA 2001

Some health issues are exacerbated during pregnancy or can have an impact on the newborn. Laboratory tests for anemia, urine protein (for pre-eclampsia), syphilis, and HIV/AIDS can either identify these conditions or facilitate early detection. It is helpful to have a picture of the proportion of facilities that routinely offer or actually provide these tests during pregnancy and of those that have the laboratory capacity (all equipment and, where applicable, reagents) to conduct the test in-house.

Figure 6.6 shows the proportion of facilities where anemia testing (14 percent), urine protein testing (22 percent), or testing for syphilis (10 percent) is reported to be a routine (standard) component of ANC. It should be noted that, among the facilities where these tests are standard, only around half had the capacity to perform the test on the day of the survey. The facilities without the test may refer clients elsewhere for testing. On the other hand, there were facilities with capacity to provide the test that do not include the test as a routine component of ANC (Table 6.2). Thus, if desired, including these diagnostic tests as routine components of ANC is possible.

HIV/AIDS is a different matter. Although 48 percent of facilities said they offered voluntary counseling and testing for HIV/AIDS, only 4 percent had the capacity to conduct the test on the day of the survey. This large discrepancy implies that when offering the service, clients are referred outside the facility for the HIV/AIDS test or that counseling without testing is the main service provided. This decreases the probability that a client receives the test and even further decreases the probability the client receives the results.

The RSPA did not collect detailed information on PNC, although routine PNC is often offered by the same provider and in the same service area as ANC. Information on the infrastructure and resources for counseling, physical examination, and management of common complications during pregnancy are all relevant to the capacity to provide quality PNC. In addition, an infant weighing scale (for checking the newborn) and a thermometer for assessing postpartum infection are important. Infant scales were available in the ANC service delivery area for 65 percent of facilities, with only 36 percent of hospitals having an infant scale in the same area. Health centers and dispensaries were somewhat better equipped, with 67 percent and 61 percent, respectively, having an infant scale. Thermometers were more commonly available, with 81 percent of facilities having this item (Appendix Table A-6.3).

Key Findings

All items for basic ANC were available in 64 percent of hospitals and 41 percent of all facilities offering ANC. Folic acid and iron were the most commonly missing items.

GAHFs were much better prepared to provide basic ANC, with 51 percent having all elements, compared with 36 percent of public facilities.

Management of complications of pregnancy is limited to hospitals, with 73 percent having all medicines to manage common complications of pregnancy.

Ninety-one percent of hospitals have laboratory capacity for testing urine for protein and blood for anemia. Only one in five hospitals, however, include these tests as routine components of ANC.

Around one in three health centers and dispensaries had testing capacity for urine protein and anemia.

Seven percent of facilities offering ANC had laboratory testing capacity for HIV/AIDS.

6.3.4 Management Practices Supportive of Quality ANC Services

Management practices that were assessed included the following:

- An up-to-date client register;
- Evidence of monitoring community coverage for ANC;
- Supervision and in-service education for providers of ANC; and
- Charging practices for ANC.

Table 6.3 provides information on management practices that were assessed, by type of facility, operating authority, and province. Appendix Table A-6.4 provides information on utilization of ANC service at facilities included in the RSPA. Appendix Table A-6.5 provides information on supervision and in-service education of ANC service providers, by type of facility, operating authority, and province, Figure 6.7 provides information on in-service education received during the past five years. Finally, Appendix Table A-6.6 provides details on out-of-pocket payments by observed ANC clients.

Up-to-date registers for ANC that included an entry in the past seven days and indicated at minimum if the visit was a first or follow-up visit were available in 82 percent of facilities (Table 6.3). All hospitals had up-to-date registers; however, up-to-date registers were available at only 82 percent of health centers and 71 percent of dispensaries.

The RSPA also assessed whether the facility had any documentation indicating that it monitors the proportion of eligible women in its catchment areas who receive ANC services either at the facility or from facility staff. As noted in Table 6.3, one out of three facilities (33 percent) monitors ANC coverage in its catchment areas. Similar proportions of hospitals and health centers monitor coverage, but a much smaller proportion of dispensaries monitor coverage.

Table 6.3 Management support for quality antenatal care services

Among facilities providing antenatal care (ANC), percentage with an up-to-date ANC register, percentage with documentation that they monitor ANC coverage, percentage where at least half of the interviewed providers of ANC were personally supervised during the past 6 months, received related in-service education during the past 12 months, and were both supervised in the past 6 months and received in-service training related to ANC services during the past 12 months, and percentage of facilities having a routine charge for ANC, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities: | | | | | | |
|----------------------------|---|---|---|---|--|-------------------------------------|-----------------------------------|
| | Where at least half of the interviewed ANC service providers: | | | | | | Number of facilities offering ANC |
| | With up-to-date register ¹ | With documentation of monitoring ANC coverage | Were personally supervised in past 6 months | Received in-service education in past 12 months | Were both personally supervised in past 6 months and received in-service education in past 12 months | That charge any routine fee for ANC | |
| Type of facility | | | | | | | |
| Hospital | 100 | 36 | 73 | 55 | 0 | 91 | 11 |
| Health center | 82 | 35 | 68 | 48 | 23 | 88 | 170 |
| Dispensary | 71 | 19 | 56 | 33 | 9 | 44 | 18 |
| Operating authority | | | | | | | |
| Public | 81 | 30 | 74 | 48 | 23 | 86 | 129 |
| GAHF | 84 | 41 | 54 | 44 | 16 | 80 | 70 |
| Province | | | | | | | |
| Butare | 92 | 0 | 73 | 50 | 27 | 81 | 22 |
| Byumba | 73 | 31 | 82 | 44 | 33 | 94 | 16 |
| Cyangugu | 92 | 23 | 70 | 33 | 14 | 56 | 10 |
| Gikongoro | 85 | 30 | 55 | 46 | 8 | 92 | 11 |
| Gisenyi | 65 | 47 | 65 | 65 | 37 | 79 | 19 |
| Gitarama | 87 | 57 | 68 | 48 | 17 | 95 | 25 |
| Kibungo | 89 | 37 | 65 | 53 | 28 | 96 | 17 |
| Kibuye | 87 | 34 | 60 | 31 | 21 | 81 | 15 |
| Kigali City | 100 | 27 | 73 | 21 | 15 | 58 | 15 |
| Kigali Ngali | 100 | 7 | 60 | 36 | 16 | 85 | 15 |
| Ruhengeri | 42 | 36 | 72 | 56 | 12 | 87 | 18 |
| Umutara | 85 | 61 | 53 | 62 | 8 | 92 | 15 |
| Total | 82 | 33 | 67 | 47 | 21 | 84 | 199 |

¹ Register has entry in past seven days and indicates, at minimum, whether this was first or follow-up visit.

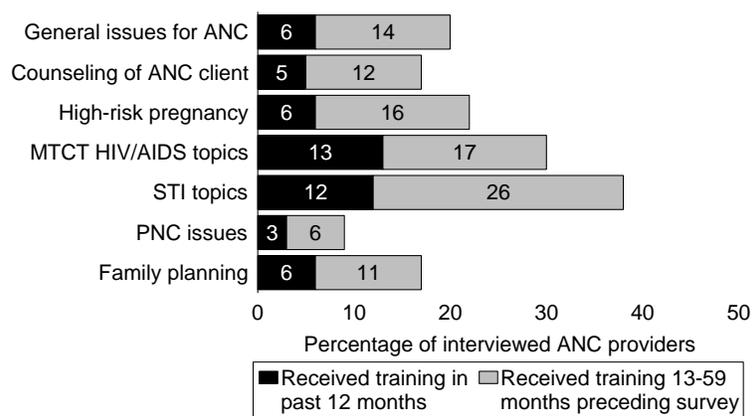
Facility level, routine supervision of individual staff was defined as at least half of the interviewed ANC service providers in a facility having been personally supervised during the six months before the survey. This was found for around two-thirds (67 percent) of the facilities. Routine provision of in-service education (defined as at least half of the interviewed ANC providers having received in-service education related to ANC during the prior 12 months) was found in around half (47 percent) of the facilities (Table 6.3). Both components of supportive management, however, were routinely provided by only 21 percent of facilities.

Among all interviewed ANC service providers, 46 percent had been personally supervised in the 6 months preceding the interview, and 58 percent received in-service education related to ANC during the prior 12 months. (Appendix Table A-6.5).

The most frequently reported topics of in-service education for the prior 12 months were prevention of mother-to-child transmission of HIV/AIDS (PMTCT) (13 percent) and topics related to STIs (12 percent) (Figure 6.7). These were also the in-service education topics most often reported by staff whose most recent in-service education was during the past 13-59 months (Figure 6.7). Among the ANC providers,

76 percent also reported providing PNC (data not shown). Among these staff, 3 percent reported having received in-service education on subjects related to PNC during the past 12 months and 6 percent during the past 13-59 months (Figure 6.7).

Figure 6.7 In-service education received by interviewed ANC service providers, by topic and timing of most recent education (N=677)



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User fees may provide additional funds to improve services, or they may act as a deterrent to service utilization. Some level of routine charges for ANC was reported by 84 percent of facilities, with hospitals (91 percent) and health centers (88 percent) more likely to charge a fee than dispensaries (44 percent) (Table 6.3).

There were small differences in charging for ANC by public facilities (86 percent) and GAHFs (80 percent). Routine charges for PNC outpatient services (frequently provided by ANC providers) were less common. In all, only one facility in ten (11 percent) charged such a fee (data not shown). Information on out-of-pocket payments by observed ANC clients showed that the fees are collected primarily for a first visit (not a follow-up visit) and that the median fee was about 100 RFR for clients with insurance¹ (only 6 percent of all interviewed first-visit ANC clients) and about 200 RFR for clients without insurance (Appendix Table A-6.6). Follow-up fees ranged from 50 to 1500 RFR (data not shown), presumably for specific treatments due to postpartum illness.

¹ Members of the social health insurance group commonly known as “mutuelle de santé.”

Key Findings

Up-to-date client registers were found in most facilities (82 percent).

Documentation that ANC coverage is monitored was found at around one-third of hospitals and health centers.

At least half of the interviewed ANC providers had been personally supervised during the prior 6 months in 67 percent of facilities.

In-service education on topics related to ANC was received by at least half of the interviewed ANC service providers in 47 percent of facilities. Topics of in-service education most often reported related to HIV/AIDS and STI.

6.4 Adherence to Standards for Providing Quality ANC Service

In the RSPA, observers used checklists based on elements of focused ANC and additional elements that are provided as components of ANC in Rwanda to collect information on whether the consultation process during ANC included the following:

- Appropriate assessment and examination for the visit number and gestational age, for early identification of risk signs or symptoms and prevention of complications;
- Health education provided under conditions and with appropriate content to promote healthy behaviors and awareness of risk symptoms during pregnancy, a healthy delivery, and breastfeeding of the newborn;
- Adherence to practices to support continuity of care; and
- Identification of areas for improvement in service delivery.

Appendix Table A-6.7 describes the observed clients by facility type, operating authority, and province. Figures 6.8-6.12 provide information on counseling, examination, and intervention content of observed ANC consultations. Appendix Tables A-6.8-A-6.10 provide details on each element, by facility type, operating authority and, if possible, visit status (first or follow-up) or month of pregnancy. Table 6.4 provides information on selected components for quality ANC that were observed during consultations.

Because ANC services were most often available at a facility only one or two days per week, a special effort was made to schedule the survey for the day of ANC. This was possible for 60 percent of the facilities (Appendix Table A-6.1). The rest of the facilities were revisited on a day when ANC was available solely for the purpose of observing the ANC process. In total, ANC clients were observed in 98 percent of the facilities offering any ANC services. Among the observed ANC clients, this was the first ANC visit for about half (52 percent), 3 percent of the clients were less than five months pregnant, and 43 percent were eight or more months pregnant.

6.4.1 Assessment for Early Identification of Risk Signs or Symptoms

Among the first-visit clients, information was elicited about any prior pregnancy and date of last menstrual period for 93 percent of clients and age for 88 percent (Appendix Table A-6.8). Almost no first-visit clients (3 percent) were asked about medicines they were taking. There was little difference in the history elicited for first-visit clients between observations at different types of facilities or operating authorities. Information regarding complications during previous pregnancies or any prior miscarriage was asked for only 57 percent of the first-visit client observations. Although most complications of prior

Table 6.4 General assessments, examinations, and interventions for assessment of current health status for observed antenatal care clients

Percentage of observed antenatal care (ANC) clients for whom the indicated assessment, examination, or intervention was a component of their consultation, by type of facility and operating authority, Rwanda SPA 2001

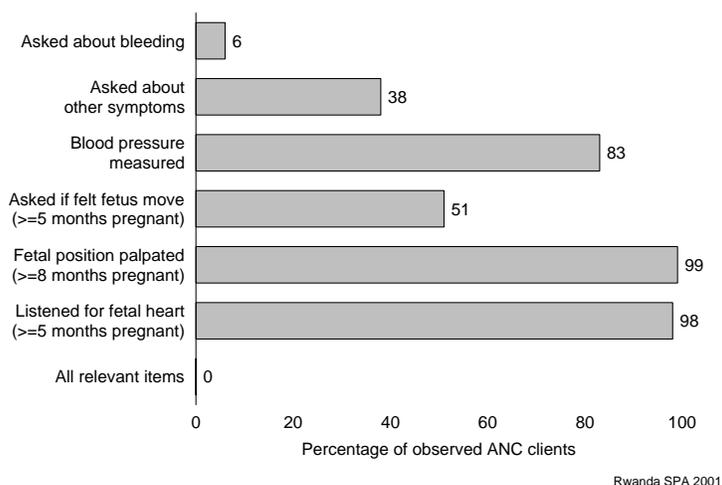
| Component | Percentage of ANC clients with component | | | | | Total |
|---|--|---------------|------------|---------------------|-------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Client questioned regarding: | | | | | | |
| Occurrence of vaginal bleeding | 7 | 6 | 6 | 4 | 9 | 6 |
| Fetal movement (at least 5 months pregnant) | 40 | 53 | 45 | 48 | 56 | 51 |
| Any other problems | 43 | 38 | 34 | 34 | 44 | 38 |
| Physical examination | | | | | | |
| Measured blood pressure | 93 | 85 | 61 | 80 | 88 | 83 |
| Palpated abdomen (at least 8 mo pregnant) | 99 | 99 | 99 | 99 | 100 | 99 |
| Listened for fetal heart (at least 5 months pregnant) | 99 | 99 | 98 | 98 | 99 | 98 |
| All questions and examinations on first visit | 0.0 | 0.2 | 0.3 | 0.2 | 0.3 | 0.2 |
| All questions and examinations on follow-up visit | 0.7 | 0.5 | 0.3 | 0.3 | 0.8 | 0.5 |
| Number of first-visit clients | 72 | 1,288 | 174 | 978 | 556 | 1,534 |
| Number of follow-up clients | 67 | 1,194 | 147 | 876 | 532 | 1,408 |
| Number of observed ANC clients | 139 | 2,482 | 321 | 854 | 1,088 | 2,942 |

pregnancy would not be applicable for women for whom this was a first pregnancy, the provider should ask all women about prior miscarriages, because some women might not remember a miscarriage early in pregnancy as a pregnancy. Only 51 percent of the women were asked about a prior miscarriage.

Specific elements identified for observation of assessment of the current health status of all ANC clients were 1) checking for occurrence of vaginal bleeding, 2) measuring blood pressure, 3) checking fetal heart rate (at least five months pregnant), 4) assessing if fetal movement had been felt (at least five months pregnant), and 5) palpating fetal position (at least eight months pregnant).

Palpation of the abdomen (99 percent) and listening for the fetal heart (98 percent) were almost universal components of assessments for clients more than 5 months pregnant, but only half (51 percent) of the eligible women were asked whether there was fetal movement (Table 6.4 and Figure 6.8). Only 6 percent of all women were asked about vaginal bleeding, and 38 percent were asked about any other complaints. Eighty-three percent of observed clients had their blood pressure measured, a serious matter because this provides early warning for pre-eclampsia and should be conducted at each ANC visit. There was little difference in the assessment of all of these elements, whether it was a first or follow-up visit, with less than 1 percent of clients receiving the full screening and assessment. This was primarily because of the failure to ask about vaginal bleeding. Although differences are small, GAHFs included each aspect of the general assessment as a component of ANC more often than public facilities. Table 6.4 provides information by visit type, facility type, and operating authority.

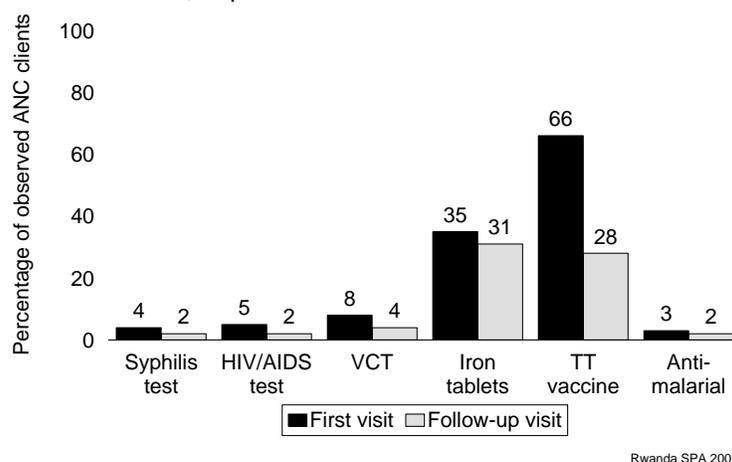
Figure 6.8 Percentage of observed ANC clients for whom indicated assessment was component of ANC (N=2942)



Laboratory facilities and cold chain maintenance capability are required for some screening and preventive interventions. Where a facility does not have the capacity to provide the service itself, it should have a referral site that will provide the service for ANC clients. However, interventions, such as provision of iron tablets, require minimal support and are most often components of ANC at all levels of service.

TT vaccine was provided (or prescribed) for 66 percent of the women on their first visit and to 28 percent of those for whom this was a follow-up visit (Figure 6.9). Iron tablets were given (or prescribed) for 35 percent of the women coming for their first visit and 31 percent of follow-up visit clients. Antimalarial medications were rarely given or prescribed (3 percent of first-visit and 2 percent of follow-up clients). As noted previously, only 13 percent of facilities reported that antimalarial treatment was a routine component of ANC.

Figure 6.9 Percentage of observed first-visit ANC clients (N=1534) and follow-up visit clients (N=1408) who were given, referred for, or prescribed indicated test or intervention



The test for syphilis and voluntary counseling and testing (VCT) for HIV/AIDS was either conducted or prescribed for 5 percent of first-visit and 2 percent of follow-up visit clients (Appendix Table A-6.9).

Although few facilities (10 percent) reported that syphilis testing was a routine component of ANC, 48 percent said they routinely offer VCT services to ANC clients (Appendix Table A-6.3). It is evident that the VCT standard is not adhered to with any regularity.

For the best pregnancy outcomes, all components of the basic ANC screening, counseling, and interventions should be provided. In aggregating all of the components of quality services to first-visit clients, there were no facilities where all components were provided. Where clients routinely have multiple ANC visits, the missing components may be offered during subsequent visits. It should be noted, however, that EDSR-II data indicated that 13 percent of women made only one ANC visit during their prior pregnancy, and the median number of ANC visits during the most recent pregnancy was two, so there is high likelihood that services not provided on the first visit may not be received at all during the pregnancy.

Key Findings

Assessment of the history for first-visit ANC clients rarely includes asking about medicines clients are taking (3 percent).

One-third of ANC clients received or were prescribed iron tablets (findings were similar for first-visit and follow-up clients).

Sixty-six percent of first-visit ANC clients received or were prescribed TT.

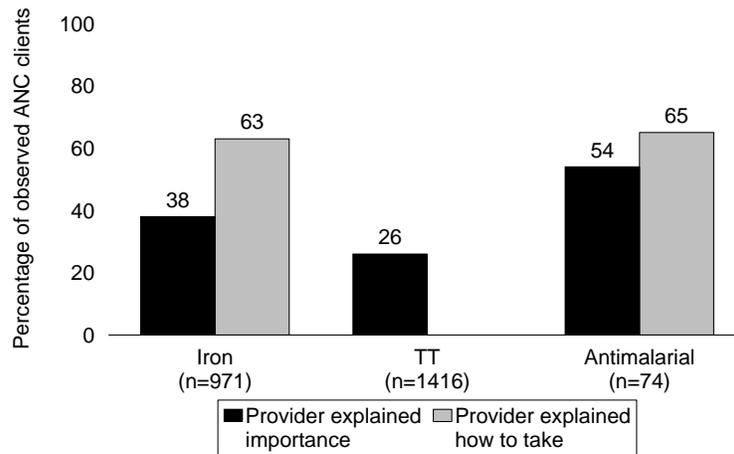
Only 6 percent of ANC clients were assessed for vaginal bleeding, and 17 percent did not have their blood pressure checked. There may be a need to develop and reinforce standards for ANC.

6.4.2 Counseling to Promote Healthy Outcome

The use of visual aids to facilitate health education during the consultation was almost nonexistent, with their use being noted during only 7 percent of either first-visit or follow-up ANC consultations (Appendix Table A-6.10).

The common preventive interventions for ANC are iron (and folic acid) tablets, TT vaccination, and prophylactic antimalarial medicine. To improve the chances that a client will accept preventive medicines and take them as required, they should understand why the medicine is important and how to take it properly. Among the women who received (or were prescribed) iron tablets, TT vaccination, and antimalarial medicine, 38 percent, 26 percent, and 54 percent, respectively, were told why the medicine was important (Figure 6.10). Explanations for how to take the medications were given to more women: 63 percent for iron and 65 percent for the antimalarial medication.

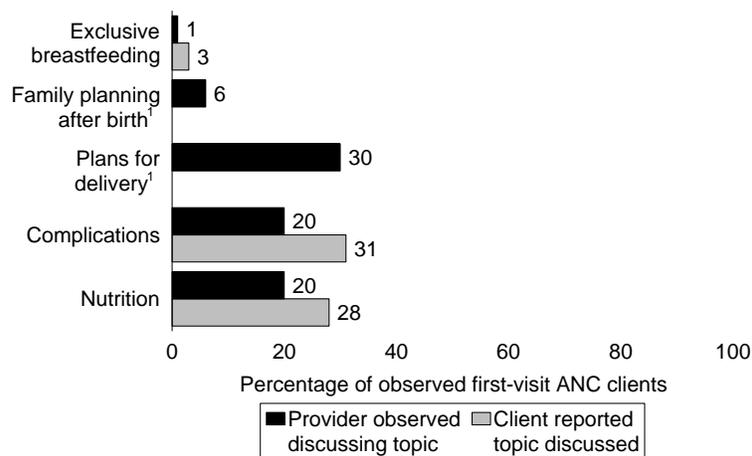
Figure 6.10 Health education provided to observed ANC client who received indicated interventions



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Informing a pregnant woman about special nutritional needs during pregnancy and of signs and symptoms that may indicate a problem should be routine components of ANC counseling. It is of interest to know not only what was shared during the consultation, but also what the ANC client understood and remembered after the consultation. The RSPA collected information through observing the consultation and also from interviewing the observed client after she had completed her visit (Figure 6.11 and Figure 6.12).

Figure 6.11 Health education topics discussed with first-visit ANC clients (N=1534)



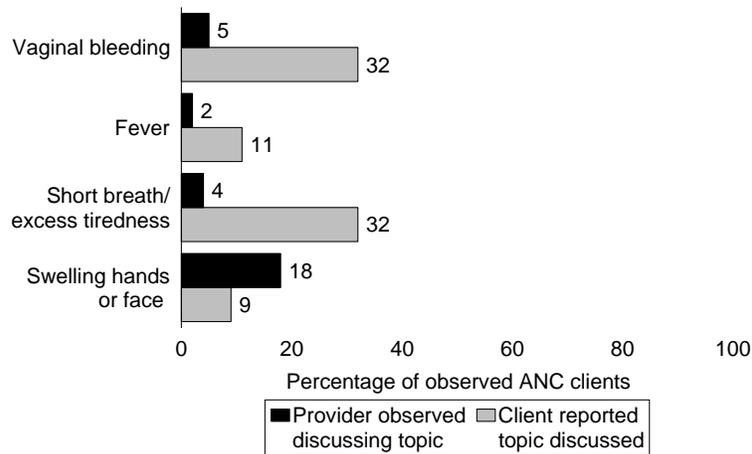
¹ Client was not asked if this issue had been discussed.

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It is not uncommon for there to be differences between what is observed and what is reported by the observed person. This may be because a client forgets or does not understand elements of counseling, a client recalls information shared during a prior visit or received elsewhere as information from the current visit, or an observer did not hear some elements of counseling. Both observed and reported information, however, indicate that counseling on exclusive breastfeeding is rare, and less than one-third of women received counseling on nutrition, on complications for which they should seek help, or on planning for delivery (Figure 6.11). Of the risk signs for which they should seek help, again, only one-third of women recalled receiving information on excessive tiredness or vaginal bleeding (with a far smaller proportion

actually observed receiving this information). Even fewer women recalled receiving information about swelling of the face or hands or fever (Figure 6.12).

Figure 6.12 Risk signs discussed with first visit (N=1534) and follow-up visit ANC clients (N=1408)



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It is not unreasonable to assume that all components of counseling are not discussed each visit, when a woman makes multiple ANC visits. Thus, the content of counseling for first and follow-up visits was assessed separately. It was surprising that there were only minor differences in the proportion of women who received counseling on the various items that were assessed, no matter whether they were on first or follow-up visits. Appendix Table A-6.10 provides details on the counseling, by first and follow-up visit and by facility type and operating authority.

6.4.3 Supporting Continuity of Care

For quality ANC, continuity in care, which includes monitoring changes between visits, is important. One of the more reliable means for achieving this is to maintain a record of relevant history and findings and of interventions or treatments provided. Frequently, health services are organized in such a way that measurements of blood pressure, weight, and other components of a consultation take place before the client is seen by the ANC provider responsible for the consultation and the information is recorded on a client record. Fifty-two percent of facilities were observed to measure blood pressure for ANC clients before the consultation, with slightly over half of observed ANC visits at a facility where blood pressure was taken outside the consultation room (data not shown). For good quality care, the provider who assesses the pregnant woman should know her prior history and any relevant information that was collected before the consultation. Although individual health card use was universal, for around 15 percent of the observations (27 percent of first visits but only 2 percent of follow-up visits), providers did not refer to the health card during the consultation or examination. In these cases, the information from prior visits or measures taken before being seen by the provider would most likely not be considered during the assessment (Appendix Table A-6.10). Registration of information on the card at the end of the visit, however, was almost always done. There was no major difference in use of the card during the consultation regardless of whether the facility collected information or measures before the ANC consultation or not or between GAHFs and public facilities (data not shown).

Key Findings

One in five ANC clients received counseling on nutrition during pregnancy.

The most common risk symptoms discussed was swelling of the face or hands (pre-eclampsia).

Essential elements for client identification of risk symptoms for which they should seek help and counseling on exclusive breastfeeding are notably lacking.

Use of individual client health cards is universal.

6.4.4 Identification of Areas for Improvement in Service Delivery

Observed ANC clients were interviewed before leaving the facility for their opinions on the services and about problems encountered on the day of the visit. When asked about specific issues frequently associated with client satisfaction, insufficient information about the progress of their pregnancy was an issue where there was the most discontent (29 percent). After insufficient information, waiting time (14 percent), lack of availability of medicines (14 percent), and insufficient time with the provider (13 percent) were issues most frequently classified as big problems. Further information is presented in Appendix Table A-6.11, by type of facility and operating authority.

Clients were also asked about their plans for delivery. Most (80 percent) stated they planned to deliver in a facility, with minor differences noted by facility type—hospitals (83 percent), health centers (80 percent), dispensaries (75 percent)—or between public facility clients (78 percent) and GAHF clients (81 percent) (data not shown). However, it should be remembered that, according to the EDSR-II, 73 percent of all deliveries actually occurred outside a facility, indicating that the ANC clients may not be representative of the general population or possibly the women gave the response they thought was desired by the interviewer. Among those women who planned to deliver outside the facility, the most common reason provided was that this was their personal preference (74 percent), with 35 percent citing cost and 9 percent citing distance as factors contributing to their decision (data not shown).

6.5 Delivery Services and Emergency Obstetric Care: Capacity to Provide Quality Delivery and Newborn Care

The RSPA assessed the availability of emergency obstetric care services, as well as availability of standards, equipment and supplies, and health system components identified as important for supporting quality delivery services. Specific items that were assessed included the following:

- Availability of components of comprehensive essential obstetric care services (CEOC);
- Support for safe home deliveries;
- Infrastructure and resources to support quality delivery services;
- Equipment and resources to permit quality delivery services;
- Routine practices for newborn care; and
- Management practices supportive of quality delivery services.

6.5.1 Availability of Components of CEOC Services

Availability of the following components was assessed for CEOC:

- Availability of ANC and delivery services;
- Availability of caesarean sections; and
- Emergency transportation.

Table 6.5 provides details on the availability of these services. Appendix Table A-6.12 provides details on types of emergency transportation systems available.

Because of resource and logistic constraints, it is not uncommon to find that a single facility cannot provide all services required to meet the standards for CEOC services. Where this is the case, facilities should have systems in place for helping a woman reach a higher level of service provision. For example, a facility that does not provide emergency obstetric care should have an emergency transportation plan that supports appropriate referrals to ensure access to life-saving interventions when required.

Almost all facilities offer some maternal health service, with 90 percent offering ANC and 88 percent offering delivery services (Table 6.5). Seventy-eight percent of all facilities offer both ANC and delivery services. This is most common at health centers (91 percent) but less common at dispensaries (42 percent)

| Table 6.5 Availability of maternal health services | | | | | | | | | |
|--|--|--------------------------|-------------------|---------------------------|--|---|---|---|----------------------|
| Percentage of facilities that provide antenatal care (ANC), delivery services, caesarean sections, both ANC and delivery services, and all of these services (ANC, delivery, and caesarean section), percentage having a system for emergency transportation, percentage providing any home delivery services, and percentage with documentation of activities with traditional birth attendants (TBAs), by type of facility, operating authority, and province, Rwanda SPA 2001 | | | | | | | | | |
| Background characteristic | Percentage of facilities that provide: | | | | | Emergency transportation support for maternity emergencies ¹ | Services supporting safe home delivery | | Number of facilities |
| | Facility-based maternity service | | | | ANC, delivery services and caesarean section | | Any home delivery services ² | Documented official program supportive of TBAs ³ | |
| | ANC | Normal delivery services | Caesarean section | ANC and delivery services | | | | | |
| Type of facility | | | | | | | | | |
| Hospital | 32 | 97 | 94 | 32 | 29 | 92 | 15 | 17 | 34 |
| Health center | 100 | 91 | 0 | 91 | 1 | 32 | 7 | 35 | 170 |
| Dispensary | 95 | 47 | 0 | 42 | 0 | 15 | 6 | 42 | 19 |
| Operating authority | | | | | | | | | |
| Public | 90 | 91 | 13 | 80 | 4 | 27 | 8 | 37 | 144 |
| GAHF | 89 | 84 | 16 | 73 | 186 | 59 | 9 | 25 | 79 |
| Province | | | | | | | | | |
| Butare | 85 | 80 | 12 | 69 | 4 | 56 | 3 | 25 | 26 |
| Byumba | 94 | 94 | 12 | 88 | 12 | 31 | 6 | 74 | 17 |
| Cyangugu | 72 | 80 | 29 | 50 | 0 | 35 | 18 | 24 | 14 |
| Gikongoro | 92 | 93 | 16 | 85 | 8 | 44 | 0 | 35 | 12 |
| Gisenyi | 91 | 86 | 14 | 76 | 5 | 19 | 0 | 57 | 21 |
| Gitarama | 93 | 96 | 11 | 89 | 4 | 55 | 8 | 28 | 27 |
| Kibungo | 90 | 96 | 10 | 85 | 0 | 38 | 7 | 56 | 19 |
| Kibuye | 94 | 88 | 25 | 81 | 19 | 37 | 12 | 18 | 16 |
| Kigali City | 88 | 63 | 12 | 50 | 0 | 52 | 0 | 0 | 17 |
| Kigali Ngali | 88 | 87 | 12 | 77 | 0 | 32 | 0 | 7 | 17 |
| Ruhengeri | 95 | 94 | 10 | 90 | 5 | 16 | 18 | 42 | 19 |
| Umutara | 88 | 100 | 18 | 88 | 6 | 35 | 27 | 26 | 17 |
| Total | 90 | 88 | 14 | 78 | 5 | 38 | 8 | 33 | 223 |
| ¹ Any system where the facility provides some support for emergency transportation to referral site, or facility is referral site. ² No facilities indicated they provided routine home delivery services, but rather indicated they provide home delivery services for emergencies only. ³ Any official activity with TBAs for which the facility has any documentation. | | | | | | | | | |

or hospitals (32 percent). This is primarily because of the organization of the health system, mentioned previously, where dispensaries located adjacent to hospitals usually provide the outpatient (ANC) services and the hospitals provide the inpatient (delivery) services. Caesarean sections were provided, with few exceptions, only by hospitals (94 percent), because this is the level of facility where qualified staff is assigned. Among the hospitals, 29 percent offered ANC, delivery services, and caesarean sections.

A system for rapidly transferring a critically ill maternity case to a higher level of care is essential for improving birth outcome and maternal and infant health. Without a facility-supported system, the client and family are left to their own devices to arrange for transportation for help during an emergency. Only 38 percent of facilities reported that they had some system for supporting transportation of obstetric emergencies that require transfer. Hospitals were more likely to have a system for emergency transportation (92 percent) than health centers (32 percent) or dispensaries (15 percent) (Table 6.5). Among these facilities, the arrangements were described as a dedicated emergency vehicle located at the facility (47 percent), an official arrangement where the vehicle was based elsewhere (usually at a hospital) and the referring facility (most often a health center or dispensary) called for the vehicle when needed (44 percent), or other means (e.g., funds to pay for a hired vehicle) (41 percent). It can be seen from the responses that some facilities use several systems, most likely having a back-up system for when the facility-based vehicle is not available (Appendix Table A-6.12).

When asked how long it normally took for a referred client to reach the referral facility (starting the time from when the vehicle was called for, if the vehicle was based at another facility), the median reported time was 30-40 minutes for health centers and 60 minutes for most of the hospitals and dispensaries. There was little variation by season.

6.5.2 Support for Safe Home Deliveries

In countries where a large proportion of deliveries take place at home, frequently with the assistance of traditional birth attendants (TBAs), a support system from a facility may increase the chances of having a safe delivery. The common support systems are for facility staff to attend home births, either routinely or for emergencies only, and for the facility to develop a formal liaison with TBAs.

In Rwanda, the MoH does not routinely provide home delivery services. Some facilities report, however, that they provide home delivery services for emergencies. Emergency home delivery services were reported by 8 percent of all facilities (15 percent of hospitals, 7 percent of health centers, and 6 percent of dispensaries). There was no difference in availability of this service between public facilities and GAHFs (Table 6.5).

Although women are encouraged to choose delivery providers who are trained to a higher skill level than the majority of TBAs, the reality is that, for a variety of reasons, many women continue to choose TBAs for their delivery care. Where home deliveries by TBAs are common, formal links with health facilities are often encouraged. There is some evidence that TBAs who have some linkage with the formal health sector are more likely to refer women appropriately and to adopt safer delivery practices (MNH, 2002a).

The MoH of Rwanda, supported by some NGOs, has a program for training and developing links between the health system and TBAs to promote general health and to improve delivery services. In addition to the official MoH-sponsored training, a facility may have its own, less formal, programs with TBAs. The RSPA looked for documentation of some official relationship between the TBA and the facility (e.g., minutes or an attendance list from a meeting), for some assurance that the relationship was more structured than simply accepting TBA referrals or letting TBAs know they could call for help.

Although 58 percent of facilities offering delivery services indicated they had activities with TBAs (data not shown), only 33 percent had documentation of that program (Table 6.5). Documented activities

between facilities and TBAs were more common in dispensaries (42 percent) and health centers (35 percent) than hospitals (17 percent), and more common in public facilities (37 percent) than GAHFs (25 percent).

6.5.3 Infrastructure and Resources to Support Quality Delivery Services

Items assessed for quality delivery services include the following:

- Items for infection prevention;
- Items to support quality services;
- Delivery room environment and equipment;
- Basic supplies for a normal delivery;
- Medicines for normal and complicated deliveries; and
- Equipment to support complicated deliveries.

Figures 6.13-6.15 provide information on availability of equipment and supplies for normal and complicated deliveries. Appendix Tables A-6.13-A-6.16 provide details on equipment and supplies for normal and complicated deliveries. Table 6.6 provides aggregate information on the assessed items, by type of facility, operating authority, and province.

Infection is one of the most common causes of maternal and neonatal morbidity and mortality. Thus, infection prevention practices are essential for quality delivery care. The RSPA assessed the presence of items for infection prevention in the service area where deliveries are conducted. All items (hand-washing supplies, clean gloves, disinfecting solution, and a sharps box) were present in the delivery service area in half of facilities, with similar proportions of hospitals and health centers having all items (55 percent and 49 percent, respectively) and dispensaries being less well supplied (33 percent) (Table 6.6). GAHFs were more likely to have all infection-control items (62 percent) than public facilities (43 percent). Items most commonly missing were the sharps box and prepared disinfecting solution (Appendix Table A-6.13). It might be considered appropriate for a facility that conducts few deliveries not to mix disinfecting solution until a case arrives, but if this was the practice, the data should have shown that staff reported solution available but it could not be observed. Only 5 percent of facilities did not have disinfecting solution mixed but reported it was normally available (data not shown).

Among the items assessed for supporting quality delivery services were blank partographs. The partograph—a document used to monitor an individual woman’s labor—is being promoted internationally as a means for improving quality of care. It provides guidelines for monitoring and for early identification of complications (MNH, 2002b). Partographs were commonly available (78 percent of facilities), particularly in hospitals (91 percent), but were less available in health centers (77 percent) and dispensaries (49 percent) (Appendix Table A-6.13). They were similarly available in public facilities and GAHFs (79 percent and 77 percent, respectively).

Protocols or guidelines for deliveries and management of complications of deliveries were less frequently found, with only 27 percent of all facilities having these in the delivery service area (Appendix Table A-6.13). Hospitals (42 percent) were more likely than health centers (24 percent) and dispensaries (19 percent) to have delivery service protocols.

In addition, the availability of a qualified delivery service provider 24 hours a day (either onsite or on-call with an on-call schedule observed) was assessed. Any level qualified person the facility accepted as qualified to conduct deliveries was acceptable. Almost all facilities (94 percent) had a qualified delivery provider either onsite (86 percent) or on-call (8 percent) 24 hours a day.

Table 6.6 Availability of elements for quality delivery services

Percentage of facilities that had all items for infection prevention, all items to support quality delivery services, all delivery room conditions, all basic medicines and supplies for delivery, all emergency medicines, and all items for complicated delivery, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities with: | | | | | | | | Number of facilities offering delivery services |
|----------------------------|---|---|---|--|--|---|--------------------------------------|---|---|
| | All items for infection prevention ¹ | All items to support quality delivery services ² | All delivery room infrastructure and furnishings ³ | All basic supplies for delivery ⁴ | All basic treatment interventions for normal delivery ⁵ | All basic items for delivery ⁶ | All emergency medicines ⁷ | All items for complicated delivery ⁸ | |
| Type of facility | | | | | | | | | |
| Hospital | 55 | 36 | 70 | 82 | 100 | 18 | 76 | 15 | 33 |
| Health center | 49 | 23 | 38 | 68 | 75 | 8 | 39 | 5 | 155 |
| Dispensary | 33 | 19 | 19 | 20 | 56 | 0 | 20 | 0 | 9 |
| Operating authority | | | | | | | | | |
| Public | 43 | 23 | 41 | 63 | 75 | 9 | 37 | 5 | 130 |
| GAHF | 62 | 29 | 45 | 77 | 83 | 8 | 59 | 9 | 66 |
| Province | | | | | | | | | |
| Butare | 66 | 50 | 42 | 75 | 88 | 16 | 42 | 12 | 21 |
| Byumba | 31 | 4 | 16 | 55 | 59 | 0 | 28 | 0 | 16 |
| Cyangugu | 45 | 32 | 30 | 82 | 82 | 9 | 68 | 9 | 11 |
| Gikongoro | 62 | 39 | 55 | 85 | 78 | 16 | 46 | 0 | 12 |
| Gisenyi | 34 | 5 | 23 | 70 | 69 | 5 | 42 | 5 | 18 |
| Gitarama | 43 | 33 | 66 | 67 | 76 | 8 | 51 | 8 | 26 |
| Kibungo | 31 | 9 | 47 | 58 | 74 | 4 | 40 | 4 | 19 |
| Kibuye | 50 | 21 | 64 | 84 | 84 | 14 | 50 | 14 | 14 |
| Kigali City | 89 | 46 | 46 | 56 | 86 | 11 | 24 | 0 | 10 |
| Kigali Ngali | 84 | 54 | 62 | 100 | 100 | 31 | 53 | 23 | 15 |
| Ruhengeri | 31 | 6 | 26 | 45 | 76 | 0 | 44 | 0 | 18 |
| Umutara | 53 | 14 | 25 | 52 | 73 | 0 | 45 | 0 | 17 |
| Total | 50 | 25 | 42 | 67 | 78 | 9 | 44 | 6 | 197 |

¹ Soap, water, sharps box, disinfecting solution, and clean gloves.

² Partographs, protocols, 24-hour delivery provider.

³ Bed, examination light, visual and auditory privacy.

⁴ Scissor or blade, cord clamp, suction bulb, antibiotic eye ointment for newborn, skin disinfectant.

⁵ Needles and syringes, intravenous solution with infusion set, oral antibiotic (co-trimoxazole, amoxicillin, or ampicillin), injectable oxytocic, suture material, and needle holder.

⁶ All items for infection prevention, to support quality, delivery room infrastructure, and basic medicines and supplies.

⁷ Injectable: anticonvulsant (valium or magnesium sulfate), antibiotic (penicillin and ampicillin, or gentamicin or kanamycin), and quinine.

⁸ All items for normal delivery plus emergency medications.

Finally, the basic infrastructure and furnishings for the delivery room were assessed for a bed, an examination light, and visual and auditory privacy.

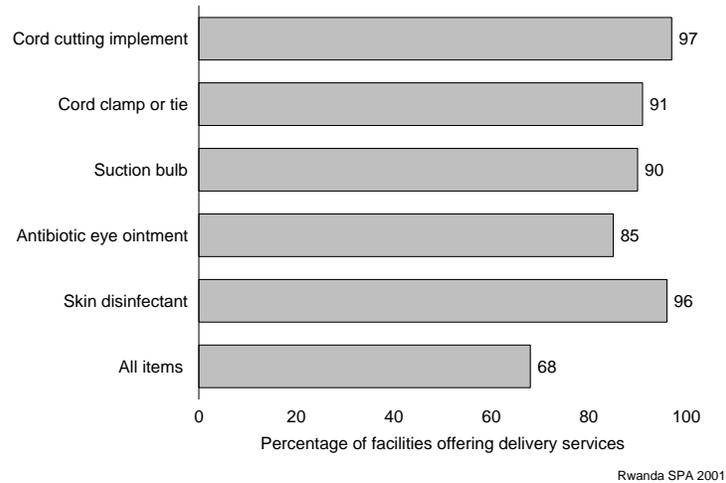
The delivery area in most facilities provided visual privacy (93 percent) and auditory privacy (91 percent) (Appendix Table A-6.13). Most facilities had a bed for delivery (83 percent); however, only two of three dispensaries (66 percent) had a bed. A smaller proportion of facilities had an examination light that could be aimed to visualize the perineum (44 percent). Overall, only 42 percent of all facilities had all of the items identified for basic infrastructure and furnishings.

6.5.4 Equipment and Resources to Allow Quality Delivery Services

Each of the basic items assessed for delivery care was commonly available. These were scissors or a blade for cutting the umbilical cord and, if necessary, conducting an episiotomy (97 percent); materials for clamping or tying the umbilical cord (91 percent); a suction bulb or other means for suction of the

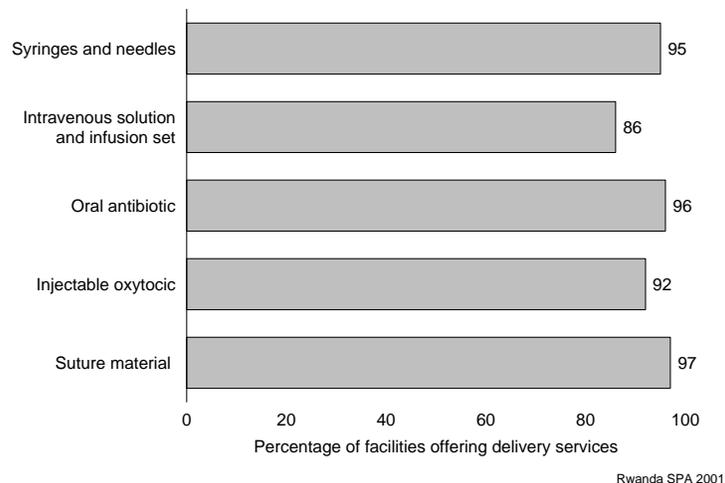
newborn (90 percent); an antibiotic ointment for the eyes of the newborn (85 percent); and a disinfectant for cleaning the perineal area (96 percent) (Figure 6.13). All items were available in 82 percent of hospitals (68 percent of all facilities). Appendix Table A-6.14 provides details by facility type.

Figure 6.13 Basic supplies for delivery (N=197)



Treatment interventions for managing common complications of labor and delivery are available in most facilities. Items assessed were syringes and needles (95 percent), an intravenous solution with an infusion set (86 percent), an oral antibiotic (ampicillin, amoxicillin, or co-trimoxazole) (96 percent), an injectable oxytocic drug (92 percent), and suture materials with a needle holder (97 percent) (Figure 6.14). All treatment intervention items were available in 78 percent of the facilities, including all hospitals, 75 percent of the health centers, and 56 percent of dispensaries (Table 6.6).

Figure 6.14 Treatment interventions for common complications of labor and delivery (N=197)



All items for quality delivery services (items for infection prevention, items to support quality, delivery room infrastructure and furnishings, and basic treatment interventions) were present in only 9 percent of all facilities. Only 18 percent of hospitals and 8 percent of health centers had all items; no dispensaries

had all items. The finding was similar for public facilities and GAHFs (9 percent and 8 percent, respectively).

Key Findings

Delivery service providers are available 24 hours a day at 94 percent of facilities.

Partographs are widely available (78 percent of facilities).

All items for infection prevention were available in half of all facilities. Disinfecting solution and a box for sharp items were the items most commonly missing, with one in four facilities lacking each item.

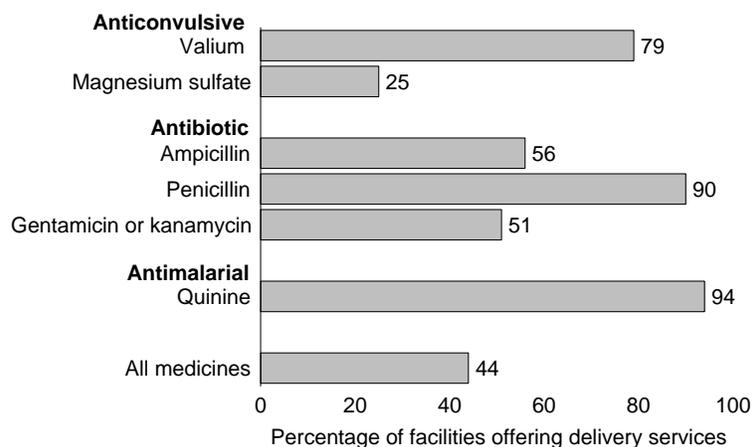
Protocols for managing complications of labor and delivery are lacking in the delivery service area for more than 70 percent of facilities.

All assessed basic supplies for a normal delivery were available in 82 percent of hospitals (68 percent of all facilities).

Medicines and supplies for managing common complications of labor and delivery were available in all hospitals (78 percent of all facilities).

Medicines that were assessed for emergency situations were an anticonvulsive (valium or magnesium sulfate) for eclampsia, injectable antibiotics for sepsis (either gentamicin or kanamycin, or both ampicillin and penicillin), and injectable quinine, because malaria is an endemic health problem in Rwanda. All emergency medicines were available in only 44 percent of facilities (Figure 6.15). Seventy-six percent of hospitals, 39 percent of health centers, and 20 percent of dispensaries had all emergency medicines. GAHFs had all emergency medicines more often than public facilities (59 percent compared with 37 percent) (Appendix Table A-6.14).

Figure 6.15 Availability of injectable emergency medicines among facilities offering delivery services (N=197)



Rwanda SPA 2001

In addition to the previously mentioned equipment and supplies, a facility that is expected to manage complicated deliveries should have the capacity to mechanically assist the delivery when contractions are ineffective (using either forceps or a vacuum extractor) and should be able to provide postabortion care by

removing retained materials from the uterus that contribute to hemorrhage and infection (dilatation and curettage equipment or a vacuum aspirator). In cases where life-saving emergency obstetric care is required, the capacity to provide a caesarean section and to transfuse blood is essential. Finally, there is sometimes a need for special equipment to support the newborn. The equipment assessed was a means for providing emergency respiratory support (a resuscitator or ambu bag) and an external heat source to maintain the body heat in a premature newborn (incubator, heat lamp, or other device).

The equipment and supplies that were assessed require special training for use and, in Rwanda, were found almost exclusively in hospitals. The vacuum extractor, a relatively easy and safe method for assisting delivery, was available in 88 percent of hospitals, but only 16 percent of health centers and 23 percent of dispensaries (Appendix Table A-6.15). Overall, only 28 percent of facilities providing delivery services had the vacuum extractor. Forceps were available in 39 percent of hospitals. Both items were available more frequently in GAHFs than public facilities. The vacuum aspirator, for removing retained materials post abortion, was available in 61 percent of hospitals and 6 percent of health centers. Dilatation and curettage (D&C) equipment was available in 88 percent of hospitals, 12 percent of health centers, and 23 percent of dispensaries. D&C equipment was available in 25 percent of all facilities.

Among the facilities offering caesarean section, 88 percent (data not shown) had all basic elements (operating table, operating light, scrub area, and sterile equipment) necessary to carry out a caesarean section. Finally, blood transfusions were provided at 70 percent of hospitals (Appendix Table A-6.15). Among the facilities that provide blood transfusions, 73 percent had a register for blood transfusions that was observed and 68 percent had a blood bank (data not shown).

Respiratory support for the newborn was available in 85 percent of hospitals, and a heat source was available in 79 percent of hospitals. Each item was available in only one-fifth or less of health centers and dispensaries (Appendix Table A-6.16).

Key Findings

Seventy-six percent of hospitals had all of the emergency medicines for managing emergency situations during labor and delivery.

Emergency interventions (caesarean section and blood transfusion) are not widely available, except in hospitals. These are not easy to introduce without qualified staff and infrastructure support.

Although caesarean sections are available only in hospitals, support for emergency transportation from health centers and dispensaries is weak.

There are means for assisting delivery and decreasing postabortion bleeding (vacuum extraction, vacuum aspiration) that can be introduced safely where staff has been properly trained and with minimal infrastructure support (MNH, 2002c). If this is desirable, there is scope to expand access to these interventions.

6.6 Newborn Care Practices

The RSPA interviewed delivery service providers about routine newborn care practices at the facility. Information on these practices, by type of facility and operating authority, is provided in Appendix Table A-6.17. Figure 6.16 provides information on provision of oral polio vaccine to the newborn and vitamin A to the mother, after birth.

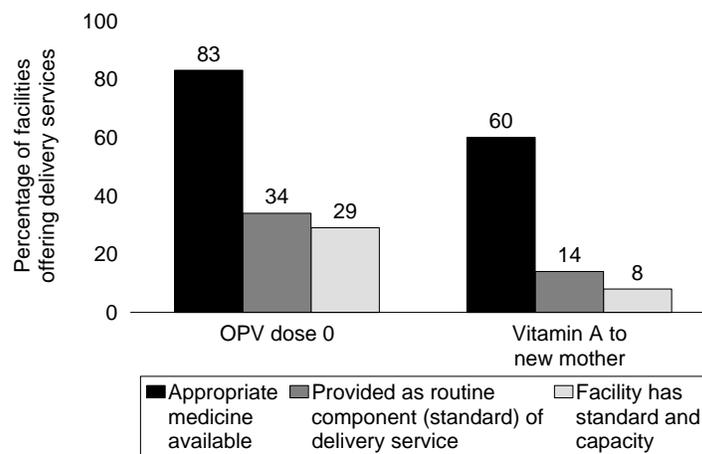
Using catheter suction to stimulate respirations in newborns who are not breathing is not an uncommon practice; however, this should not be a routine practice for the normal newborn. Suctioning using a catheter, however, was reported as a routine procedure by 83 percent of facilities, with almost all hospitals (97 percent), 81 percent of health centers, and 71 percent of dispensaries reporting that this was routine. GAHFs indicated this was a routine practice more often than public facilities (94 percent compared with 78 percent). This finding is questionable and may reflect a misinterpretation of the question because it is unlikely that almost all facilities routinely suction newborns with catheters. This should be investigated, however, to verify whether catheter suctioning is routine or is used only occasionally as an emergency measure.

Hypothermia is a contributing factor to increased morbidity and death for newborns. Ways to prevent hypothermia are to avoid full-immersion bathing the first few hours after birth and, instead, to dry the newborn and either immediately give the infant to the mother for skin-to-skin contact or wrap the newborn in a warm blanket. Only 9 percent of facilities indicated they routinely bathe the newborn with full immersion.

Weighing the newborn provides health information for monitoring postnatal care. Birth weight is also an indicator for risk of infant death. Almost all facilities (94 percent) indicated they routinely weigh the newborn, although only 85 percent had a functioning infant scale.

UNICEF advocates providing a dose of oral polio vaccine (OPV) (considered dose 0) after birth, to provide extra protection for the infant. Only 34 percent of facilities reported they routinely provide OPV to the newborn before to discharge. In total, 83 percent of facilities offering delivery services had OPV available the day of the survey (Figure 6.16), indicating that routine implementation of this practice could easily be expanded, if desired.

Figure 6.16 Routine practices for newborns among facilities offering delivery services (N=197)



Rwanda SPA 2001

Vitamin A supplementation in depleted children has been shown to decrease risk of infection and death. The safest and surest means for newborns to receive a healthy amount of vitamin A is through breast milk. Because pregnant women are at risk of developing vitamin A deficiency, in areas where vitamin A deficiency is a problem, providing vitamin A to the mother immediately postpartum not only replaces depleted vitamin A in the mother, but also increases the vitamin A available to the newborn through breast milk. Only 14 percent of facilities indicated they routinely provide vitamin A to the newly

delivered woman, and among these, 60 percent had vitamin A available on the day of the survey. In total, 60 percent of facilities providing delivery services had vitamin A available the day of the survey (Figure 6.16).

Key Findings

Provision of OPV dose 0 is a routine practice in 34 percent of facilities. Whether expansion of this standard is desirable for Rwanda should be considered.

Providing vitamin A to newly delivered women is a routine practice for 14 percent of facilities. Whether expansion of this standard is desirable for Rwanda should be considered.

6.7 Management Practices Supportive of Quality Delivery Services

Practices assessed for supporting quality delivery services were as follows:

- Delivery service records;
- Monitoring delivery coverage;
- System for review of near deaths or deaths;
- Actual use of partographs; and
- Supervision and in-service education for staff.

Table 6.7 provides information on these elements, by facility type, operating authority, and province. Appendix Table A-6.18 provides details on supportive supervision from the perspective of the providers. Figure 6.17 provides information on topics of in-service education, including the proportion receiving this education in the past 12 months or in the past 5 years.

A delivery register was defined as up-to-date if there was an entry in the past 30 days (assuming there should be at least one birth per month in facilities that provide the service), and the entry, at a minimum, provided the birth outcome. Overall, 86 percent of facilities had up-to-date registers, with findings similar across types of facilities and between different operating authorities (Table 6.7).

Facilities frequently have catchment populations for whom they provide services. Delivery coverage statistics are required for a facility to be able to monitor the proportion of births delivered by trained staff. The RSPA assesses whether the facility has any documentation indicating it monitors the delivery coverage for their catchment population. Forty-three percent of facilities had statistics showing they monitor the percent of deliveries they attend (Table 6.7). Health centers were slightly more likely than dispensaries and hospitals to monitor delivery coverage (45 percent compared with 38 percent and 36 percent, respectively). GAHFs monitored coverage more often than public facilities (51 percent compared with 39 percent).

One quality assurance measure is to systematically review all maternal and newborn deaths or near deaths, to develop interventions to decrease or prevent these events. The RSPA does not assess the quality of these review programs but does assess whether facilities have implemented the process. Only 32 percent of facilities reported they had some process of review for delivery cases. This was more likely at hospitals (46 percent) than health centers (30 percent) or dispensaries (11 percent). GAHFs were more likely than public facilities to conduct a review (37 percent compared with 28 percent).

In total, 67 percent of facilities had evidence that partographs had recently been used. This was more often found in hospitals (85 percent) than health centers (65 percent) or dispensaries (33 percent) (Table 6.7). Use of partographs was similar for public facilities and GAHFs (67 percent each). Among interviewed delivery service providers, 62 percent reported they had used a partograph in the past six months (data not shown).

Table 6.7 Management support for quality delivery services

Among facilities providing delivery services, percentage with an up-to-date delivery register, percentage with documentation that they monitor delivery coverage, percentage that monitor deaths or near misses, percentage with evidence of use of partographs, percentage where at least half of the interviewed delivery service providers were personally supervised during the past 6 months, received related in-service education during the past 12 months, and were both supervised in the past 6 months and received in-service training related to delivery services during the past 12 months, and percentage having a routine charge for normal deliveries, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities: | | | | | | | | |
|----------------------------|--|--|--|-------------------------------------|---|---|--|--|---|
| | Where at least half of the interviewed delivery service providers: | | | | | | | | |
| | With up-to-date register ¹ | With documentation of monitoring delivery coverage | That review maternal/newborn deaths or near misses | With evidence of use of partographs | Were personally supervised in past 6 months | Received in-service education in past 12 months | Were both personally supervised in past 6 months and received in-service education in past 12 months | That charge any routine fee for delivery | Number of facilities with delivery services |
| Type of facility | | | | | | | | | |
| Hospital | 88 | 36 | 46 | 85 | 24 | 9 | 0 | 97 | 33 |
| Health center | 85 | 45 | 30 | 65 | 73 | 22 | 14 | 100 | 155 |
| Dispensary | 88 | 38 | 11 | 33 | 68 | 19 | 8 | 100 | 9 |
| Operating authority | | | | | | | | | |
| Public | 85 | 39 | 28 | 67 | 72 | 20 | 16 | 100 | 130 |
| GAHF | 87 | 51 | 37 | 67 | 51 | 18 | 3 | 96 | 66 |
| Province | | | | | | | | | |
| Butare | 85 | 5 | 14 | 57 | 61 | 8 | 8 | 100 | 21 |
| Byumba | 69 | 38 | 13 | 88 | 88 | 34 | 21 | 100 | 16 |
| Cyangugu | 100 | 17 | 58 | 91 | 82 | 9 | 0 | 100 | 11 |
| Gikongoro | 83 | 36 | 42 | 36 | 38 | 0 | 0 | 100 | 12 |
| Gisenyi | 94 | 58 | 33 | 61 | 89 | 45 | 39 | 100 | 18 |
| Gitarama | 92 | 80 | 64 | 69 | 55 | 29 | 8 | 100 | 26 |
| Kibungo | 84 | 53 | 47 | 53 | 91 | 8 | 8 | 100 | 19 |
| Kibuye | 93 | 36 | 29 | 57 | 38 | 22 | 9 | 100 | 14 |
| Kigali City | 100 | 40 | 0 | 90 | 46 | 25 | 11 | 100 | 10 |
| Kigali Ngali | 93 | 7 | 7 | 79 | 24 | 23 | 16 | 100 | 15 |
| Ruhengeri | 61 | 50 | 11 | 67 | 77 | 7 | 7 | 85 | 18 |
| Umutara | 82 | 65 | 41 | 65 | 69 | 14 | 7 | 100 | 17 |
| Total | 86 | 43 | 32 | 67 | 65 | 19 | 12 | 98 | 197 |

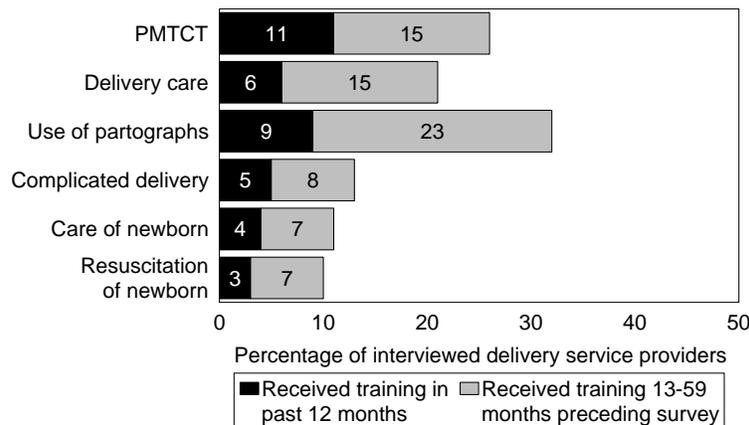
¹ Register has an entry in the past 30 days; entry indicates delivery outcome.

When assessing the proportion of facilities where delivery service providers routinely received supportive supervision (either supervision during the past six months or in-service education during the past 12 months was received by at least half of the interviewed providers), around two-thirds of the facilities (65 percent) had routinely supervised their delivery service providers, but only 19 percent had routinely provided in-service education for their delivery service providers. Overall, in only 12 percent of facilities had both components of supportive management been received by at least half of the delivery service staff (Table 6.7).

Forty-four percent of the interviewed delivery service providers had been personally supervised during the six months preceding the interview (Appendix Table A-6.18). Higher proportions of staff from health centers and dispensaries had been supervised in the past six months (59 percent and 47 percent, respectively) than those from hospitals (21 percent). Public facility staff also was supervised more frequently than staff at GAHFs (47 percent compared with 38 percent).

Among the topics of in-service education, 11 percent of interviewed delivery service providers received education related to prevention of mother-to-child transmission (PMTCT) for HIV/AIDS. Less than 10 percent received in-service education on any other single topic (Figure 6.17).

Figure 6.17 In-service education received by interviewed delivery service providers, by topic and timing of most recent education (N=737)



Rwanda SPA 2001

The effect of user fees can be positive or negative. The RSPA documents the percentage of facilities where user fees are collected for delivery services. Almost all facilities charge for normal deliveries (Table 6.7), with the median charge ranging from 1000 RFR in hospitals to 500 RFR in health centers and dispensaries. The median charge for public facilities and GAHFs was 500 RFR for both (data not shown).

Chapter 7 Services for Sexually Transmitted Infections and HIV/AIDS

7.1 Background

7.1.1 SPA Approach to Collection of Information on STI and HIV/AIDS Services

Sexually transmitted infections (STIs) are a major public health problem throughout the world. These illnesses affect millions of men, women, and children and can cause infertility, serious illness, and even death. STIs have also been shown to increase the risk of transmission of human immunodeficiency virus (HIV) that causes acquired immunodeficiency syndrome (AIDS) (AIDSCAP/FHI, 1996). Most of people infected with STIs do not have symptoms, but they can still transmit the disease to their sexual partners. Pregnant women with STIs are more likely to have low-birth-weight babies, premature babies, and stillbirths (Cotch et al., 1997).

As of December 2002, more than 40 million people worldwide have been infected with the AIDS virus (UNAIDS/WHO, 2002). In sub-Saharan Africa, an estimated 29 million people are infected with HIV/AIDS, which has become a leading cause of adult mortality in this region. A majority of people infected with HIV do not know that they are infected and, as a result, may unknowingly infect others. These people will die from AIDS if they do not receive appropriate treatment and care. However, with the development of powerful antiretroviral drugs, many people who are HIV positive are living longer and many infected mothers are giving birth to infection-free babies. Consequently, the role of health systems in addressing the HIV/AIDS epidemic has expanded to include a range of care and support services for people living with HIV/AIDS.

Although sexual contact is not the only means of transmission of HIV/AIDS, it is the most common (UNAIDS/WHO, 2000); thus preventive measures for STIs are equally relevant to HIV/AIDS. However, the initial symptoms of a person with AIDS differ from those of clients with other STIs. Diagnosis and management of clients with HIV/AIDS require additional resources that may not yet be incorporated as a part of routine STI services. As services for managing and treating HIV/AIDS develop, they may be offered by different personnel and at sites other than those offering services for other STIs. For this reason, the SPA presents information on services specific to HIV/AIDS and the providers of these services separate from general STI service information.

This chapter uses information obtained in the RSPA to address four central questions:

1. What is the availability of STI services?
2. To what extent do the facilities offering STI services have the capacity to support quality STI services?
3. What is the availability of specific HIV/AIDS services?
4. To what extent do the facilities offering HIV/AIDS services have the capacity to support quality HIV/AIDS services?

7.1.2 Health Situation Related to STIs and HIV/AIDS in Rwanda

According to the EDSR-II:

- One in five women (20 percent) had not heard of STIs other than HIV/AIDS. This lack of awareness was particularly notable among women age 15–19 (43 percent), rural women (22 percent), illiterate women (25 percent), and women with primary-level education (21 percent).

- Among women who had heard something about STIs, slightly less than half (45 percent) could name no signs or symptoms of these infections, and one in four could name only one symptom. Slightly more than one in four (29 percent) could name at least two symptoms for females, and 20 percent could name at least two symptoms for males.
- Men are more likely than women to know about STIs. Lack of knowledge was greatest among men age 15-19 (32 percent), men with no sexual experience (32 percent), rural men (15 percent), illiterate men (16 percent), and men with primary-level education (15 percent).
- Among men who had some knowledge of STIs, one in four (26 percent) could name no signs or symptoms for men, whereas 57 percent could name no signs or symptoms for women.
- Three percent of women and 2 percent of men reported having symptoms of STIs.
- Among women with self-reported symptoms of STIs during the previous 12 months, less than half (47 percent) sought advice or treatment. Although 52 percent stated they told their partners about their symptoms, only 59 percent said they took any measure to prevent transmission to their partners.
- Awareness of HIV/AIDS was almost universal (over 99 percent for both men and women). Among women who had heard of HIV/AIDS, only 5 percent knew of no means for prevention, and among men, only 2 percent knew no of means for prevention.

7.1.3 Government Policies and Programs Related to STIs and HIV/AIDS

In Rwanda, an estimated 400,000 adults are infected with HIV/AIDS, with the proportion of those who go on to develop the illness estimated to be between 5 and 10 percent each year. It is estimated that 11 percent of the adult population in Rwanda is HIV positive (UNAIDS/WHO, 2000).

STIs and HIV/AIDS are significant health problems in Rwanda and, as such, are priorities for the MoH (MoH and PNLs, [2003]). This was indicated at a roundtable meeting on Reproductive Health in Rwanda, held in Gisenyi, Rwanda, September 2000 (MoH and Intra/PRIME II, 2000). A national policy on reproductive health is in the process of being adopted (MoH, [2003]). A key strategy of the policy will be to encourage the community to adopt safe sexual practices and to actively fight STIs and HIV/AIDS.

The policy stipulates that health providers are to do the following:

- Followup with partners of the client as a part of treatment;
- Adhere strictly to the protocols for dosage and duration of treatment;
- Encourage the client to complete the full treatment; and
- Advise the client to abstain from sexual activities until completing the treatment and, after completing treatment, to adopt safe sexual practices (including abstinence and fidelity between couples).

The policy recognizes that addressing STIs decreases the risk of HIV/AIDS infection. Mobilizing the community and raising awareness to prevent transmission are policy priorities, that require involving politicians and administrators, NGOs, international organizations, and religious communities.

The Rwanda Ministry of Health adopted a policy on HIV/AIDS in 1987 with the initiation of the National AIDS program, Programme National de Lutte contre le SIDA. This program was replaced by the Treatment and Research AIDS Center (TRAC) and the Great Lakes Initiative on AIDS (GLIA) in 2001. TRAC, a technical unit of the Ministry of Health, sponsors the HIV reference laboratory, HIV clinic, epidemiologic service, and national coordination of the program for prevention of mother-to-child transmission (PMTCT). The National Commission in the Fight Against AIDS (CNLS) was also created with representative groups involved in the fight against AIDS, such as government ministries; civil, national, and international organizations; religious groups; and universities. CNLS integrates all sectors in

the national response to AIDS and reports directly to the president of the republic (MoH and PNL, 1998).

7.2 Availability of STI Services

The integration of STI diagnosis and treatment into relevant health services increases opportunities for case detection and followup on treatment. The RSPA assessed STI service availability in the facility. Most commonly, clients seeking health care specifically for symptoms of STIs are seen in a general outpatient department (OPD). Less commonly, there is a specific STI service area. Both ANC and family planning services are commonly used by sexually active women and, as such, are also relevant services through which STI diagnosis and treatment might be offered. Including STI screening and treatment as a component of these services may increase early detection and improve follow through on treatment because women may be more comfortable discussing symptoms of STIs during the course of a regular ANC or family planning visit with a provider with whom she is familiar. If she must go elsewhere for STI service, there is a greater chance that she may decide not to seek followup care.

Table 7.1 provides information on the availability of STI services of any type and availability depending on which service the client is using in the facility. Almost all facilities (99 percent) offer some form of service for STIs, such as laboratory tests, counseling, or treatment (Table 7.1), with all offering the

| Table 7.1 Availability of services for sexually transmitted infections | | | | | | | | |
|--|---|----------------------|--|----------------|-----------------|-----------|---|--|
| Percentage of health facilities offering services for sexually transmitted infections (STIs), and among these facilities, percentage where STI services are available in the general outpatient department, a special clinic, by family planning service providers, and by ANC service providers, and percentage where STI services are available 5 or more days per week, by type of facility, operating authority, and province, Rwanda SPA 2001 | | | | | | | | |
| Background characteristic | Percentage of facilities offering any STI services ¹ | Number of facilities | Percentage of facilities where STI services are offered to clients using the indicated service and in the service location for that service ² | | | | Percentage of facilities where STI services are available 5 or more days per week | Number of facilities offering STI services |
| | | | General outpatient | Special clinic | Family planning | ANC | | |
| Type of facility | | | | | | | | |
| Hospital | 100 | 34 | 82 | 15 | 18 | 6 | 97 | 34 |
| Health center | 99 | 170 | 86 | 4 | 35 | 22 | 100 | 169 |
| Dispensary | 91 | 19 | 74 | 0 | 37 | 47 | 100 | 17 |
| Operating authority | | | | | | | | |
| Public | 98 | 144 | 84 | 4 | 41 | 22 | 99 | 141 |
| GAHF | 100 | 79 | 85 | 9 | 18 | 22 | 100 | 79 |
| Province | | | | | | | | |
| Butare | 97 | 26 | 89 | 8 | 23 | 31 | 96 | 25 |
| Byumba | 94 | 17 | 81 | 6 | 59 | 47 | 100 | 16 |
| Cyangugu | 100 | 14 | 75 | 7 | 29 | 7 | 100 | 14 |
| Gikongoro | 100 | 12 | 100 | 0 | 23 | 15 | 100 | 12 |
| Gisenyi | 100 | 21 | 81 | 0 | 41 | 14 | 100 | 21 |
| Gitarama | 100 | 27 | 96 | 4 | 27 | 19 | 100 | 27 |
| Kibungo | 100 | 19 | 100 | 0 | 35 | 20 | 100 | 19 |
| Kibuye | 100 | 16 | 94 | 6 | 13 | 13 | 100 | 16 |
| Kigali City | 100 | 17 | 87 | 13 | 47 | 31 | 100 | 17 |
| Kigali Ngali | 100 | 17 | 94 | 6 | 41 | 12 | 100 | 17 |
| Ruhengeri | 100 | 19 | 59 | 0 | 37 | 30 | 100 | 19 |
| Umutara | 93 | 17 | 64 | 18 | 18 | 18 | 100 | 16 |
| Total | 99 | 223 | 85 | 5 | 32 | 22 | 99 | 220 |

¹ This may be diagnosis and treatment, testing, or only counseling.

² Services may be available at multiple sites in the same facility if they are integrated. In small facilities, one service site and one provider may provide services for general outpatients, ANC, and family planning clients.

service at least five days per week. Eighty-five percent of facilities provide STI treatment through their OPD and 5 percent through a special clinic. Ten percent counsel or provide laboratory diagnosis, but do not routinely provide treatment. In addition, 32 percent of facilities offer STI services to family planning clients when they come for family planning services, and 22 percent offer STI services to ANC clients when they come for routine ANC services. Hospitals are least likely to allow ANC or family planning providers to diagnose and treat STIs. Information on STI services offered specifically for family planning and ANC clients is discussed in the chapters related to those services.

Key Findings

STI services are widely available, and one-third of facilities have integrated treatment with family planning services.

There is scope to increase case detection and treatment through expanded integration of ANC and family planning services.

7.3 Components Supporting Quality STI Services

7.3.1 System Components to Support Utilization of Services

System components that were assessed included confidentiality policies and partner notification practices.

Special efforts should be made to encourage clients with STIs to seek modern medical help, because of the stigma that is frequently associated with having an STI, and because many people with STIs have no symptoms and don't know they need treatment. The RSPA assessed the presence of program strategies and service delivery components that contribute to the availability and improved utilization of STI services.

One essential condition for encouraging the use of services is to ensure client confidentiality. Adherence to confidentiality standards is supported when a facility has an official written confidentiality policy that is shared with all staff. The RSPA found that only 7 percent of facilities, 12 percent of hospitals, and 6 percent of health centers and dispensaries were able to show a written confidentiality policy (Appendix Table A-7.1). This document was much more likely to be available in GAHFs (16 percent) than public facilities (1 percent).

For effective interruption of STI transmission, sexual partners of STI patients must also be tested and, if they are found to be infected, they also need to be treated. The client with an STI is usually asked to notify his or her sexual partners and to ask them to be examined. This is classified as passive followup. If the clients feel uncomfortable or ashamed to inform their partners that they may be infected, the clients may allow local health authorities to contact the partner to inform the partner of the risk of infection and advise him or her to seek care. This is called active followup. One in three facilities (32 percent) reported practicing active followup (along with passive followup) and 61 percent included passive followup as components of STI services. Public facilities were more likely than GAHFs to report active followup (36 percent compared with 25 percent). On the other hand, passive follow up was reported more often in GAHFs than public facilities (70 percent compared with 56 percent). Six percent of facilities (8 percent in the public sector and 3 percent in GAHFs) reported that they did not have any partner followup system.

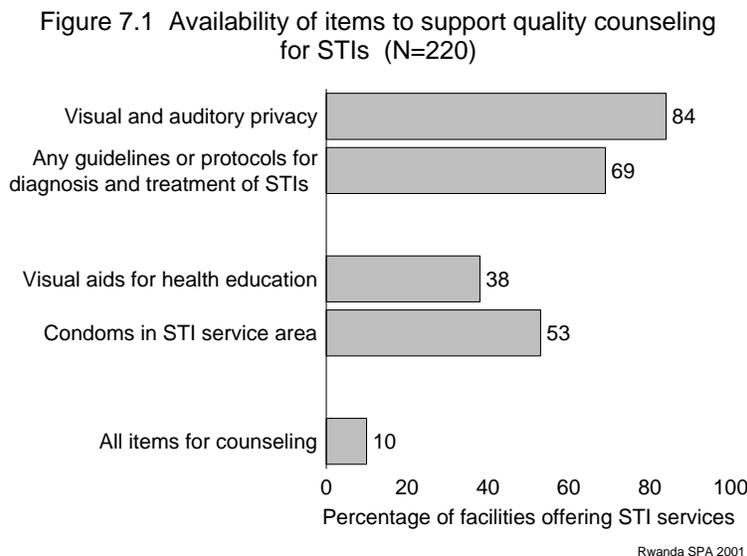
7.3.2 Infrastructure and Resources for Quality Counseling

The RSPA assessed the availability of the following items for quality counseling and general examination for STI clients:

- Privacy for counseling;
- Written guidelines or protocols;
- Visual aids or written information for client education;
- Condoms in the service area and in the facility;
- Items for infection prevention; and
- Equipment and conditions for examinations.

Figure 7.1 describes items for quality counseling, and Figure 7.2 describes items for quality physical examination. Table 7.2 provides information on an aggregate of these items, by type of facility, operating authority, and province. Appendix Table A-7.1 provides details for each individual item by facility type and operating authority.

Conditions to support quality counseling for STIs require complete privacy to facilitate open communication between the provider and the client. Because counseling for diagnosis and prevention of STIs often takes place in a different location than the physical examination, the conditions for counseling are assessed separately from those for physical examinations. Complete privacy is necessary when taking client history because of the discomfort many clients feel when talking about issues related to their partners and sexual practices. Ensuring auditory and visual privacy is expected to encourage the utilization of services by the client and adherence to protocols and standards by the provider. Without these conditions, the provider may not ask the appropriate questions or make the appropriate examinations. Eighty-four percent of facilities had a private room for counseling (Figure 7.1). The same proportion is shown for GAHFs and public facilities (Appendix Table A-7.1). Five percent of facilities had a barrier in a room that did not ensure privacy for STI counseling because other clients or staff were nearby and could overhear discussions (data not shown).



Guidelines or protocols for diagnosis and treatment of STIs were available in the STI service delivery area in 69 percent of facilities (Figure 7.1), with 67 percent having syndromic approach guidelines and 61 percent having other guidelines or protocols (Appendix Table A-7.1). Visual aids related to STIs were

available in 38 percent of facilities, 36 percent of facilities had information that specifically addressed HIV/AIDS, and 13 percent had materials that specifically addressed the use of condoms. Contrary to findings for other services, educational materials related to STIs were found more often in hospitals (62 percent) than in health centers (34 percent) or dispensaries (35 percent).

The availability of condoms at the service delivery site allows providers to demonstrate how to use them and to ensure that the client leaves with them. This is consistent with the proposed reproductive health policy of Rwanda which requires providers to make condoms available to clients and to demonstrate how to use them. Fifty-three percent of facilities had condoms available at the STI service delivery site. In 1 percent of facilities condoms were not in the service area but were in the facility (either in the pharmacy or in the family planning service area (data not shown). Condoms were not available in 46 percent of all facilities. There were no substantial differences in the availability of condoms by facility type (Appendix Tables A-7.1). Government facilities, however, were more likely to have condoms than GAHFs (65 percent compared with 34 percent). All items for quality counseling (complete privacy, protocols, visual aids, and condoms in the service area) were available in 10 percent of facilities, with little difference between facility types and operating authorities (Table 7.2).

Table 7.2 Availability of infrastructure and resources to support quality counseling and examinations for sexually transmitted infections

Among facilities offering services for sexually transmitted infections (STIs), percentage with all items assessed for quality counseling for STI clients, percentage with all infection prevention and conditions for quality physical examination, percentage using etiologic methods for diagnosis, percentage using syndromic methods for diagnosis, percentage with medicines to treat four major STIs, and percentage with laboratory capacity to conduct syphilis, gonorrhea, wet-mount examination, and HIV/AIDS tests, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities offering STI services with: | | | | | | | | | Number of facilities offering STI services |
|----------------------------|--|---|--------------------------------------|-----------|-------------------------------------|-----------------------|------------------------|------------------------|-----------------------|--|
| | All items for quality counseling ¹ | All infection prevention and conditions for quality physical examination ² | Specific methods for diagnosing STIs | | All medicines for STIs ³ | Testing capacity for: | | | | |
| | | | Etiologic | Syndromic | | Syphilis ⁴ | Gonorrhea ⁵ | Wet mount ⁶ | HIV/AIDS ⁷ | |
| Type of facility | | | | | | | | | | |
| Hospital | 15 | 18 | 50 | 44 | 65 | 56 | 82 | 91 | 29 | 34 |
| Health center | 8 | 14 | 16 | 80 | 51 | 6 | 26 | 65 | 4 | 169 |
| Dispensary | 12 | 6 | 23 | 64 | 57 | 13 | 43 | 70 | 13 | 17 |
| Operating authority | | | | | | | | | | |
| Public | 9 | 14 | 17 | 79 | 49 | 10 | 27 | 65 | 7 | 141 |
| GAHF | 10 | 14 | 30 | 63 | 62 | 21 | 50 | 78 | 13 | 79 |
| Province | | | | | | | | | | |
| Butare | 7 | 28 | 32 | 68 | 42 | 7 | 42 | 79 | 7 | 25 |
| Byumba | 10 | 0 | 16 | 75 | 52 | 12 | 18 | 55 | 4 | 16 |
| Cyangugu | 4 | 0 | 15 | 72 | 19 | 18 | 63 | 68 | 7 | 14 |
| Gikongoro | 0 | 21 | 15 | 85 | 72 | 8 | 16 | 86 | 0 | 12 |
| Gisenyi | 7 | 10 | 34 | 54 | 27 | 5 | 9 | 51 | 5 | 21 |
| Gitarama | 8 | 25 | 4 | 96 | 76 | 12 | 40 | 75 | 4 | 27 |
| Kibungo | 20 | 5 | 0 | 100 | 51 | 14 | 20 | 86 | 0 | 19 |
| Kibuye | 24 | 12 | 24 | 70 | 58 | 6 | 48 | 82 | 12 | 16 |
| Kigali City | 0 | 33 | 36 | 64 | 65 | 21 | 80 | 100 | 28 | 17 |
| Kigali Ngali | 27 | 27 | 7 | 88 | 93 | 26 | 40 | 60 | 19 | 17 |
| Ruhengeri | 0 | 0 | 21 | 67 | 21 | 10 | 21 | 34 | 5 | 19 |
| Umutara | 6 | 0 | 63 | 29 | 71 | 34 | 35 | 63 | 21 | 16 |
| Total | 10 | 14 | 22 | 73 | 53 | 14 | 36 | 70 | 9 | 220 |

¹ Visual and auditory privacy, diagnostic and treatment protocols, visual aids, and condoms in service delivery site.

² All infection prevention items (soap, water, gloves, disinfecting solution, and sharps box), visual privacy, examination bed, and examination light).

³ At least one medicine that treats each of the following STIs: syphilis, gonorrhea, trichomoniasis, and chlamydia.

⁴ Either VDRL test and functioning microscope or RPR test kit.

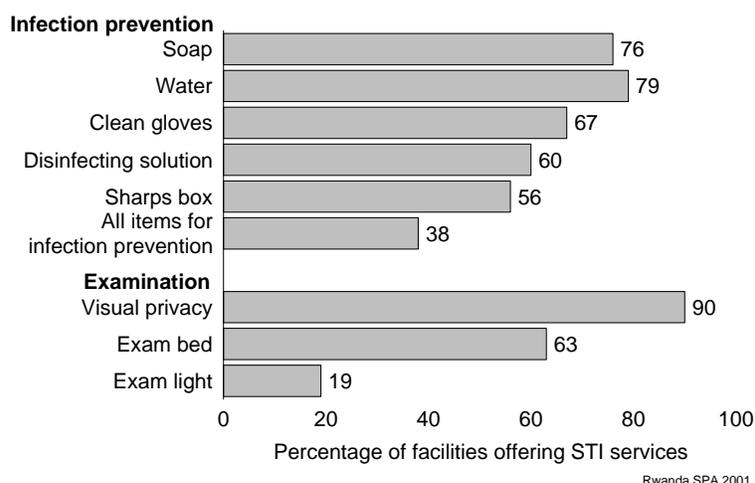
⁵ Gram stain reagents and functioning microscope or culture capacity.

⁶ Functioning microscope.

⁷ ELISA, Western Blot, or Rapid test.

Quality conditions for physical examinations for STI clients require the presence of infection prevention measures, a bed and an examination light for pelvic examinations, and visual privacy. All infection prevention materials were available in only 38 percent of facilities, with each item missing in at least one in five facilities. Only 76 percent of facilities had soap and 79 percent had water in the service delivery area (Figure 7.2). Visual privacy was available in 90 percent of facilities (either a private room or a room with a visual barrier). In addition, 63 percent of facilities had an examination bed and 19 percent had an examination light. Overall, 14 percent of facilities had all items for preventing infection and for physical examinations. These findings may indicate that a physical examination for assessing STI clients is not routine in most facilities (Table 7.2).

Figure 7.2 Availability of items to support quality physical examination for STIs (N=220)



Rwanda SPA 2001

Key Findings

STI service availability and partner followup are almost universal.

Complete privacy for counseling and for examination is available in 84 percent of facilities.

Written confidentiality policies are almost nonexistent in government facilities (1 percent) and weak in GAHFs (16 percent).

Although half (53 percent) of facilities had condoms available in STI service delivery areas, 46 percent of facilities had no condoms available.

An examination light to allow a quality pelvic examination was lacking in almost all (86 percent) facilities, indicating that pelvic examination may not be a routine practice when assessing STI clients.

7.3.3 Availability of Equipment and Resources to Permit Quality Diagnosis and Treatment for STIs

The RSPA assessed the indicated equipment and resources for quality diagnosis and treatment for STIs:

- Diagnostic methods used;
- Equipment for examination and taking specimens;

- Laboratory testing capacity; and
- Availability of medicines for treating STIs.

Figure 7.3 describes overall facility practices and capacity for conducting laboratory tests for STIs. Figure 7.4 provides details on overall treatment capacity for specific STIs. Table 7.2 provides information on diagnostic methods used, availability of all medicines, and availability of specific diagnostic tests, by type of facility, operating authority, and province. Appendix Table A-7.2 provides details for each assessed item, by type of facility and operating authority.

The World Health Organization (WHO) recommends the use of two approaches in providing STI services at primary care facilities: etiologic and syndromic approaches (WHO, 2001b). The etiologic approach uses laboratory tests for diagnosing STIs. This method is more accurate than syndromic diagnosis; however, laboratory facilities are often scarce. The syndromic approach is recommended for facilities with no laboratory. The syndromic approach assesses the presence of specific symptoms and then uses an algorithm to determine treatments to be provided. Where neither an etiologic nor a syndromic approach is used, providers often diagnose and prescribe medication based on their clinical judgment and symptoms (often referred to as clinical diagnosis). Studies have shown that when providers do not have a specific protocol (such as the syndromic approach) or laboratory results to use when diagnosing and prescribing for STIs, mistreatment is common (Lande, 1993).

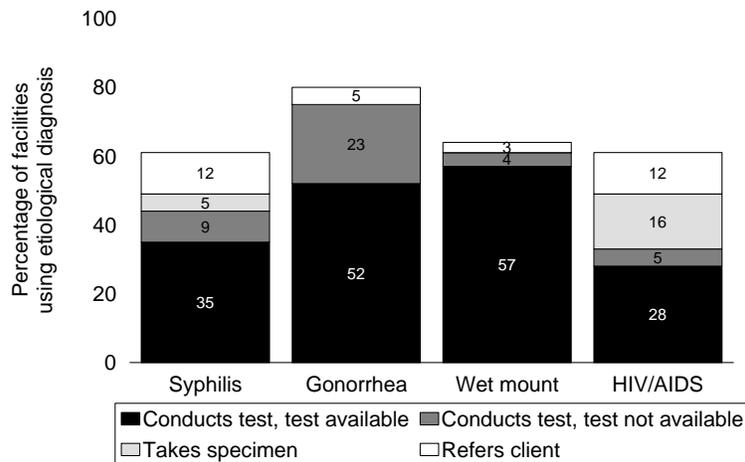
When asked the procedure used for diagnosing STIs, 73 percent of facilities reported using the syndromic approach, 22 percent used the etiologic approach, and 5 percent had no specific method (Table 7.2). Hospitals were less likely than health centers and dispensaries to use the syndromic approach (44 percent compared to 80 percent of health centers and 64 percent of dispensaries). Hospitals are much more likely than HCs and dispensaries to use the etiologic approach (50 percent compared to 16 percent of health centers and 23 percent of dispensaries). The higher percentage of dispensaries using the etiologic approach most likely reflects the geographic location of dispensaries, which often are adjacent to hospitals, and subsequent access to laboratory facilities and support from the hospital.

In addition to general conditions for quality counseling and examination of an STI client, the RSPA assessed the capacity of facilities to provide an etiologic diagnosis for STIs. Among all facilities providing STI services, 67 percent had a speculum and 16 percent had a swab stick, both necessary for taking a specimen, in the STI service area (Appendix Table A-7.2). Common STI tests include Gram stain or culture for gonorrhea, Rapid Plasma Reagin (RPR) or VDRL for syphilis; wet-mount microscopy (saline and potassium hydroxide, KOH) for diagnosing vaginitis, trichomoniasis, and candidiasis, and the ELISA, rapid, or Western Blot test for HIV/AIDS. The testing capacity for syphilis, gonorrhea, and HIV/AIDS was limited (14 percent, 36 percent, and 9 percent, respectively) (Table 7.2). The capacity to conduct a basic microscopic assessment of a specimen (wet-mount) was more available, with 70 percent of facilities having a functioning microscope required for this test. As expected, hospitals were more likely to have the capacity to do the tests, with 24 percent of hospitals able to conduct all four tests (Appendix Table A-7.2).

The most reliable means to ensure that clients receive the laboratory test is for the facility to conduct the test in-house. Another alternative is to take the specimen and send it to another facility for testing. The least reliable means is to refer the client to another facility to receive the laboratory test, because the client may decide not to take the test at all. Figure 7.3 provides information on the use of laboratory tests for diagnosing specific STIs, in facilities that indicate they sometimes provide etiological diagnoses. Practices related to each test (if the facility ever uses the test and, if so, whether it conducts the test itself, collects the specimen and sends it elsewhere, or whether it refers the client) are described. Among the facilities that use laboratory testing, tests were not routinely used for all four STIs assessed by the RSPA, and clients were not often referred elsewhere for tests. Thirty-nine percent of facilities that reported they

diagnosed STIs etiologically reported they neither tested nor sent clients elsewhere for syphilis testing, 20 percent reported they did not use a test for gonorrhea, 36 percent reported they did not use the wet-mount test, and 39 percent did not use an HIV/AIDS test.

Figure 7.3 Laboratory testing among facilities reporting the use of etiologi­cal diagnosis (N=48)



Note: No facilities reported taking specimens for gonorrhea or wet mount testing.

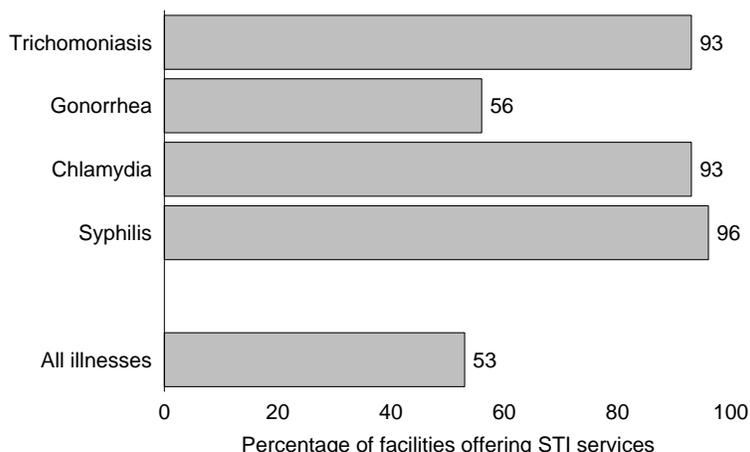
Rwanda SPA 2001

The RSPA assessed the availability of medicines to treat STIs in each facility. In Rwanda, the presence of at least one of the following medicines for treating STIs was considered essential to providing good quality STI treatment.

- Trichomoniasis: Metronidazole
- Gonorrhea: Ceftriaxone, ciprofloxacin, or spectinomycin
- Chlamydia: Doxycycline, tetracycline, or erythromycin
- Syphilis: Doxycycline, tetracycline, erythromycin, benzathine penicillin, or procaine penicillin

At least one medicine to treat all of the above infections was available in 53 percent of all facilities, with the treatment for gonorrhea most commonly lacking (Figure 7.4). All treatments were available in 65 percent of hospitals, 57 percent of dispensaries, and 51 percent of health centers and were more available in GAHFs than in public facilities (62 percent compared with 49 percent) (Appendix Table A-7.2).

Figure 7.4 Availability of at least one medicine to treat indicated STI (N=220)



Rwanda SPA 2001

Key Findings

Capacity to conduct basic laboratory tests for STIs is primarily found in hospitals (82 percent had gram stain or culture capacity for laboratory diagnosis of gonorrhea, 56 percent had kits for syphilis testing, 91 percent had capacity for wet-mount examination).

Although more facilities have capacity to conduct laboratory tests for STIs than indicate they routinely use the tests, capacity remains low outside hospitals.

A medicine for treating each of the main STIs (syphilis, gonorrhea, candidiasis, and trichomoniasis) was available in over half of all facilities. Medicines for treating gonorrhea were those most often missing (40-50 percent of facilities).

Diagnostic and treatment protocols were widely available (69 percent).

7.3.4 Management Practices Supportive of Quality Services for STIs

Practices assessed for supporting quality STI services were as follows:

- Maintenance of up-to-date STI service records;
- Reporting of specific STIs to authorities; and
- Supervision and in-service education for staff.

Table 7.3 provides information on each of these items, by type of facility, operating authority, and province. Figure 7.5 provides information on in-service education received by providers of STI services. Appendix Table A-7.3 provides service statistics from the facilities covered by the RSPA, Appendix Table A-7.4 provides information on supervision and in-service education from the provider perspective, and Appendix Table A-7.5 provides information on facility practices for user fees.

WHO considers record keeping and reporting of STIs and STI service utilization to be key elements in STI surveillance and necessary for improving STI program management (WHO, 1999a). The RSPA assessed the availability of an up-to-date register where STI service statistics were maintained. An STI

register was considered up to date if there was an entry within the preceding seven days and if symptoms or a diagnosis consistent with STI were written. Because most STI services were provided in outpatient departments, these records were checked for STI client entries. Although 61 percent of facilities had a register (data not in tables), only 40 percent had a register with a probable STI client within the preceding seven days (Table 7.3). The median average monthly number of STI clients seen in the reporting facilities (50 percent of facilities providing STI services) was four, reflecting the fact that the formal health sector is either not seeing STI cases or that the service records are not capturing data on the clients (Appendix Table A-7.3).

Table 7.3 Management support for quality services for sexually transmitted infections

Among facilities providing services for sexually transmitted infections (STIs), percentage with an up-to-date register where STI clients are recorded, percentage that report diagnoses for venereal diseases, percentage where at least half of the interviewed STI service providers were personally supervised during the prior 6 months, received related in-service education during the prior 12 months, and were both supervised in the prior 6 months and received in-service education related to STI services during the prior 12 months, and percentage of facilities having a routine charge for STI services, by type of facility, operating authority, and province, Rwanda SPA 2001

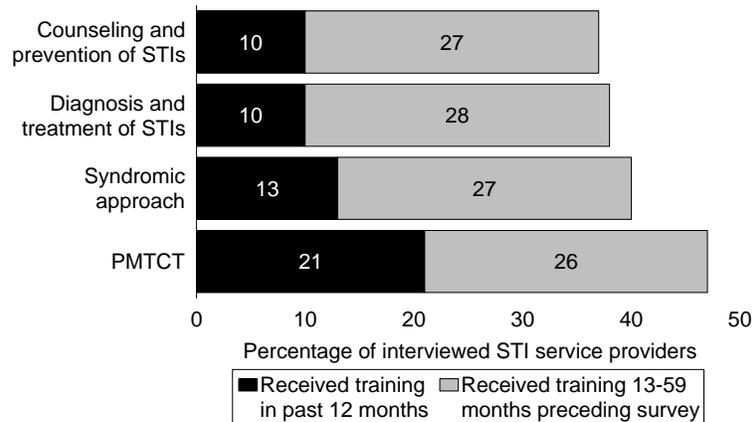
| Background characteristic | Percentage of facilities: | | | | | | |
|----------------------------|---------------------------------------|--|---|---|--|---|--|
| | With up-to-date register ¹ | That report venereal diseases ² | Where at least half of the interviewed STI service providers: | | | That charge any routine fee for STI treatment | Number of facilities offering STI services |
| | | | Were personally supervised in past 6 months | Received in-service education in past 12 months | Were both personally supervised in past 6 months and received in-service education in past 12 months | | |
| Type of facility | | | | | | | |
| Hospital | 46 | 74 | 35 | 18 | 3 | 41 | 34 |
| Health center | 37 | 51 | 73 | 34 | 19 | 26 | 169 |
| Dispensary | 46 | 53 | 61 | 52 | 22 | 28 | 17 |
| Operating authority | | | | | | | |
| Public | 33 | 53 | 74 | 29 | 17 | 25 | 141 |
| GAHF | 52 | 56 | 52 | 40 | 17 | 34 | 79 |
| Province | | | | | | | |
| Butare | 58 | 45 | 65 | 31 | 24 | 24 | 25 |
| Byumba | 25 | 30 | 87 | 49 | 39 | 55 | 16 |
| Cyangugu | 49 | 8 | 86 | 36 | 30 | 38 | 14 |
| Gikongoro | 79 | 50 | 49 | 7 | 7 | 37 | 12 |
| Gisenyi | 19 | 40 | 84 | 24 | 17 | 50 | 21 |
| Gitarama | 37 | 88 | 57 | 44 | 20 | 8 | 27 |
| Kibungo | 40 | 96 | 91 | 19 | 11 | 4 | 19 |
| Kibuye | 30 | 68 | 46 | 70 | 14 | 38 | 16 |
| Kigali City | 45 | 69 | 55 | 50 | 22 | 24 | 17 |
| Kigali Ngali | 40 | 74 | 27 | 27 | 7 | 7 | 17 |
| Ruhengeri | 23 | 21 | 72 | 22 | 6 | 36 | 19 |
| Umutara | 41 | 42 | 74 | 15 | 0 | 35 | 16 |
| Total | 40 | 56 | 66 | 33 | 17 | 28 | 220 |

¹ Register has entry within prior 7 days and indicates, at minimum, symptoms or diagnosis indicative of STI.

² Facility submits report to government on diagnosed cases of syphilis or gonorrhea.

Specific STIs are classified notifiable diseases in many countries where the public health system monitors illnesses of public health significance. The most common reported STIs are syphilis, gonorrhea, and HIV/AIDS. Statistics on newly diagnosed cases and service utilization provide information for assessing changes in disease patterns. More than half of facilities providing STI services said they provide reports to the government on numbers of syphilis and gonorrhea cases, and 47 percent said they report to the

Figure 7.5 In-service education received by interviewed STI service providers, by topic and timing of most recent education (N=694)



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government on the numbers of HIV/AIDS cases. Hospitals were more likely to submit these reports than health centers and dispensaries (Table 7.3). This is not surprising, because laboratory tests to confirm the diagnosis for these illnesses are more available in hospitals than in health centers and dispensaries.

Continuing education and supervision for providers of STI services were considered routine if at least half of the interviewed providers had received supervision or in-service education. Routine supervision of staff in a facility was identified for 66 percent of facilities, and routine in-service education of staff during the past 12 months was identified in 33 percent of facilities (Table 7.3). Overall, however, in only 17 percent of facilities had at least half of the staff both been supervised and received in-service education related to STI services.

Among all providers of STI services interviewed in the RSPA, 48 percent were supervised during the past 6 months, 26 percent received related in-service education during the past 12 months, and only 15 percent received both of these supportive management practices for supporting the quality of STI services (Appendix Table A-7.4).

Around 10 percent of interviewed staff had received education on any one of the STI-related topics in the past year. The exception was PMTCT, where a larger proportion of providers (21 percent) had received education on this subject in the past year. About one-third or more of providers had received education on any one of the topics during the past five years.

Implementation of cost recovery for medications as a means to fund a basic supply of medicines is part of the national strategy for Rwanda. Almost all (88 percent) facilities reported that they charge for STI medications (data not shown).

Twenty-eight percent of facilities reported charging a fee for STI services (Table 7.3). The effect of the fee can be negative (the cost is deemed too high) or positive (free items are often perceived as being not as good as items that are paid for). Hospitals were more likely to charge for STI consultations (41 percent) than health centers (26 percent) or dispensaries (28 percent). GAHFs were more likely than government facilities to charge for services (34 percent compared with 25 percent). In addition, 54 percent of facilities routinely charge for condoms (data not shown). Among facilities that charge for services, the median charge is 151 RFR for STI services and 21 RFR for a packet of four condoms (Appendix Table A-7.5).

7.4 Availability of Services Related to HIV/AIDS

7.4.1 SPA Approach to Collection of Information on HIV/AIDS Services

Over the past decade, the emphasis of HIV-related activities has been on awareness and prevention. With the development of new methods of detection and antiretroviral therapies, and better knowledge of HIV transmission and prevention, comprehensive HIV services that include treatment as well as prevention and support are being advocated (Lamprey, 2001).

The package of services for comprehensive HIV services generally includes the following:

1. Programs and strategies for prevention and early detection:
 - Voluntary counseling and testing (VCT) and
 - Prevention of mother to child transmission (PMTCT).
2. Improving the quality of life for HIV-positive clients by providing preventive and curative medical interventions. These interventions include
 - Antiretroviral treatment;
 - Preventive or curative antibiotics for opportunistic infections; and
 - Palliative care for the end-stage AIDS patient (either in a facility or through home care).
3. Improving the quality of life for HIV-positive clients through social and psychological support, for them as well as for their family and eventually their surviving children. Specific target groups for support and assistance include
 - Infected persons living with HIV/AIDS (PLHA) and
 - Orphans and vulnerable children (OVC).

Because of the high cost of highly active antiretroviral therapies (HAART) and laboratory supplies and the lack of an effective structure or funds needed to provide the social care and support activities required by persons living with HIV/AIDS, all components of this care and support package are not yet available in many countries, including Rwanda. It is important, however, to periodically monitor and evaluate the extent to which the package is becoming available.

7.4.2 Overview of Ministry of Health Strategy for HIV/AIDS in Rwanda

Given the high prevalence of AIDS, the government of Rwanda has prepared a national strategy that includes multisectoral interventions to fight against the HIV/AIDS epidemic (MoH and PNLCS, [2003]). The following are areas of intervention that the national AIDS strategy identifies:

- Preventing HIV transmission through an emphasis on information, education, and communication (IEC);
- Providing opportunities for voluntary counseling and testing;
- Promoting of the use of protection strategies;
- Strengthening the treatment of sexually transmissible diseases;
- Prevention of mother-to-child transmission (PMTCT);
- Providing medical and psychosocial care to individuals affected by HIV/AIDS;
- Offering support to infected individuals and their families;
- Coordinating activities;

- Keeping the blood supply safe;
- Developing regional collaboration in the area of research against HIV/AIDS; and
- Developing human resources.

Since 2001, Rwanda has actively expanded health services for HIV/AIDS, focusing on strengthening early detection and interventions beyond prevention and awareness. The number of sites for VCT increased from 4 to 29 in 2002 (MoH/TRAC, 2002b). Although the programs currently cover more than half of the districts in the country, the number of VCT centers is insufficient to meet the demand for their services. People's growing wish to be tested for HIV is a result of intensive campaigns to raise awareness through the media, school, and anti-AIDS organizations. Although the EDSR-II shows that awareness of AIDS in Rwanda is nearly universal, low condom use and the high cost of antiretroviral therapy or medications to treat infections continue to be problems in preventing HIV/AIDS and decreasing the effects of HIV infection on health (ONAPO and ORC Macro, 2001).

PMTCT activities have also been strengthened. According to a pilot study in the Kicukiro health center, among 5,018 women who received ANC from April 12, 1999 to December 31, 2001, 4,209 women (84 percent) agreed to be tested for HIV. HIV-infected women were offered nevirapine tablets. In addition, the newborns were given the same medicine as syrup within 72 hours of birth. Out of the 584 babies in the study, 57 were tested, and 2 of them (3.5 percent) became HIV positive. Based on these results, PMTCT activities were implemented and, by the end of 2002, the program was available at 32 sites (MoH/TRAC, 2002b; Nelson, 2002).

7.4.3 Availability of Services for HIV/AIDS

In addition to previously described services and health system components for STIs that are equally relevant for HIV/AIDS, the RSPA assessed the availability of resources and services specific to HIV/AIDS. These include the following:

- Voluntary counseling and testing (VCT) services: VCT provides counseling on prevention, tests to determine the HIV status of a person and, if positive, counseling on how to mitigate the impact of HIV. Studies show that people who receive HIV testing with preventive counseling make behavior changes that help to reduce HIV transmission rates (CDC, 2001);
- Prevention of mother-to-child transmission (PMTCT). Offering VCT services to pregnant women allows early identification of infected women and early intervention to prevent the infection being transmitted to the baby. PMTCT also provides counseling and advice on breastfeeding, delivery practices, and other measures to decrease transmission. Where available, use of antiretroviral treatment is advisable, and some PMTCT programs offer formula to provide a safe alternative to breast milk. Both VCT and PMTCT require laboratory capacity to test for HIV, and trained counselors;
- Education related to home care;
- Psychosocial support services to HIV/AIDS clients; and
- Antiretroviral therapy (ART).

Table 7.4 provides information on the availability of various HIV/AIDS-related services, by type of facility, operating authority, and province.

At least some type of service related to HIV/AIDS is offered at 79 percent of facilities. Almost all hospitals (97 percent) and 70 percent or more of health centers and dispensaries provide services related to HIV/AIDS (Table 7.4). Although almost all facilities (95 percent) provide counseling, only 41 percent either provide an HIV/AIDS test, send a specimen elsewhere, or refer the client elsewhere to receive the test. Thirty-five percent of facilities offer education to clients and family for home health care, and

53 percent offer psychosocial support services. In total, 21 percent of facilities offer all four of these assessed components of HIV/AIDS services. Although still showing low percentages, GAHFs consistently are more likely than public facilities to offer each assessed HIV/AIDS service. Twenty-five percent of GAHFs offered all four services, compared with 19 percent of public facilities. Anti retroviral therapy (ART) is not yet widely available in Rwanda, with only 4 percent of facilities indicating they offer this service.

Table 7.4 Availability of HIV/AIDS services

Percentage of all facilities providing any HIV/AIDS services and, among these facilities, percentage that provide counseling services, percentage that refer clients for HIV/AIDS tests or conduct tests for HIV/AIDS, percentage providing education related to home care to HIV-positive clients and families, percentage providing psychosocial support services, percentage providing all four services, and percentage providing antiretroviral therapy, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities providing any HIV/AIDS services | Number of facilities | Percentage of facilities where indicated item is a component of HIV/AIDS services | | | | Percentage of facilities providing antiretroviral therapy | Number of facilities providing any HIV/AIDS services | |
|----------------------------|--|----------------------|---|--|--------------------------------|-----------------------|---|--|-------------------|
| | | | Counseling | Referring client or providing HIV/test | Education related to home care | Psycho-social support | | | All four services |
| Type of facility | | | | | | | | | |
| Hospital | 97 | 34 | 85 | 73 | 67 | 91 | 52 | 9 | 33 |
| Health center | 76 | 170 | 97 | 31 | 26 | 44 | 12 | 2 | 129 |
| Dispensary | 70 | 19 | 100 | 72 | 47 | 57 | 34 | 0 | 12 |
| Operating authority | | | | | | | | | |
| Public | 75 | 144 | 94 | 37 | 32 | 50 | 19 | 3 | 106 |
| GAHF | 86 | 79 | 95 | 48 | 40 | 59 | 25 | 4 | 68 |
| Province | | | | | | | | | |
| Butare | 73 | 26 | 95 | 77 | 58 | 62 | 53 | 10 | 18 |
| Byumba | 79 | 17 | 100 | 20 | 31 | 58 | 16 | 0 | 13 |
| Cyangugu | 71 | 14 | 80 | 24 | 26 | 42 | 0 | 0 | 10 |
| Gikongoro | 79 | 12 | 100 | 20 | 56 | 56 | 20 | 0 | 10 |
| Gisenyi | 72 | 21 | 100 | 13 | 16 | 20 | 7 | 0 | 15 |
| Gitarama | 76 | 27 | 94 | 27 | 21 | 47 | 5 | 0 | 20 |
| Kibungo | 93 | 19 | 96 | 37 | 15 | 34 | 6 | 0 | 18 |
| Kibuye | 82 | 16 | 83 | 59 | 44 | 59 | 37 | 0 | 13 |
| Kigali City | 93 | 17 | 94 | 81 | 44 | 100 | 44 | 7 | 15 |
| Kigali Ngali | 80 | 17 | 92 | 58 | 49 | 57 | 32 | 8 | 14 |
| Ruhengeri | 87 | 19 | 100 | 24 | 33 | 48 | 12 | 6 | 17 |
| Umutara | 63 | 17 | 100 | 43 | 43 | 65 | 22 | 10 | 10 |
| Total | 79 | 223 | 95 | 41 | 35 | 53 | 21 | 4 | 174 |

Key Findings

Seventy-nine percent of facilities offer some HIV/AIDS-related services. All hospitals reported offering some HIV/AIDS services.

The most commonly available HIV/AIDS services are general counseling (95 percent of facilities offering HIV/AIDS services) and psychosocial counseling (53 percent).

Hospitals are more likely than other types of facilities to offer all four assessed HIV/AIDS service components (counseling, psycho-social support, education on home care, and HIV/AIDS testing). GAHFs are more likely than public facilities to offer these four services.

Only 4 percent of facilities offer antiretroviral therapy (ART), although only one had an ART medicine available the day of the survey.

7.5 Capacity to Provide Quality Services for HIV/AIDS Clients

Because treatment services specific to HIV/AIDS are not widely available in normal health facilities in Rwanda, it can be assumed that in most cases, clients with illnesses that may be related to HIV/AIDS are seen either in the outpatient department (OPD) when seeking care for illness or where STI services are provided (also, most frequently in the OPD). Thus, the infrastructure and many health system components that support well-functioning STI services are applicable for HIV/AIDS services.

The RSPA looked at services that are components of most health systems that, although not specific to HIV/AIDS, are services required to support HIV-positive clients. Specific items assessed included the following:

- Infrastructure and resources to support quality of services related to HIV/AIDS;
- Facility-level implementation of universal precautions;
- Services and resources for diagnosis and management of HIV/AIDS-related illnesses; and
- Management practices supportive of quality services for HIV/AIDS.

7.5.1 Infrastructure and Resources to Support Quality Services Related to HIV/AIDS

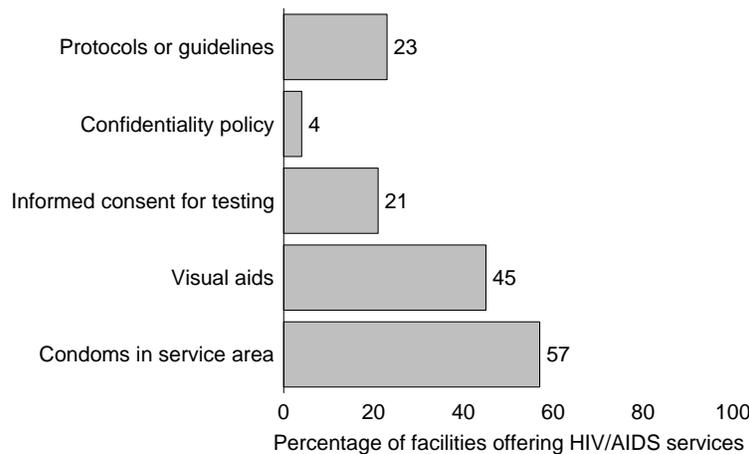
Specific items assessed by the RSPA were as follows:

- Guidelines or protocols related to HIV/AIDS;
- Confidentiality policies;
- Informed consent policies;
- Visual aids for client education; and
- Condoms in the service delivery site.

Figure 7.6 provides information on the overall availability of each of these items. Appendix Table A-7.6 provides details on the items, by type of facility and operating authority. Protocols for care are an essential element to ensure good quality service. This aspect is particularly important for HIV/AIDS services because of the complex nature of the illness, the way it is perceived, and the fact that the availability of interventions capable of prolonging life and mitigating its effects is changing rapidly. Protocols for treating of common opportunistic infections and other health problems as the disease progresses help ensure that providers give the most appropriate treatment in view of drug resistance and drug availability. Protocols also help providers identify situations where preventive therapies should be introduced and recognize conditions related to AIDS that providers might not immediately identify if they are not familiar with the illness patterns commonly found in AIDS patients.

One in four facilities (23 percent) providing services for HIV/AIDS had protocols related to the diagnosis or treatment of HIV/AIDS (Figure 7.6). Availability was similar regardless of types of facility and operating authority (Appendix Table A-7.6). Protocols for providing services for people living with HIV/AIDS (PLHA) were distributed by the MoH to health care providers in 2001. At the time of the survey, these protocols were not yet available in many facilities throughout the country.

Figure 7.6 Items for quality counseling for HIV/AIDS clients (N=174)



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Because of the social stigma accompanying HIV/AIDS, clients should also be assured of the confidentiality of test results and information shared. Confidentiality practices are reinforced where a facility has a written confidentiality policy that has been shared with staff. In addition, testing for HIV/AIDS should be conducted only after fully informing clients of 1) information regarding the test and its benefits and consequences, 2) risk of transmission and how HIV can be prevented, 3) the importance of obtaining test results and explicit procedures for doing so, 4) the meaning of the test results, and 5) where to obtain relevant services (CDC, 2001).

Only 4 percent of facilities had any written confidentiality policy for HIV/AIDS clients (Figure 7.6). Written policies were more likely to be available in hospitals (15 percent) and GAHFs (10 percent) than in other type of facilities (Appendix Table A-7.6). Hospitals and dispensaries were more likely to have informed consent forms for HIV testing than health centers (44 percent or higher compared with 12 percent). Informed consent forms are more likely to be available in GAHFs than public facilities (28 percent compared with 16 percent).

Preventive education messages promoting behavior change to decrease risk is an important part of HIV/AIDS services. Visual aids or information pamphlets for clients to take home that were specific to HIV/AIDS were available in 45 percent of the facilities offering any HIV/AIDS services. Fifty-seven percent had condoms available in the service delivery site (Figure 7.6).

Key Findings

Only 23 percent of the facilities providing HIV/AIDS services had treatment or diagnostic protocols, and only 4 percent had a written confidentiality policy. Twenty-one percent had informed consent forms for HIV/AIDS testing.

7.5.2 Facility-level Implementation of Universal Precautions

Because many HIV-infected persons are not aware of their status, the risk of transmission of HIV/AIDS is possible wherever someone might come into contact with infected blood or body secretions, regardless of whether services related to HIV/AIDS are being provided. In a high-risk environment such as a health

facility, ensuring that no one can become infected inadvertently is critical. An essential step in preventing transmission of HIV/AIDS (as well transmission of as hepatitis B or C) is to ensure that any potentially contaminated items are appropriately disinfected, eliminating this avenue for transmission. For this reason, it is recommended that universal precautions should be applied throughout all service delivery areas in all health facilities. Use of sharps containers and procedures for immediately disinfecting used equipment are two of the most critical components for preventing inadvertent transmission. Table 3.7 provides an overview of the preventive measures that exist in all assessed service areas for facilities surveyed by the RSPA.

There are not MoH standards or protocols for universal precautions in Rwanda. Although asepsis (absence of infection-causing microorganisms) is a basic concept in the medical and paramedical schools and thus the knowledge exists in providers, experience has shown that providers who do not work in an environment that actively promotes universal precaution practices frequently are lax in implementation (Pittet et al., 1999; Williams et al., 1994). Adding the human behavior factor to breaks in the supply of materials required and poor compliance with universal precautions can be expected unless there is a facility-level strategy to promote adherence.

Overall, only 42 percent of facilities had all components (equipment, automatic timing device, and knowledge of correct processing time) for quality sterilization or high-level disinfecting (HLD) of equipment, only 23 percent had all relevant items for infection prevention in service delivery areas assessed by the RSPA, and only 53 percent adequately disposed of contaminated waste (Table 3.7). Appendix Table A-7.1 provides details on availability of items for preventing infection in the STI service delivery area. Information on each other specific service can be found in the relevant chapter.

Key Findings

Without a protocol or an active program to promote adherence to universal precautions and a work environment where all personnel know that adherence is expected and monitored, the risk of patients and staff inadvertently receiving a blood-borne infection remains higher than necessary.

Without an active program to ensure that all supplies necessary to adhere to universal precautions are in place in each facility, the likelihood of all supplies being available is lower than necessary.

7.5.3 Resources for Diagnosis and Management of HIV/AIDS-Related Illnesses

- Antiretroviral therapy (ART)
- Testing capacity for HIV/AIDS
- Opportunistic infections (tuberculosis and syphilis)
- Family planning

Tables 7.4 and 7.5 provide information on availability of services related to HIV/AIDS, by facility type, operating authority, and province. Figure 7.7 provides information on HIV/AIDS testing, and Appendix Table A-7.6 provides details on HIV testing practices and reporting for HIV/AIDS cases. Figure 7.8 provides information on elements for providing TB diagnosis and treatment. Appendix Table A-7.7 provides details on supplies for providing TB services.

At the time of the RSPA, only 4 percent of health facilities indicated they offered ART. (Table 7.4). These seven facilities were in five provinces. Among these facilities, however, only one had any ART medication available the day of the survey (data not shown).

Among the 41 percent of facilities that prescribe HIV/AIDS testing for clients, only 14 percent actually conduct the test in-house, 13 percent collect the specimen and send it elsewhere, and 15 percent refer the client elsewhere for the test (Appendix Table A-7.6). Client followup for receiving test results and counseling has been identified as a problem (CDC, 2001). This may be even more of a problem if, to receive the test, clients are referred to a location different from the one where they initially sought help, and if counseling is not provided at the location where the testing occurs. Although 14 percent of facilities offered the HIV/AIDS test, only 11 percent had the capacity to conduct the test the day of the survey (Table 7.5). Among these, the Rapid test was most common (Figure 7.7).

Table 7.5 Availability of services related to HIV/AIDS

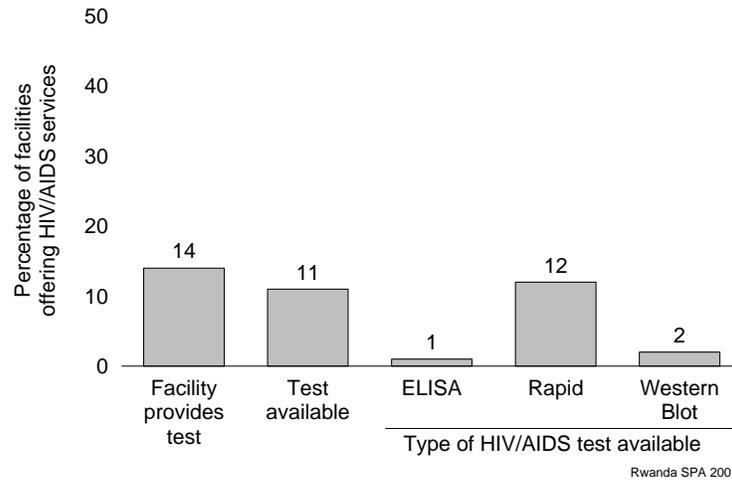
Among facilities offering HIV/AIDS services, percentage with the capacity to conduct a test for HIV/AIDS, percentage that provide TB treatment, percentage with the capacity to conduct a test for syphilis, and percentage that provide services for temporary methods of family planning, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities offering HIV/AIDS services: | | | | Number of facilities offering HIV/AIDS services |
|----------------------------|--|---------------------------|---|---|---|
| | With capacity to provide HIV/AIDS test ¹ | That provide TB treatment | With capacity to test for syphilis ² | That provide temporary methods of family planning | |
| Type of facility | | | | | |
| Hospital | 30 | 88 | 58 | 46 | 33 |
| Health center | 6 | 55 | 7 | 78 | 129 |
| Dispensary | 19 | 62 | 19 | 83 | 12 |
| Operating authority | | | | | |
| Public | 9 | 51 | 13 | 87 | 106 |
| GAHF | 15 | 78 | 24 | 49 | 68 |
| Province | | | | | |
| Butare | 10 | 72 | 10 | 61 | 18 |
| Byumba | 5 | 43 | 16 | 77 | 13 |
| Cyangugu | 10 | 68 | 26 | 70 | 10 |
| Gikongoro | 0 | 74 | 10 | 70 | 10 |
| Gisenyi | 7 | 44 | 7 | 80 | 15 |
| Gitarama | 5 | 69 | 15 | 71 | 20 |
| Kibungo | 0 | 77 | 15 | 67 | 18 |
| Kibuye | 15 | 78 | 8 | 77 | 13 |
| Kigali City | 30 | 62 | 23 | 69 | 15 |
| Kigali Ngali | 24 | 57 | 32 | 85 | 14 |
| Ruhengeri | 6 | 44 | 12 | 71 | 17 |
| Umutara | 33 | 54 | 54 | 70 | 10 |
| Total | 11 | 62 | 18 | 72 | 174 |

¹ Elisa, Western blot, or Rapid test kit and equipment

² VDRL or RPR test.

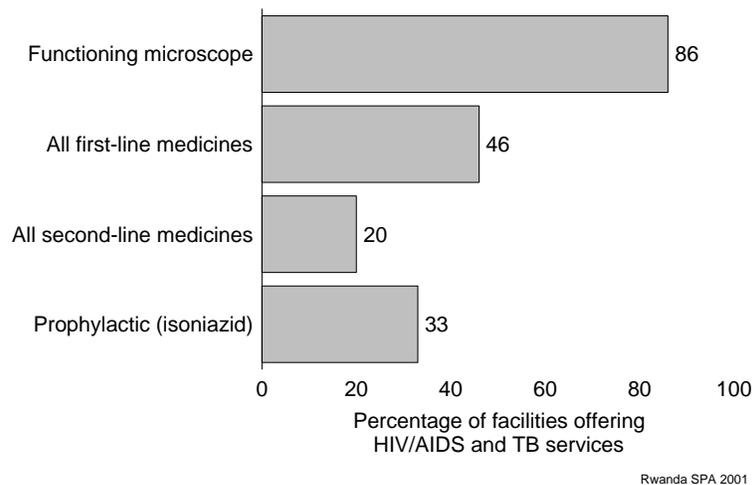
Figure 7.7 Availability of HIV/AIDS tests at facilities offering HIV/AIDS services (N=178)



Tuberculosis is one of the most common opportunistic infections for AIDS patients. Routine testing for TB, and, if there is risk of exposure, providing preventive treatment (with isoniazid) is recommended (CDC, 2002b). Among the facilities that provide any HIV/AIDS services, 62 percent provide treatment for TB (Table 7.5). Almost all hospitals (88 percent) and around 60 percent of health centers and dispensaries (55 percent and 62 percent, respectively) provide TB services.

For the facilities that provide TB services, the RSPA assessed the availability of a microscope for sputum examination and of medications for first-line, second-line, and prophylactic treatment. The test most commonly used for TB testing in Rwanda is the acid-fast bacillus (AFB) test, which requires a microscope. The RSPA found a functioning microscope in 86 percent of facilities that provide TB services (Figure 7.8). Almost all of the hospitals (93 percent), as well as 86 percent of dispensaries and 83 percent of health centers, had a functioning microscope (Appendix Table A-7.7). Only 78 percent of GAHFs had a functioning microscope, compared with 93 percent of public facilities.

Figure 7.8 Resources for providing TB services at facilities that offer both HIV/AIDS and TB services (N=108)



Of the HIV/AIDS and TB treatment facilities, 46 percent had the necessary medications to treat TB (ethambutol, rifampin, isoniazid, pyrazinamide). Twenty percent of the facilities had the medications used in cases of relapse (all basic medicines plus streptomycin). According to the national program against TB, there are two hospitals that have a pilot project for HIV-infected people for provision of prophylactic isoniazid. This survey found that isoniazid was available in 33 percent of all facilities (Figure 7.8).

Screening for syphilis, another common opportunistic infection, is also recommended. Of facilities offering HIV/AIDS services, however, only 18 percent had laboratories capable of conducting a test for syphilis (Table 7.5), although 97 percent had at least one medicine to treat syphilis (data not in tables). Laboratory capacity to test for syphilis was available primarily in hospitals (58 percent) and in only 19 percent of dispensaries and 7 percent of health centers.

Family planning counseling is recommended for all HIV/AIDS-positive clients, to discuss options and advisability of preventing pregnancy. Seventy-two percent of the facilities providing HIV/AIDS services also provided temporary family planning services (Table 7.5). Although HIV/AIDS services are more available at hospitals, the family planning services were more available in health centers (78 percent) and dispensaries (83 percent) than hospitals (46 percent). Because most dispensaries are adjacent to hospitals, there must be some coordination between hospitals and dispensaries to ensure that family planning services are convenient for HIV/AIDS clients.

As noted in Chapter 6 (Appendix Table A-6.3), 48 percent of facilities providing ANC said that they routinely refer ANC clients for VCT. Among the subset of facilities that provide both ANC and HIV/AIDS services, 51 percent report they routinely refer ANC clients for VCT, compared with 40 percent of facilities that provide ANC services but no HIV/AIDS services (data not shown). The lack of availability of ART for intervention may contribute to the similarity in routinely offering this service, because, without ART, the main intervention available is counseling.

Key Findings

Most facilities that conduct an HIV test (14 percent) had the test available on the day of the survey (11 percent).

Among facilities offering HIV/AIDS services, tuberculosis treatment was available in 62 percent of facilities, and temporary family planning services were available in 72 percent of facilities.

There is little difference between facilities that offer HIV/AIDS services and those that do not, in whether they routinely offer VCT services for ANC clients. Only 50 percent of facilities include this as a routine component of ANC.

7.5.4 Management Practices Supportive of Quality Services

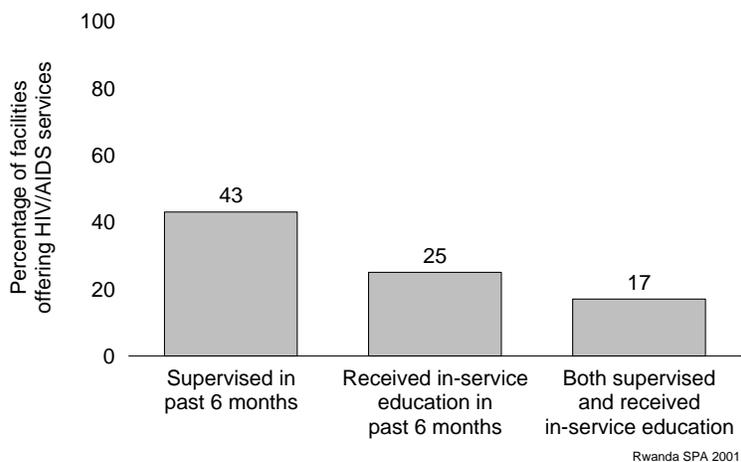
Elements assessed for management practices were reporting on HIV/AIDS to a central authority and in-service education and supervision for providers of HIV/AIDS services.

Appendix Table A-7.6 provides information on facilities reporting of HIV/AIDS cases or services to a central authority. Figure 7.9 provides information on supportive supervision for HIV/AIDS service providers that is routinely provided by facilities. Appendix Table A-7.8 provides details on supervision and in-service education at the provider level, and Figure 7.10 provides information on topics for in-service education related to HIV/AIDS that was received by providers.

Among the facilities that offer HIV/AIDS services, 53 percent indicated they report on these services to a central authority (Appendix Table A-7.6).

Supportive management practices for HIV/AIDS service providers were considered routine if at least half of the interviewed providers of HIV/AIDS services in a facility had received supervision or in-service education. Routine supervision of staff was identified for 43 percent of facilities; routine in-service education during the past 12 months was identified for 25 percent of facilities (Figure 7.9). Overall, however, in only 17 percent of facilities had at least half of the HIV/AIDS service providers been both supervised and received in-service education related to HIV/AIDS.

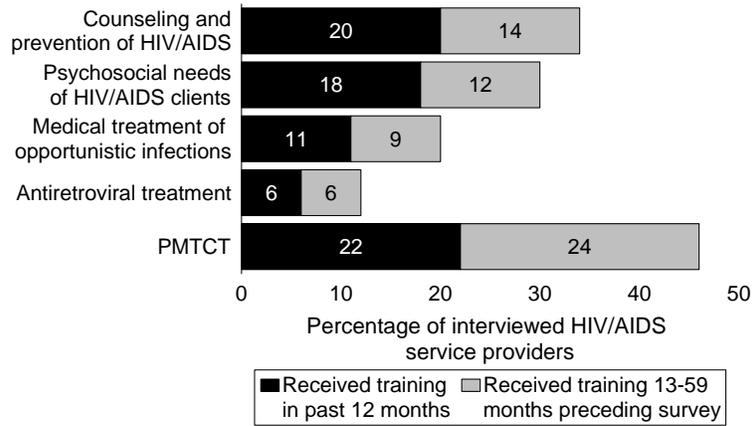
Figure 7.9 Facilities where at least half of interviewed providers of HIV/AIDS services received indicated support (N=178)



Among providers of HIV/AIDS services, 40 percent had been supervised within the past 6 months, and 30 percent had received in-service education related to HIV/AIDS in the past 12 months. Only 14 percent, however, had received both supportive management practices for quality services (Appendix Table A-7.8).

Because prevention and control measures for HIV/AIDS are new and knowledge is evolving, providers should regularly receive continuing education on topics related to this service. Figure 7.10 shows that in-service education for topics specific to HIV/AIDS over the past five years has focused on counseling issues more than medical interventions for HIV-positive clients.

Figure 7.10 In-service education received by interviewed HIV/AIDS service providers, by topic and timing of most recent education (N=414)



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Chapter 1

| Table A-1.1 RSPA facility catchment populations and outpatient caseload | | | | |
|---|-------------------|---|---|-----------------------------------|
| Median population size in catchment areas and median number of outpatients during the month preceding the visit to the facility, by type of facility and operating authority, Rwanda SPA 2001 | | | | |
| Type of facility | Catchment area | | Median number of outpatients in preceding month | Number of facilities ¹ |
| | Median population | Number of facilities reporting ¹ | | |
| Public facilities | | | | |
| Hospital | 143,000 | 11 | 422 | 16 |
| Health center | 20,671 | 110 | 249 | 109 |
| Dispensary | 22,577 | 11 | 338 | 12 |
| Total | | 132 | 279 | 137 |
| GAHF | | | | |
| Hospital | 83,500 | 14 | 378 | 12 |
| Health center | 21,959 | 54 | 417 | 53 |
| Dispensary | 20,536 | 29 | 329 | 8 |
| Total | | 97 | 451 | 73 |
| All facilities | | | | |
| Hospital | 115,500 | 34 | 422 | 28 |
| Health center | 20,994 | 164 | 320 | 162 |
| Dispensary | 20,990 | 20 | 338 | 20 |
| Total | | 208 | 331 | 210 |

¹ Some facilities were unable to provide data.

Table A-1.2 Overnight care services at facilities

Percentage of facilities having either overnight or inpatient beds; among facilities having client beds, median number of beds, and median number of overnight or inpatient clients for one month, by type of facility and operating authority, Rwanda SPA 2001

| Type of facility | Number of facilities having client beds | Among facilities having overnight/inpatient beds, median number of beds per facility | Median number of overnight/inpatient clients for one month ¹ | Number of facilities |
|--------------------------|---|--|---|----------------------|
| Public facilities | | | | |
| Hospital | 19 | 148 | 314 | 15 |
| Health center | 106 | 20 | 34 | 98 |
| Dispensary | 5 | 12 | 10 | 5 |
| GAHF | | | | |
| Hospital | 15 | 117 | 232 | 14 |
| Health center | 50 | 30 | 75 | 44 |
| Dispensary | 3 | 6 | 27 | 3 |
| All facilities | | | | |
| Hospital | 34 | 128 | 272 | 29 |
| Health center | 156 | 21 | 46 | 142 |
| Dispensary | 8 | 11 | 18 | 8 |

¹ Data are from health information system monthly reports available at the facility the day of the survey. Data were asked for the 12 months preceding the survey; however, frequently some months were missing. Information from the number of months for which data were available was summed and an average monthly number of clients calculated for each facility. This number was then used to calculate the median number of overnight clients per month.

Table A-1.3 Staffing patterns at facilities

Median number of staff assigned to outpatient services, by staff qualification, type of facility, and operating authority, Rwanda SPA 2001

| Type of facility | Median number of staff at each facility ¹ | | | Number of facilities |
|--------------------------|--|------------------------------------|--------------------|----------------------|
| | Qualified provider for curative care ² | Primary qualification ³ | Total ⁴ | |
| Public facilities | | | | |
| Hospital | 15 | 10 | 27 | 19 |
| Health center | 2 | 3 | 5 | 112 |
| Dispensary | 1 | 2 | 4 | 11 |
| GAHF | | | | |
| Hospital | 15 | 6 | 20 | 15 |
| Health center | 3 | 2 | 6 | 57 |
| Dispensary | 2 | 2 | 4 | 9 |
| All facilities | | | | |
| Hospital | 15 | 7 | 23 | 34 |
| Health center | 2 | 3 | 5 | 170 |
| Dispensary | 1 | 2 | 4 | 19 |

¹ Numbers were provided by facility administrators. Staff who routinely rotate between inpatient and outpatient services are included.

² Physician, nurse A1 or A2

³ Nurse A3 or auxiliary staff

⁴ Total staff includes physicians, nurses (A1, A2, A3), technicians, and auxiliary staff who are assigned for outpatient services.

Table A-1.4 Years of education for interviewed health service providers

Median number of years of basic schooling, and median number of years of technical training, reported by interviewed health service providers, by qualification, Rwanda SPA 2001

| Qualification | Median number of years of instruction (basic education) prior to technical training | Median number of years of technical training (after basic education) for qualification | Number of interviewed providers |
|--------------------------------------|---|--|---------------------------------|
| Doctor, specialist | 13 | 8 | 7 |
| Doctor, generalist | 12.5 | 6 | 32 |
| Nurse A1 | 11 | 3 | 36 |
| Nurse A2 | 9 | 5 | 474 |
| Nurse A3 | 9 | 3 | 109 |
| Auxiliary-trained at least one year | 9 | 1 | 280 |
| Auxiliary-trained less than one year | 9 | 4 months | 69 |
| Other support staff | 8 | 4 | 75 |

Chapter 3

Table A-3.1 Availability of services and staff

Percentage of facilities offering outpatient consultation services for sick children, any services for sexually transmitted infections, temporary methods of family planning, antenatal care, child immunization, and well-child growth monitoring; percentage offering facility-based delivery services; percentage of facilities with at least one qualified provider for curative care assigned; percentage offering full range of indicated services at defined minimum frequencies, with facility-based delivery services, and with at least one qualified provider for curative care assigned; and percentage of facilities offering any outreach services, by type of facility and operating authority, Rwanda SPA 2001

| Services/staff | Percentage of facilities offering services | | | | | Total |
|---|--|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Services offered, any frequency | | | | | | |
| Curative care for sick child | 59 | 99 | 100 | 94 | 91 | 93 |
| Services for sexually transmitted infections | 100 | 99 | 91 | 98 | 100 | 99 |
| Temporary methods of family planning | 44 | 77 | 80 | 86 | 47 | 72 |
| Antenatal care | 32 | 100 | 95 | 90 | 89 | 89 |
| Childhood immunization | 29 | 100 | 100 | 90 | 89 | 89 |
| Growth monitoring | 32 | 88 | 96 | 79 | 83 | 80 |
| Facility-based delivery services | 97 | 91 | 47 | 91 | 84 | 88 |
| At least 1 qualified provider for curative care ¹ | 100 | 96 | 86 | 95 | 98 | 96 |
| Full range of services offered ² | 24 | 63 | 68 | 67 | 40 | 57 |
| Full range of services offered at defined minimum frequencies ³ | 24 | 62 | 68 | 66 | 39 | 56 |
| Full range of services offered at defined minimum frequencies, facility-based delivery services offered, and at least 1 qualified provider for curative care assigned to facility | 24 | 54 | 22 | 55 | 31 | 46 |
| Any community outreach services | 24 | 54 | 49 | 46 | 55 | 49 |
| Number of facilities | 34 | 170 | 19 | 144 | 79 | 223 |

¹ Qualified providers for curative care are physicians, nurse A1 and nurse A2.

² Some level of each of the following services: curative care for children, any STI services, temporary methods of family planning, antenatal care, immunization, and child growth monitoring.

³ Curative care for children provided 5 days per week, STI services offered at least 1 day per week, and preventive or elective services (temporary methods of family planning, antenatal care, immunization, and growth monitoring) provided at least 1 day per week.

Table A-3.2 Availability of services and staff by type of facility

Percentage of facilities offering outpatient consultation services for sick children, any services for sexually transmitted infections, temporary methods of family planning, antenatal care, child immunization, and well-child growth monitoring, percentage offering facility-based delivery services; percentage of facilities with at least one qualified provider for curative care assigned; percentage offering full range of indicated services at defined minimum frequencies, and facility-based delivery services, and having at least one qualified provider for curative care assigned; and percentage of facilities offering any outreach services, by facility type and whether adjacent to another or not, Rwanda SPA 2001

| Services/staff | Percentage of facilities offering services (and proximity to other facilities) | | | | | Total |
|---|--|---|-----------------------------|---------------|------------|-------|
| | Hospital | | Health center or dispensary | | | |
| | Stand-alone facility | Adjacent to health center or dispensary | Adjacent to hospital | Health center | Dispensary | |
| Services offered, any frequency | | | | | | |
| Curative care for sick child | 87 | 37 | 100 | 99 | 100 | 93 |
| Services for sexually transmitted infections | 100 | 100 | 96 | 99 | 90 | 99 |
| Temporary methods of family planning | 60 | 32 | 86 | 76 | 70 | 72 |
| Antenatal care | 60 | 11 | 100 | 100 | 90 | 89 |
| Childhood immunization | 60 | 5 | 100 | 100 | 100 | 89 |
| Growth monitoring | 67 | 5 | 96 | 88 | 92 | 80 |
| Facility-based delivery services | 100 | 95 | 30 | 95 | 70 | 88 |
| At least 1 qualified provider for curative care assigned ¹ | 100 | 100 | 95 | 96 | 82 | 96 |
| Full range of services offered ² | 53 | 0 | 74 | 63 | 48 | 57 |
| Full range of services offered at defined minimum frequencies ³ | 53 | 0 | 73 | 63 | 48 | 56 |
| Full range of services offered at defined minimum frequencies, facility-based delivery services offered, and at least 1 qualified provider for curative care assigned to facility | 53 | 0 | 25 | 54 | 30 | 46 |
| Any community outreach services | 40 | 11 | 64 | 54 | 32 | 49 |
| Number of facilities | 15 | 19 | 21 | 157 | 21 | 223 |

¹ Qualified providers for curative care are physicians, nurse A1 and nurse A2.

² Some level of each of the following services: curative care for children, any STI services, temporary methods of family planning, antenatal care, immunization, and child growth monitoring.

³ Curative care for children provided 5 days per week, STI services offered at least 1 day per week, and preventive or elective services (temporary methods of family planning, antenatal care, immunization, and growth monitoring) provided at least 1 day per week.

Table A-3.3 Facility infrastructure supportive of client utilization and quality 24-hour emergency services

Percentage of facilities with client amenities, percentage where electricity and water are available as indicated, and percentage with items to support quality 24-hour services, by facility type and operating authority, Rwanda SPA 2001

| Component | Percentage of facilities offering services | | | | | Total |
|--|--|---------------|------------|---------------------|------|-------|
| | Facility type | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Client comfort amenities | | | | | | |
| Client latrine | 94 | 95 | 80 | 94 | 93 | 94 |
| Protected waiting area | 82 | 93 | 82 | 90 | 92 | 91 |
| Clean facility | 79 | 73 | 67 | 68 | 82 | 73 |
| All client comfort items ¹ | 68 | 66 | 51 | 59 | 75 | 65 |
| Facility infrastructure | | | | | | |
| No electricity or generator | 0 | 41 | 45 | 42 | 25 | 35 |
| Irregular electricity and no generator | 2 | 14 | 6 | 10 | 12 | 12 |
| Regular electricity or generator | 98 | 45 | 49 | 48 | 63 | 53 |
| Generator w/fuel (with or w/out electricity) | 85 | 10 | 27 | 17 | 34 | 23 |
| Onsite water (may be seasonal) | 85 | 73 | 62 | 71 | 79 | 74 |
| Regular water supply (onsite/year-round) | 65 | 45 | 34 | 45 | 51 | 47 |
| Regular water and electricity ² | 65 | 28 | 23 | 30 | 39 | 33 |
| Items to support quality 24-hour services | | | | | | |
| Facility officially open 24 hours | 62 | 38 | 8 | 40 | 38 | 39 |
| Duty staff onsite 24 hours ³ | 100 | 89 | 60 | 87 | 91 | 88 |
| Duty staff on-call 24 hours ³ | 0 | 3 | 5 | 3 | 2 | 3 |
| 2 or more qualified providers for curative care ⁴ | 100 | 65 | 44 | 58 | 88 | 68 |
| Overnight patient beds ⁵ | 100 | 93 | 37 | 92 | 85 | 90 |
| Emergency communication ⁶ | 91 | 65 | 66 | 66 | 74 | 69 |
| Basic components supporting 24-hour services ⁷ | 71 | 27 | 6 | 28 | 41 | 32 |
| Basic plus regular water and electricity ⁸ | 50 | 9 | 0 | 12 | 18 | 14 |
| Number of facilities | 34 | 170 | 19 | 144 | 79 | 223 |

¹ Clean, functioning client latrine; waiting area protected from sun and rain; and basic level of cleanliness.

² Year-round, onsite water, and electricity available 24 hours a day or a generator with fuel

³ A duty schedule or other documentation of official duty status was observed.

⁴ Includes doctors and nurses A1 and A2.

⁵ Either routine inpatient services or beds for overnight care for emergencies.

⁶ Communication device either in facility or within a 5-minute walk and available 24 hours a day.

⁷ At least 2 qualified providers for curative care, duty staff onsite or on-call 24 hours a day, overnight beds, patient latrine, access to 24-hour emergency communication, and any onsite water source.

⁸ At least 2 qualified providers for curative care, duty staff onsite or on-call 24 hours a day, overnight beds, patient latrine, access to 24-hour emergency communication, and regular water and electricity.

Table A-3.4 Facility infrastructure supportive of client utilization and quality 24-hour emergency services by type of facility

Percentage of facilities with client amenities, percentage where electricity and water are available as indicated, and percentage with items to support quality 24-hour services, by facility type and whether adjacent to another facility or not, Rwanda SPA 2001

| Component | Percentage of facilities offering services (and proximity to other facilities) | | | | | Total |
|--|--|---|-----------------------------|---------------|------------|-------|
| | Hospital | | Health center or dispensary | | | |
| | Stand-alone facility | Adjacent to health center or dispensary | Adjacent to hospital | Health center | Dispensary | |
| Client comfort amenities | | | | | | |
| Client latrine | 87 | 100 | 85 | 95 | 86 | 94 |
| Protected waiting area | 87 | 79 | 94 | 93 | 77 | 91 |
| Clean facility | 73 | 84 | 76 | 72 | 69 | 73 |
| All client comfort items ¹ | 67 | 68 | 66 | 65 | 51 | 65 |
| Facility infrastructure | | | | | | |
| No electricity or generator | 0 | 0 | 10 | 44 | 73 | 35 |
| Generator w/fuel | 80 | 90 | 44 | 8 | 9 | 23 |
| Regular electricity or generator | 100 | 95 | 80 | 42 | 20 | 53 |
| Onsite water (may be seasonal) | 87 | 84 | 86 | 71 | 47 | 74 |
| Regular water supply (onsite/year-round) | 80 | 53 | 52 | 44 | 34 | 47 |
| Regular water and electricity ² | 80 | 53 | 52 | 25 | 12 | 33 |
| Items to support quality 24-hour services | | | | | | |
| Facility officially open 24 hours | 47 | 74 | 17 | 39 | 7 | 39 |
| Duty staff onsite 24 hours ³ | 100 | 100 | 40 | 92 | 83 | 88 |
| Duty staff on-call 24 hours ³ | 0 | 0 | 12 | 2 | 9 | 3 |
| 2 or more qualified providers for curative care ⁴ | 100 | 100 | 79 | 62 | 36 | 68 |
| Overnight patient beds ⁵ | 100 | 100 | 19 | 97 | 70 | 90 |
| Emergency communication ⁶ | 80 | 100 | 69 | 65 | 56 | 69 |
| Basic components supporting 24-hour services ⁷ | 71 | 27 | 6 | 28 | 41 | 32 |
| Basic plus regular water and electricity ⁸ | 80 | 53 | 52 | 25 | 12 | 14 |
| Number of facilities | 15 | 19 | 21 | 157 | 21 | 223 |

¹ Clean, functioning client latrine; waiting area protected from sun and rain; and basic level of cleanliness.

² Year-round, onsite water, and electricity available 24 hours a day or a generator with fuel

³ A duty schedule or other documentation of official duty status was observed.

⁴ Includes doctors and nurses A1 and A2.

⁵ Either routine inpatient services or beds for overnight care for emergencies.

⁶ Communication device either in facility or within a 5-minute walk and available 24 hours a day.

⁷ At least 2 qualified providers for curative care, duty staff onsite or on-call 24 hours a day, overnight beds, patient latrine, access to 24-hour emergency communication, and any onsite water source.

⁸ At least 2 qualified providers for curative care, duty staff onsite or on-call 24 hours a day, overnight beds, patient latrine, access to 24-hour emergency communication, and regular water and electricity.

Table A-3.5 Items to support quality 24-hour emergency services available at facilities reporting availability of 24-hour outpatient services

Percentage of facilities with 24-hour staff, two or more qualified providers of curative care, inpatient or overnight beds for patients, client latrine, regular water and electricity, access to 24-hour emergency communication, and all components to support quality 24-hour emergency services, by facility type, Rwanda SPA 2001

| Type of facility | Percentage of all facilities reporting they provide 24-hour outpatient services | Among all facilities reporting that outpatient care is provided 24 hours, percentage with: | | | | | | | Number of facilities |
|------------------|---|--|--|--|----------------|--|--|---|----------------------|
| | | Staff available 24 hours a day ¹ | Two or more qualified providers for curative care ² | Overnight beds for patients ³ | Client latrine | Regular water and electricity ⁴ | Access to 24-hour emergency communication ⁵ | All items to support quality, 24-hour emergency services ⁶ | |
| Hospital | 62 | 100 | 100 | 100 | 95 | 67 | 95 | 47 | 21 |
| Health center | 38 | 97 | 75 | 100 | 94 | 26 | 71 | 39 | 65 |
| Dispensary | 8 | 100 | 0 | 50 | 100 | 0 | 100 | 10 | 2 |
| Total | 39 | 98 | 80 | 99 | 94 | 35 | 78 | 32 | 88 |

¹ Duty staff onsite or on-call (duty schedule or other documentation of official duty status was observed for on-call staff).

² Includes doctors and nurses A1 and A2.

³ Either routine inpatient services or beds for overnight care for emergencies.

⁴ Year-round, onsite water and electricity available 24 hours a day or a generator with fuel.

⁵ Communication device either in facility or within a 5-minute walk and available 24 hours a day.

⁶ At least 2 qualified providers for curative care, duty staff onsite or on-call 24 hours a day, overnight beds, patient latrine, access to 24-hour emergency communication, and regular water and electricity.

Table A-3.6 Facility-level supervision and in-service education for service providers

Percentage of facilities where none, at least half, or all of the interviewed health service providers at that facility were personally supervised during the 6 months preceding the survey and received in-service education related to their service during the 12 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities in which: | | | | | | Number of facilities with interviewed health service providers |
|----------------------------|--|--|---|---|---|---|--|
| | No inter-viewed health service providers were personally supervised in the past 6 months | At least half of the inter-viewed health service providers were personally supervised in the past 6 months | All of the interviewed health service providers were personally supervised in the past 6 months | No inter-viewed health service provider received in-service education in the past 12 months | At least half of the interviewed health service providers received in-service education in the past 12 months | All of the interviewed health service providers received in-service education in the past 12 months | |
| Type of facility | | | | | | | |
| Hospital | 24 | 21 | 3 | 6 | 21 | 3 | 34 |
| Health center | 7 | 46 | 25 | 16 | 43 | 5 | 170 |
| Dispensary | 16 | 43 | 16 | 15 | 42 | 10 | 19 |
| Operating authority | | | | | | | |
| Public | 8 | 44 | 26 | 15 | 39 | 5 | 144 |
| GAHF | 14 | 39 | 11 | 13 | 40 | 6 | 79 |
| Province | | | | | | | |
| Butare | 14 | 26 | 29 | 33 | 20 | 7 | 26 |
| Byumba | 6 | 74 | 20 | 22 | 48 | 3 | 17 |
| Cyangugu | 0 | 69 | 10 | 0 | 34 | 0 | 14 |
| Gikongoro | 22 | 49 | 0 | 22 | 7 | 0 | 12 |
| Gisenyi | 5 | 50 | 38 | 7 | 55 | 12 | 21 |
| Gitarama | 0 | 38 | 16 | 12 | 53 | 8 | 27 |
| Kibungo | 5 | 58 | 33 | 7 | 37 | 7 | 19 |
| Kibuye | 24 | 28 | 0 | 12 | 58 | 0 | 16 |
| Kigali City | 13 | 33 | 15 | 0 | 44 | 0 | 17 |
| Kigali Ngali | 34 | 21 | 0 | 14 | 47 | 7 | 17 |
| Ruhengeri | 0 | 34 | 31 | 12 | 42 | 12 | 19 |
| Umutara | 6 | 41 | 34 | 21 | 21 | 0 | 17 |
| Total | 10 | 42 | 21 | 14 | 40 | 5 | 223 |

Table A-3.7 Supportive management practices for health service providers

Among interviewed health service providers, percentage who were personally supervised in the 6 months preceding the survey, percentage who received in-service education (related to maternal, child, or reproductive health) during the 12 months preceding the survey, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of providers: | | | | Number of interviewed health service providers |
|----------------------------|--|---|--|--|--|
| | Personally supervised in the past 6 months | Who received in-service education in the past 12 months | Personally supervised in the past 6 months and received in-service education in the past 12 months | Whose most recent in-service education was 13-59 months preceding the survey | |
| Type of facility | | | | | |
| Hospital | 27 | 31 | 11 | 27 | 424 |
| Health center | 58 | 42 | 26 | 35 | 512 |
| Dispensary | 42 | 41 | 22 | 40 | 55 |
| Operating authority | | | | | |
| Public | 46 | 34 | 19 | 36 | 640 |
| GAHF | 38 | 43 | 19 | 24 | 351 |
| Province | | | | | |
| Butare | 27 | 19 | 6 | 39 | 152 |
| Byumba | 68 | 34 | 24 | 45 | 74 |
| Cyangugu | 56 | 40 | 28 | 26 | 57 |
| Gikongoro | 42 | 21 | 11 | 41 | 51 |
| Gisenyi | 59 | 58 | 39 | 24 | 94 |
| Gitarama | 46 | 46 | 28 | 33 | 77 |
| Kibungo | 57 | 38 | 28 | 41 | 49 |
| Kibuye | 33 | 42 | 16 | 30 | 47 |
| Kigali City | 33 | 38 | 15 | 34 | 95 |
| Kigali Ngali | 23 | 47 | 11 | 38 | 74 |
| Ruhengeri | 43 | 40 | 19 | 12 | 132 |
| Umutara | 44 | 35 | 18 | 31 | 88 |
| Total | 43 | 37 | 19 | 32 | 991 |

Table A-3.8 Storage conditions and stock monitoring systems for vaccines

Among facilities that routinely store vaccines, percentage with a functioning thermometer in the refrigerator where vaccines are stored, percentage with an up-to-date temperature chart, percentage with recommended refrigerator temperature (0-8 degrees Celsius), percentage with adequate cold chain monitoring system, percentage with no expired vaccines, percentage with vaccines stored by expiration date, percentage with up-to-date vaccine inventory, and percentage meeting all criteria, by facility type, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Among facilities storing vaccines, percentage with: | | | | | | | | Number of facilities storing vaccines |
|----------------------------|---|---|--------------------------------------|--|-----------------------------|---|----------------------|---|---------------------------------------|
| | Functioning thermometer in refrigerator | Temperature chart up to date ¹ | Temperature 0-8° C at time of survey | Adequate cold chain monitoring system ² | No expired vaccines present | Vaccines stored by expiration date ³ | Inventory up to date | Adequate system for monitoring and maintaining stock ⁴ | |
| Type of facility | | | | | | | | | |
| Hospital | 100 | 29 | 100 | 29 | 100 | 86 | 86 | 29 | 7 |
| Health center | 96 | 58 | 88 | 55 | 92 | 77 | 62 | 26 | 162 |
| Dispensary | 95 | 54 | 95 | 54 | 95 | 82 | 37 | 32 | 16 |
| Operating authority | | | | | | | | | |
| Public | 95 | 55 | 89 | 53 | 93 | 77 | 56 | 25 | 119 |
| GAHF | 97 | 58 | 90 | 55 | 92 | 79 | 69 | 30 | 67 |
| Province | | | | | | | | | |
| Butare | 88 | 54 | 88 | 54 | 79 | 83 | 46 | 21 | 20 |
| Byumba | 94 | 46 | 94 | 46 | 100 | 83 | 58 | 29 | 15 |
| Cyangugu | 94 | 70 | 94 | 70 | 84 | 70 | 31 | 12 | 10 |
| Gikongoro | 100 | 46 | 92 | 46 | 92 | 64 | 54 | 23 | 11 |
| Gisenyi | 100 | 63 | 91 | 63 | 91 | 69 | 55 | 18 | 17 |
| Gitarama | 96 | 57 | 87 | 52 | 100 | 95 | 78 | 35 | 25 |
| Kibungo | 96 | 44 | 82 | 39 | 100 | 100 | 69 | 26 | 16 |
| Kibuye | 100 | 53 | 85 | 39 | 100 | 81 | 74 | 32 | 15 |
| Kigali City | 91 | 61 | 79 | 61 | 100 | 91 | 58 | 39 | 12 |
| Kigali Ngali | 92 | 66 | 92 | 66 | 83 | 83 | 50 | 25 | 14 |
| Ruhengeri | 100 | 62 | 100 | 62 | 94 | 62 | 80 | 38 | 18 |
| Umutara | 100 | 60 | 90 | 50 | 80 | 30 | 50 | 10 | 12 |
| Total | 96 | 56 | 89 | 54 | 92 | 77 | 61 | 27 | 185 |

¹ Temperature chart up to date and complete for past 30 days.

² Functioning thermometer in refrigerator, temperature chart up to date, and refrigerator temperature 0-8 degrees Celsius at time of survey.

³ If all vaccines had same expiry date and vaccines were organized, facility was credited with storing vaccines by expiry date.

⁴ No expired items present, items stored by expiration date, up-to-date inventory available, and adequate cold chain monitoring system.

Table A-3.9 Storage conditions and stock monitoring systems for contraceptives

Among facilities that store medicines and clinical methods of contraception, percentage in which no expired items were observed, percentage in which items were stored by expiration date, and percentage with up-to-date inventory, by facility type, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities whose contraceptive stock monitoring system indicates: | | | Number of facilities storing contraceptives | Percentage of facilities whose medicine stock monitoring system indicates: | | | Number of facilities storing medicines |
|----------------------------|---|--|----------------------|---|--|--|----------------------|--|
| | No expired items present | Stored by expiration date ¹ | Inventory up to date | | No expired items present | Stored by expiration date ¹ | Inventory up to date | |
| Type of facility | | | | | | | | |
| Hospital | 93 | 80 | 60 | 15 | 77 | 71 | 71 | 34 |
| Health center | 85 | 79 | 40 | 127 | 84 | 71 | 74 | 170 |
| Dispensary | 87 | 73 | 56 | 15 | 85 | 68 | 66 | 19 |
| Operating authority | | | | | | | | |
| Public | 86 | 78 | 61 | 124 | 87 | 73 | 71 | 144 |
| GAHF | 82 | 82 | 49 | 33 | 76 | 68 | 75 | 79 |
| Province | | | | | | | | |
| Butare | 53 | 79 | 53 | 14 | 70 | 53 | 60 | 26 |
| Byumba | 100 | 77 | 57 | 14 | 97 | 82 | 65 | 17 |
| Cyangugu | 90 | 78 | 33 | 9 | 93 | 32 | 37 | 14 |
| Gikongoro | 63 | 50 | 56 | 9 | 78 | 65 | 72 | 12 |
| Gisenyi | 80 | 73 | 53 | 15 | 66 | 62 | 72 | 21 |
| Gitarama | 95 | 100 | 85 | 20 | 84 | 92 | 100 | 27 |
| Kibungo | 100 | 92 | 69 | 13 | 91 | 93 | 82 | 19 |
| Kibuye | 92 | 100 | 67 | 12 | 76 | 74 | 76 | 16 |
| Kigali City | 100 | 91 | 58 | 12 | 93 | 93 | 59 | 17 |
| Kigali Ngali | 77 | 77 | 23 | 14 | 67 | 74 | 54 | 17 |
| Ruhengeri | 100 | 64 | 64 | 14 | 95 | 70 | 87 | 19 |
| Umutara | 70 | 55 | 70 | 10 | 93 | 47 | 86 | 17 |
| Total | 85 | 80 | 59 | 157 | 83 | 71 | 73 | 223 |

¹ If all of one type of item had same expiry date, items were considered "stored by expiry date." Among all commodities assessed, any single item with mixed expiry dates that was not organized by date resulted in classification "not stored by expiry date."

Chapter 4

Table A-4.1 Availability of child health services at the facility

Among facilities offering consultation services for sick children, routine growth monitoring services, and routine child immunization services, percentage providing sick child consultations 7 days a week, and median number of days per week each service is available at the facility, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Curative care for sick children | | | Growth monitoring | | Child immunization | | Number of facilities offering sick child services |
|----------------------------|--|-----------------------------------|----------------------|-----------------------------------|----------------------|-----------------------------------|----------------------|---|
| | Percentage with services 7 days a week | Median days per week ¹ | Number of facilities | Median days per week ¹ | Number of facilities | Median days per week ¹ | Number of facilities | |
| Type of facility | | | | | | | | |
| Hospital | 90 | 7 | 20 | 3 | 11 | 2.5 | 10 | 20 |
| Health center | 79 | 7 | 167 | 2 | 150 | 2 | 168 | 167 |
| Dispensary | 75 | 7 | 19 | 3 | 18 | 2 | 19 | 19 |
| Operating authority | | | | | | | | |
| Public | 80 | 7 | 135 | 2 | 113 | 2 | 129 | 135 |
| GAHF | 79 | 7 | 71 | 3 | 66 | 2 | 68 | 71 |
| Province | | | | | | | | |
| Butare | 82 | 7 | 23 | 2 | 19 | 2 | 22 | 23 |
| Byumba | 82 | 7 | 17 | 2.5 | 15 | 2 | 15 | 17 |
| Cyangugu | 57 | 7 | 11 | 3 | 18 | 2 | 10 | 11 |
| Gikongoro | 70 | 7 | 11 | 3 | 11 | 2 | 11 | 11 |
| Gisenyi | 74 | 7 | 21 | 2.5 | 16 | 2.5 | 19 | 21 |
| Gitarama | 100 | 7 | 26 | 3 | 25 | 2 | 25 | 26 |
| Kibungo | 96 | 7 | 18 | 1 | 18 | 2 | 17 | 18 |
| Kibuye | 94 | 7 | 16 | 2 | 14 | 2 | 15 | 16 |
| Kigali City | 77 | 7 | 16 | 3 | 14 | 2 | 16 | 16 |
| Kigali Ngali | 93 | 7 | 15 | 2.5 | 9 | 2 | 15 | 15 |
| Ruhengeri | 54 | 7 | 17 | 2.5 | 16 | 2 | 16 | 17 |
| Umutara | 49 | 6 | 14 | 2 | 14 | 2 | 15 | 14 |
| Total | 79 | 7 | 206 | 2 | 179 | 2 | 197 | 206 |

¹ For facilities that provide the service.

Table A-4.2 Availability of child vaccines

Among facilities offering child immunization services and routinely storing vaccines, percentage with the indicated child vaccine available, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Among facilities offering child immunization services, percentage with the indicated vaccines available | | | | | | Number of facilities offering child immunization services and storing vaccines |
|----------------------------|---|-----------|-----------|-----------|---------------------------------------|-----------|--|
| | BCG | Polio | DPT | Measles | All basic child vaccines ¹ | Hepatitis | |
| Type of facility | | | | | | | |
| Hospital | 100 | 100 | 100 | 100 | 100 | 0 | 7 |
| Health center | 94 | 98 | 87 | 97 | 83 | 2 | 162 |
| Dispensary | 94 | 100 | 94 | 100 | 88 | 0 | 16 |
| Operating authority | | | | | | | |
| Public | 95 | 99 | 85 | 98 | 81 | 1 | 119 |
| GAHF | 96 | 96 | 93 | 96 | 91 | 2 | 67 |
| Province | | | | | | | |
| Butare | 86 | 95 | 95 | 95 | 86 | 0 | 20 |
| Byumba | 87 | 93 | 67 | 93 | 67 | 0 | 15 |
| Cyangugu | 90 | 100 | 80 | 100 | 80 | 0 | 10 |
| Gikongoro | 75 | 100 | 92 | 100 | 75 | 0 | 11 |
| Gisenyi | 100 | 100 | 100 | 100 | 88 | 0 | 17 |
| Gitarama | 100 | 100 | 96 | 100 | 96 | 0 | 25 |
| Kibungo | 94 | 94 | 75 | 94 | 75 | 0 | 16 |
| Kibuye | 100 | 100 | 93 | 100 | 93 | 0 | 15 |
| Kigali City | 100 | 100 | 100 | 100 | 100 | 8 | 12 |
| Kigali Ngali | 100 | 100 | 100 | 100 | 100 | 0 | 14 |
| Ruhengeri | 94 | 94 | 61 | 94 | 61 | 6 | 18 |
| Umutara | 100 | 100 | 91 | 82 | 82 | 0 | 12 |
| Total | 95 | 98 | 88 | 97 | 83 | 2 | 185 |

¹ BCG, polio, DPT, and measles.

Table A-4.3 Specific equipment and supplies for vaccination services

Among facilities offering childhood vaccination services, percentage with specific equipment and supplies, items for infection prevention, and record keeping system components for good quality services, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Among facilities offering childhood vaccinations, percentage with the following: | | | | | | | | Number of facilities offering child vaccination services |
|----------------------------|--|---|-----------|-------------------------------------|----------------|--------------------------|---------------------------------------|-----------|--|
| | Equipment and supplies | | | Items for infection prevention | | Administrative practices | | | |
| | Blank immunization cards | Adequate supplies of syringes and needles | | Cold box with ice pack ² | Soap and water | Sharps box | Register of tally sheets ³ | | |
| | Disposable | Reusable available ¹ | | | | | | | |
| Type of facility | | | | | | | | | |
| Hospital | 100 | 100 | 10 | 100 | 90 | 90 | 100 | 30 | 10 |
| Health center | 72 | 99 | 37 | 99 | 84 | 87 | 87 | 46 | 170 |
| Dispensary | 66 | 100 | 37 | 96 | 76 | 88 | 85 | 39 | 19 |
| Operating authority | | | | | | | | | |
| Public | 70 | 100 | 31 | 99 | 79 | 89 | 84 | 42 | 129 |
| GAHF | 79 | 97 | 47 | 99 | 90 | 85 | 94 | 50 | 70 |
| Province | | | | | | | | | |
| Butare | 85 | 100 | 68 | 100 | 92 | 100 | 96 | 39 | 22 |
| Byumba | 81 | 100 | 7 | 100 | 52 | 100 | 77 | 25 | 15 |
| Cyangugu | 94 | 100 | 80 | 100 | 66 | 86 | 92 | 47 | 10 |
| Gikongoro | 85 | 100 | 64 | 100 | 85 | 92 | 92 | 46 | 11 |
| Gisenyi | 47 | 100 | 5 | 100 | 77 | 77 | 69 | 36 | 19 |
| Gitarama | 70 | 100 | 36 | 100 | 96 | 82 | 92 | 70 | 25 |
| Kibungo | 52 | 100 | 28 | 96 | 88 | 68 | 84 | 59 | 17 |
| Kibuye | 79 | 94 | 40 | 100 | 100 | 81 | 87 | 40 | 15 |
| Kigali City | 63 | 91 | 40 | 100 | 84 | 84 | 100 | 49 | 16 |
| Kigali Ngali | 84 | 100 | 60 | 100 | 100 | 100 | 92 | 38 | 15 |
| Ruhengeri | 76 | 100 | 11 | 94 | 62 | 100 | 87 | 37 | 18 |
| Umutara | 77 | 100 | 7 | 100 | 86 | 77 | 85 | 39 | 15 |
| Total | 73 | 99 | 36 | 99 | 83 | 87 | 88 | 45 | 199 |

¹ While most of these facilities had both disposable and reusable syringes and needles, 2 percent (3 facilities) had only reusable syringes and needles available.

² If a facility reported it purchased ice, this was accepted in place of the ice pack.

³ Either a register or tally sheets for recording different immunizations that were given.

⁴ Either DPT dropout rate or measles coverage was documented.

Table A-4.4 Availability of specific equipment and supplies for quality assessment of the sick child

Among facilities that provide sick child (SC) consultations, percentage with indicated items to support quality counseling services, to provide preventive services, and to assess the sick child in the service delivery room, by type of facility and operating authority, Rwanda SPA 2001

| Item | Percentage of facilities providing sick child consultations that have indicated items | | | | | Total |
|--|---|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Support quality counseling | | | | | | |
| Soap and water | 80 | 83 | 82 | 76 | 94 | 82 |
| Child health cards | 70 | 57 | 67 | 56 | 64 | 59 |
| Treatment protocols/standards (any) | 50 | 62 | 54 | 54 | 72 | 60 |
| Treatment protocols/standards (IMCI) | 35 | 38 | 33 | 32 | 48 | 37 |
| Visual aids for health education | 20 | 35 | 26 | 24 | 47 | 32 |
| All items to support quality of care | 20 | 20 | 11 | 11 | 35 | 19 |
| Preventive measures | | | | | | |
| Capacity to provide vaccinations ¹ | 40 | 45 | 40 | 35 | 61 | 44 |
| Infant weighing scale | 55 | 77 | 69 | 67 | 89 | 74 |
| Child weighing scale | 65 | 93 | 90 | 90 | 89 | 90 |
| All preventive measures | 40 | 47 | 40 | 37 | 63 | 46 |
| Equipment for assessment | | | | | | |
| Thermometer | 90 | 93 | 100 | 92 | 95 | 93 |
| Minute timer ² | 35 | 39 | 47 | 37 | 45 | 39 |
| ORS administration materials | 25 | 48 | 40 | 36 | 64 | 45 |
| All equipment for assessment | 20 | 22 | 31 | 16 | 34 | 23 |
| All equipment and supplies | 5 | 6 | 11 | 4 | 12 | 4 |
| Number of facilities offering SC services | 20 | 167 | 19 | 135 | 71 | 206 |
| Physician, nurse A1 or A2 among interviewed providers of child health services | 82 | 42 | 49 | 54 | 64 | 57 |
| Number of interviewed providers of child health services | 287 | 447 | 47 | 496 | 285 | 781 |

¹ Vaccines, equipment, immunization cards, and infection control items all available. Register and monitoring of coverage were not considered essential to immunize sick children on the day of survey.

² This represents a minute timer that is facility equipment. In addition to these, many staff had personal watches with second hands that could be used to time for one minute.

Table A-4.5 Availability of specific medicines for quality treatment of the sick child

Among facilities that provide sick child (SC) consultations, percentage where first-line, prereferral, and other essential medications are available, by type of facility and operating authority, Rwanda SPA 2001

| Medicine | Percentage of facilities providing sick child consultations that have indicated medicines | | | | | Total |
|---|---|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| First-line oral medicines | | | | | | |
| ORS | 90 | 91 | 67 | 89 | 88 | 89 |
| Antibiotic: Amoxicillin | 95 | 87 | 82 | 86 | 90 | 88 |
| Antibiotic: Co-trimoxazole | 95 | 92 | 89 | 92 | 92 | 92 |
| Antimalarial: Chloroquine | 95 | 91 | 85 | 89 | 94 | 91 |
| Antimalarial: Daraprim | 100 | 93 | 85 | 95 | 90 | 93 |
| All essential oral medicines ¹ | 90 | 87 | 67 | 85 | 86 | 85 |
| Prereferral injectable medicines | | | | | | |
| Antibiotic: Ampicillin | 90 | 47 | 34 | 43 | 63 | 50 |
| Antibiotic: Penicillin | 100 | 91 | 79 | 91 | 91 | 91 |
| Antibiotic: Gentamicin | 85 | 44 | 25 | 39 | 60 | 46 |
| Antimalarial: Quinine | 95 | 93 | 84 | 93 | 92 | 93 |
| Intravenous solution with infusion set | 100 | 77 | 33 | 75 | 76 | 75 |
| All prereferral medicines ² | 95 | 69 | 26 | 66 | 70 | 67 |
| Other essential medicines | | | | | | |
| Aspirin or paracetamol (antipyretic) | 100 | 98 | 95 | 98 | 97 | 98 |
| Vitamin A (any dose) | 45 | 66 | 60 | 57 | 74 | 63 |
| Iron tablets | 60 | 56 | 34 | 48 | 68 | 55 |
| Mebendazole (for deworming) | 100 | 93 | 80 | 94 | 90 | 93 |
| Antibiotic eye ointment | 95 | 86 | 65 | 82 | 89 | 85 |
| All other essential medicines | 35 | 33 | 16 | 23 | 49 | 32 |
| Number of facilities offering SC services | 20 | 167 | 19 | 135 | 71 | 206 |

¹ ORS and at least one antibiotic and one antimalarial.

² At least one injectable antibiotic, injectable quinine, and intravenous solution with infusion set.

Table A-4.6 Qualification and experience with supportive management for providers of child health services

Among interviewed child health service providers, percentage who were doctors, percentage who were nurses A1 or A2, percentage who were personally supervised in the 6 months preceding the survey, percentage who received in-service education related to child health during the 12 months preceding the survey, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority and province, Rwanda SPA 2001

| Background characteristic | Among interviewed child health service providers, percentage | | | | | | Number of interviewed child health service providers |
|----------------------------|--|---------------------|--|---|--|--|--|
| | Qualified as | | Personally supervised in the past 6 months | Received in-service education in the past 12 months | Personally supervised in the past 6 months and received in-service education in the past 12 months | Whose most recent in-service education was 13-59 months preceding the survey | |
| | Doctors | Nurses ¹ | | | | | |
| Type of facility | | | | | | | |
| Hospital | 17 | 66 | 28 | 25 | 12 | 21 | 287 |
| Health center | 0 | 42 | 59 | 35 | 24 | 32 | 447 |
| Dispensary | 0 | 49 | 37 | 35 | 17 | 30 | 47 |
| Operating authority | | | | | | | |
| Public | 6 | 48 | 50 | 36 | 23 | 30 | 496 |
| GAHF | 7 | 57 | 39 | 32 | 17 | 24 | 285 |
| Province | | | | | | | |
| Butare | 10 | 67 | 37 | 15 | 9 | 25 | 100 |
| Byumba | 4 | 43 | 68 | 26 | 18 | 28 | 61 |
| Cyangugu | 15 | 66 | 62 | 38 | 25 | 24 | 45 |
| Gikongoro | 4 | 43 | 44 | 16 | 10 | 35 | 44 |
| Gisenyi | 3 | 55 | 64 | 51 | 40 | 31 | 73 |
| Gitarama | 5 | 48 | 47 | 41 | 25 | 24 | 68 |
| Kibungo | 13 | 37 | 57 | 29 | 23 | 33 | 45 |
| Kibuye | 8 | 51 | 27 | 39 | 13 | 25 | 38 |
| Kigali City | 2 | 68 | 32 | 27 | 14 | 39 | 78 |
| Kigali Ngali | 4 | 45 | 24 | 33 | 13 | 31 | 71 |
| Ruhengeri | 4 | 43 | 51 | 40 | 27 | 17 | 88 |
| Umutara | 6 | 39 | 51 | 28 | 19 | 28 | 71 |
| Total | 6 | 51 | 46 | 33 | 21 | 28 | 781 |

¹ Nurse A1 or A2 level.

Table A-4.7 Existence of routine user fees

Percentage of facilities reporting they routinely charge for child immunization cards, for syringes used for immunizations, for some vaccines, and for consultation services for sick children; and the median routine charge, by type of facility and operating authority, Rwanda SPA 2001

| Background characteristic | Percentage of facilities with routine charge, and median amount of routine charge for facilities reporting they have some charge for: | | | Number of facilities providing child immunization services | Percentage of facilities with routine charge for sick child consultation | Number of facilities providing sick child services |
|------------------------------|---|-----------------------|---|--|--|--|
| | Immunization and growth chart | Immunization syringes | Immunization vaccine (above syringe charge) | | | |
| Type of facility | | | | | | |
| Hospital | 15 | 24 | 0 | 10 | 100 | 20 |
| Health center | 18 | 11 | 2 | 170 | 99 | 167 |
| Dispensary | 21 | 0 | 6 | 19 | 90 | 19 |
| Operating authority | | | | | | |
| Public | 11 | 8 | 2 | 129 | 99 | 135 |
| GAHF | 31 | 14 | 4 | 79 | 97 | 71 |
| Total | 18 | 16 | 3 | 199 | 99 | 206 |
| Median charge ^{1,2} | 50 RFR | 50 RFR | 50 RFR | | 100 RFR ² | |

¹ Among facilities having any routine charge.

² Median charge for hospitals was 250 RFR, and for all other facilities 100 RFR.

Table A-4.8 Out-of-pocket payments for sick child consultations

Among interviewed caretakers of sick children, percentage who reported they are part of a social health insurance plan,² and percentage who reported paying any out-of-pocket fees for services for the sick child on the day of the survey; among the caretakers who paid any fees for services for the sick child, median amount (Rwandan Franc) paid on the day of the survey, by whether the child belongs to a social health insurance plan (mutual) or not, by type of facility and operating authority, Rwanda SPA 2001

| Background characteristic | Percentage of interviewed caretakers of sick children reporting: | | | Median out-of-pocket payment (RFR) by caretakers who paid any fees for child health services on the day of survey | | Number of interviewed caretakers providing valid responses |
|----------------------------|--|--|----------------------------------|---|---|--|
| | Child belongs to social health insurance plan | They paid any out-of-pocket fees for this visit ¹ | Number of interviewed caretakers | Belongs to social health insurance plan | Does not belong to social health insurance plan | |
| Type of facility | | | | | | |
| Hospital | 21 | 86 | 94 | 121 | 436 | 81 |
| Health center | 20 | 89 | 1,018 | 101 | 451 | 907 |
| Dispensary | 19 | 85 | 118 | 250 | 451 | 100 |
| Operating authority | | | | | | |
| Public | 18 | 88 | 737 | 101 | 476 | 650 |
| GAHF | 24 | 89 | 493 | 101 | 426 | 438 |
| Total | 20 | 89 | 1,230 | 101 | 451 | 1,088 |

¹ Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other.

² "mutuelle de santé"

Table A-4.9 General assessments, examinations, and treatments for sick children

Percentage of observed children for whom the indicated assessment, examination, or intervention was a component of their consultation, by type of facility and operating authority, Rwanda SPA 2001

| Consultation component | Percentage of observed children for whom the indicated component was included in the consultation | | | | | Total |
|--|---|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| History: Assessment of danger signs | | | | | | |
| Inability to eat or drink anything | 38 | 33 | 31 | 30 | 38 | 33 |
| Vomiting everything | 50 | 44 | 51 | 43 | 49 | 45 |
| Convulsions | 5 | 8 | 9 | 7 | 10 | 8 |
| All danger signs | 1 | 3 | 3 | 2 | 5 | 3 |
| History: Assessment of symptoms | | | | | | |
| Cough or difficult breathing | 64 | 76 | 72 | 74 | 76 | 75 |
| Diarrhea | 50 | 48 | 46 | 48 | 48 | 48 |
| Fever | 88 | 89 | 85 | 89 | 88 | 88 |
| All major symptoms | 28 | 35 | 29 | 34 | 34 | 34 |
| Physical examination | | | | | | |
| Measured temperature | 67 | 86 | 86 | 83 | 88 | 85 |
| Felt temperature | 14 | 20 | 20 | 16 | 25 | 20 |
| Assessed anemia: look at palms | 19 | 13 | 14 | 12 | 16 | 13 |
| Assessed anemia: look at eye conjunctiva or mucosa of mouth | 41 | 46 | 52 | 43 | 51 | 46 |
| Assessed dehydration | 44 | 37 | 35 | 36 | 38 | 37 |
| Counted respiratory rate per minute | 16 | 31 | 21 | 26 | 33 | 29 |
| All physical checks ¹ | 4 | 7 | 3 | 5 | 8 | 6 |
| Drinking/feeding practices during illness for children < 24 months (n=892) | | | | | | |
| Breastfeeding practices | 35 | 28 | 32 | 25 | 34 | 29 |
| Complementary feeding | 26 | 21 | 23 | 23 | 21 | 22 |
| Observed if child can drink or suck | 15 | 13 | 15 | 13 | 14 | 13 |
| All 3 assessments of drinking/feeding status | 6 | 3 | 2 | 4 | 2 | 3 |
| Essential advice | | | | | | |
| Increase fluids | 5 | 5 | 14 | 5 | 7 | 6 |
| Continue/increase feeding | 5 | 7 | 12 | 6 | 9 | 7 |
| Symptoms for immediate return | 11 | 12 | 13 | 14 | 10 | 12 |
| All 3 essential messages | 0 | 1 | 2 | 1 | 1 | 1 |
| Preventive measures | | | | | | |
| Child weighed | 61 | 60 | 57 | 51 | 74 | 60 |
| Weight plotted | 2 | 6 | 8 | 5 | 7 | 6 |
| Immunization status assessed (<24 months) | 4 | 10 | 9 | 9 | 9 | 9 |
| Immunization status assessed (≥24 months) | 4 | 7 | 0 | 5 | 9 | 6 |
| Number of observed children < 24 months old | 62 | 732 | 91 | 531 | 361 | 892 |
| Number of observed children < 59 months old | 95 | 1,026 | 118 | 741 | 498 | 1,239 |

¹ Respiratory rate counted, either method for assessing presence of fever, and either method for assessing presence of anemia.

Table A-4.10 Exit interview

Percentage of interviewed caretakers of observed children who identified specific items as big problems for them on the day of the visit, by type of facility and operating authority, Rwanda SPA 2001

| Item | Percentage of interviewed caretakers who identified items as big problems | | | | | Total |
|--|---|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Behavior/attitude of provider | 1 | 8 | 3 | 8 | 6 | 7 |
| Insufficient time with provider | 12 | 8 | 14 | 9 | 8 | 9 |
| Insufficient explanation about child's illness | 69 | 69 | 74 | 72 | 65 | 69 |
| Waiting time to see provider | 14 | 11 | 18 | 12 | 12 | 12 |
| Availability of medicines or supplies | 12 | 13 | 20 | 16 | 10 | 14 |
| Hours facility is open | 3 | 6 | 4 | 6 | 4 | 5 |
| Cleanliness of facility | 6 | 8 | 3 | 9 | 5 | 7 |
| Number of interviewed caretakers | 94 | 1,018 | 118 | 737 | 493 | 1,230 |

Chapter 5

Table A-5.1 Availability of different methods of family planning

Among facilities offering any temporary family planning (FP) methods, percentage offering each of the indicated methods, percentage offering only sterilization, percentage offering only rhythm method, and percentage offering at least two modern temporary methods of contraception, by type of facility and operating authority, Rwanda SPA 2001

| Family planning method | Among facilities offering family planning, percentage offering various family planning methods | | | | | Total |
|--|--|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Combined oral contraceptives | 61 | 90 | 88 | 87 | 85 | 87 |
| Progesterone only oral pill | 56 | 66 | 67 | 67 | 58 | 65 |
| Progesterone only injectable (2 monthly) | 28 | 33 | 21 | 28 | 40 | 31 |
| Progesterone only injectable (3 monthly) | 67 | 95 | 86 | 93 | 83 | 91 |
| Implant | 44 | 6 | 8 | 6 | 25 | 10 |
| Male condom | 61 | 65 | 59 | 63 | 64 | 64 |
| Female condom | 6 | 3 | 0 | 1 | 10 | 3 |
| Spermicide | 0 | 2 | 0 | 1 | 4 | 2 |
| Intrauterine device | 33 | 2 | 14 | 3 | 18 | 7 |
| Male sterilization | 33 | 0 | 0 | 2 | 11 | 4 |
| Female sterilization | 78 | 0 | 0 | 6 | 19 | 9 |
| Rhythm method | 44 | 34 | 14 | 26 | 56 | 33 |
| Only sterilization | 17 | 0 | 0 | 2 | 3 | 2 |
| Only rhythm method | 0 | 3 | 0 | 0 | 10 | 2 |
| At least one modern method | 83 | 97 | 100 | 98 | 88 | 96 |
| At least two modern methods ¹ | 67 | 95 | 94 | 95 | 83 | 92 |
| Number of facilities offering FP | 18 | 131 | 15 | 126 | 38 | 164 |

¹ At least two of the following methods: oral pills (combined or progesterone), injections (every 2 or 3 months), implants, condoms (male or female), intrauterine devices, or a spermicide.

Table A-5.2 Availability of infrastructure, resources, and systems for quality family planning services

Among facilities offering temporary methods of family planning (FP), percentage with items to support quality counseling (infrastructure to provide privacy, individual client cards, guidelines or protocols, and visual aids for health education), and percentage with items for quality physical examination (items for infection prevention, visual privacy, an examination bed, an examination light, and a speculum), by type of facility and operating authority, Rwanda SPA 2001

| Items | Among facilities offering family planning, percentage with items to support quality counseling and physical examinations | | | | | Total |
|---|--|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Items to support quality counseling | | | | | | |
| Auditory privacy | 93 | 93 | 94 | 92 | 96 | 93 |
| Written FP protocols or guidelines | 0 | 11 | 13 | 11 | 6 | 10 |
| Visual aids for health education | 53 | 49 | 70 | 51 | 52 | 51 |
| Individual client health cards | 87 | 78 | 80 | 79 | 79 | 79 |
| All items to support quality counseling ¹ | 0 | 5 | 0 | 5 | 0 | 4 |
| Items to support quality physical examination | | | | | | |
| Infection prevention | | | | | | |
| Soap | 87 | 71 | 77 | 70 | 83 | 73 |
| Water | 93 | 75 | 77 | 74 | 88 | 77 |
| Clean gloves | 67 | 65 | 66 | 63 | 74 | 66 |
| Disinfecting solution | 67 | 59 | 62 | 59 | 65 | 60 |
| Sharps box | 80 | 59 | 62 | 60 | 68 | 62 |
| All items for infection prevention ² | 47 | 36 | 37 | 34 | 49 | 37 |
| Furnishings and equipment for pelvic examination | | | | | | |
| Visual privacy | 87 | 91 | 94 | 92 | 87 | 91 |
| Examination bed ³ | 87 | 72 | 74 | 76 | 66 | 73 |
| Examination light ⁴ | 33 | 21 | 13 | 22 | 17 | 21 |
| Vaginal speculum | 73 | 74 | 70 | 74 | 73 | 74 |
| All furnishings and equipment for pelvic examination ⁵ | 33 | 17 | 13 | 21 | 13 | 18 |
| All items for both infection prevention and pelvic examination | 33 | 13 | 7 | 16 | 9 | 15 |
| Number of facilities offering FP | 18 | 131 | 15 | 126 | 38 | 164 |

¹ Auditory privacy, individual client health cards, written protocols, and visual aids.

² Soap, water, clean gloves, disinfecting solution, and sharps box.

³ Any bed where a woman can lie down flat.

⁴ Examination light, flashlight, or other spotlight source.

⁵ Visual privacy, examination bed, examination light, and vaginal speculum.

Table A-5.3 Availability of medicines for treating sexually transmitted infections

Percentage of facilities that offer temporary methods of family planning (FP) where the indicated medicine is available, and percentage with at least one treatment for each of the sexually transmitted infections (STIs) indicated, by type of facility and operating authority, Rwanda SPA 2001

| Medicine | Percentage of facilities offering family planning that have specific medicines for STIs available | | | | | Total |
|---|---|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Nystatin suppository (candidiasis) | 100 | 60 | 50 | 57 | 84 | 63 |
| Medicines for treating STIs | | | | | | |
| Metronidazole (trichomoniasis) | 100 | 92 | 100 | 90 | 97 | 93 |
| Ceftriaxone (gonorrhoea) | 0 | 1 | 0 | 1 | 0 | 1 |
| Spectinomycin (gonorrhoea) | 11 | 15 | 13 | 13 | 21 | 15 |
| Ciprofloxacin (gonorrhoea) | 61 | 45 | 60 | 47 | 53 | 49 |
| Doxycycline (chlamydia, syphilis) | 100 | 78 | 87 | 79 | 87 | 81 |
| Tetracycline (chlamydia, syphilis) | 61 | 31 | 40 | 29 | 55 | 35 |
| Erythromycin (chlamydia, syphilis) | 100 | 62 | 73 | 64 | 81 | 68 |
| Penicillin B (syphilis) | 89 | 82 | 67 | 78 | 90 | 81 |
| Procaine penicillin (syphilis) | 94 | 91 | 80 | 91 | 90 | 90 |
| At least one medicine for each STI ¹ | 60 | 31 | 21 | 29 | 47 | 33 |
| Number of facilities offering FP | 18 | 131 | 15 | 126 | 38 | 164 |

¹ At least one medicine for treating trichomoniasis, gonorrhoea, chlamydia, and syphilis.

Table A-5.4 Supportive management for providers of family planning services

Among interviewed family planning (FP) service providers, percentage who were personally supervised in the 6 months preceding the survey, percentage who received in-service education related to FP during the 12 months preceding the survey, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Among interviewed family planning service providers, percentage | | | | Number of interviewed providers of FP services ¹ |
|----------------------------|---|---|--|--|---|
| | Personally supervised in the past 6 months | Who received in-service education in the past 12 months | Personally supervised in the past 6 months and received in-service education in the past 12 months | Whose most recent in-service education was 13-59 months preceding the survey | |
| Type of facility | | | | | |
| Hospital | 35 | 24 | 23 | 37 | 102 |
| Health center | 63 | 25 | 24 | 33 | 283 |
| Dispensary | 49 | 26 | 26 | 22 | 23 |
| Operating authority | | | | | |
| Public | 59 | 21 | 21 | 32 | 307 |
| GAHF | 44 | 34 | 33 | 20 | 101 |
| Province | | | | | |
| Butare | 69 | 16 | 16 | 48 | 34 |
| Byumba | 66 | 32 | 32 | 41 | 40 |
| Cyangugu | 60 | 33 | 33 | 17 | 33 |
| Gikongoro | 40 | 17 | 16 | 39 | 28 |
| Gisenyi | 69 | 36 | 34 | 61 | 44 |
| Gitarama | 57 | 21 | 21 | 9 | 36 |
| Kibungo | 81 | 36 | 36 | 22 | 22 |
| Kibuye | 48 | 33 | 33 | 22 | 25 |
| Kigali City | 45 | 20 | 20 | 33 | 36 |
| Kigali Ngali | 26 | 26 | 26 | 53 | 37 |
| Ruhengeri | 51 | 19 | 14 | 33 | 43 |
| Umutara | 49 | 5 | 5 | 27 | 29 |
| Total | 55 | 24 | 24 | 31 | 408 |

¹ Includes 24 staff who reported they provide FP services even though their facility reported it does not provide the service

Table A-5.5 Charging practices for family planning services

Among facilities offering family planning (FP) services, percentage of facilities reporting any charge for specific family planning services, and among facilities that do charge, the median charge for the service, Rwanda SPA 2001

| Item | Percentage reporting any charge | Median charge (RFR) among facilities that charge | Number of facilities with valid data |
|--|---------------------------------|--|--------------------------------------|
| Oral pill (either combined or progesterone only) per cycle | 20 | 60 RFR | 154 |
| Progesterone only injection (3 monthly) | 32 | 100 RFR | 155 |
| Male condom (packet of 4) | 24 | 20 RFR | 126 |
| Family planning consultation | 32 | 100 RFR | 161 |
| Family planning card | 12 | 50 RFR | 160 |

Chapter 6

Table A-6.1 Availability of antenatal care with other family health services

Among facilities offering antenatal care (ANC), the percentage offering ANC services on the day of the survey; percentage offering both ANC and family planning, both ANC and curative care for sick children, both ANC and child immunization services, and both ANC and tetanus toxoid (TT) vaccine on the day of the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage offering ANC the day of survey ¹ | Percentage of facilities offering both ANC and the indicated service on the day of the survey | | | | Number of facilities offering ANC |
|----------------------------|--|---|---------------------|--------------------|-----------|-----------------------------------|
| | | Family planning | Sick child services | Child immunization | TT | |
| Type of facility | | | | | | |
| Hospital | 36 | 9 | 27 | 9 | 9 | 11 |
| Health center | 62 | 20 | 61 | 7 | 44 | 170 |
| Dispensary | 62 | 19 | 62 | 26 | 54 | 18 |
| Operating authority | | | | | | |
| Public | 55 | 23 | 55 | 6 | 41 | 129 |
| GAHF | 71 | 13 | 67 | 14 | 47 | 70 |
| Province | | | | | | |
| Butare | 96 | 39 | 96 | 12 | 73 | 22 |
| Byumba | 49 | 24 | 49 | 18 | 43 | 16 |
| Cyangugu | 42 | 6 | 42 | 6 | 28 | 10 |
| Gikongoro | 92 | 15 | 92 | 8 | 61 | 11 |
| Gisenyi | 42 | 5 | 42 | 0 | 34 | 19 |
| Gitarama | 69 | 21 | 65 | 5 | 53 | 25 |
| Kibungo | 84 | 29 | 84 | 4 | 67 | 17 |
| Kibuye | 38 | 13 | 38 | 26 | 13 | 15 |
| Kigali City | 45 | 18 | 45 | 0 | 25 | 15 |
| Kigali Ngali | 46 | 23 | 46 | 15 | 38 | 15 |
| Ruhengeri | 63 | 20 | 52 | 12 | 39 | 18 |
| Umutara | 39 | 8 | 39 | 0 | 23 | 15 |
| Total | 60 | 19 | 59 | 9 | 43 | 199 |

¹ Facilities that were not providing ANC services the day of the survey were revisited another day to observe services being provided. Information on service availability, however, was provided for the day of the first visit to the facility.

Table A-6.2 Availability of specific equipment and supplies for quality assessments of the antenatal care client

Percentage of facilities offering antenatal care (ANC) where there is privacy for consultations, there are client health cards, treatment standards and protocols, visual aids for health education, items for infection prevention, elements for physical examination, and equipment for basic ANC examinations, in or adjacent to the consultation or examination room; and percentage of facilities having basic ANC medications, by type of facility, operating authority, and province, Rwanda SPA 2001

| Component | Percentage of facilities offering ANC that have specific service components available | | | | | Total |
|--|---|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Items to support quality counseling | | | | | | |
| Some measure of privacy | 91 | 99 | 94 | 99 | 97 | 98 |
| Individual client health cards | 91 | 81 | 84 | 79 | 86 | 81 |
| Written ANC protocols/guidelines | 0 | 31 | 16 | 22 | 39 | 28 |
| Visual aids for health education | 18 | 27 | 28 | 23 | 33 | 27 |
| Group health education sessions | 82 | 99 | 100 | 98 | 100 | 99 |
| All items to support quality counseling ¹ | 0 | 11 | 6 | 4 | 21 | 10 |
| Items to support quality physical examination | | | | | | |
| Infection prevention | | | | | | |
| Soap | 91 | 73 | 71 | 65 | 90 | 74 |
| Water | 91 | 76 | 75 | 71 | 87 | 77 |
| Clean gloves | 73 | 72 | 74 | 68 | 80 | 72 |
| Disinfecting solution | 82 | 63 | 76 | 57 | 81 | 66 |
| Sharps box | 91 | 70 | 78 | 66 | 83 | 72 |
| All items for infection prevention ² | 64 | 40 | 45 | 34 | 58 | 42 |
| Infrastructure for examination | | | | | | |
| Visual privacy for examination | 100 | 93 | 100 | 93 | 97 | 94 |
| Examination bed ³ | 91 | 79 | 87 | 86 | 72 | 81 |
| Examination light ⁴ | 27 | 23 | 16 | 22 | 24 | 23 |
| All elements for physical examination ⁵ | 18 | 15 | 11 | 14 | 18 | 15 |
| Equipment for ANC assessment | | | | | | |
| Blood pressure apparatus | 91 | 86 | 83 | 85 | 89 | 86 |
| Adult weight scale | 91 | 93 | 89 | 93 | 92 | 93 |
| Fetoscope (Pinard) | 91 | 98 | 100 | 98 | 97 | 98 |
| Basic ANC medicines | | | | | | |
| Iron tablets ⁶ | 100 | 70 | 46 | 66 | 76 | 70 |
| Folic acid tablets ⁶ | 91 | 61 | 48 | 59 | 66 | 62 |
| Tetanus toxoid vaccine | 73 | 93 | 86 | 90 | 93 | 91 |
| All basic ANC equipment and medicines ⁷ | 64 | 41 | 24 | 36 | 51 | 41 |
| Number of facilities offering ANC | 11 | 170 | 18 | 129 | 70 | 199 |

¹ Some measure of privacy (either a private room or visual barrier in a non-private room), individual client health cards, written ANC protocols or guidelines, and visual aids for health education (group health education not included).

² Soap, water, gloves, disinfecting solution for putting contaminated reusable items, and sharps box.

³ Any type of bed where woman can lie down flat.

⁴ Examination light, flashlight, or other spotlight source.

⁵ Visual privacy, examination light, bed, clean gloves, soap and water, disinfecting solution, and sharps box are all available.

⁶ Iron and folic acid may be combined.

⁷ Blood pressure apparatus, adult weight scale, fetoscope, iron and folic acid tablets, and tetanus toxoid vaccine.

Table A-6.3 Availability of specific medicines and protocols for antenatal care services

Percentage of facilities with indicated medicines for managing common illnesses during pregnancy, percentage that routinely provide or prescribe malaria prophylaxis, STI treatment, blood test for anemia, urine test for protein, blood test for syphilis, and voluntary counseling and testing (VCT) for HIV/AIDS as a component of antenatal care (ANC), and percentage with a thermometer and an infant scale for postnatal care (PNC) services, by type of facility and operating authority, Rwanda SPA 2001

| Component | Percentage of facilities with specific medicines and protocols available for ANC | | | | | Total |
|---|--|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Medicines for managing common complications during pregnancy | | | | | | |
| Antibiotic ¹ | 100 | 96 | 94 | 96 | 95 | 96 |
| Metronidazole (trichomoniasis) | 100 | 91 | 94 | 90 | 95 | 92 |
| Mebendazole (anthelmintic) | 100 | 94 | 84 | 95 | 89 | 93 |
| Antimalarial | 100 | 98 | 94 | 99 | 96 | 98 |
| Methyldopa (antihypertensive) | 91 | 15 | 20 | 13 | 32 | 20 |
| Nystatin suppository | 100 | 62 | 51 | 55 | 78 | 63 |
| Ceftriaxone (gonorrhea) | 0 | 2 | 0 | 1 | 3 | 2 |
| Spectinomycin (gonorrhea) | 27 | 17 | 11 | 14 | 21 | 17 |
| Ciprofloxacin (gonorrhea) | 65 | 50 | 59 | 49 | 60 | 53 |
| Doxycycline (chlamydia, syphilis) | 100 | 79 | 83 | 78 | 84 | 80 |
| Tetracycline (chlamydia, syphilis) | 64 | 39 | 33 | 30 | 60 | 40 |
| Erythromycin (chlamydia, syphilis) | 100 | 64 | 78 | 62 | 76 | 67 |
| Penicillin (syphilis) | 73 | 81 | 67 | 75 | 87 | 79 |
| All medicines for sexually transmitted infections ² | 73 | 53 | 54 | 49 | 64 | 54 |
| All basic ANC medications ³ | 73 | 9 | 0 | 6 | 21 | 12 |
| Facility standards for routine ANC service | | | | | | |
| Prescribe malaria prophylaxis | 18 | 11 | 24 | 12 | 13 | 13 |
| Prescribe STI treatment by ANC providers | 18 | 22 | 50 | 24 | 25 | 24 |
| Test blood for anemia | 18 | 13 | 13 | 5 | 29 | 13 |
| Test urine for protein | 18 | 21 | 33 | 15 | 34 | 22 |
| Test blood for syphilis | 18 | 9 | 12 | 5 | 19 | 10 |
| Voluntary counseling and testing HIV/AIDS | 46 | 49 | 38 | 49 | 47 | 48 |
| Equipment related to postnatal care | | | | | | |
| Thermometer | 73 | 81 | 86 | 78 | 88 | 81 |
| Infant scale | 36 | 67 | 61 | 60 | 74 | 65 |
| Number of facilities offering ANC | 11 | 170 | 18 | 129 | 70 | 199 |
| ¹ Amoxicillin, ampicillin, or co-trimoxazole. | | | | | | |
| ² At least one medicine for treating trichomoniasis, gonorrhea, chlamydia, and syphilis. | | | | | | |
| ³ At least one antibiotic, at least one medicine for treating trichomoniasis, gonorrhea, chlamydia, and syphilis, mebendazole, antimalarial, methyldopa, and nystatin suppository. | | | | | | |

Table A-6.4 Statistics on utilization of antenatal care and delivery services for facilities in the RSPA

Median number of antenatal care (ANC) clients per month (new and repeat), median number of deliveries per month, and median number of caesarean sections in the 12 months preceding the survey, by type of facility and operating authority, Rwanda SPA 2001

| Background characteristic | Median number of ANC clients per month ¹ | Median number of deliveries per month ¹ | Median number of caesarean sections in past 12 months |
|----------------------------|---|--|---|
| Type of facility | | | |
| Hospital | 74 | 47 | 114 |
| Health center | 62 | 11 | 0 |
| Dispensary | 38 | 5 | 0 |
| Operating authority | | | |
| Public | 57 | 9 | 128 |
| GAHF | 65 | 17 | 109 |
| Total | 61 | 11 | 114 |

¹ Data are from health information system monthly reports available at the facility the day of the survey. Data were asked for the 12 months preceding the survey; however, frequently some months were missing. Information from the number of months for which data were available was summed and an average monthly number of clients calculated for each facility. This number was then used to calculate the median number of ANC clients per month.

Table A-6.5 Supportive management for providers of antenatal care

Among interviewed antenatal care (ANC) service providers, percentage who were personally supervised in the 6 months preceding to the survey, percentage who received in-service education related to ANC during the 12 months preceding to the survey, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Among interviewed ANC service providers, percentage | | | | Number of interviewed providers of ANC services |
|----------------------------|---|---|--|--|---|
| | Personally supervised in the past 6 months | Who received in-service education in the past 12 months | Personally supervised in the past 6 months and received in-service education in the past 12 months | Whose most recent in-service education was 13-59 months preceding the survey | |
| Type of facility | | | | | |
| Hospital | 19 | 35 | 9 | 15 | 197 |
| Health center | 58 | 69 | 22 | 34 | 430 |
| Dispensary | 44 | 55 | 10 | 41 | 50 |
| Operating authority | | | | | |
| Public | 50 | 58 | 21 | 32 | 433 |
| GAHF | 38 | 58 | 15 | 24 | 245 |
| Province | | | | | |
| Butare | 28 | 41 | 11 | 23 | 102 |
| Byumba | 69 | 72 | 28 | 30 | 52 |
| Cyangugu | 63 | 70 | 26 | 25 | 39 |
| Gikongoro | 41 | 48 | 7 | 37 | 39 |
| Gisenyi | 68 | 82 | 36 | 12 | 51 |
| Gitarama | 49 | 66 | 25 | 42 | 56 |
| Kibungo | 74 | 77 | 25 | 55 | 33 |
| Kibuye | 37 | 59 | 13 | 26 | 33 |
| Kigali City | 35 | 53 | 13 | 35 | 71 |
| Kigali Ngali | 23 | 49 | 11 | 50 | 61 |
| Ruhengeri | 47 | 53 | 11 | 13 | 80 |
| Umutara | 46 | 58 | 12 | 20 | 60 |
| Total | 46 | 58 | 19 | 29 | 677 |

Table A-6.6 Out-of-pocket payments for first-visit antenatal care clients

Among interviewed first-visit antenatal care (ANC) clients, percentage who reported that they are part of a social health insurance plan², and percentage who reported paying any out-of-pocket fees for ANC services on the day of the survey; and among the clients who paid any fees for ANC services, the median amount (Rwandan Franc) paid for services on the day of the survey, by whether client belonged to a social insurance plan (mutual), by type of facility and operating authority, Rwanda SPA 2001

| Background characteristic | Percentage of interviewed first-visit ANC clients reporting they: | | Number of interviewed first-visit ANC clients | Median out-of-pocket payment (RFR) by ANC clients who paid anything for services the day of the survey ¹ | | Number of interviewed first-visit ANC clients providing valid responses for amount paid |
|----------------------------|---|---|---|---|--|---|
| | Belong to a social insurance plan | Paid any out-of-pocket charges for this visit | | Belong to a social insurance plan | Do not belong to a social insurance plan | |
| Type of facility | | | | | | |
| Hospital | 0 | 92 | 67 | na | 121 | 67 |
| Health center | 7 | 98 | 1,259 | 101 | 201 | 1,255 |
| Dispensary | 4 | 95 | 167 | 101 | 200 | 165 |
| Operating authority | | | | | | |
| Public | 6 | 97 | 954 | 101 | 200 | 952 |
| GAHF | 6 | 97 | 539 | 101 | 201 | 535 |
| Total | 6 | 97 | 1,493 | 101 | 201 | 1,487 |

na: Not applicable

¹ Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other.

² "mutuelle de santé"

Table A-6.7 Characteristics of observed antenatal care clients

Percentage of observed antenatal care (ANC) clients on first or follow-up visit, and estimated month of pregnancy, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of ANC clients with: | | Month of pregnancy | | Number of observed ANC clients |
|----------------------------|----------------------------------|---------------------|--------------------|--------------------|--------------------------------|
| | First ANC visit at this facility | Follow-up ANC visit | Percent > 5 months | Percent > 8 months | |
| Type of facility | | | | | |
| Hospital | 52 | 48 | 97 | 48 | 139 |
| Health center | 52 | 48 | 96 | 43 | 248 |
| Dispensary | 54 | 46 | 98 | 41 | 321 |
| Operating authority | | | | | |
| Public | 53 | 47 | 97 | 43 | 1,854 |
| GAHF | 51 | 49 | 95 | 42 | 1,088 |
| Province | | | | | |
| Butare | 51 | 49 | 96 | 41 | 362 |
| Byumba | 56 | 44 | 97 | 41 | 252 |
| Cyangugu | 55 | 45 | 97 | 48 | 137 |
| Gikongoro | 40 | 60 | 97 | 49 | 138 |
| Gisenyi | 54 | 46 | 96 | 44 | 141 |
| Gitarama | 52 | 48 | 97 | 41 | 387 |
| Kibungo | 55 | 45 | 94 | 37 | 377 |
| Kibuye | 54 | 46 | 98 | 52 | 188 |
| Kigali City | 56 | 44 | 96 | 42 | 218 |
| Kigali Ngali | 53 | 47 | 97 | 47 | 258 |
| Ruhengeri | 47 | 54 | 96 | 40 | 217 |
| Umutara | 51 | 49 | 98 | 43 | 267 |
| Total | 52 | 48 | 97 | 43 | 2,942 |

Table A-6.8 General assessments, examinations, and interventions for observed first-visit antenatal care clients

Percentage of observed first-visit antenatal care (ANC) clients for whom the indicated assessment, examination, or intervention was a component of their consultation, by type of facility and operating authority, Rwanda SPA 2001

| Component | Percentage of first-visit ANC clients with component included in consultation | | | | | |
|---|---|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | Total |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Prior history and client characteristics | | | | | | |
| Client age | 90 | 89 | 85 | 89 | 88 | 88 |
| Date of last menstrual period | 97 | 93 | 94 | 92 | 94 | 93 |
| Any aspects related to prior pregnancy | 94 | 93 | 91 | 92 | 94 | 93 |
| Any aspects of complications during a prior pregnancy | 58 | 56 | 63 | 57 | 55 | 57 |
| Medications client currently taking | 0 | 3 | 4 | 2 | 5 | 3 |
| All prior history and client characteristics | 0 | 3 | 3 | 2 | 5 | 3 |
| Complications of prior pregnancies that were asked for all first-visit ANC clients | | | | | | |
| Miscarriage | 54 | 50 | 58 | 53 | 49 | 51 |
| Infant mortality in first week after birth | 13 | 18 | 24 | 17 | 21 | 19 |
| Severe bleeding during labor or postpartum | 15 | 5 | 7 | 4 | 9 | 6 |
| Assisted delivery | 8 | 8 | 8 | 8 | 9 | 8 |
| Number of observed first-visit ANC clients | 72 | 1,288 | 174 | 978 | 556 | 1,534 |

Table A-6.9 Preventive and diagnostic interventions

Percentage of observed antenatal care (ANC) clients for whom the indicated examination or intervention was a component of their consultation, by visit type, type of facility and operating authority, Rwanda SPA 2001

| Component | Percentage of ANC clients who received component during consultation | | | | | Total |
|--|--|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Provided or referred for syphilis test | | | | | | |
| First visit | 0 | 4 | 2 | 1 | 8 | 4 |
| Follow-up visit | 0 | 3 | 0 | 1 | 5 | 2 |
| Provided or referred for HIV/AIDS test | | | | | | |
| First visit | 0 | 5 | 1 | 3 | 8 | 5 |
| Follow-up visit | 0 | 2 | 0 | 0 | 0 | 2 |
| Offered VCT ¹ | | | | | | |
| First visit | 1 | 9 | 5 | 5 | 12 | 8 |
| Follow-up visit | 2 | 4 | 1 | 2 | 7 | 4 |
| Provided or prescribed iron tablets | | | | | | |
| First visit | 33 | 34 | 40 | 29 | 44 | 35 |
| Follow-up visit | 26 | 32 | 28 | 28 | 37 | 31 |
| Provided or referred for tetanus toxoid vaccine | | | | | | |
| First visit | 68 | 68 | 58 | 65 | 69 | 66 |
| Follow-up visit | 23 | 29 | 23 | 28 | 29 | 28 |
| Provided or prescribed antimalarial medicine | | | | | | |
| First visit | 0 | 3 | 1 | 2 | 4 | 3 |
| Follow-up visit | 0 | 2 | 0 | 1 | 4 | 2 |
| Number of first-visit clients | 72 | 1,288 | 174 | 978 | 556 | 1,534 |
| Number of follow-up clients | 67 | 1,194 | 147 | 876 | 532 | 1,408 |

¹ Voluntary counseling and testing (for HIV/AIDS)

Table A-6.10 Observed content of antenatal care counseling for first-visit and follow-up visit clients

Percentage of observed antenatal care (ANC) clients with whom providers used any visual aids during counseling, percentage of first-time and follow-up visit ANC clients who were observed to receive counseling on topics related to nutrition during pregnancy, risk symptoms, the progress of their pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, by type of facility and operating authority, Rwanda SPA 2001

| Component | Percentage of first-visit and follow-up visit ANC clients who received counseling component | | | | | Total |
|---|---|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| First-visit ANC client | | | | | | |
| Provider used visual aids during counseling | 0 | 8 | 3 | 7 | 8 | 7 |
| Content of ANC counseling | | | | | | |
| Nutrition | 17 | 21 | 16 | 20 | 21 | 20 |
| Any risk symptoms for seeking help | 22 | 19 | 23 | 18 | 22 | 20 |
| Specific risk: vaginal bleeding | 1 | 7 | 8 | 6 | 7 | 7 |
| Specific risk: fever | 1 | 1 | 5 | 1 | 3 | 2 |
| Specific risk: short breath; excess tiredness | 3 | 3 | 6 | 3 | 4 | 3 |
| Specific risk: swelling hands or face | 19 | 15 | 20 | 14 | 20 | 16 |
| Progress of pregnancy | 61 | 41 | 51 | 38 | 52 | 43 |
| Delivery plans | 33 | 29 | 33 | 33 | 25 | 30 |
| Exclusive breastfeeding | 1 | 1 | 0 | 0.2 | 1 | 1 |
| Family planning after birth | 4 | 6 | 9 | 7 | 4 | 6 |
| Use of individual client card | | | | | | |
| Card reviewed during consultation | 68 | 74 | 66 | 71 | 77 | 73 |
| Card written on during or after consultation | 100 | 98 | 95 | 98 | 98 | 98 |
| Number of first-visit ANC clients | 72 | 1,288 | 174 | 978 | 556 | 1,534 |
| Follow-up visit ANC clients | | | | | | |
| Provider used visual aids during counseling | 0 | 8 | 5 | 6 | 8 | 7 |
| Content of ANC counseling | | | | | | |
| Nutrition | 26 | 17 | 16 | 16 | 18 | 17 |
| Any risk symptoms for seeking help | 21 | 21 | 29 | 18 | 27 | 22 |
| Specific risk: vaginal bleeding | 0 | 4 | 5 | 3 | 5 | 4 |
| Specific risk: fever | 0 | 2 | 5 | 1 | 4 | 2 |
| Specific risk: short breath; excess tiredness | 3 | 4 | 12 | 4 | 6 | 4 |
| Specific risk: swelling hands or face | 20 | 19 | 29 | 16 | 26 | 20 |
| Progress of pregnancy | 56 | 50 | 53 | 45 | 59 | 50 |
| Delivery plans | 26 | 36 | 35 | 36 | 33 | 35 |
| Exclusive breastfeeding | 0 | 0.4 | 0 | 0.3 | 0.4 | 0.4 |
| Family planning after birth | 9 | 6 | 4 | 8 | 3 | 6 |
| Use of individual client card | | | | | | |
| Card reviewed during consultation | 100 | 99 | 88 | 97 | 98 | 98 |
| Card written on during or after consultation | 99 | 98 | 97 | 98 | 98 | 98 |
| Number of follow-up visit ANC clients | 66 | 1,185 | 147 | 873 | 525 | 1,398 |

Table A-6.11 Client feedback on services

Percentage of interviewed observed antenatal care (ANC) clients who identified specific items as big problems for them on the day of the visit, by type of facility and operating authority, Rwanda SPA 2001

| Item | Percentage of interviewed ANC clients who identified items as problems | | | | | Total |
|---|--|---------------|------------|---------------------|-------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Behavior or attitude of provider not good | 8 | 6 | 5 | 6 | 6 | 6 |
| Insufficient time with provider | 14 | 13 | 16 | 14 | 12 | 13 |
| Not sufficient comment on progress of pregnancy | 25 | 30 | 30 | 33 | 23 | 29 |
| Waiting time to see provider too long | 9 | 15 | 10 | 17 | 9 | 14 |
| Lack of availability of medicines or supplies | 7 | 15 | 10 | 15 | 12 | 14 |
| Opening hours of facility inconvenient | 4 | 5 | 3 | 4 | 5 | 5 |
| Lack of cleanliness of facility | 5 | 8 | 2 | 8 | 6 | 8 |
| Number of interviewed ANC clients | 139 | 2,481 | 321 | 1,856 | 1,085 | 2,941 |

Table A-6.12 Emergency maternity transportation systems

Percentage of facilities with emergency maternity transportation systems, and median transportation time (minutes), by type of facility and operating authority, Rwanda SPA 2001

| Background characteristic | Among facilities having emergency transportation, percentage for which means of transportation is: | | | Median transportation time (minutes) to referral facility using most common mode of emergency transportation | | Number of facilities supporting emergency transportation |
|----------------------------|--|--|--------------------------------|--|------------|--|
| | Dedicated vehicle ¹ | Vehicle at other facility ² | Other arrangement ³ | Dry season | Wet season | |
| | | | | | | |
| Type of facility | | | | | | |
| Hospital | 71 | 25 | 54 | 60 | 61 | 24 |
| Health center | 37 | 53 | 34 | 31 | 40 | 54 |
| Dispensary | 34 | 34 | 66 | 61 | 61 | 3 |
| Operating authority | | | | | | |
| Public | 35 | 52 | 32 | 40 | 45 | 37 |
| GAHF | 56 | 38 | 49 | 40 | 46 | 45 |
| Total | 47 | 44 | 41 | 40 | 46 | 81 |

Note: Emergency maternity transportation systems are any planned program where facility takes some responsibility for ensuring client reaches referral location. Where client must find transport and must pay the total cost, the facilities do not have an emergency transportation system.

¹ Ambulance or other vehicle that stays at the facility.

² Facility calls for dedicated vehicle from other facility to collect emergency patient.

³ Any other plan where the facility arranges for the emergency transport or contributes toward the cost of rental vehicles.

Table A-6.13 Availability of specific items for quality delivery services

Percentage of facilities that offer delivery services where there are items for infection prevention, other items to support quality of services, and infrastructure for quality delivery, by type of facility and operating authority, Rwanda SPA 2001

| Items to support quality services | Percentage of facilities offering delivery services that have specific items to support quality delivery services | | | | | |
|---|---|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | Total |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Infection prevention items | | | | | | |
| Soap | 97 | 82 | 54 | 81 | 89 | 83 |
| Water | 97 | 89 | 62 | 87 | 93 | 89 |
| Clean gloves | 82 | 81 | 60 | 78 | 86 | 81 |
| Disinfecting solution | 88 | 73 | 53 | 72 | 79 | 75 |
| Sharps box | 76 | 75 | 56 | 72 | 78 | 74 |
| All items for infection prevention ¹ | 55 | 49 | 33 | 43 | 62 | 50 |
| Other items to support quality of services | | | | | | |
| Blank partograph | 91 | 77 | 49 | 79 | 77 | 78 |
| Protocols for management of complications | 42 | 24 | 19 | 23 | 34 | 27 |
| Delivery provider onsite 24 hours | 85 | 87 | 82 | 86 | 88 | 86 |
| Delivery provider on-call 24 hours | 9 | 7 | 18 | 8 | 9 | 8 |
| All other items to support quality ² | 36 | 23 | 19 | 23 | 29 | 25 |
| Infrastructure for delivery | | | | | | |
| Visual privacy | 100 | 92 | 89 | 91 | 98 | 93 |
| Auditory privacy | 97 | 90 | 79 | 89 | 95 | 91 |
| Delivery bed ³ | 94 | 82 | 66 | 86 | 78 | 83 |
| Examination light ⁴ | 73 | 40 | 19 | 42 | 48 | 44 |
| All elements of infrastructure ⁵ | 70 | 38 | 19 | 41 | 45 | 42 |
| Number of facilities offering delivery services | 33 | 155 | 9 | 130 | 66 | 197 |

¹ Soap, water, gloves, disinfecting solution for contaminated reusable items, and sharps box.

² Protocols, partograph, and delivery staff available 24 hours a day.

³ Any type of bed where woman can lie down flat.

⁴ Examination light, flashlight, or other spotlight source.

⁵ Both visual and auditory privacy, examination bed, and examination light.

Table A-6.14 Availability of specific equipment and supplies for quality delivery services

Percentage of facilities that offer delivery services where supplies for basic delivery services, basic medicines and supplies, and emergency medicines for delivery services are available, by type of facility and operating authority, Rwanda SPA 2001

| Equipment and supplies | Percentage of facilities offering delivery services that have equipment and supplies for quality delivery services | | | | | Total |
|---|--|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Basic supplies for delivery | | | | | | |
| Scissor or blade | 100 | 98 | 79 | 96 | 100 | 97 |
| Cord clamp or tie | 97 | 91 | 71 | 89 | 96 | 91 |
| Suction bulb for newborn | 94 | 91 | 60 | 87 | 96 | 90 |
| Antibiotic eye ointment for newborn | 94 | 86 | 56 | 82 | 91 | 85 |
| Skin disinfectant for perineum | 100 | 95 | 87 | 96 | 94 | 96 |
| All basic supplies for delivery ¹ | 82 | 68 | 20 | 63 | 77 | 68 |
| Basic treatment interventions for delivery | | | | | | |
| Syringes and needles | 100 | 94 | 79 | 93 | 98 | 95 |
| Intravenous solution and infusion set | 100 | 84 | 69 | 84 | 91 | 86 |
| Oral antibiotic ² | 100 | 95 | 87 | 96 | 94 | 96 |
| Injectable oxytocic medication | 100 | 91 | 79 | 88 | 100 | 92 |
| Suture material | 100 | 97 | 79 | 95 | 100 | 97 |
| Needle holder | 100 | 97 | 79 | 95 | 100 | 97 |
| All basic treatment interventions ³ | 100 | 75 | 56 | 75 | 83 | 78 |
| Emergency medicines (injectable) | | | | | | |
| Valium | 85 | 80 | 39 | 79 | 79 | 79 |
| Magnesium sulfate | 46 | 22 | 8 | 23 | 30 | 25 |
| Ampicillin | 88 | 50 | 39 | 49 | 68 | 56 |
| Procaine penicillin | 88 | 92 | 76 | 92 | 87 | 90 |
| Gentamicin or kanamycin | 91 | 44 | 10 | 44 | 64 | 51 |
| Quinine | 97 | 93 | 87 | 93 | 95 | 94 |
| All emergency medicines ⁴ | 76 | 39 | 20 | 37 | 59 | 44 |
| Number of facilities offering delivery services | 33 | 155 | 9 | 130 | 66 | 197 |

¹ Scissor or blade, cord clamp, suction bulb, antibiotic eye ointment for newborn, and skin disinfectant for perineum

² Oral amoxicillin, ampicillin, or co-trimoxazole.

³ Syringes and needles, intravenous solution and infusion set, at least one oral antibiotic, injectable oxytocic, suture material, and needle holders.

⁴ Injectable: anticonvulsant (valium or magnesium sulfate), antibiotic (penicillin and ampicillin, or gentamicin or kanamycin), and quinine.

Table A-6.15 Equipment and supplies for complications of labor and delivery

Percentage of facilities providing delivery services where the indicated equipment is available, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities providing delivery services that have equipment and supplies for complications of labor and delivery | | | | | | Number of facilities offering delivery services |
|----------------------------|---|------------------|--------------------------|---------|----------------------------------|----------------------------|---|
| | Assist labor | | Remove retained products | | All basic elements for caesarean | Blood transfusion services | |
| | Forceps | Vacuum extractor | Vacuum aspirator | D&C kit | | | |
| Type of facility | | | | | | | |
| Hospital | 39 | 88 | 61 | 88 | 97 | 70 | 33 |
| Health center | 2 | 16 | 6 | 12 | 0 | 1 | 155 |
| Dispensary | 0 | 23 | 0 | 23 | 0 | 0 | 9 |
| Operating authority | | | | | | | |
| Public | 6 | 24 | 13 | 17 | 15 | 11 | 130 |
| GAHF | 11 | 36 | 20 | 42 | 20 | 17 | 66 |
| Province | | | | | | | |
| Butare | 5 | 26 | 14 | 35 | 15 | 14 | 21 |
| Byumba | 6 | 12 | 0 | 20 | 12 | 12 | 16 |
| Cyangugu | 0 | 27 | 9 | 14 | 36 | 27 | 11 |
| Gikongoro | 9 | 32 | 9 | 17 | 17 | 0 | 12 |
| Gisenyi | 0 | 16 | 19 | 23 | 16 | 16 | 18 |
| Gitarama | 8 | 50 | 25 | 37 | 12 | 16 | 26 |
| Kibungo | 5 | 11 | 15 | 11 | 11 | 11 | 19 |
| Kibuye | 7 | 28 | 44 | 49 | 28 | 28 | 14 |
| Kigali City | 19 | 44 | 19 | 30 | 19 | 10 | 10 |
| Kigali Ngali | 0 | 45 | 7 | 14 | 14 | 7 | 15 |
| Ruhengeri | 11 | 11 | 6 | 17 | 11 | 6 | 18 |
| Umutara | 26 | 38 | 13 | 32 | 18 | 6 | 17 |
| Total | 8 | 28 | 15 | 25 | 16 | 13 | 197 |

Table A-6.16 Equipment for emergency care of the newborn

Percentage of facilities providing delivery services where the indicated equipment is available, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Percentage of facilities that have equipment for emergency care of the newborn | | Number of facilities offering delivery services |
|----------------------------|--|----------------------|---|
| | Newborn respiratory support | External heat source | |
| Type of facility | | | |
| Hospital | 85 | 79 | 33 |
| Health center | 13 | 17 | 155 |
| Dispensary | 23 | 19 | 9 |
| Operating authority | | | |
| Public | 19 | 24 | 130 |
| GAHF | 39 | 35 | 66 |
| Province | | | |
| Butare | 22 | 50 | 21 |
| Byumba | 16 | 6 | 16 |
| Cyangugu | 63 | 52 | 11 |
| Gikongoro | 17 | 40 | 12 |
| Gisenyi | 25 | 17 | 18 |
| Gitarama | 21 | 12 | 26 |
| Kibungo | 5 | 11 | 19 |
| Kibuye | 55 | 35 | 14 |
| Kigali City | 30 | 51 | 10 |
| Kigali Ngali | 21 | 53 | 15 |
| Ruhengeri | 18 | 11 | 18 |
| Umutara | 32 | 26 | 17 |
| Total | 25 | 28 | 197 |

Table A-6.17 Newborn care practices

Percentage of facilities offering delivery services that report specific items as routine components of newborn care, by type of facility and operating authority, Rwanda SPA 2001

| Routine components of newborn care | Percentage of facilities offering delivery services that report specific items as routine newborn care | | | | | Total |
|---|--|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Suction with catheter | 97 | 81 | 71 | 78 | 94 | 83 |
| Full immersion bath within 24 hours | 6 | 10 | 11 | 8 | 12 | 9 |
| Weigh newborn | 100 | 92 | 100 | 90 | 100 | 94 |
| Infant scale available | 97 | 85 | 41 | 83 | 90 | 85 |
| Provide vitamin A to mother | 6 | 15 | 11 | 15 | 10 | 14 |
| Provide OPV to newborn | 36 | 33 | 50 | 36 | 31 | 34 |
| Number of facilities offering delivery services | 33 | 155 | 9 | 130 | 66 | 197 |

OPV = Oral polio vaccine

Table A-6.18 Supportive management for providers of delivery services

Among interviewed delivery service providers, percentage who were personally supervised in the 6 months preceding the survey, percentage who received in-service education related to delivery services during the 12 months preceding the survey, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Among interviewed delivery service providers, percentage | | | | |
|----------------------------|--|---|--|--|--|
| | Personally supervised in the past 6 months | Who received in-service education in the past 12 months | Personally supervised in the past 6 months and received in-service education in the past 12 months | Whose most recent in-service education was 13-59 months preceding the survey | Number of interviewed delivery service providers |
| Type of facility | | | | | |
| Hospital | 21 | 20 | 4 | 24 | 289 |
| Health center | 59 | 20 | 12 | 32 | 413 |
| Dispensary | 47 | 23 | 12 | 27 | 36 |
| Operating authority | | | | | |
| Public | 47 | 18 | 9 | 33 | 494 |
| GAHF | 38 | 24 | 8 | 25 | 244 |
| Province | | | | | |
| Butare | 29 | 13 | 4 | 30 | 119 |
| Byumba | 63 | 29 | 19 | 29 | 61 |
| Cyangugu | 58 | 16 | 9 | 33 | 32 |
| Gikongoro | 37 | 8 | 3 | 32 | 41 |
| Gisenyi | 61 | 37 | 20 | 23 | 58 |
| Gitarama | 51 | 30 | 17 | 31 | 63 |
| Kibungo | 63 | 11 | 11 | 42 | 39 |
| Kibuye | 33 | 19 | 7 | 25 | 35 |
| Kigali City | 32 | 21 | 3 | 37 | 58 |
| Kigali Ngali | 24 | 25 | 6 | 44 | 66 |
| Ruhengeri | 49 | 13 | 6 | 12 | 99 |
| Umutara | 45 | 20 | 6 | 21 | 67 |
| Total | 44 | 20 | 9 | 30 | 737 |

Chapter 7

Table A-7.1 Availability of infrastructure, resources, and systems for quality services for sexually transmitted infections

Percentage of facilities offering services for sexually transmitted infections (STIs) where there are system components (a written confidentiality policy, a system for partner follow up) to support utilization of services, items to support quality counseling (infrastructure to provide privacy, diagnostic and treatment guidelines, visual aids for health education, and condoms), and items for quality physical examination (items for infection prevention, privacy, an examination bed, and an examination light), by type of facility and operating authority, Rwanda SPA 2001

| Component | Percentage of facilities offering STI services that have specific components to support quality STI services | | | | | Total |
|---|--|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Items to support utilization of STI services | | | | | | |
| Written confidentiality policy | 12 | 6 | 6 | 1 | 16 | 7 |
| Active partner follow-up system | 35 | 32 | 24 | 36 | 25 | 32 |
| Passive partner follow-up system | 62 | 60 | 76 | 56 | 70 | 61 |
| No follow-up system for partners | 3 | 7 | 0 | 8 | 3 | 6 |
| Items to support quality counseling | | | | | | |
| Visual and auditory privacy | 88 | 82 | 90 | 84 | 84 | 84 |
| Any guidelines or protocols | 62 | 69 | 77 | 67 | 71 | 69 |
| Guidelines for clinical diagnosis of STIs | 55 | 63 | 56 | 57 | 68 | 61 |
| Guidelines for syndromic diagnosis of STIs | 52 | 70 | 77 | 65 | 71 | 67 |
| Any visual aids or educational materials | 62 | 34 | 35 | 34 | 46 | 38 |
| Educational materials specific for HIV/AIDS | 62 | 31 | 35 | 32 | 43 | 36 |
| Educational materials specific for condoms | 27 | 11 | 12 | 12 | 15 | 13 |
| Condoms at service delivery site | 50 | 54 | 46 | 63 | 34 | 53 |
| Condoms anywhere in facility | 53 | 55 | 47 | 65 | 34 | 54 |
| All items to support quality counseling ¹ | 15 | 8 | 12 | 9 | 10 | 10 |
| Items to support quality physical examination | | | | | | |
| Infection prevention | | | | | | |
| Soap | 77 | 75 | 86 | 71 | 84 | 76 |
| Water | 82 | 78 | 86 | 75 | 87 | 79 |
| Clean gloves | 68 | 65 | 79 | 65 | 69 | 67 |
| Disinfecting solution | 56 | 60 | 76 | 57 | 67 | 60 |
| Sharps box | 47 | 56 | 72 | 52 | 62 | 56 |
| All items for infection prevention ² | 38 | 37 | 55 | 33 | 48 | 38 |
| Infrastructure for examination | | | | | | |
| Visual privacy for examination | 91 | 89 | 100 | 89 | 93 | 90 |
| Examination bed ³ | 41 | 65 | 83 | 66 | 57 | 63 |
| Examination light ⁴ | 18 | 19 | 17 | 18 | 21 | 19 |
| All elements for infection prevention and physical examination ⁵ | 18 | 14 | 6 | 14 | 14 | 14 |
| Number of facilities offering STI services | 34 | 169 | 17 | 141 | 79 | 220 |

¹ Visual and auditory privacy, guidelines or protocols, health education materials, and condoms.

² Soap, water, gloves, disinfecting solution for contaminated reusable items, and sharps box.

³ Any type of bed where a woman can lie down flat.

⁴ Examination light, flashlight, or other spotlight source.

⁵ All items for infection prevention, visual privacy, examination bed, and examination light.

Table A-7.2 Availability of specific equipment and supplies for quality assessments for sexually transmitted infections

Percentage of facilities offering services for sexually transmitted infections (STIs) where there are specific items for making etiological diagnosis of STIs, and where medicines for treating STIs are available, by type of facility and operating authority, Rwanda SPA 2001

| Equipment and supplies | Percentage of facilities offering STI services that have specific equipment and supplies for quality assessment of STIs | | | | | Total |
|--|---|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Items for etiologic examination | | | | | | |
| Vaginal speculum | 50 | 71 | 62 | 68 | 66 | 67 |
| Swab stick for specimen | 24 | 15 | 13 | 12 | 24 | 16 |
| Gonorrhea test capacity ¹ | 82 | 26 | 43 | 27 | 50 | 36 |
| Syphilis test capacity ² | 56 | 6 | 13 | 10 | 21 | 14 |
| Wet mount testing capacity ³ | 91 | 65 | 70 | 65 | 78 | 70 |
| HIV/AIDS testing capacity ⁴ | 29 | 4 | 13 | 7 | 13 | 9 |
| All four laboratory tests | 24 | 4 | 12 | 5 | 11 | 7 |
| Medicines for STIs | | | | | | |
| Metronidazole (trichomoniasis) | 100 | 91 | 94 | 91 | 93 | 93 |
| Nystatin suppository | 91 | 62 | 47 | 58 | 79 | 66 |
| Ceftriaxone (gonorrhea) | 6 | 2 | 0 | 1 | 5 | 3 |
| Spectinomycin (gonorrhea) | 24 | 17 | 12 | 14 | 23 | 17 |
| Ciprofloxacin (gonorrhea) | 65 | 50 | 59 | 49 | 60 | 53 |
| Doxycycline (chlamydia, syphilis) | 94 | 79 | 82 | 79 | 86 | 82 |
| Tetracycline (chlamydia, syphilis) | 94 | 64 | 77 | 64 | 79 | 70 |
| Erythromycin (chlamydia, syphilis) | 94 | 64 | 77 | 64 | 79 | 70 |
| Penicillin benzathine (syphilis) | 85 | 81 | 67 | 77 | 89 | 81 |
| Penicillin procaine (syphilis) | 88 | 92 | 77 | 91 | 89 | 90 |
| All medicines for sexually transmitted infections ⁵ | 65 | 51 | 57 | 49 | 62 | 53 |
| Number of facilities offering STI services | 34 | 169 | 17 | 141 | 79 | 220 |

¹ Gram stain reagents and functioning microscope or culture capacity.

² Either VDRL test and functioning microscope, or RPR test kit.

³ Functioning microscope.

⁴ ELISA, Western Blot, or Rapid test.

⁵ At least one medicine for treating trichomoniasis, gonorrhea, chlamydia, and syphilis.

Table A-7.3 Utilization of services for sexually transmitted infections, and facility submission of statistics

Median number of clients per month receiving services for sexually transmitted infections (STIs) among facilities reporting statistics, and percentage of facilities that submit reports to the government on cases of syphilis, gonorrhoea, and HIV/AIDS, by type of facility and operating authority, Rwanda SPA 2001

| Background characteristic | STI services | | Percentage of facilities that submit statistics on STI diagnoses to the government | | | Number of facilities offering STI services |
|----------------------------|---|---|--|------------|----------|--|
| | Median number of STI clients per month ¹ | Number of facilities reporting statistics | Syphilis | Gonorrhoea | HIV/AIDS | |
| Type of facility | | | | | | |
| Hospital | 7 | 17 | 74 | 71 | 77 | 34 |
| Health center | 4 | 83 | 51 | 52 | 40 | 169 |
| Dispensary | 2 | 10 | 53 | 57 | 52 | 17 |
| Operating authority | | | | | | |
| Public | 3 | 69 | 53 | 55 | 42 | 141 |
| GAHF | 6 | 41 | 57 | 56 | 54 | 79 |
| Total | 4 | 110 | 55 | 56 | 47 | 220 |

¹ Data are from health information system monthly reports. The average number of monthly visits in the past 12 months (or the number of months during the time that data were available) for each facility was calculated and then a median was derived.

Table A-7.4 Supportive management practices for providers of services for sexually transmitted infections

Among interviewed providers of services for sexually transmitted infections (STIs), percentage who were personally supervised in the past 6 months, percentage who received in-service education (related to STI services) in the past 12 months, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Among interviewed providers of STI services, percentage | | | | | Number of interviewed providers of STI services |
|----------------------------|---|---|---|--|--|---|
| | Personally supervised in the past 6 months | Who received in-service education in the past 12 months | Who were personally supervised in the past 6 months and received in-service education in the past 12 months | Whose most recent in-service education was 13-59 months preceding the survey | | |
| Type of facility | | | | | | |
| Hospital | 30 | 24 | 12 | 26 | | 247 |
| Health center | 59 | 27 | 17 | 37 | | 406 |
| Dispensary | 42 | 36 | 18 | 47 | | 41 |
| Operating authority | | | | | | |
| Public | 52 | 25 | 15 | 35 | | 446 |
| GAHF | 41 | 29 | 15 | 33 | | 248 |
| Province | | | | | | |
| Butare | 37 | 16 | 7 | 26 | | 92 |
| Byumba | 66 | 29 | 23 | 34 | | 57 |
| Cyangugu | 68 | 34 | 31 | 29 | | 38 |
| Gikongoro | 39 | 10 | 4 | 34 | | 38 |
| Gisenyi | 60 | 36 | 24 | 25 | | 65 |
| Gitarama | 48 | 30 | 18 | 44 | | 64 |
| Kibungo | 62 | 24 | 18 | 52 | | 41 |
| Kibuye | 36 | 40 | 16 | 20 | | 39 |
| Kigali City | 36 | 30 | 14 | 45 | | 71 |
| Kigali Ngali | 25 | 30 | 6 | 59 | | 61 |
| Ruhengeri | 58 | 18 | 12 | 16 | | 69 |
| Umutara | 52 | 23 | 16 | 28 | | 58 |
| Total | 48 | 26 | 15 | 34 | | 694 |

Table A-7.5 Existence of routine user fees for services for sexually transmitted infections

Among facilities that provide services for sexually transmitted infections (STIs), percentage reporting they routinely charge for STI consultation services, median routine charge, percentage reporting they routinely charge for condoms (packet of four), and median routine charge, by type of facility and operating authority, Rwanda SPA 2001

| Background characteristic | Routine charge for STI services | | Routine charge for condoms (packet of four) | | Number of facilities offering STI services |
|----------------------------|--|--|--|---|--|
| | Percentage of facilities with routine charge | Median charge (RFR) among facilities charging a fee ¹ | Percentage of facilities with routine charge | Median charge (RFR) among facilities charging a fee | |
| Type of facility | | | | | |
| Hospital | 41 | 251 | 37 | 21 | 34 |
| Health center | 26 | 101 | 59 | 21 | 169 |
| Dispensary | 28 | 101 | 43 | 20 | 17 |
| Operating authority | | | | | |
| Public | 25 | 150 | 57 | 21 | 141 |
| GAHF | 34 | 151 | 45 | 21 | 79 |
| Total | 28 | 151 | 54 | 21 | 220 |

¹ Includes any amount paid out-of-pocket including charges for consultation, laboratory test, medicines, or other.

Table A-7.6 Availability of items to support quality HIV/AIDS services and HIV/AIDS tests

Among facilities that provide HIV/AIDS services, percentage with protocols for HIV/AIDS diagnosis or treatment, percentage with written confidentiality policies for HIV/AIDS, percentage with informed consent forms for HIV/AIDS testing, percentage with visual aids in the service delivery area, percentage with condoms in the delivery service area, percentage that refer clients for HIV/AIDS tests or provide HIV/AIDS test, and percentage that report HIV/AIDS statistics to the government, by type of facility and operating authority, Rwanda SPA 2001

| Component | Percentage of facilities offering HIV/AIDS services that have specific components to support quality HIV/AIDS services | | | | | Total |
|---|--|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Items to support quality services | | | | | | |
| Protocols for HIV/AIDS diagnosis or treatment | 27 | 22 | 23 | 22 | 25 | 23 |
| Written confidentiality policy | 15 | 2 | 0 | 1 | 10 | 4 |
| Informed consent for HIV test | 46 | 12 | 44 | 16 | 28 | 21 |
| Visual aids for client education | 61 | 40 | 50 | 43 | 49 | 45 |
| Condoms in service delivery site | 52 | 57 | 67 | 71 | 35 | 57 |
| HIV/AIDS tests | | | | | | |
| Facility provides HIV/AIDS test | 39 | 7 | 19 | 12 | 17 | 14 |
| Facility takes specimen and sends elsewhere for testing | 24 | 9 | 23 | 7 | 21 | 13 |
| Client is referred elsewhere for test | 9 | 15 | 30 | 18 | 10 | 15 |
| Reports HIV/AIDS cases and services to government | 79 | 47 | 56 | 48 | 62 | 53 |
| Number of facilities providing HIV/AIDS services | 33 | 129 | 12 | 106 | 68 | 174 |

Table A-7.7 Capacity to provide services for tuberculosis

Among facilities providing services for both HIV/AIDS and tuberculosis, percentage that have the capacity to test for TB, percentage that have the indicated medicines for treating TB, and percentage that have all medicines for providing first-line, second-line, and prophylactic treatment for TB, by type of facility and operating authority, Rwanda SPA 2001

| Component | Percentage of facilities providing HIV/AIDS and TB services that have specific components for testing and treating TB | | | | | |
|---|---|---------------|------------|---------------------|------|-------|
| | Type of facility | | | Operating authority | | Total |
| | Hospital | Health center | Dispensary | Public | GAHF | |
| Functioning microscope for AFB sputum test | 93 | 83 | 86 | 93 | 78 | 86 |
| Availability of medicines for tuberculosis | | | | | | |
| Pyrazinamide | 28 | 22 | 0 | 13 | 30 | 22 |
| Rifampin | 31 | 29 | 15 | 22 | 35 | 29 |
| Ethambutol | 55 | 59 | 34 | 48 | 65 | 56 |
| EH (ethambutol and isoniazid) | 38 | 44 | 32 | 34 | 49 | 41 |
| Rifater (rifampin, isoniazid, and pyrazinamide) | 45 | 52 | 36 | 40 | 58 | 49 |
| Streptomycin | 35 | 18 | 0 | 9 | 34 | 21 |
| All first-line treatment available ¹ | 45 | 48 | 38 | 39 | 54 | 46 |
| All first- and second-line treatment available ² | 35 | 16 | 0 | 9 | 31 | 20 |
| Isoniazid alone (for prophylactic treatment) | 35 | 35 | 10 | 22 | 44 | 33 |
| Number of facilities providing HIV/AIDS and TB services | 29 | 71 | 7 | 54 | 53 | 108 |

¹ (Pyrazinamide and rifampin and ethambutol and isoniazid) or (EH and pyrazinamide and rifampin) or (Rifater and ethambutol or EH).

² Ability to provide first-line treatment and availability of streptomycin.

Table A-7.8 Supportive management practices for providers of HIV/AIDS services

Among interviewed providers of HIV/AIDS services, percentage who were personally supervised in the past 6 months, percentage who received in-service education related to HIV/AIDS in the past 12 months, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

| Background characteristic | Among interviewed providers of HIV/AIDS services, percentage | | | | Number of interviewed providers of HIV/AIDS services |
|----------------------------|--|---|--|--|--|
| | Personally supervised in the past 6 months | Who received in-service education in the past 12 months | Personally supervised in the past 6 months and received in-service education in the past 12 months | Whose most recent in-service education was 13-59 months preceding the survey | |
| Type of facility | | | | | |
| Hospital | 26 | 28 | 13 | 20 | 217 |
| Health center | 57 | 31 | 17 | 28 | 181 |
| Dispensary | 28 | 35 | 8 | 37 | 16 |
| Operating authority | | | | | |
| Public | 40 | 24 | 14 | 27 | 260 |
| GAHF | 40 | 40 | 15 | 19 | 154 |
| Province | | | | | |
| Butare | 23 | 19 | 3 | 20 | 86 |
| Byumba | 56 | 46 | 37 | 35 | 14 |
| Cyangugu | 67 | 33 | 30 | 29 | 24 |
| Gikongoro | 64 | 17 | 14 | 26 | 16 |
| Gisenyi | 39 | 47 | 28 | 21 | 48 |
| Gitarama | 53 | 25 | 20 | 28 | 28 |
| Kibungo | 51 | 22 | 9 | 28 | 15 |
| Kibuye | 28 | 24 | 9 | 22 | 21 |
| Kigali City | 40 | 36 | 17 | 32 | 56 |
| Kigali Ngali | 26 | 51 | 8 | 35 | 25 |
| Ruhengeri | 46 | 23 | 7 | 13 | 44 |
| Umutara | 42 | 24 | 12 | 19 | 36 |
| Total | 40 | 30 | 14 | 24 | 414 |

2001 Rwanda Service Provision Assessment Survey

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 KAWERA Espérance
 MPONGERE Sylvie
 MUDAHERANWA Prisca
 MUKAMURENZI Gaudence
 MUKANSANGA Théophila
 MUKARUBUGA Valentine
 MUKARUHUNGA Alexie
 MUSHINZIMANA Emmanuel
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 UWIMANA Marie Chantal
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SOW Boubacar

Macro Head Office

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FRONCZAK Nancy
PURVIS Keith
ALIAGA Alfredo

WAY Ann
BARRÈRE Monique

QUESTIONNAIRE D'INVENTAIRE DE LA FORMATION SANITAIRE

IDENTIFICATION DE LA FORMATION SANITAIRE

| | |
|---|--|
| Nom de la FOSA _____ Localisation de la FOSA _____ Code de la FOSA Type de la FOSA : (1= Hôpital de référence, 2 = Hôpital de district; 3 = Centre de Santé, 4 = Dispensaire, 6 = Autre) Province District sanitaire Commune Statut de la FOSA : (1=Public ; 2=Agrée ; 3=Privé ; 96=Autre) | CODE FOSA <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> TYPE FOSA <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> PROVINCE..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DISTRICT <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> COMMUNE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> STATUT FOSA..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
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|---|--|---|--|---------|-----------|--|---|---|--|-----|--------|---------|-----------|--|---|---|--|--|--|--|--------|--|--|--|--|
| Lecture GPS Lecture Longitude Altitude Waypoint | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">N/S</td> <td style="text-align: center;">Degrés</td> <td style="text-align: center;">Minutes</td> <td style="text-align: center;">Millièmes</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td style="text-align: center;">E/O</td> <td style="text-align: center;">Degrés</td> <td style="text-align: center;">Minutes</td> <td style="text-align: center;">Millièmes</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">Mètres</td> </tr> <tr> <td colspan="4" style="text-align: center;"><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></td> </tr> </table> | N/S | Degrés | Minutes | Millièmes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | E/O | Degrés | Minutes | Millièmes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | Mètres | <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> | | | |
| N/S | Degrés | Minutes | Millièmes | | | | | | | | | | | | | | | | | | | | | | |
| <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| E/O | Degrés | Minutes | Millièmes | | | | | | | | | | | | | | | | | | | | | | |
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| | | | Mètres | | | | | | | | | | | | | | | | | | | | | | |
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|--|--|
| Position de la personne interviewée : (1=Directeur/Titulaire de la FOSA ; 2=Médecin ; 3=Infirmier ; 4=Auxiliaire de santé ; 6=Autre) Date Nom de l'enquêteur _____ | POSITION INTERVIEWEE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> JOUR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MOIS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ANNEE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> CODE ENQUETEUR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
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|---|---|
| RÉSUMÉ DES QUESTIONNAIRES CONCERNANT L'ÉTABLISSEMENT DE SANTÉ Nombre de Interviews du personnel Observations de la consultation de l'enfant malade Interviews de sortie de la personne qui s'occupe de l'enfant malade Observations des soins prénatals Interviews de sortie pour les patientes ayant reçu les soins prénatals | PERSONNEL <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> OBSERV. ENF. MALADE..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> SORTIE ENFANT MALADE... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> OBSERV.PRENATAL..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> SORTIE PRENATAL <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
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|-------------------------------|--|
| HEURE DE DÉBUT DE L'INTERVIEW | HEURE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
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TROUVER L'AGENT TITULAIRE OU LA PERSONNE AYANT LA POSITION LA PLUS ÉLEVÉE PRÉSENTE DANS L'ÉTABLISSEMENT. DIRE LA PRÉSENTATION SUIVANTE :
 Bonjour. Je représente le Ministère de la Santé. Nous effectuons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens pour améliorer ces services. Nous aimerions parler avec vous de cet établissement et de votre expérience dans un service de santé. Soyez certain que nous ne relèverons aucun nom; vous pouvez interrompre cette interview quand vous le souhaitez.

SIGNATURE DE L'ENQUÊTEUR _____ DATE

(indique que le consentement du répondant a été demandé)

| | | | |
|------|--------------------|------------------------|-------|
| 001a | Puis-je continuer? | OUI.....1 NON.....2 | → FIN |
|------|--------------------|------------------------|-------|

Section 0. Interview/ Observation dès l'arrivée

| NO. | QUESTIONS | CODE | ALLER À | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|--|---|---------------|---|--|---------------|---------------------|---------------------|----------|----------------------------|---|---|---|---|--------------------|---|---|---|---|--------------------------------|---|---|---|---|---------------------|---|---|---|---|-----------------|---|---|---|---|-----------------|---|---|---|---|--------------|---|---|---|---|----------------|---|---|---|---|--------|---|---|---|---|-------------|---|---|---|---|--|
| 001b | À QUELLE HEURE L'ÉTABLISSEMENT A-T-IL OUVERT? | HEURE..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> TOUTES LES 24 HEURES.....24 NE SAIT PAS.....98 | → 004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 002 | À QUELLE HEURE LE PREMIER PATIENT EST-IL ARRIVÉ? | HEURE..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> NE SAIT PAS.....98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 003 | À QUELLE HEURE LE PREMIER PATIENT-A T-IL ÉTÉ VU? | HEURE..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> NE SAIT PAS.....98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 004 | Combien de jours par semaine, cet établissement est-il ouvert pour des consultations? (les patients de l'extérieur sont ceux qui viennent pour des soins préventifs ou ceux qui sont malades mais qui repartent chez eux le même jour) | JOURS <input type="text"/> NE SAIT PAS.....8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 005 | EST-CE QU'IL Y A DES AFFICHES POUR LES SUJETS SUIVANTS? | <table border="1"> <thead> <tr> <th colspan="3">OUI</th> <th rowspan="2">PAS D'AFFICHE</th> </tr> <tr> <th>EXTERIEUR SEULEMENT</th> <th>INTERIEUR SEULEMENT</th> <th>LES DEUX</th> </tr> </thead> <tbody> <tr> <td>a) PLANIFICATION FAMILIALE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b) SOINS PRÉNATALS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c) ASSISTANCE À L'ACCOUCHEMENT</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>d) SOINS POSTNATALS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>e) TRO/DIARRHÉE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>f) VACCINATIONS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>g) NUTRITION</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>h) ALLAITEMENT</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>li IST</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>j) VIH/SIDA</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table> | OUI | | | PAS D'AFFICHE | EXTERIEUR SEULEMENT | INTERIEUR SEULEMENT | LES DEUX | a) PLANIFICATION FAMILIALE | 1 | 2 | 3 | 4 | b) SOINS PRÉNATALS | 1 | 2 | 3 | 4 | c) ASSISTANCE À L'ACCOUCHEMENT | 1 | 2 | 3 | 4 | d) SOINS POSTNATALS | 1 | 2 | 3 | 4 | e) TRO/DIARRHÉE | 1 | 2 | 3 | 4 | f) VACCINATIONS | 1 | 2 | 3 | 4 | g) NUTRITION | 1 | 2 | 3 | 4 | h) ALLAITEMENT | 1 | 2 | 3 | 4 | li IST | 1 | 2 | 3 | 4 | j) VIH/SIDA | 1 | 2 | 3 | 4 | |
| OUI | | | PAS D'AFFICHE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXTERIEUR SEULEMENT | INTERIEUR SEULEMENT | LES DEUX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) PLANIFICATION FAMILIALE | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) SOINS PRÉNATALS | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) ASSISTANCE À L'ACCOUCHEMENT | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) SOINS POSTNATALS | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) TRO/DIARRHÉE | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) VACCINATIONS | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) NUTRITION | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) ALLAITEMENT | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| li IST | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j) VIH/SIDA | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|---|--|---------|
| 006 | À quelle heure l'établissement est-il fermé pour les consultations extérieures? | HEURES MINUTES OUVERT 24H/24.....95 NE SAIT PAS98 | |

Section 1: Informations Générales

| | | | |
|-----|---|---|-------|
| 101 | En quelle année cet établissement a-t-il ouvert? INSISTER: depuis combien d'années cet établissement fonctionne-t-il? | ANNÉE D'OUVERTURE.....1 NBRE ANNÉES2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS9998 | |
| 102 | Est-ce que cet établissement dispose d'un agent de santé professionnel présent dans la structure tout le temps (24 heures sur 24)? | OUI1 NON2 | → 104 |
| 103 | Est-ce que cet établissement a un agent de santé professionnel disponible à l'appel, tout le temps après les heures normales de service ? | OUI.....1 NON2 | |

104 Maintenant, je voudrais vous poser des questions sur le personnel qui fournit les services qui nous intéressent dans le cadre de cette étude. Nous voudrions savoir les qualifications et l'effectif du personnel affecté de manière permanente aux services de consultation externe. Si quelqu'un est médecin ou infirmier spécialisé, nous voulons savoir quelle est **sa qualification de base**. Pour le personnel qui intervient dans plusieurs domaines, la réponse est « Plus d'une ». Compter chaque agent une seule fois dans le tableau ci-dessous:

| QUALIFICATION | SOINS INFANTILES | PF | SOINS PRENAT. | ACOUCHEMENTS | IST/VIH/SIDA | PLUS D'UNE | AUTRE |
|------------------------|------------------|----|---------------|--------------|--------------|------------|-------|
| a) MÉDECIN-SPECIALISTE | | | | | | | |
| b) MÉDECIN-GENERALISTE | | | | | | | |
| c) INFIRMIER A1 | | | | | | | |
| d) INFIRMIER A2 | | | | | | | |
| e) INFIRMIER A3 | | | | | | | |
| f) AUXILIAIRE DE SANTÉ | | | | | | | |
| g) AUTRE | | | | | | | |
| h) TOTAL | | | | | | | |

104a ENQUÊTEUR: AJOUTER LES TOTAUX PARTIELS ET DEMANDER AU REpondant SI LE TOTAL GENERAL EST CORRECTE. TOTAL PERSONNEL DE LA FOSA

105 Avez-vous une estimation de la population de la zone de rayonnement de cette structure c'est-à-dire la taille de la population qui vit dans la zone desservie par cet établissement?

SI OUI: quelle est la population de la zone?

POPULATION ZONE DE RAYONNEMENT
N'A PAS DE ZONE DE RAYONNEMENT99995
NE SAIT PAS.....99998

| NO. | QUESTIONS | CODE | ALLER À |
|-----|-----------|------|---------|
|-----|-----------|------|---------|

| | | | | A |
|-----|--|---|-----|-------------|
| 106 | Est-ce que cet établissement admet des patients pour hospitalisation? | OUI 1 NON 2 | | →108 |
| 107 | Est-ce que cet établissement a des lits pour les patients placés sous observation durant la nuit? | OUI 1 NON 2 | | →111 |
| 108 | Combien y-a-t-il de lits disponibles pour les patients hospitalisés dans cet établissement? | NOMBRE ... <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998 | | |
| 109 | Combien de patients ont été hospitalisés ou placés sous observation durant la nuit, au cours des 12 derniers mois? | NOMBRE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 9998 | | |
| 110 | Si la période à laquelle se réfère le nombre de patients est inférieure à 12 mois, indiquez le nombre de mois concerné. | MOIS DES DONNEES . <input type="text"/> <input type="text"/> NE SAIT PAS..... 98 | | |
| 111 | Combien de patients non hospitalisés ont été vus dans cet établissement le mois dernier? | NOMBRE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 9998 | | |
| 112 | Cet établissement a-t-il un programme de stratégie avancée? (c'est-à-dire quand le personnel de l'établissement visite régulièrement les villages ou cellule pour offrir des services) | OUI 1 NON 2 | | →115 |
| 113 | Est-ce que ce programme de stratégie avancée comprend des activités en matière de : | OUI | NON | NE SAIT PAS |
| | a) ÉDUCATION OU CONSEILS ? | 1 | 2 | 8 |
| | b) TRAITEMENT DES ENFANTS MALADES? | 1 | 2 | 8 |
| | c) CONSEIL EN PLANIFICATION FAMILIALE OU PROVISION? | 1 | 2 | 8 |
| | d) VACCINATIONS? | 1 | 2 | 8 |
| | e) DÉPISTAGE DE GROSSESSES PRÉCOCES ET ADMISSION EN SOINS PRÉNATALS ? | 1 | 2 | 8 |
| | f) ACCOUCHEMENT? | 1 | 2 | 8 |
| | g) VISITES À DOMICILE ? | 1 | 2 | 8 |
| | h) DISTRIBUTION DE COMPRIMÉS DE FER/FOLATES? | 1 | 2 | 8 |
| | i) SOINS POSTPARTUM? | 1 | 2 | 8 |
| | j) SURVEILLANCE DE LA CROISSANCE DE L'ENFANT? | 1 | 2 | 8 |
| | k) TRAINEMENT DES IST? | 1 | 2 | 8 |
| | l) CONSEIL OU TEST HIV? | 1 | 2 | 8 |
| | m) AUTRE _____ ? | 1 | 2 | 8 |
| 114 | Combien de cellules différentes sont régulièrement visitées dans le cadre de la stratégie avancée, au cours d'un trimestre ? | NOMBRE <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998 | | |
| 115 | Est-ce que cet établissement a un Comité de Santé, c'est-à-dire de discussions de ses méthodes de gestion et administratives? | OUI..... 1 NON 2 | | →120 |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|---|---|-------------------------|
| 116 | Quel est la fréquence des réunions du Comité de Santé ? | MOIS1 TRIMESTRE2 SEMESTRE3 AUTRE6 JAMAIS0 | → 120 |
| 117 | A quel mois remonte la dernière réunion du Comité ? (ECRIREZ LE MOIS DE CETTE REUNION). | MOIS <input type="text"/> <input type="text"/> NE SAIT PAS98 | → 120 |
| 118 | Y-a-t-il un compte rendu de la dernière réunion du Comité de Santé ? | OUI, OBSERVÉ1 OUI, rapporte2 NON3 NE SAIT PAS8 | |
| 119 | Est-ce que les membres de la communauté participent aux réunions du Comité? | OUI1 NON2 | |
| 120 | Est-ce que cette FOSA a un système de MUTUELLE ? | OUI1 NON2 NE SAIT PAS8 | |
| 121 | Une visite de supervision est une visite formative de quelqu'un de votre organisation ou du MINISANTE pour se rendre compte de ce qui se passe et pour travailler avec le personnel pour améliorer le service. A quand remonte votre dernière visite de supervision ? | LE MOIS DERNIER1 LES 3 DERNIERS MOIS2 LES 6 DERNIERS MOIS3 IL Y A PLUS DE 6 MOIS4 PAS DE VISITE DE SUPERVISION5 NE SAIT PAS8 | → 126 → 126 → 126 |
| 122 | Que s'est-il passé durant cette visite de supervision? (ENTOURER TOUT CE QUI EST MENTIONNÉ) INSISTER: rien d'autre? | RÉVISION DE FICHIERS/DOSSIERS A TENUE DE RÉUNIONS B VÉRIFICATION/ACHATS DE FOURNITURE C OBSERVATION DE CONSULTATIONS D DISCUSSION DE PROBLÈMES E ÉVALUATION MEDICAMENTS ... F EVALUATION FINANCES G AUTRE (PRECISER) X NE SAIT PAS W | |
| 123 | Quels sont les services qui ont été visités par un superviseur au cours des 6 derniers mois? | GESTION A LABORATOIRE B PHARMACIE C SERVICE NUTRITION D SERVICE CROISSANCE DES ENFANTS E SERVICE PEV F SERVICE MATERNITÉ G SERVICE INFANTILE H PLANIFICATION FAMILIALE I SERVICE CONSULATION J AUTRE (PRECISER) X NE SAIT PAS W | |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|---|---|---------|
| 124 | Qui a effectué une visite de supervision dans cet établissement au cours des 6 derniers mois? (ENTOURER TOUT CE QUI EST MENTIONNÉ) VÉRIFIER: personne d'autre? | EQUIPE CADRE DE DISTRICT A COORDINATEUR DE PLANIFICATION FAMILIALE..... B COORDINATEUR SANTÉ MATERNELLE/INFANTILE C COORDINATEUR VACCINATION D COORDINATEUR EDP E COORDINATEUR PROGRAMME IST/VIH F AUTRE (PRECISER)..... X NE SAIT PAS..... W | |
| 125 | Combien de visites de supervision séparées avez-vous eu au cours des 6 derniers mois? DEMANDER A VOIR LE REGISTRE DE SUPERVISION | NOMBRE <input type="text"/> <input type="text"/> NE SAIT PAS..... 98 | |
| 126 | Y-a-t-il dans cet établissement un moyen pour connaître l'opinion des patients qui viennent ici ? | OUI.....1 NON2 | → 129 |
| 127 | Comment évaluez-vous l'opinion des patients/clients? (Encercler tout ce qui est mentionné) INSISTER: Aucun autre moyen? | INTERVIEW EN FIN DE CONSULTATION..... A SUIVI DU PATIENT B BOITE POUR SUGGESTION..... C QUESTIONNAIRE AUTO-ADMINISTRÉ..... D REUNIONS COMMUNAUTAIRES E AUTRE..... X | |
| 128 | Au cours de l'année passée, l'établissement a-t-il modifié ses programmes ou services à cause de l'opinion de patients? | OUI.....1 NON2 NE SAIT PAS.....8 | |
| 129 | Est-ce que cet établissement dispose de l'électricité? | OUI.....1 NON2 | → 132 |
| 130 | Pendant combien d'heures par jour l'électricité est-elle disponible? | HEURES PAR JOUR <input type="text"/> <input type="text"/> NE SAIT PAS.....98 | |
| 131 | Est-ce qu'il vous arrive de manquer d'électricité durant les heures où il y a des patients qui ont besoin de services ou quand vous avez besoin d'utiliser les équipements électriques pour le service des patients ? SI OUI, INDIQUER LA FREQUENCE DE CES COUPURES | FREQUEMMENT..... 1 RAREMENT 2 JAMAIS 3 | |
| 132 | Quelle est la source habituelle d'approvisionnement en eau de cette structure? | ROBINET10 FONTAINE PUBLIQUE11 PUITS PROTEGE20 PUITS NON PROTEGE.....21 EAU DE PLUIE22 RIVIERE/LAC/MARRE30 MULTIPLES SOURCES40 AUTRE..... 96 PAS D'EAU00 | → 136 |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|---|---|---------|
| 133 | Comment l'eau utilisée lors des examens/consultations est-elle fournie? | ROBINET1 SEAU/BASSINE..... 2 PAS DE SYSTEME FIXE3 | |
| 134 | À quelle distance se trouve la source d'approvisionnement de l'eau utilisée par cet établissement ? | À MOINS DE 500 MÈTRES.....1 ENTRE 500 ET 1000 MÈTRES2 À PLUS D'1 KM..3 NE SAIT PAS.....8 | |
| 135 | Est-ce que l'eau est disponible toute l'année ou seulement saisonnièrement ? | TOUTE L'ANNÉE.....1 SAISONNIÈREMENT2 NE SAIT PAS.....8 | |
| 136 | Y-a-t-il de l'eau filtrée pour boire disponible pour les patients ? | OUI.....1 NON2 | |
| 137 | Est-ce que cet établissement est équipé d'un téléphone qui marche ou d'un système de phonie ? | OUI.....1 NON2 | → 139 |
| 138 | Est-ce que, dans cet établissement, il est possible d'avoir accès à un téléphone ou à une phonie en cas d'urgence? | OUI.....1 NON2 | |
| 139 | Y-a-t-il des toilettes ou des latrines pour les patients ? | OUI, FONCTIONNENT1 OUI, NE FONCTIONNENT PAS.....2 NON3 | |
| 140 | Puis-je voir la salle d'attente pour les patientes? ENQUÊTEUR: VÉRIFIER S'IL Y A DES PLACES ABRITÉES DU SOLEIL ET DE LA PLUIE. | ABRITÉES1 NON ABRITÉES2 | |
| 141 | Que faites-vous des objets qui peuvent être contaminés, que vous voulez détruire? | BRULÉS..... A ENTERRÉS B JETÉS DANS LA POUBELLE C AUTRE X | |
| 142 | ENQUÊTEUR: DEMANDER A VOIR L'ENDROIT OU ON DEPOSE LES ORDURES (LES OBJETS DE LA QUESTION 141) | ORDURES VISIBLES1 ORDURES NON VISIBLES2 ENDROIT DE DEPOT NON INSPECTE3 | |

POUR CHACUN DES ARTICLES SUIVANTS, VERIFIER D'ABORD POUR VOIR S'IL EST DISPONIBLE DANS L'ETABLISSEMENT. SI L'ARTICLE Y EST, VERIFIER S'IL FONCTIONNE OU PAS.

| | ARTICLE | a) L'ARTICLE EST -IL DISPONIBLE? POSER LA QUESTION POUR CHAQUE ARTICLE | | | | b) L'ARTICLE FONCTIONNE-T-IL? | | |
|-----|---|---|----------|----------------|-------------|-------------------------------|-----|-------------|
| | | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIT PAS | OUI | NON | NE SAIS PAS |
| 143 | GROUPE ELECTROGENE | 1 | 2 | 3→145 | 8→145 | 1 | 2 | 8 |
| 144 | CARBURANT POUR GROUPE ELECTROGENE | 1 | 2 | 3→145 | 8→145 | | | |
| 145 | AUTOCLAVE (STERILISATEUR AVEC CHALEUR HUMIDITE) | 1 | 2 | 3→146 | 8→146 | 1 | 2 | 8 |
| 146 | POUPENEL (STERILISATEUR AVEC CHALEUR SECHE) | 1 | 2 | 3→147 | 8→147 | | | |
| 147 | STERILISATEUR AVEC VAPEUR | 1 | 2 | 3→148 | 8→148 | 1 | 2 | 8 |

| | ARTICLE | a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHAQUE ARTICLE | | | | b) L'ARTICLE FONCTIONNE-T-IL? | | |
|---|---|--|----------|----------------|---|-------------------------------|-------------|-------------|
| | | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIT PAS | OUI | NON | NE SAIT PAS |
| 148 | MANOMETRE, MINUTERIE | 1 | 2 | 3→149 | 8→149 | 1 | 2 | 8 |
| 149 | SOURCE D'ECLAIRAGE | 1 | 2 | 3→150 | 8→150 | 1 | 2 | 8 |
| NO. | QUESTIONS | | | | CODE | | | ALLER À |
| 150 | Quelle est la méthode la plus fréquemment utilisée pour la stérilisation des seringues et aiguilles . | | | | POUPENEL..... 01 AUTOCLAVE..... 02 STÉRILISATION A VAPEUR 03 EBULLITION & P. CHIMIQUES ... 04 PRO.CHIMIQUES SEULEMENT . 05 EBULLITION SEULEMENT 06 AUCUN..... 95 AUTRE (PRÉCISER)..... 96 NE SAIT PAS 98 SERINGUES USAGE UNIQUE....00 | | | |
| 151 | Quelle est la méthode la plus fréquemment utilisée pour la stérilisation des autres équipements médicaux? (par ex. les instruments chirurgicaux). | | | | POUPENEL..... 01 AUTOCLAVE..... 02 STÉRILISATEUR VAPEUR 03 EBULLITION ET P.CHIMIQUES.. 04 P.CHIMIQUES SEULEMENT..... 05 EBULLITION SEULEMENT 06 AUCUN..... 95 AUTRE (PRÉCISER)..... 96 NE SAIT PAS 98 | | | |
| SI LA RÉPONSE DE Q.150 ET Q.151 EST « AUCUN » OU NE SAIT PAS, CHERCHEZ SI UNE AUTRE PERSONNE PLUS INFORMÉE POURRAIT FOURNIR DES RÉPONSES À CES QUESTIONS. SI NON, PASSEZ À →Q.201 | | | | | | | | |
| 152 | DEMANDER COMBIEN DE TEMPS DURENT LES STÉRILISATIONS OU DÉSINFECTION APRÈS QUE LA TEMPÉRATURE, LA PRESSION OU L'ÉBULLITION REQUISE AIENT ÉTÉ ATTEINTE ? (INDIQUER LES DURÉES EN MINUTES) . | | | | TEMPS SOUS CHALEUR APRÈS AVOIR ATTEINT LA TEMPÉRATURE DESIRÉE | SYSTEME PAS UTILISÉ | NE SAIT PAS | |
| | A) AUTOCLAVE: TEMPS SANS EMBALLAGE | | | | <input type="text"/> <input type="text"/> Minutes | 3 | 8 | |
| | TEMPS AVEC EMBALLAGE | | | | <input type="text"/> <input type="text"/> Minutes | 3 | 8 | |
| | B) ÉBULLITION OU VAPEUR SOUS PRESSION - DÉSINFECTION DE HAUT NIVEAU (DHN) - | | | | <input type="text"/> <input type="text"/> Minutes | 3 | 8 | |
| | C) PRODUITS CHIMIQUES - DÉSINFECTION DE HAUT NIVEAU (DHN)- | | | | <input type="text"/> <input type="text"/> Minutes | 3 | 8 | |

| NO. | QUESTIONS | CODE | | | ALLER À |
|-----|---|--|-----|----------------|-------------|
| | | OUI | NON | PAS DISPONIBLE | |
| 153 | CONSERVATION DES ARTICLES STERILISES | | | | NE SAIS PAS |
| | A) Articles stérilisés à l'autoclave enveloppés dans un tissu stérile, scellés avec un ruban adhésif. Le lieu de conservation est propre et sec. | 1 | 2 | 3 | 8 |
| | B)Articles stérilisés à l'autoclave ou désinfectés, conservés dans une récipient avec un couvercle qui ferme hermétiquement (demandez à voir le récipient ; n'ouvrez pas le récipient). | 1 | 2 | 3 | 8 |
| | C) Autres (préciser) | | 2 | 3 | 8 |
| 154 | Est-ce qu'il y a une indication de la date à laquelle les équipements ont été stérilisés ? (VERIFIER UN OU DEUX ARTICLES) | OUI.....1 NON2 NE SAIT PAS.....8 | | | |
| 155 | ÉVALUER SI L'ÉTABLISSEMENT EST PROPRE OU NON. UNE STRUCTURE EST PROPRE SI ON A BALAYE ; SI ON A ESSUYE LA TABLE ; S'IL N Y A PAS DE POUSSIÈRE OU AUTRE SALETTE PARTOUT. LA FOSA N'EST PAS PROPRE S'IL Y A DE LA SALETTE/POUSSIÈRE/DEBRIS AU SOL OU SUR LES TABLES OU AUTRE GUICHET. | PROPRE1 N'EST PAS PROPRE2 | | | |

Section 2: Services de soins infantiles

| N ^o . | QUESTIONS | CODES | ALLER À |
|------------------|--|---|---------|
| 201 | Est-ce que cet établissement dispose de services de soins de santé infantile? (Les services de santé infantile comprennent des soins préventifs et curatifs pour les enfants) | OUI.....1 NON.....2 | →301 |
| 202 | Pendant combien de jours par semaine y-a t-il des consultations pour les enfants malades? | JOURS..... <input type="checkbox"/> NE SAIT PAS.....8 | |
| 203 | Pendant combien d'heures par jour, y-a t-il des consultations pour les enfants malades? | HEURES..... <input type="checkbox"/> <input type="checkbox"/> NE SAIT PAS.....98 | |

SERVICES DE SOINS INFANTILES DISPONIBLES DANS L'ÉTABLISSEMENT: Je voudrais maintenant vous poser des questions sur les services disponibles dans cet établissement; je voudrais savoir aussi pendant combien de temps ces services sont disponibles. POSER LA QUESTION NO.204 POUR CHAQUE SERVICE/ VACCINATION ET S'IL EST DISPONIBLE, CONTINUER DANS LE TABLEAU AVEC LA QUESTION SUIVANTE. SI LE SERVICE N'EST PAS DISPONIBLE CONTINUER AVEC LE SERVICE SUIVANT. SI LA RÉPONSE À Q. 207 EST NÉGATIVE, CONTINUER AVEC LE SERVICE SUIVANT.

| SERVICE/ VACCIN | 204 Est-ce que l'établissement fournit le service à l'extérieur et/ou l'intérieur? | 205 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ? | 206 Combien des jours par semaine est-ce le service disponible à l'intérieur ? | 207 Avez-vous eu une interruption du service ou un manque de vaccins pour assurer le service au cours des 6 derniers mois? | 208 Pendant combien de jours le service a-t-il été interrompu/ n'avez-vous pas pu fournir le service au cours des 6 derniers mois? Ne sais pas=998 | 209 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE. |
|---------------------------------|---|--|---|---|---|---|
| a) vaccination BCG | OUI..... 1 NON..... 2 → 204b | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI 1 NON..... 2 → 204b | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE VACCINA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| b) vaccination Polio | OUI..... 1 NON → 204c | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI 1 NON..... → 204c | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE VACCINA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| c) vaccination DTCoq | OUI..... 1 NON → 204d | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI 1 NON..... → 204d | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE VACCINA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| (d) Vaccination Rougeole | OUI..... 1 NON → 204e | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI 1 NON..... → 204e | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE VACCINA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| e) Vaccination Hépatite B | OUI..... 1 NON → 204f | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI 1 NON..... → 204f | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE VACCINA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| f) Anti- tétanique | OUI..... 1 NON → 204g | OUI 1 NON..... 2 | <input type="checkbox"/> JOURS | OUI 1 NON → 204g | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE VACCINA MANQUE LES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |

| SERVICE POUR L'ENFANT | 204 Est-ce que l'établissement fournit le service a l'extérieur et/ou l'intérieur? | 205 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ? | 206 Combien des jours par semaine est-ce le service à l'intérieur ? | 207 Avez-vous eu une interruption du service ou un manqué de médicament pour assurer le service dans les 6 dernier mois? | 208 Pendant combine de jours le service a-t-il été interrompu/n'avez-vous pas pu fournir le service dans les 6 dernier mois? Ne sais pas=998 | 209 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE |
|--|---|--|--|---|---|--|
| g) Surveillance de la croissance de l'enfant | OUI..... 1 NON 2 → 204h | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI..... 1 NON..... 2 → 204h | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE MEDICAMENTA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRESCISER) |
| h) Conseils en nutrition traitement de la malnutrition | OUI..... 1 NON → 204i | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI..... 1 NON..... → 204i | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE MEDICAMENTA MANQUE DES AUTRES FOURNITURESPOUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| i) TRAITEMENT de la diarrhée/ provision de SRO | OUI..... 1 NON → 204j | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI..... 1 NON..... → 204j | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE MEDICAMENTA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECOSER).....X |
| j) TRAITEMENT des maladies respiratoires de l'enfant | OUI..... 1 NON → 204k | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI..... 1 NON..... → 204k | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE MEDICAMENTA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| k)TRAITEMENT de Paludisme | OUI..... 1 NON 2 → 210 | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI..... 1 NON..... → 210 | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE MEDICAMENTA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |

| | | | |
|--|---|----------------------|--|
| 210 | Combien coûte le service suivant, en situation ordinaire, en FRANCS RWANDAIS ? (NE SAIT PAS=9998 ; GRATUIT=0000 ; NE FOURNIT PAS LE SERVICE=9995) ; | | |
| a) Carnet pour l'enfant vaccination | UNE FOIS | <input type="text"/> | |
| b) vaccination BCG | SERINGUES | <input type="text"/> | |
| | CONSULTATION/SERVICE | <input type="text"/> | |
| c) vaccination Polio | CONSULTATION/SERVICE | <input type="text"/> | |
| d) vaccination DTCoq | SERINGUES | <input type="text"/> | |
| | CONSULTATION/SERVICE | <input type="text"/> | |
| e) Vaccination Rougeole | SERINGUES | <input type="text"/> | |
| | CONSULTATION/SERVICE | <input type="text"/> | |
| f) Vaccination Hépatite B | SERINGUES | <input type="text"/> | |
| | CONSULTATION/SERVICE | <input type="text"/> | |
| g) Anti-tétanique | CARTE (UNE FOIS) | <input type="text"/> | |
| | SERINGUES | <input type="text"/> | |
| | CONSULTATION/SERVICE | <input type="text"/> | |
| h) Surveillance de la croissance de l'enfant | CARTE (UNE FOIS) | <input type="text"/> | |
| | CONSULTATION | <input type="text"/> | |
| i) Conseils en nutrition traitement de la malnutrition | CONSULTATION | <input type="text"/> | |
| j) TRAITEMENT de la diarrhée/ provision de SRO | CONSULTATION | <input type="text"/> | |
| k) TRAITEMENT des maladies respiratoires de l'enfant | CONSULTATION | <input type="text"/> | |
| l) TRAITEMENT de Paludisme | | <input type="text"/> | |
| | CONSULTATION | <input type="text"/> | |

| NO. | QUESTIONS | CODE | ALLER À | | | |
|-----|--|--|--------------|----------------|-------------|--|
| 211 | FILTRE: SI UN OUI EST ENCERCLÉ À Q. 204 [de a) à f)], ENCERCLER '1', SI NON, ENCERCLER '2' | OUI 1 NON 2 | →243 | | | |
| 212 | Pendant combien de heures par jour effectue-t-on les vaccinations? | HEURES PAR JOUR <input type="text"/> <input type="text"/> NE SAIT PAS..... 98 | | | | |
| 213 | Depuis combien d'années cette structure effectue –t-elle des vaccinations ? | ANNÉES VACC DISPONIBLES <input type="text"/> <input type="text"/> NE SAIT PAS..... 98 | | | | |
| 214 | POUR CHACUN DES ARTICLES SUIVANTS, VERIFIER D'ABORD POUR VOIR S'IL EST DISPONIBLE DANS LA PIECE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE A UNE DISTANCE RAISONNABLE DANS LA STRUCTURE. | | | | | |
| | FOURNITURES POUR VACCINATION | OBSERVÉ | RAP- PORTE | PAS DISPONIBLE | NE SAIT PAS | |
| | a) Boîte aiguilles/ | 1 | 2 | 3 | 8 | |
| | b) Seringues à usage unique | 1 | 2 | 3 | 8 | |
| | c) Seringues réutilisables | 1 | 2 | 3 | 8 | |
| | d) Produits pour laver les mains (savon, serviette) | 1 | 2 | 3 | 8 | |
| | e) Eau | 1 | 2 | 3 | 8 | |
| | f) Carnet de vaccination pour enfants | 1 | 2 | 3 | 8 | |
| 215 | Y-a-t-il un registre des vaccinations ? | OUI, REGISTRE VU 1 OUI, REGISTRE PAS VU 2 PAS DE REGISTRE TENU..... 3 | →217 →217 | | | |
| 216 | A quand remonte l'inscription la plus récente ? | AU COURS DE 7 DERNIERS JOURS 1 PLUS DE 7 JOURS..... 2 | | | | |
| 217 | Avez-vous une estimation de la population cible d'enfants à vacciner dans la zone de rayonnement de cette structure ? SI OUI : Combien d'enfants avez-vous à vacciner? | POPULATION ZONE RAYONNEMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N'A PAS DE ZONE DE RAYONNEMENT9995 NE SAIT PAS9998 | →222 →222 | | | |
| 218 | Quel était le taux de déperdition de DTCoq sur les douze derniers mois de l'année écoulée? | TAUX DE DEPERDITON DTCoq(%) <input type="text"/> <input type="text"/> NE SAIT PAS..... 98 | | | | |
| 219 | Quel est le taux de couverture pour la rougeole sur les douze derniers mois de l'année écoulée ? | TAUX COUVERT. ROUGEOLE (%) <input type="text"/> <input type="text"/> NE SAIT PAS..... 98 | | | | |
| 220 | FILTRE: SI 218 ET 219 EST ENCERCLÉ À « 98 » (NE SAIT PAS) ENCERCLER '1', SINON, ENCERCLER '2' | OUI 1 NON..... 2 | →222 | | | |
| 221 | COMMENT LE REpondant A-T-IL OBTENU L'INFORMATION SUR LA COUVERTURE VACCINALE ? | RAPPORT 1 GRAPHIQUE 2 AUTRE 6 (PRECISER) NE SAIT PAS 8 | | | | |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|---|---|---------|
| 222 | Est-ce que cet établissement conserve des vaccins ou les obtenez-vous d'une autre structure? | CONSERVE VACCINS 1 SE RAVITAILLE AILLEURS 2 | → 231 |
| 223 | Quel type d'équipement utilisez-vous pour conserver les vaccins? | REFRIGERATEUR 1 GLACIERE 2 | → 226 |
| 224 | Quelle est la source d'énergie utilisée par le réfrigérateur ? (ENTOURER TOUT CE QUI EST MENTIONNÉ) | ÉLECTRICITÉ A KÉROSÈNE B GAZ C ÉNERGIE SOLAIRE D AUTRE X | |
| 225 | Y-a-t-il un thermostat pour la congélation? | OUI 1 NON 2 PAS DE CONGÉLATION 3 | |
| 226 | Y-a-t-il un thermomètre en état de marche à l'intérieur du réfrigérateur ou de la glacière? | OUI 1 NON 2 | → 231 |
| 227 | ENQUÊTEUR: QUELLE EST LA TEMPÉRATURE DANS LE RÉFRIGÉRATEUR OU LA GLACIERE ? | TEMPÉRATURE EN ° C <input type="text"/> <input type="text"/> | |
| 228 | Y-a-t-il un graphique des températures ? | OUI 1 NON 2 | → 231 |
| 229 | ENQUÊTEUR: EST-CE QUE LE RELEVÉ DE TEMPÉRATURE EST À JOUR POUR LES 30 DERNIERS JOURS? | OUI 1 NON 2 | |
| 230 | ENQUÊTEUR: ENREGISTRER LE NOMBRE DE JOURS PENDANT LESQUELS LA TEMPÉRATURE ÉTAIT AU-DESSUS DE 8° C OU AU-DESSOUS DE 0° C AU COURS DES 30 DERNIERS JOURS. | NOMBRES DE JOURS <input type="text"/> <input type="text"/> | |
| 231 | Quels sont les moyens normaux de maintien de la chaîne de froid pendant les visites extérieures? | ACCUMULATEUR DE FROID 1 ACHETE DE LA GLACE 2 ACCU FROID + ACHAT GLACE 3 PAS DE VISITES EXTERIEURES 4 | |
| 232 | Y-a-t-il des accumulateurs de froid dans le réfrigérateur? | OUI 1 NON 2 | |
| 233 | Combien de glacières avec accumulateurs de froid avez-vous disponibles ? | UN ENSEMBLE 1 DEUX ENSEMBLES OU PLUS 2 AUCUN 3 | |

| Puis-je voir vos stocks des vaccins (OBSERVEZ DANS LE RÉFRIGÉRATEUR S'IL Y A, AU MOINS, UNE AMPOULE NON PÉRIMÉE) | | | | | |
|--|---|---|--|--|--|
| VACCINE | 234 Enregistrer si au moins 1 vaccin non-périmé a été observé | 235 Est-ce que vous avez observé un vaccin périmé? | 236 Les vaccins, sont-ils rangés selon la date de péremption? | 237 Au cours des 6 derniers mois, est-il arrivé que l'établissement manque de VACCIN? | 238) Pendant combien de jours au cours des 6 derniers mois, est- que vous avez manqué de VACCIN? |
| a) BCG | OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237a NSP..... 8→237a | OUI..... 1 NON 2 NE SAIS PAS 8 | OUI.....1 NON2 NE SAIS PAS.....8 | OUI 1 NON 2→234b NSP..... 8→234b | <input type="text"/> <input type="text"/> <input type="text"/> |
| b) POLIO | OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237b NSP..... 8→237b | OUI..... 1 NON 2 NE SAIS PAS 8 | OUI.....1 NON2 NE SAIS PAS.....8 | OUI 1 NON 2→234c NSP..... 8→234c | <input type="text"/> <input type="text"/> <input type="text"/> |
| c) DTCoq | OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237c NSP..... 8→237c | OUI..... 1 NON 2 NE SAIS PAS 8 | OUI.....1 NON2 NE SAIS PAS.....8 | OUI 1 NON 2→234d NSP..... 8→234d | <input type="text"/> <input type="text"/> <input type="text"/> |
| d) ROUGEOLE avec diluant | OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237d NSP..... 8→237d | OUI..... 1 NON 2 NE SAIS PAS 8 | OUI.....1 NON2 NE SAIS PAS.....8 | OUI 1 NON 2→234e NSP..... 8→234e | <input type="text"/> <input type="text"/> <input type="text"/> |
| e) HÉPATITE B | OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237e NSP..... 8→237e | OUI..... 1 NON 2 NE SAIS PAS 8 | OUI.....1 NON2 NE SAIS PAS.....8 | OUI 1 NON 2→234f NSP..... 8→234f | <input type="text"/> <input type="text"/> <input type="text"/> |
| f) ANTI- TETANIQUE | OUI, OBSERVE..... 1 RAPPORTE, PAS VU.. 2 PAS DISPONIBLE 3→237f NSP..... 8→237f | OUI..... 1 NON 2 NE SAIS PAS 8 | OUI.....1 NON2 NE SAIS PAS.....8 | OUI 1 NON 2→239 NSP..... 8→239 | <input type="text"/> <input type="text"/> <input type="text"/> |

| No | QUESTIONS | CODES | ALLER À |
|-----|--|--|---------|
| 239 | Y-a-t-il un inventaire écrit pour les VACCINS? | OUI 1 NON 2 | →241 |
| 240 | ENQUETEUR: L'INVENTAIRE ÉCRIT EST-IL À JOUR ET COMPLET? | OUI, OBSERVÉ, A JOUR 1 OUI, OBSERVÉ, PAS A JOUR 2 OUI, NON OBSERVÉ 3 NON 4 | |
| 241 | Est-ce que la formation sanitaire détermine la quantité de vaccins dont elle a besoin et passe la commande, ou est-ce que la quantité que vous recevez est déterminée par quelqu'un d'autre? | DETERMINE PROPRES BESOINS ET PASSE COMMANDE 1 BESOIN DETERMINE AILLEURS. 2 | →243 |
| 242 | SI DETERMINE AILLEURS: Est-ce que vous recevez toujours une quantité fixe ou est-ce que la quantité que vous recevez varie avec votre niveau d'activités? | QUANTITE BASEE SUR NIVEAU D'ACTIVITES 1 APPROVISIONNEMENT STANDARD FIXE 2 | |
| 243 | Est-ce que cet établissement organise des discussions sur la santé de l'enfant? | OUI 1 NON 2 | → 245 |
| 244 | Est-ce que ces conseils ou ces discussions portent sur les sujets suivants: a) Prévention de la diarrhée? b) Identification et/ou traitement des IRA? c) Réhydratation Orale d) Nutrition de l'enfant? e) Vaccination? f) Paludisme? | OUI NON NSP DIARRHÉE..... 1 2 8 IRA 1 2 8 RÉHYDRATATION 1 2 8 NUTRITION..... 1 2 8 VACCINATION..... 1 2 8 PALUDISME..... 1 2 8 | |

POUR CHACUN DES ARTICLES SUIVANTS, VERIFIER D'ABORD POUR VOIR S'IL EST DISPONIBLE DANS LA PIECE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE A UNE DISTANCE RAISONNABLE DE LA SERVICE. SI IL Y A L'ARTICLE, VERIFIER S'IL FONCTIONNE OU NON.

| ARTICLE | (a) L'ARTICLE EST-IL DISPONIBLE? | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
|--|----------------------------------|-----------|----------------|-------------|--------------------------------|-----|-------------|
| | OBSERVÉ | RAPPO RTE | PAS DISPONIBLE | NE SAIS PAS | OUI | NON | NE SAIS PAS |
| 245 | | | | | | | |
| a) Pèse bébé | 1 | 2 | 3→245b | 8→245b | 1 | 2 | 8 |
| b) Pèse enfants (de 25 +kg) | 1 | 2 | 3→245c | 8→245c | 1 | 2 | 8 |
| c) Thermomètre | 1 | 2 | 3→245d | 8→245d | 1 | 2 | 8 |
| d) Montre avec une troteuse ou un dispositif pour chronométrer | 1 | 2 | 3→245e | 8→245e | 1 | 2 | 8 |
| e) Article pour l'hygiène des mains (savon, serviettes) | 1 | 2 | 3 | 8 | | | |
| f) Eau | 1 | 2 | 3 | 8 | | | |
| g) Récipient pour mélanger SRO | 1 | 2 | 3 | 8 | | | |
| h) Tasse et cuillère | 1 | 2 | 3 | 8 | | | |

| | | | | | | | | |
|-----|--|---------|-----------|----------------|-------------|--|--|--|
| 246 | PROTOCOLES/MATERIELS POUR ENSEIGNEMENT | OBSERVÉ | RAPPO RTE | PAS DISPONIBLE | NE SAIS PAS | | | |
| | a) Des manuels de référence pour la prise en charge des maladies de l'enfant (PCIME) | 1 | 2 | 3 | 8 | | | |
| | b) Brochures (PCIME) | 1 | 2 | 3 | 8 | | | |
| | c) Graphique (PCIME) | 1 | 2 | 3 | 8 | | | |
| | d) Les fiches de conseil pour l'éducation de l'accompagnatrice de l'enfant | 1 | 2 | 3 | 8 | | | |
| | e) des brochures ou des prospectus que les patients peuvent prendre au sujet de le santé infantile | 1 | 2 | 3 | 8 | | | |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|--|---|--------------|
| 247 | Y-a-t-il un registre des patients où l'information sur la consultation de chaque enfant est écrite? SI OUI : Puis-je le voir? | OUI, REGISTRE VU 1 OUI, REGISTRE PAS VU 2 PAS DE REGISTRE TENU 3 | →249 →249 |
| 248 | A quant remonte la plus récente inscription? | AU COURS DE 7 DERNIERS JOURS 1 PLUS DE 7 JOURS 2 | |
| 249 | Gardez-vous une fiche pour chaque patient? SI OUI : Puis-je voir une fiche non remplie? | OUI, FICHE OBSERVÉ 1 OUI, FICHE PAS VUE 2 PAS DE FICHE INDIVIDUELLES | →301 |
| 250 | Gardez-vous l'adresse de chaque patient pour un éventuel suivi? | OUI..... 1 NON..... 2 | |

SECTION 3: SERVICES DE LA PLANIFICATION FAMILIALE

| NO. | QUESTIONS | CODE | ALLER À |
|-----|---|--|---------|
| 301 | Est-ce que cet établissement fournit des services de planification familiale (La planification familiale est une méthode ou un dispositif pour espacer ou limiter les naissances) | OUI 1 NON 2 | →401 |
| 302 | Pendant combien de jours par semaine, cet établissement fournit-il normalement des services de planification familiale? | JOURS <input type="text"/> NE SAIT PAS 8 | |
| 303 | Pendant combien d'heures par jour, cet établissement fournit-il normalement des services de planification familiale? | HEURES <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |

| MÉTHODE | 304 Est-ce que l'établissement fournit le service à l'extérieur et/ou l'intérieur? | 305 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ? | 306 Combien des jours par semaine est-ce le service disponible à l'intérieur? | 307 Avez-vous eu une interruption du service ou un manqué de médicament pour assurer le service dans les 6 dernier mois? | 308 Pendant combine de jours le service a-t-il été interrompu/n'avez-vous pas pu fournir le service dans les 6 dernier mois? Ne sais pas=998 | 309 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE |
|---|---|--|--|---|---|---|
| a) Pilules oestro-progestatives | OUI 1 NON 2 → 304b | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON 2 → 304b | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| b) Pilules à base de progestérone seulement | OUI 1 NON → 304c | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON → 304c | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| c) Injections pour chaque deux mois (Norigynon ?) | OUI 1 NON → 304d | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON → 304d | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (SPECIFY) X |
| d) Injections pour chaque trois mois (Depo) | OUI 1 NON → 304e | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON → 304e | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE LES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| e) implants | OUI 1 NON 2 → 304f | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON → 304f | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| f) Condom masculin | OUI 1 NON 2 → 304g | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON 2 → 304g | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |

| MÉTHODE | 304 Est-ce que l'établissement fournit le service à l'extérieur et/ou l'intérieur? | 305 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ? | 306 Combien des jours par semaine est-ce le service disponible à l'intérieur ? | 307 Avez-vous eu une interruption du service ou un manqué de médicament pour assurer le service au cours dans les 6 dernier mois? | 308 Pendant combien de jours le service a-t-il été interrompu/n'avez-vous pas pu fournir le service dans les 6 dernier mois? Ne sais pas=998 | 309 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE |
|---|---|--|---|--|---|---|
| g) Condom féminin | OUI 1 NON →304h | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON →304h | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| h) DIU | OUI 1 NON →304i | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON →304i | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| i) Stérilisation masculine | OUI 1 NON →304j | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON →304 | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| j) Stérilisation féminine | OUI 1 NON →304k | OUI 1 NON 2 | <input type="text"/> Jours | OUI 1 NON →304 | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| k) Méthode naturelle de planification familiale | OUI 1 NON →304l | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON →304l | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| l) Spermicides | OUI 1 NON 2 →304 | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON 2 →304 | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |

| | MÉTHODE | 310 SERVICE DISPONIBLE | 311 Nombre de clients au cours du dernier trimestre. NSP=998 | 312 Il y a combien d'années que l'établissement a commencé à offrir la méthode ? |
|----|--|---------------------------------|--|---|
| a) | Pilules oestro-progestatives | OUI 1 NON 2→310b | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| b) | Pilules à base de progestérone seulement | OUI 1 NON 2→310c | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| c) | Injections tous les deux mois (Noristerat) | OUI 1 NON 2→310d | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| d) | Injections tous les trois mois (Depo) | OUI 1 NON 2→310e | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| e) | implants | OUI 1 NON 2→310f | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| f) | Condom masculin | OUI 1 NON 2→310g | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| g) | Condom féminin | OUI 1 NON 2→310h | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| h) | DIU | OUI 1 NON 2→310i | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| i) | Stérilisation masculine | OUI 1 NON 2→310j | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| j) | Stérilisation féminine | OUI 1 NON 2→310k | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| k) | Méthode naturelle planification familiale | OUI 1 NON 2→310l | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| l) | Spermicides | OUI 1 NON 2→313 | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |

| NO. | QUESTIONS | CODE | | | | ALLER À |
|-----|--|--|----------------------|--|----------------------|--------------|
| 313 | En moyenne, combien de (unités/cycles) de MÉTHODE sont données | a) Nouvelle utilisatrice? pas disponible.....95 | | b) Utilisatrice en cours continu? pas disponible.....95 | | |
| | a) Pilules oestro-progestatives? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | b) Pilules à base de progestérone seulement | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | c) Condoms (masculin) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 314 | Est-ce que cet établissement fournit des conseils de façon spécifique pour les groupes suivants: a) Aux non-utilisatrices? b) Aux nouvelles utilisatrices? c) aux utilisatrices en cours? d) aux adolescentes? e) Aux mères célibataires? f) Aux hommes? | <p style="text-align: right;">OUI NON NSP</p> NON-UTILISATRICES 1 2 8 NOUVELLES UTILISATRICES 1 2 8 UTILISATRICES EN COURS 1 2 8 ADOLESCENTES 1 2 8 MÈRE CELIBATAIRE 1 2 8 HOMMES 1 2 8 | | | | |
| 315 | SI UNE RÉPONSE À 314 EST '1', ENCERCLER 'OUI'. SINON, ENCERCLER 'NON'. | OUI.....1 NON2 | | | | →317 |
| 316 | Est-ce- que ces conseils portent sur : a) Les effets secondaires? b) Les IST ? c) L'éducation et la prévention contre les IST et le VIH/SIDA ? | <p style="text-align: right;">OUI NO N NSP</p> EFFETS SECONDAIRES 1 2 8 IST 1 2 8 PRÉVENTION 1 2 8 | | | | |
| 317 | Est-ce que cet établissement dispose de formulaires de consentement ? SI OUI, DEMANDER A VOIR LE FORMULAIRE DE CONSENTEMENT | OUI, OBSERVE1 OUI, PAS VU2 NON3 | | | | →319 →319 |
| 318 | Indiquer pour chacune des méthodes suivantes si on utilise un formulaire de consentement | OUI | NON | PAS DISPO- NIBLE | NE SAIS PAS | |
| | a) PILULES ORAUX | 1 | 2 | 3 | 4 | |
| | b) INJECTION | 1 | 2 | 3 | 4 | |
| | c) IMPLANTS | 1 | 2 | 3 | 4 | |
| | d) DIU | 1 | 2 | 3 | 4 | |
| | e) STÉRILISATION FÉMININE | 1 | 2 | 3 | 4 | |
| | f) STÉRILISATION MASCULINE | 1 | 2 | 3 | 4 | |
| 319 | Puis-je voir la salle où les clients en planification familiale reçoivent des conseils ? ENQUETEUR: EXAMINER LA SALLE. | PIÈCE SÉPARÉE1 SALLE AVEC RIDEAUX2 AUTRES ÉLÉMENTS3 MEME SALLE QUE SALLE D'ATTENTE4 | | | | |

| NO. | QUESTIONS | CODE | | | ALLER À | | | |
|--|---|---|-----------------|-----------------------|--|------------|------------|--------------------|
| | | OBSERVÉ | RAPPORTÉ | PAS DISPONIBLE | | | | |
| 320 | Lesquels des matériaux suivants sont disponibles pour le counselling ? | | | | NE SAIT PAS | | | |
| | a) Modèle pour démontrer l'usage du condom | 1 | 2 | 3 | 8 | | | |
| | b) Brochures/dépliants à donner aux patientes? | 1 | 2 | 3 | 8 | | | |
| | c) Boîtes à images pour les différentes méthodes? | 1 | 2 | 3 | 8 | | | |
| | d) Affiche de promotion de la planification familiale disponible? | 1 | 2 | 3 | 8 | | | |
| 321 | Est-ce que le prestataire de services de planification familiale traite les IST de manière routinière où les clients sont-ils envoyés à une autre prestataire ou à une autre structure pour traitement? | TRAITE IST1 ENVOIE AILLEURS DANS LE MÊME FOSA2 ENVOIE À AUTRE FOSA.....3 PAS DE TRAITEMENT.....4 | | | | | | |
| DEMANDER A VOIR L'ENDROIT OU LES EXAMENS POUR LA PLANIFICATION FAMILIALE SONT EFFECTUES. POUR CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE (CECI COMPREND LA SALLE DE CONSULTATION PELVIENNE SI ELLE EST DIFFERENTE DE LA SALLE DE CONSULTATION GENERALE). SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNE OU NON. | | | | | | | | |
| 322 | Si la salle a déjà été observée pour les autres services, Indiquer à quelle service. | SOINS PRÉNATALS..... 1 CONSULTATIONS IST 2 ACCOUCHEMENTS 3 SALLE PAS OBSERVEE4 | | | → 325 → 325 → 325 | | | |
| 323 | ENQUÊTEUR: VÉRIFIER L'ÉCLAIRAGE GENERAL DANS LA SALLE D'EXAMEN | ÉCLAIRAGE VERTICAL 1 LAMPE 2 LUMIÈRE DU JOUR/ FENETRES. 3 MAL ÉCLAIRÉE 4 | | | | | | |
| | LES ARTICLES POUR LE SERVICE DE PLANIFICATION FAMILIALE | (a) L'ARTICLE EST-IL DISPONIBLE? (POSER LA QUESTION POUR CHACUN DES ARTICLES) | | | (b) L'ARTICLE FONCTIONNE- T-IL? | | | |
| 324 | LA SALLE ET LES FOURNITURES | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIT PAS | OUI | NON | NE SAIT PAS |
| | a) Intimité visuelle | 1 | 2 | 3 | 8 | | | |
| | b) Intimité auditive | 1 | 2 | 3 | 8 | | | |
| | c) Lampes baladeuses/gynéco/torches | 1 | 2 | 3→324d | 8→324d | 1 | 2 | 8 |
| | d) Table gynécologique ou lit d'examen | 1 | 2 | 3→324e | 8→324e | 1 | 2 | 8 |
| | e) Produits pour laver les mains (savon, serviette) | 1 | 2 | 3 | 8 | | | |
| | f) Eau | 1 | 2 | 3 | 8 | | | |
| | g) Gants propres | | | | | | | |
| | h) Boîte d'objets tranchants (Boite aiguilles/Tambour) | 1 | 2 | 3 | 8 | | | |
| | i) Désinfectant 0,5% | 1 | 2 | 3 | 8 | | | |

| 325 | LES ARTICLES POUR LE SERVICE PLANIFICATION FAMILIALE EQUIPEMENT PRÉCISER DE METHOD | (a) L'ARTICLE EST-IL DISPONIBLE? (POSER LA QUESTION POUR CHACUN DES ARTICLES) | | | | (b) FONCTIONNER? | | |
|-----|---|--|----------|----------------|-------------|------------------|-----|-------------|
| | | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIT PAS | OUI | NON | NE SAIT PAS |
| | a) Tensiomètre | 1 | 2 | 3→325b | 8→325b | 1 | 2 | 8 |
| | b) Stéthoscope | 1 | 2 | 3→325c | 8→325c | 1 | 2 | 8 |
| | c) Balance pour adulte | 1 | 2 | 3→325d | 8→325d | 1 | 2 | 8 |
| | d) Spéculum vaginal | 1 | 2 | 3→325e | 8→325e | 1 | 2 | 8 |
| | e) Gants stériles | 1 | 2 | 3 | 8 | | | |
| | f) Pince porte tampon | 1 | 2 | 3 | 8 | | | |
| | g) Pince à servir | 1 | 2 | 3 | 8 | | | |
| | h) Pince anatomique | 1 | 2 | 3 | 8 | | | |
| | i) Ciseaux | 1 | 2 | 3 | 8 | | | |
| | j) Kit DIU | 1 | 2 | 3 | 8 | | | |
| | k) Kit Norplant | 1 | 2 | 3 | 8 | | | |
| 326 | Protocoles de SR pour chaque méthode de PF offerte | 1 | 2 | 3 | 8 | | | |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|--|---|--------------|
| 327 | Y-a-t-il un registre des patients où l'information sur la consultation de chaque cliente est écrite? SI OUI : Puis-je le voir? | OUI, REGISTRE VU 1 OUI, REGISTRE PAS VU 2 PAS DE REGISTRE TENU 3 | →329 →329 |
| 328 | A quand remonte la plus récente inscription? | AU COURS DE 7 DERNIERS JOURS 1 PLUS DE 7 JOURS 2 | |
| 329 | Gardez-vous une fiche pour chaque patient? SI OUI : Puis-je voir une fiche non remplie? | OUI, FICHE OBSERVÉE 1 OUI, FICHE PAS VUE 2 PAS DE FICHE 3 | |
| 330 | Gardez-vous l'adresse de chaque patient pour un éventuel suivi? | OUI..... 1 NON 2 | |
| 331 | NOTER LE NOMBRE DE PATIENTS EN PLANIFICATION FAMILIALE QUI ONT ETE REFERES AU LABORATOIRE POUR ETRE TESTÉS DES IST AU COURS DES 12 DERNIERS MOIS | NOMBRE PATIENTS TESTÉS IST <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998 | → 333 |
| 332 | Si la période à laquelle se réfère le nombre de patients est inférieure à 12mois, indiquez le nombre de mois concerné. | MOIS DES DONNEES . <input type="text"/> <input type="text"/> NE SAIT PAS.....98 | |
| 333 | Noter le nombre de patients envoyés chez un spécialiste le mois dernier par le service de planification familiale | NOMBRE PATIENTS REFERES <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998 | |
| 334 | Est-ce que cet établissement fait payer les patients en planification familiale ou bien demande-t-il une donation pour un des services de planification familiale fournis? | OUI 1 NON.....2 | →401 |
| 335 | Est-ce que l'établissement fait payer la consultation en planification familiale ? | OUI 1 NON.....2 | →337 |
| 336 | A combien s'élève le tarif d'une consultation? | FRW <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 337 | Est-ce que l'établissement fait payer pour la fiche/carte pour patient ? | OUI 1 NON.....2 | →339 |

| | | | | | | | |
|-----|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| 338 | À combien s'élève le tarif d'un fiche/carte pour patient? | FRW | <input type="text"/> |
| 339 | Combien l'établissement fait-il payer pour chacune des méthodes ? | COUT EN FRW GRATUIT 00000 PAS DISPONIBLE 99995 NSP 99998 | | | | | |
| | a) PILULE (1 CYCLE) | | <input type="text"/> |
| | b) INJECTIONS | | <input type="text"/> |
| | c) IMPLANT | | <input type="text"/> |
| | d) CONDOM MASCULIN (3 UNITS) | | <input type="text"/> |
| | e) DIU | | <input type="text"/> |
| | f) STÉRILISATION FÉMININE | | <input type="text"/> |
| | g) STERILISATION MASCULINE | | <input type="text"/> |

Section 4: Services de santé maternelle (sous-section 1: Soins Prénatals)

| NO. | QUESTIONS | CODE | | | | ALLER À |
|-----|--|------------------------------------|----------------------|----------------|-------------|---------|
| 401 | Est-ce que cet établissement offre des services de santé maternelle ? (Les services de santé maternelle sont les services qui s'occupent des grossesses) | OUI..... 1 | NON 2 | | | →501 |
| 402 | Est-ce que cet établissement organise des sessions d'enseignement ou des discussions sur la santé maternelle? | OUI..... 1 | NON 2 | | | →405 |
| 403 | Est-ce que ces sessions ou discussions sur la santé couvrent les sujets suivants: | OUI NON NSP | | | | |
| | a) Besoins nutritifs durant la grossesse | ALIMENTATION..... 1 | 2 | 8 | | |
| | b) Allaitement | ALLAITEMENT..... 1 | 2 | 8 | | |
| | c) Signes de danger pendant la grossesse | SIGNES DE DANGER . 1 | 2 | 8 | | |
| | d) Soins des nouveau-nés | NOUVEAU-NÉS..... 1 | 2 | 8 | | |
| | e) Soins prénatals | SOINS PRÉNATALS..... 1 | 2 | 8 | | |
| | f) Préparation à la naissance | NAISSANCE 1 | 2 | 8 | | |
| | g) Anémie durant la grossesse | ANÉMIE 1 | 2 | 6 | | |
| | h) Besoins en fer | FER..... 1 | 2 | 6 | | |
| | i) Planification familiale | PLANIFICATION FAMILIALE..... 1 | 2 | 6 | | |
| | j) Visites dans les salles d'accouchement | VISITES SALLES ACCOUCHEMENT..... 1 | 2 | 8 | | |
| 404 | Est-ce -que l'établissement dispose du matériel suivant: | OBSERVE | RAPPORTE | PAS DISPONIBLE | NE SAIT PAS | |
| | a) POSTERS | 1 | 2 | 3 | 8 | |
| | b) BROCHURES | 1 | 2 | 3 | 8 | |
| | c) FICHES DE TRAVAIL | 1 | 2 | 3 | 8 | |
| | d) FICHES DE CONSEILS POUR LA MÈRE | 1 | 2 | 3 | 8 | |
| 405 | Est-ce que cet établissement offre des soins prénatals? | OUI..... 1 | NON 2 | | | →428 |
| 406 | Pendant combien de jours par semaine, cet établissement fournit-il normalement des services prénatal ? | JOURS | <input type="text"/> | | | |
| | | NE SAIT PAS | 8 | | | |
| 407 | Pendant combien d'heures par jour, cet établissement fournit-il normalement des services prénatals | HEURES | <input type="text"/> | | | |
| | | NE SAIT PAS | 98 | | | |
| 408 | Est-ce que l'établissement fournit le service aujourd'hui A L'INTERIEUR? | OUI..... 1 | NON 2 | | | |

| NO. | QUESTIONS | CODE | | | | ALLER À |
|-----|---|--|-----------------|---------------|---------|---------|
| 409 | Est-ce que, dans cet établissement, les services suivants sont normalement effectués au cours de la première visite prénatale, lors des visites suivantes ou est-ce qu'ils ne sont pas effectués du tout? | 1ERE VISITE | VISITE SUIVANTE | CHAQUE VISITE | AUCUNE. | |
| | a) Obtenir le DOSSIER MÉDICAL et obstétrique de la patiente? | 1 | 2 | 3 | 5 | |
| | b) PESER la patiente? | 1 | 2 | 3 | 5 | |
| | c) PRENDRE LA TENSION de la patiente? | 1 | 2 | 3 | 5 | |
| | d) FAIRE à la patiente une INJECTION ANTI-TÉTANIQUE? | 1 | 2 | 3 | 5 | |
| | e) Prescrire de la CHIMIO PRÉVENTION CONTRE LE PALUDISME? | 1 | 2 | 3 | 5 | |
| | f) Offrir le COUNSELING ET TEST volontaire pour VIH/SIDA ? | 1 | 2 | 3 | 5 | |
| 410 | Est-ce que, dans cet établissement, les services suivants sont normalement effectués au cours de la première visite prénatale, lors des visites suivantes ou est-ce qu'ils ne sont pas effectués du tout? | 1ERE VISITE | VISITE SUIVANTE | CHAQUE VISITE | AUCUNE. | |
| | a) Rechercher la syphilis? | 1 | 2 | 3 | 5 | |
| | b) Mesurer l'hémoglobine? | 1 | 2 | 3 | 5 | |
| | c) Analyser l'urine pour protéine ? | 1 | 2 | 3 | 5 | |
| 411 | Est-ce que le prestataire de soins prénatals traite les IST de manière systématique ou les clients sont-ils envoyés à un(e) autre prestataire ou à une autre structure pour traitement? | TRAITE IST 1 ENVOIE AILLEURS DANS LE MÊME FOSA..... 2 ENVOIE À AUTRE FOSA 3 PAS DE TRAITEMENT 4 | | | | |
| 412 | Puis-je voir la salle où les patientes ayant besoin de soins prénatals sont examinées? ENQUETEUR: EXAMINER LA SALLE. | PIÈCE SÉPARÉE 1 SALLE AVEC RIDEAUX 2 AUTRES ÉLÉMENTS 3 MEME SALLE QUE SALLE D'ATTENTE 4 | | | | |

| NO. | QUESTIONS | CODE | ALLER À |
|--|---|---|---|
| | DEMANDER A VOIR OU LES EXAMENS POUR LA SOINS PRÉNATALS SONT EFFECTUES. POU CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE (CECI COMPREND LA SALLE DE CONSULTATION PELVINNE SI ELLE EST DIFFERENTE DE LA SALLE DE CONSULTATION GENERALE) . SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNE OU NON. | | |
| 413 | Si la salle a déjà été observée pour les autres services, Indiquer à quelle service. | SERVICE PF1 CONSULTATIONS IST2 ACCOUCHEMENT3 SALLE PAS OBSERVEE4 | →416 →416 →416 |
| 414 | ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GENERAL DANS LA SALLE D'EXAMEN | ÉCLAIRAGE VERTICAL.....1 LAMPE.....2 LUMIÈRE DU JOUR/ FENETRES .3 | |
| ARTICLES POUR LES SOINS PRÉNATALS | | | |
| | | (a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHAQUE ARTICLE | (b) L'ARTICLE FONCTIONNE-T-IL? |
| 415 | LA SALLE ET L'EQUIPEMENT | OBSERVÉ RAPPORTE PAS DISPONIBLE NE SAIT PAS | OUI NON NSP |
| | a) Intimité visuelle | 1 2 3 8 | |
| | b) Intimité auditive | 1 2 3 8 | |
| | c) Lampes baladeuses/ gynéco/torches | 1 2 3→415d 8→415d | 1 2 8 |
| | d) Table gynécologique ou lit d'examen | 1 2 3→415e 8→415e | 1 2 8 |
| | e) Produits pour laver les mains (savon, serviette) | 1 2 3 8 | |
| | f) Eau | 1 2 3 8 | |
| | g) Gants propres | | |
| | h) Boite objets tranchants (Boite aiguilles) | 1 2 3 8 | |
| | i) Désinfectant 0,5% | 1 2 3 8 | |
| 416 | EQUIPEMENT | | |
| | a) Tensiomètre | 1 2 3→416b 8→416b | 1 2 8 |
| | b) Stéthoscope | 1 2 3→416c 8→416c | 1 2 8 |
| | c) Balance pour adultes | 1 2 3→416d 8→416d | 1 2 8 |
| | d) Stéthoscope de Pinard (pour le fœtus) | 1 2 3→416e 8→416e | 1 2 8 |
| | e) Pèse-bébé (avec graduation de 100 gm) | 1 2 3→416f 8→416f | 1 2 8 |
| | f) Thermomètre | 1 2 3→416g 8→416g | 1 2 8 |
| | g) Ruban de mesure | 1 2 3 8 | |
| | h) Protocoles pour soins de santé maternelle | 1 2 3 8 | |
| NO. | QUESTIONS | CODE | ALLER À |

| | | | |
|-----|--|---|--------------|
| 417 | Est-ce que cet établissement a une relation formelle avec les accoucheuses traditionnelles (AT)? | OUI 1 NON 2 | →419 |
| 418 | Est-ce que cet établissement a un document sur le programme des accoucheuses traditionnelles, par ex. la liste des accoucheuses affiliées à l'établissement et la formation qu'elles ont suivies? SI OUI : Puis-je voir la documentation? | OUI, OBSERVÉ 1 OUI, PAS VU 2 NON 3 NE SAIT PAS 8 | |
| 419 | Y-a-t-il un registre des patients où l'information sur la consultation de chaque cliente est écrite? SI OUI : Puis-je le voir? | OUI, REGISTRE VU 1 OUI, REGISTRE PAS VU 2 PAS DE REGISTRE TENU 3 | →421 →421 |
| 420 | A quand remonte la plus récente inscription? | AU COURS DE 7 DERNIERS JOURS 1 PLUS DE 7 JOURS 2 | |
| 421 | NOTER LE NOMBRE DE CONSULTATIONS PRÉNATALES VUES AU COURS D'UNE PERIODE DE 12 MOIS Y COMPRIS LES FEMMES QUI VIENNENT POUR UNE OU PLUSIEURS VISITES | NOMBRE DE VISITE PRÉNATALES <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS 998 | →423 |
| 422 | Si la période à laquelle se réfère le nombre de consultations est inférieure à 12mois, indiquez le nombre de mois concerné. | MOIS DE DONNEES <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |
| 423 | Avez-vous une estimation du nombre total de naissances dans la zone de rayonnement de l'établissement au cours des 12 derniers mois? SI OUI: Combien de naissances y-a-t-il eu? | ESTIMATION LES NAISSANCE <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS 998 | →426 |
| 424 | Quel est le taux de couverture des consultations prénatales au cours des 12 derniers mois? | % COUVERTURE <input type="text"/> <input type="text"/> PRÉNATALE NE SAIT PAS 98 | →426 |
| 425 | Comment le répondant-a-t-il obtenu les informations sur la couverture des consultations prénatales? | RAPPORT 1 GRAPHIQUE 2 AUTRE 6 (PRÉCISER) NE SAIT PAS 8 | |
| 426 | Gardez-vous une carte/fiche pour chaque patient prénatales? SI OUI: Puis-je voir une carte/ fiche non remplie? | OUI, CARTE OBSERVÉE 1 OUI, CARTE PAS VUE 2 PAS DE CARTE INDIVIDUELLE 3 | |
| 427 | Gardez-vous l'adresse de chaque patient pour un éventuel suivi? | OUI 1 NON 2 | |
| 428 | Avez-vous eu une visite de supervision dans les services de maternité au cours des 6 derniers mois? | OUI 1 NON 2 | →430 |
| 429 | Combien de visites de supervision séparées avez-vous eu au cours des 6 derniers mois? | NOMBRE DE VISITES DE SUPERVISION <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |
| 430 | Est-ce que cet établissement dispose de procédures pour le transport de femmes en urgence obstétrique? | OUI 1 NON 2 | →434 |

| NO. | QUESTIONS | CODE | | | ALLER À |
|-----|---|---|--------------------|-------------|---------|
| 431 | Laquelle des situations suivantes décrit le mieux le système Le plus fréquemment utilisé pour le transport en cas d'urgence? | DISPONIBILITÉ | | | |
| | | 24 HEURES | HEURES OFFICIELLES | NE SAIT PAS | |
| | A) VEHICULE POUR URGENCE SEULEMENT QUI RESTE À LA FOSA | 1 | 2 | 8 | |
| | B) VEHICULE A L'HOPITAL DE DISTRICT (ON DOIT DEMANDER A CE QU'IL SOIT ENVOYÉ A LA FOSA) | 1 | 2 | 8 | →433 |
| | C) VEHICULE POUR CAS NON URGENTS | 1 | 2 | 8 | →433 |
| | D) LOCATION DE VEHICULE QUAND DE BESOIN (AVEC SOUTIEN FINANCIER DE L'ETABLISSEMENT) | 1 | 2 | 8 | →433 |
| 432 | Est-ce que le véhicule est disponible et en état de marche? SI OUI: Puis-je voir le véhicule? | OUI, VU/FONCTIONNE 1 OUI, VU/NE FONCTIONNE PAS 2 VEHICULE EN DEPLACEMENT, PAS VU 3 NE SAIT PAS 4 | | | |
| 433 | En utilisant ce véhicule en combien de minutes arrive-t-on à l'établissement de référence le plus proche? | SAISON SECHE <input type="text"/> <input type="text"/> <input type="text"/> SAISON PLUVIEUSE <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS 998 | | | →435 |
| 434 | Quel est le moyen le plus couramment utilisé pour transporter les femmes en cas d'urgence obstétrique? | PERSONNES PORTENT 1 VEHICULE TRACTION ANIMALE . 2 VEHICULE A MOTEUR 3 COMBINAISON DE CE QUI PRECEDE 4 AUTRE (PRECISER) 6 NE SAIT PAS 8 | | | |

SECTION 4: Service de Santé Maternelle (Sous-Section 2 Accouchements)

| NO. | QUESTIONS | CODE | ALLER À |
|--|--|--|----------------------|
| 435 | Y-a-t-il une maternité qui dépend de cet établissement? | OUI..... 1 NON 2 | →501 |
| 436 | Combien de lits de maternité y-a-t-il dans cet établissement? | NOMBRE DE LITS..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DE MATERNITÉ PAS DE LITS PROPRE POUR LA MATERNITE 95 NE SAIT PAS 98 | |
| 437 | Est-ce que les personnels de santé font des accouchements à domicile de manière routinière où en cas d'urgence? | OUI, ROUTINE..... 1 OUI, URGENCE SEULEMENT..... 2 NON 3 | →440 |
| 438 | Est-ce qu'il y a un trousseau d'urgence pour l'accouchement à domicile en cas d'urgence? | OUI, SAC D'URGENCE VU..... 1 OUI, SAC D'URGENCE PAS VU 2 NON 3 | →440 →440 |
| 439 | AU MINIMUM, LE TROUSSEAU D'URGENCE DOIT CONTENIR: - Savon; ciseaux ou lame, pince; lien pour cordon ombilical; injectable ergométrine avec seringues et aiguilles | TOUS LES ARTICLES PRESENTS..... 1 CERTAINS ARTICLES MANQUENT ... 2 | |
| 440 | Est-ce qu'un agent avec des compétences en matière d'accouchements est présent ou disponible à l'appel 24 heures sur 24 y compris les week-end pour prodiguer des soins? | OUI, PRESENT..... 1 OUI, A L'APPEL 2 NON 3 | |
| DEMANDER A VOIR OU SONT LES LA SALLES D'ACCOUCHEMENTS. POUR CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNE OU PAS. | | | |
| 441 | Si la salle a déjà été observée pour les autres services, Indiquer à quelle service. | SERVICE PF 1 CONSULTATIONS IST..... 2 SOINS PRÉNATALS 3 SALLE PAS OBSERVEE 4 | →444 →444 →444 |
| 442 | ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GÉNÉRALE DANS LA SALLE D'EXAMINATION | ÉCLAIRAGE VERTICAL 1 LAMPE..... 2 LUMIÈRE DU JOUR/ FENETRES . 3 | |

| 443 | LES ARTICLES POUR LES ACCOUCHEMENTS | (a) L'ARTICLE EST DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES. | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
|-----|---|--|----------|----------------|-------------|--------------------------------|-----|-----|
| | LA SALLE ET L'EQUIPEMENT | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIS PAS | OUI | NON | NSP |
| | a) Intimité visuelle | 1 | 2 | 3 | 8 | | | |
| | b) Intimité auditive | 1 | 2 | 3 | 8 | | | |
| | c) Lampes baladeuses/gynéco/torches | 1 | 2 | 3→443d | 8→443d | 1 | 2 | 8 |
| | d) Table gynécologique ou lit d'examen | 1 | 2 | 3→443e | 8→443e | 1 | 2 | 8 |
| | e) Produits pour laver les mains (savon, serviette) | 1 | 2 | 3 | 8 | | | |
| | f) Eau | 1 | 2 | 3 | 8 | | | |
| | g) Gants propres | | | | | | | |

| LES ARTICLES POUR LES ACCOUCHEMENTS | | (a) L'ARTICLE EST DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES. | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
|-------------------------------------|---|--|----------------|-------------|--------|--------------------------------|-----|---|
| LA SALLE ET L'EQUIPEMENT | OBSERVÉ | RAPPORTÉ | PAS DISPONIBLE | NE SAIT PAS | OUI | NON | NSP | |
| | h) Boite objets tranchants (Boite aiguilles) | 1 | 2 | 3 | 8 | | | |
| | i) Désinfectant 0,5% | 1 | 2 | 3 | 8 | | | |
| 444 | EQUIPEMENT POUR L'ACCOUCHEMENT | | | | | | | |
| | a) Source de lumière fonctionnant 24h/24 | 1 | 2 | 3→445 | 8→445 | 1 | 2 | 8 |
| 445 | POUR L'ENFANT | | | | | | | |
| | a) Table de réanimation pour bébé | 1 | 2 | 3→445b | 8→445b | | | |
| | b) Appareil manuel de respiratoire (Ambu bag, Hudson silicone réanimation) | 1 | 2 | 3→445c | 8→445c | 1 | 2 | 8 |
| | c) Aspirateur néonatal (Delee ou poire) | 1 | 2 | 3→445d | 8→445d | 1 | 2 | 8 |
| | d) Source de chaleur pour bébé prématuré (couveuse ou lumière) | 1 | 2 | 3→445e | 8→445e | 1 | 2 | 8 |
| | e) Pèse-bébé | 1 | 2 | 3→445f | 8→445f | 1 | 2 | 8 |
| | f) Liens/catgut pour corde ombilicale | 1 | 2 | 3 | 8 | | | |
| | g) Couverture ou serviette pour envelopper le bébé | 1 | 2 | 3 | 8 | | | |
| 446 | Equipement et fourniture | | | | | | | |
| | a) Perfusion Intra-venous (sodium chloride; ou solution physiologique de Ringer, ou dextros) non périmée. | 1 | 2 | 3 | 8 | | | |
| | b) Ensemble perfusion intraveineuse | 1 | 2 | 3 | 8 | | | |
| | c) Ergométrine maléate (non périmée) | 1 | 2 | 3 | 8 | | | |
| | d) Seringues et aiguilles | 1 | 2 | 3 | 8 | | | |
| | e) Aiguilles et matériel pour effectuer des sutures | 1 | 2 | 3 | 8 | | | |
| | f) Ciseaux/lames | 1 | 2 | 3→446g | 8→446g | 1 | 2 | 8 |
| | g) Porte aiguilles | 1 | 2 | 3→446h | 8→446h | 1 | 2 | 8 |
| | h) Antiseptiques pour la peau (chlorhexodome) | 1 | 2 | 3 | 8 | | | |
| 447 | PROTOCOLES | | | | | | | |
| | a) Partogrammes | 1 | 2 | 3 | 8 | | | |
| | b) Protocoles pour la prise en charge des accouchements d'urgence | 1 | 2 | 3 | 8 | | | |

| NO. | QUESTIONS | CODE | | | | ALLER À | | |
|-----|---|--|----------|----------------|-------------|---------------------------------------|-----|-----|
| 448 | Est-ce que cet établissement effectue des accouchements à l'aide de forceps ou de ventouse? | OUI 1 NON 2 | | | | → 450 | | |
| | SI OUI: DEMANDER A VOIR L'EQUIPEMENT | a) L'ARTICLE EST DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES. | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
| 449 | | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIS PAS | OUI | NON | NSP |
| | A) Forceps | 1 | 2 | 3→449b | 8→449b | 1 | 2 | 8 |
| | B) Ventouse | 1 | 2 | 3→450 | 8→450 | 1 | 2 | 8 |
| 450 | Est-ce que cet établissement fournit des soins après un avortement? | OUI 1 NON 2 | | | | → 452 | | |
| | | (a) L'ARTICLE EST DISPONIBLE? | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
| 451 | SI OUI: DEMANDER A VOIR L'EQUIPEMENT | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIT PAS | OUI | NON | NSP |
| | A) Aspirateur évacuation | 1 | 2 | 3→451b | 8→451b | 1 | 2 | 8 |
| | B) Kit de curetage (curettes) | 1 | 2 | 3→451c | 8→451c | | | |
| | C) Autre (préciser) | 1 | 2 | 3→452 | 8→452 | 1 | 2 | 8 |
| 452 | Est-ce que cet établissement effectue systématiquement les opérations suivantes immédiatement après la naissance d'un bébé? | OUI NON NE SAIS PAS | | | | | | |
| | A) ASPIRER AVEC SONDE | 1 2 8 | | | | | | |
| | B) SECHER AVEC TISSU | 1 2 8 | | | | | | |
| | C) DONNER A LA MÈRE | 1 2 8 | | | | | | |
| | D) PESER L'ENFANT | 1 2 8 | | | | | | |
| | E) BAIGNER L'ENFANT | 1 2 8 | | | | | | |
| 453 | Est-ce que cet établissement donne systématiquement au nouveau-né OPV (Polio 0) avant qu'il ne quitte l'établissement? | OUI 1 NON 2 | | | | | | |
| 454 | Est-ce que cet établissement donne systématiquement de la vitamine A à la mère avant qu'elle ne quitte l'établissement ? | OUI 1 NON 2 | | | | | | |
| 455 | Est-ce que cet établissement organise régulièrement des sessions pour passer en revue les cas de décès maternels ou des nouveaux-nés ; aussi que de ceux qui ont été sauvés de justesse ? | OUI, POUR MERE..... 1 OUI, POUR NOUVEAUX-NES 2 OUI, POUR LES DEUX 3 NON 4 | | | | | | |
| 456 | Puis-je voir un partogramme complété? | OBSERVÉ 1 NON OBSERVÉ 2 N'EN A PAS 3 | | | | | | |
| 457 | Est-ce que cet établissement dispose d'un registre contenant l'information sur les femmes ayant accouché dans l'établissement? | OUI, OBSERVÉ 1 OUI, NON OBSERVÉ 2 NON 3 | | | | → 459 → 459 | | |

| NO. | QUESTIONS | CODE | ALLER A |
|---|--|---|--------------------------------|
| 458 | A quand remonte la dernière naissance? | AU COURS DES 30 DERNIERS JOURS.....1 PLUS DE 30 JOURS2 | |
| 459 | Combien de femmes ont accouché dans cet établissement au cours des 12 derniers mois? | NOMBRE D'ACCOUCHEMENTS <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998 | →463 |
| 460 | Si le nombre de naissances se rapporte à une période de moins de 12 mois, indiquer la durée considérée, en mois. | MOIS DE DONNEES.... <input type="text"/> <input type="text"/> NE SAIT PAS.....98 | |
| 461 | Quel est le taux de couverture des naissances au cours des 12 derniers mois? | % COUVERTURE <input type="text"/> <input type="text"/> NAISSANCES NE SAIT PAS.....98 | →463 |
| 462 | Comment le répondant a-t-il obtenu l'information sur la couverture des naissances? | RAPPORT1 GRAPHIQUE2 AUTRE6 (PRECISER) NE SAIT PAS.....8 | |
| 463 | Est-ce que cet établissement effectue des césariennes? | OUI1 NON.....2 | →469 |
| DEMANDER A VOIR LA SALLE D'OPERATIONS, VERIFIER LES ELEMENTS DE LA LISTE SUIVANTE D'EQUIPEMENTS ET FOURNITURES SONT DISPONIBLES DANS LA SALLE | | | |
| | DEMANDER A VOIR L'EQUIPEMENT | (a) L'ARTICLE EST-IL DISPONIBLE? | (b) L'ARTICLE FONCTIONNE-T-IL? |
| 464 | | OBSERVÉ RAPPORTE PAS DISPONIBLE NE SAIS PAS | OUI NON NSP |
| | A) TABLE D'OPERATION | 1 2 3→464b 8→464b | 1 2 8 |
| | B) LUMIERE POUR OPERATION | 1 2 3→464c 8→464c | 1 2 8 |
| | C) ZONE DE STERILISATION CONTIGUE A LA SALLE D'OPERATION | 1 2 3→464d 8→464d | |
| | D) PLATEAU AVEC OBJETS STERILISES PRET | 1 2 3→465 8→465 | |
| 465 | Est-ce que cet établissement dispose d'un personnel formé pour effectuer des césariennes, présent dans l'établissement ou "à l'appel" 24h/24(y compris les week-ends)? | OUI1 NON.....2 | |
| 466 | Combien de césariennes ont été effectuées dans cet établissement au cours des 12 derniers mois? | NOMBRE DE CÉSARIENNES <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS998 | →468 |
| 467 | Si le nombre de césariennes se rapporte à une période de moins de 12 mois, indiquer la durée considérée, en mois. | MOIS DES DONNEES <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|--|---|---------|
| 468 | A quand remonte la dernière césarienne? NE SAIS PAS = 98, 9998 | JOUR..... <input type="text"/> <input type="text"/> MOIS <input type="text"/> <input type="text"/> ANNEE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 469 | Est-ce que cet établissement effectue des transfusions sanguines? | OUI 1 NON..... 2 | →472 |
| 470 | Est-ce que cet établissement a une BANQUE DE SANG ? | OUI 1 NON..... 2 | |
| 471 | Est-ce qu'il y a un registre de l'établissement concernant les transfusions sanguines? SI OUI, DEMANDER A LE VOIR | OUI, REGISTRE VU..... 1 OUI, PAS VU..... 2 PAS DE REGISTRE..... 3 | |
| 472 | Dans cet établissement, quelle est la durée moyenne d'un séjour après un accouchement normal? | NUMBRES D'HEURES <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |
| 473 | Dans cet établissement, combien coûtent normalement les services suivants?: a) Une consultation prénatale? b) Un accouchement sans épisiotomie ? c) Des soins postnatals? NE SAIT PAS.....99998 GRATUIT00000 PAS DISPONIBLE99995 | COUT EN FRW PRÉNATAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ACCOU- CHEMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POST NATAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

Section 5: Services IST/VIH/SIDA

| NO. | QUESTIONS | CODE | ALLER À |
|------|--|---|--------------|
| 501 | Est-ce que cet établissement offre des conseils concernant les IST? | OUI 1 NON 2 | |
| 502 | Est ce que cet établissement offre la possibilité d'effectuer des tests pour les IST? | OUI 1 NON 2 | |
| 503 | Est-ce que cet établissement offre la possibilité de recevoir un traitement contre les IST avec un service spécialisé ou en consultations générales | OUI, CLINIQUE SPECIALE 1 OUI, CONSULTATIONS GENERALES 2 PAS DE SERVICE 3 | |
| 504 | SI LA RÉPONSE À 501, 502 OR 503 EST " OUI", ENCERCLER '1', SINON ENCERCLER '2'. | OUI 1 NON 2 | →506 |
| 505 | Est ce que cet établissement dirige les patients vers des spécialistes pour des conseils, des tests ou des traitement des IST? | OUI 1 NON 2 | →518 →518 |
| 506 | Depuis combien d'années offrez-vous des services pour les IST? | NOMBRE D'ANNÉES <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |
| 507 | Combien de jours par semaine, ces services concernant les IST sont-ils disponibles ? | JOURS <input type="text"/> | |
| 508 | Comment établit-on les diagnostics de IST dans cet établissement ? | APP.SYNDROMIQUE (OBSERVATION DES SYMPTOMES) 1 APP.CLINIQUE (LABORATOIRE). 2 AUTRE 6 (PRECISER) | |
| 509 | Y-a-t-il un registre des patients avec IST où l'information sur la consultation de chaque cliente est écrite? SI OUI : Puis-je le voir? | OUI, REGISTRE VU 1 OUI, REGISTRE PAS VU 2 PAS DE REGISTRE TENU..... 3 | →512 →512 |
| 510 | A quant remonte la plus récente inscription? | AU COURS DE 7 DERNIERS JOURS 1 PLUS DE 7 JOURS 2 | |
| 511 | NOTER LE NOMBRE DE PATIENTS IST VUS DANS UN PERIODE DE 12 MOIS. | NOMBRE PATIENTS IST <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS 998 | |
| 511a | Si la période à laquelle se réfère le nombre de patients est inférieure à 12mois, indiquez le nombre de mois concerné. | MOIS DES DONNEES.. <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |
| 512 | Est-ce que cet établissement déclare au gouvernement ou à son siège de l'organisation dont il dépend, les cas suivants : a) Syphilis? b) Gonorrhée? c) VIH? | OUI NON NSP SYPHILIS 1 2 8 GONORRHÉE 1 2 8 VIH 1 2 8 | |
| 513 | Est-ce que cet établissement a mis en place un règlement qui garantit la confidentialité aux patients ayant une IST? SI OUI, PUIS-JE VOIR LE PROTOCLE/FORMULAIRE/RÉGLEMENT ? | OUI,OBSERVÉ 1 OUI, PAS VU 2 PAS DE RÉGLEMENT 3 | |
| 514 | Y-a-t-il un tarif des consultations pour les IST dans cet établissement ? | OUI 1 NON 2 | →516 |

| NO. | QUESTIONS | CODE | ALLER À | | | | | |
|-----|--|--|--------------|--|--|--|--|--|
| 515 | Quel est le tarif d'une consultation pour IST? (en Francs Rwandais)) | COUT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NE SAIT PAS 99998 | | | | | | |
| | | | | | | | | |
| 516 | Est-ce que l'établissement fournit des médicaments pour le traitement des IST? | OUI 1 NON 2 | →518 | | | | | |
| 517 | Ces médicaments sont-ils gratuits? | OUI 1 NON 2 | | | | | | |
| 518 | Est-ce que cet établissement offre des services de conseils pour le VIH/SIDA? | OUI 1 NON 2 | | | | | | |
| 519 | Est-ce que cet établissement offre la possibilité d'effectuer des tests de détection du VIH/SIDA? | OUI 1 NON 2 | | | | | | |
| 520 | SI LES RÉPONSES À 518 OU 519 SONT " OUI", ENCERCLER '1', SINON ENCERCLER '2'. | OUI 1 NON 2 | →522 | | | | | |
| 521 | Est-ce que l'établissement dirige les patients vers des spécialistes pour des conseils, des tests ou des traitements du VIH/SIDA? | OUI 1 NON 2 | →527 →527 | | | | | |
| 522 | Depuis combien d'années offrez-vous des services qui traitent le VIH/SIDA? | NOMBRES D'ANNÉES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NE SAIT PAS 98 | | | | | | |
| | | | | | | | | |
| 523 | Combien de jours par semaine ces services sont-ils disponibles? | JOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | |
| | | | | | | | | |
| 524 | Est-ce que cet établissement a mis en place un règlement qui garantit la confidentialité aux patients soignés pour le VIH/SIDA? SI OUI, DEMANDER A VOIR LE PROTOCOLE/FORMULAIRE/REGLEMENT. | OUI,OBSERVÉ 1 OUI, PAS VU..... 2 PAS LE RÉGLEMENT 3 | | | | | | |
| 525 | Est-ce que cet établissement a un formulaire de consentement pour les test du VIH/SIDA ? SI OUI, DEMANDER DE VOIR UN FORMULAIRE DE CONSENTEMENT. | OUI,OBSERVÉ 1 OUI, PAS VU..... 2 NON, PAS DE FORMULAIRE 3 NE FAIT PAS LE TEST 4 | | | | | | |
| 526 | Est-ce que cet établissement fournit aux patients atteints du VIH/SIDA une formation/des conseils pour effectuer des soins à la maison? | OUI 1 NON 2 | | | | | | |
| 527 | L'établissement offre-t-il les services suivants aux patients testés positifs au VIH/SIDA : a) Soutien psycho-social par un spécialiste b) Suivi chez un spécialiste pour des soins spéciaux | OUI NON NSP | | | | | | |
| | | PSYCHO-SOCIA..... 1 2 8 SUIVI..... 1 2 8 | | | | | | |
| 528 | Est-ce que cet établissement se charge normalement d'informer le partenaire du client atteint de MST ou VIH/SIDA? (ACTIVE=PAR FOSA ; PASSIVE=PAR CLIENT) | OUI, NOTIFICATION ACTIVE 1 OUI, NOTIFICATION PASSIVE 2 NON 3 | | | | | | |
| 529 | Est-ce que cet établissement fournit aux patients hospitalisés pour une MST ou pour le SIDA des séances d'éducation ? SI OUI, DEMANDER A OBSERVER LES MATERIELS D'EDUCATION UTILISES POUR LES SÉANCES D'EDUCATION (Posters, brochures, fiches de conseils) | OUI 1 NON 2 | →531 | | | | | |

| NO. | QUESTIONS | | CODE | | | ALLER À | | |
|--|--|---|--|-----------------------|---------------------------------------|----------------------|-------------|------------|
| | | | OBSERVÉ | RAPPORTÉ | PAS DISPONIBLE | | NE SAIS PAS | |
| 530 | LES MATERIELS POUR ENSEIGNEMENT | OBSERVÉ | RAPPORTÉ | PAS DISPONIBLE | NE SAIS PAS | | | |
| | UTILISATION DU CONDOM | 1 | 2 | 3 | 8 | | | |
| | MOYEN DE PRÉVENTION DU VIH/SIDA | 1 | 2 | 3 | 8 | | | |
| | LES CONSÉQUENCES DU VIH/SIDA | 1 | 2 | 3 | 8 | | | |
| 531 | Des condoms sont-ils disponibles sur place pour les patients HIV/IST? | | OUI..... 1 NON 2 | | | →534 | | |
| 532 | Y-a-t-il un tarif pour les condoms? | | OUI..... 1 NON 2 | | | →534 | | |
| 533 | Combien coûte les condoms (pour 4 unités)*? | | FRW | | | | | |
| 534 | Est-ce que cet établissement offre la possibilité de suivre un traitement pour la tuberculose? | | OUI..... 1 NON 2 | | | | | |
| 535 | Puis-je voir la salle où les patients en HIV/MST reçoivent des conseils ? ENQUETEUR: EXAMINER LA SALLE. | | PIÈCE SÉPARÉE 1 SALLE AVEC RIDEAUX 2 AUTRES ÉLÉMENTS 3 MEME SALLE QUE SALLE D'ATTENTE 4 | | | | | |
| DEMANDER A VOIR OU LES EXAMENS POUR LES IST OU VIH/SIDA SONT EFFECTUES. POUR CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNER OU NON. | | | | | | | | |
| 536 | Si la salle a déjà été observée pour les autres services, Indiquer à quelle service. | | SERVICE PF..... 1 SERVICE ACCOUCHEMENT 2 SOINS PRÉNATALS 3 SALLE PAS OBSERVEE 4 | | | →539 →539 →539 | | |
| 537 | ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GENERALE DANS LA SALLE D'EXAMINATION | | ÉCLAIRAGE VERTICAL..... 1 LAMPE 2 LUMIÈRE DU JOUR/ FENETRES. 3 | | | | | |
| | LES ARTICLES POUR LES EXAMINATIONS | (a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES. | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | | |
| 538 | LA SALLE ET L'EQUIPEMENT | OBSERVÉ | RAPPORTÉ | PAS DISPONIBLE | NE SAIS PAS | OUI | NON | NSP |
| | a) Intimité visuelle | 1 | 2 | 3 | 8 | | | |
| | b) Intimité auditive | 1 | 2 | 3 | 8 | | | |
| | c) Lampes baladeuses/gynéco/torches | 1 | 2 | 3→538d | 8→538d | 1 | 2 | 8 |
| | d) Table gynécologique ou lit d'examen | 1 | 2 | 3→538e | 8→538e | 1 | 2 | 8 |
| | e) Produits pour laver les mains (savon, serviette) | 1 | 2 | 3 | 8 | | | |
| | f) Eau | 1 | 2 | 3 | 8 | | | |
| | g) Gants propres | | | | | | | |
| | h) Boîte objets tranchants (Boîte aiguilles) | 1 | 2 | 3 | 8 | | | |
| | i) Désinfectant 0,5% | 1 | 2 | 3 | 8 | | | |

| | LES ARTICLES POUR LES EXAMINATIONS | (a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES. | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
|-----|--|--|----------|----------------|-------------|--------------------------------|-----|-----|
| | | OBSERVÉ | RAPPORTÉ | PAS DISPONIBLE | NE SAIS PAS | OUI | NON | NSP |
| | LA SALLE ET L'EQUIPEMENT | | | | | | | |
| 539 | EQUIPEMENTS ET FOURNITURES | | | | | | | |
| | a) Speculum | 1 | 2 | 3 → 539b | 8 → 539b | 1 | 2 | 8 |
| | b) Ecoillor monté (Tige) | 1 | 2 | 3 | 8 | | | |
| 540 | PROTOCOLES/MATERIELS D'ENSEIGNEMENT | | | | | | | |
| | a) Protocoles cliniques pour IST | 1 | 2 | 3 | 8 | | | |
| | b) Protocoles pour utilisation de l'approche syndromique dans la prise en charge des IST | 1 | 2 | 3 | 8 | | | |
| | c) Protocoles pour traitement VIH/SIDA | 1 | 2 | 3 | 8 | | | |
| | d) Brochure d'information sur VIH/SIDA pour donner au client | 1 | 2 | 3 | 8 | | | |

LES TEST CLINIQUE POUR IST/VIH/SIDA

| TEST | | 541. Est-ce que les agents de santé de cet établissement ordonnent des tests? | 542. Où le test est-il effectué? CODES: 1=À L'ÉTABLISSEMENT; 2=ÉCHANTILLON PRÉLEVÉ À L'ÉTABLISSEMENT ET ENVOYÉ AILLEURS POUR ETRE TESTÉ; 3=PATIENT ENVOYÉ DANS UN AUTRE ÉTABLISSEMENT POUR ETRE TESTER; 6=AUTRE | 543. Au bout de combien de jours le patient reçoit-il les résultats? | 544. Combien coûte le TEST en Francs Rwandais? |
|--------------------|----------------|---|--|--|--|
| Syphilis | a) RPR ou VDRL | OUI..... 1 NON .. 2 → 541b | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| | b) TPHA | OUI..... 1 NON .. 2 → 541c | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| c) Coloration Gram | | OUI..... 1 NON .. 2 → 541d | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| d) Culot Frais | | OUI..... 1 NON .. 2 → 541e | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| VIH | e) Elisa | OUI..... 1 NO..... 2 → 541f | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| | f) VIH Rapide | OUI..... 1 NO..... 2 → 541g | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

| | | | | | |
|--|------------------------|-------------------------------|--|---|---|
| | g) Western Blott | OUI..... 1 NO..... 2 → 600 | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|--|------------------------|-------------------------------|--|---|---|

SECTION 6 : LABORATOIRE

| | | | |
|-----|--|---------------------------|--------------|
| 600 | Est-ce que cette FOSA fait les tests de laboratoire à l'établissement ? (Si une réponse quelconque à la question 542 ou à la question 410 est « 1 », la réponse est OUI) | OUI..... 1 NON 2 | →601 →701 |
|-----|--|---------------------------|--------------|

DEMANDER A VOIR OU SONT EFFECTUES LES EXAMENS DE LABORATOIRES SI DES TESTS SONT EFFECTUES DANS L'ETABLISSEMENT

| | | | |
|-----|--|---------------------------|--|
| 601 | Est-ce que l'établissement a, au moins, un technicien de laboratoire? | OUI 1 NON..... 2 | |
| 602 | Dans cet établissement, effectuez-vous des tests pour les trichomonas? | OUI 1 NON..... 2 | |

| | LES EQUIPEMENT ET RÉACTIFS LABORATOIRE | (a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES.. | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
|-----|---|--|----------|----------------|-------------|--------------------------------|-----|-----|
| | | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIS PAS | OUI | NON | NSP |
| 603 | Microscope | 1 | 2 | 3→604 | 8→604 | 1 | 2 | 8 |
| 604 | Centrifugeuse | 1 | 2 | 3→604 | 8→604 | 1 | 2 | 8 |
| 605 | Lame pour GE | 1 | 2 | 3 | 8 | | | |
| | a) Giemsa | 1 | 2 | 3 | 8 | | | |
| | b) Leishman | 1 | 2 | 3 | 8 | | | |
| 606 | Bandelette Réactive (Albumine, Protéine, Sucre) | 1 | 2 | 3 | 8 | | | |
| 607 | Acide Acétique (Albumine, Protéine) | 1 | 2 | 3 | 8 | | | |
| | TEST POUR REACTIF | | | | | | | |
| 608 | HEMOGLOBINMETRE | 1 | 2 | 3→609 | 8→609 | 1 | 2 | 8 |
| | a) DRABKIN. Solution ou Photomètre | 1 | 2 | 3 | 8 | | | |
| 609 | Centrifugeuse à Hématocrite | 1 | 2 | 3 | 8 | | | |
| 610 | Echelle de TARQUIST | 1 | 2 | 3 | 8 | | | |
| | TEST POUR HIV/SIDA | | | | | | | |
| 611 | TEST RAPIDE | 1 | 2 | 3 | 8 | | | |
| 612 | ELISA+SCANNER | 1 | 2 | 3→613 | 8→613 | 1 | 2 | 8 |
| 613 | WESTERN BLOTT | 1 | 2 | 3 | 8 | | | |
| | TEST POUR IST | | | | | | | |
| 614 | VDRL | 1 | 2 | 3 | 8 | | | |
| | a) RPR (Réagine Protéine Recherche) | 1 | 2 | 3 | 8 | | | |
| 615 | COLORATION AU GRAM | 1 | 2 | 3 | 8 | | | |
| | a) Cristal Violet solution | 1 | 2 | 3 | 8 | | | |
| | b) Réactif de Iugol | 1 | 2 | 3 | 8 | | | |
| | c) Acétone | 1 | 2 | 3 | 8 | | | |
| | d) SOFRANIME SOLUTION | 1 | 2 | 3 | 8 | | | |
| 616 | Milieu de culture (gélose au CHOCOLAT) | 1 | 2 | 3 | 8 | | | |

SECTION 7 LES MÉTHODES PLANIFICATION FAMILIALE

| | | | |
|-----|---|--|------|
| 700 | ENQUÊTEUR: VÉRIFIER 301. SI PLANIFICATION FAMILIALE DISPONIBLE OU NON | PF DISPONIBLE.....1 PF NON DISPONIBLE.....2 | →801 |
|-----|---|--|------|

DEMANDER A OBSERVER LA PHARMACIE/ESPACE DE RANGEMENT OU SONT STOCKES LES MÉTHODES DE PLANIFICATION FAMILIALE

CONTRACEPTIFS DISPONIBLES DANS L'ÉTABLISSEMENT: Je voudrais maintenant vous poser des questions sur les contraceptifs disponibles dans l'établissement. Je voudrais aussi voir les contraceptifs que vous avez en stocks. POSER LA QUESTION N°. (a) POUR CHAQUE CONTRACEPTIF.ET, S'IL N'EST PAS DISPONIBLE, PASSER À LA METHODE SUIVANTE.

| MÉTHODE | (a) Cette Méthode est-elle disponible actuellement ? | (b) Enregistrer si au moins 1 unité/cycle de la méthode non-périmée a été observé | (c) Est-ce que vous avez observé une méthode périmée? | (d) Les méthodes, sont-elles rangées selon la date de péremption? | (e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque de MÉTHODE ? | (f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué de MÉTHODE ? |
|---|---|--|--|--|--|---|
| 701 Pilule oestro progestative | OUI 1 NON..... 2→702 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→702 NE SAIT PAS..... 8→702 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI1 NON2 →702 NE SAIT PAS8→702 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 702 Pilule progestative | OUI 1 NON..... 2→703 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→703 NE SAIT PAS..... 8→703 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI1 NON2 →703 NE SAIT PAS8 →703 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 703 Injection (1 mois) NORIGYNON | OUI 1 NON..... 2→704 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→704 NE SAIT PAS..... 8→704 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI1 NON2 →704 NE SAIT PAS8→704 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 704 Injection (3 mois) DEPO OU NORISTAT | OUI 1 NON..... 2→705 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→705 NE SAIT PAS..... 8→705 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI.....1 NON.....2→705 NE SAIT PAS8→705 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 705 Implants | OUI 1 NON..... 2→706 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→706 NE SAIT PAS..... 8→706 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI.....1 NON.....2→706 NE SAIT PAS8→706 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 706 Condoms (masculins) | OUI 1 NON..... 2→707 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→707 NE SAIT PAS..... 8→707 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI.....1 NON.....2→707 NE SAIT PAS8→707 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 707 Condoms (féminins) | OUI 1 NON..... 2→708 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→708 NE SAIT PAS..... 8→708 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI1 NON.....2→708 NE SAIT PAS8→708 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 708 DIU | OUI 1 NON..... 2→709 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→709 NE SAIT PAS..... 8→709 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI1 NON.....2→709 NE SAIT PAS8→709 | <input type="text"/> <input type="text"/> <input type="text"/> |

| | | | | | | |
|-------------------|---|--|--|---|--|--|
| 709 SPERMICIDE | OUI 1 NON..... 2→710 | OUI, OBSERVE1 RAPPORTE,PAS VU2→710 NE SAIT PAS.....8→710 | OUI 1 NON2 NE SAIT PAS.....8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI1 NON.....2→710 NE SAIT PAS.....8→710 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 710 | EST-CE QUE LE SYSTEME DE COMMANDE DES PRODUITS DE PF EST LE MÊME QUE CELUI DE COMMANDE DES MÉDICAMENTS POUR LES MALADES ? | | | OUI, LE MÊME 1 NON, C'EST DIFFERENT..... 2 | →713 | |
| 711 | Est-ce que la formation sanitaire détermine la quantité de méthode dont elle a besoin et passe la commande, ou est-ce que la quantité que vous recevez est déterminée par quelqu'un d'autre? | | | DETERMINE PROPRES BESOINS ET PASSE COMMANDE 1 BESOIN DETERMINE AILLEURS. 2 | →713 | |
| 712 | SI DETERMINER AILLEURS: Est-ce que vous recevez toujours une quantité fixe ou est-ce que la quantité que vous recevez varie avec votre niveau d'activités? | | | QUANTITE BASEE SUR NIVEAU D'ACTIVITE...1 APPROVISIONNEMENT STANDARD FIXE.....2 | | |
| 713 | Est-ce que le magasin où les produits contraceptifs sont stockés est le même que le magasin des autres médicaments? | | | OUI, LA MÊME 1 NON, C'EST DIFFERENT..... 2 | →715 | |
| 714 | OBSERVER LA PLACE OU LES PRODUITS SONT STOCKES ET INDIQUER LES RÉPONSES CORRECTES POUR CHACUNE DES CONDITIONS SUIVANTES | | | | | |
| | LES PRODUITS CONTRACEPTIFS SONT PROTÉGÉS DE : | | | OUI | NON | NE SAIT PAS |
| | a) EAU (Répondre NON si vous observez des traces sur les murs dues à l'eau, des trous au toit) | | | 1 | 2 | 8 |
| | b) SOLEIL (Répondre NON s'il y a des ouvertures dans la chambre par lesquels le soleil peut entrer) | | | 1 | 2 | 8 |
| | c) PAS D'ÉVIDENCE DE RONGEUR (rat, souris, chauve souris) (Répondre NON s'il y a des trous dans les boîtes causés par des rongeurs ou des produits partiellement consommés, des excréments de rongeurs, etc.) | | | 1 | 2 | 8 |
| 715 | Y-a-t-il un inventaire écrit pour les METHODES? | | | OUI 1 NON 2 | →801 | |
| 716 | ENQUETEUR: L'INVENTAIRE ÉCRIT EST-IL À JOUR ET COMPLET? | | | OUI, OBSERVÉ, A JOUR 1 OUI, OBSERVÉ, PAS A JOUR 2 OUI, A JOUR NON OBSERVÉ 3 NON , A JOUR, NON OBSERVE .. 4 NE SAIT PAS8 | | |

SECTION 8: LES MÉDICAMENTS

DEMANDER D'OBSERVER LA PHARMACIE/ESPACE DE RANGEMENT OU SONT GARDES LES MÉDICAMENTS

| MÉDICAMENTS ORAUX | (a) Ce MÉDICAMENT est-il disponible actuellement ? | (b) Enregistrer si au moins 1 médicament non-périmé a été observé | (c) Est-ce que vous avez observé un médicament périmé? | (d) Les médicaments, sont-ils rangés selon la date de péremption? | (e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENT ? | (f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ? |
|--|---|--|---|--|---|--|
| 801) Aldomet PO | OUI..... 1 NON2→802 | OUI, OBSERVE1 RAPPORTE,PAS VU2→802 NE SAIT PAS.....8→802 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→802 NE SAIT PAS..8→802 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 802) Comprimés d'Amoxicilline ou sirop | OUI..... 1 NON2→803 | OUI, OBSERVE1 RAPPORTE,PAS VU2→803 NE SAIT PAS.....8→803 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→803 NE SAIT PAS..8→803 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 803) comprimé d'Ampicilline ou sirop | OUI..... 1 NON2→804 | OUI, OBSERVE1 RAPPORTE,PAS VU2→804 NE SAIT PAS.....8→804 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→804 NE SAIT PAS..8→804 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 804) aspirine | OUI..... 1 NON2→805 | OUI, OBSERVE1 RAPPORTE,PAS VU2→805 NE SAIT PAS.....8→805 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→805 NE SAIT PAS..8→805 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 805) Benzathine pénicilline | OUI..... 1 NON2→806 | OUI, OBSERVE1 RAPPORTE,PAS VU2→806 NE SAIT PAS.....8→806 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→806 NE SAIT PAS..8→806 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 806) Benzyl pénicilline | OUI..... 1 NON2→807 | OUI, OBSERVE1 RAPPORTE,PAS VU2→807 NE SAIT PAS.....8→807 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→807 NE SAIT PAS..8→807 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 807) Brufen | OUI..... 1 NON2→808 | OUI, OBSERVE1 RAPPORTE,PAS VU2→808 NE SAIT PAS.....8→808 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→808 NE SAIT PAS..8→808 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 808) Chloramphénicol | OUI..... 1 NON2→809 | OUI, OBSERVE1 RAPPORTE,PAS VU2→809 NE SAIT PAS.....8→809 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→809 NE SAIT PAS..8→809 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 809) Comprimés de Chloroquine | OUI 1 NON.....2→810 | OUI, OBSERVE1 RAPPORTE,PAS VU2→810 NE SAIT PAS.....8→810 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→810 NE SAIT PAS..8→810 | <input type="text"/> <input type="text"/> <input type="text"/> |

| MÉDICAMENTS ORAUX | (a) Ce MÉDICAMENT est-il disponible actuellement ? | (b) Enregistrer si au mois 1 médicament non-périmé a été observé | (c) Est-ce que vous avez observé quelque médicament périmé? | (d) Le médicament, sont-ils rangés selon la date de péremption? | (e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENTS ? | (f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ? |
|---|---|---|--|--|--|--|
| 810) Comprimés de Cotrimoxazole ou sirop | OUI 1 NON..... 2→811 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→811 NE SAIT PAS..... 8→811 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→811 NE SAIT PAS..8→811 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 811) Doxycycline | OUI 1 NON..... 2→812 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→812 NE SAIT PAS..... 8→812 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→812 NE SAIT PAS..8→812 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 812) EH (combiné Ethanbutol & INH) | OUI 1 NON..... 2→813 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→813 NE SAIT PAS..... 8→813 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→813 NE SAIT PAS..8→813 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 813) Ergométrine Maléate | OUI 1 NON..... 2→814 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→814 NE SAIT PAS..... 8→814 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→814 NE SAIT PAS..8→814 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 814) Érythromycine | OUI 1 NON..... 2→815 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→815 NE SAIT PAS..... 8→815 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→815 NE SAIT PAS..8→815 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 815) Éthanbutol ⁴ | OUI 1 NON..... 2→816 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→816 NE SAIT PAS..... 8→816 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→816 NE SAIT PAS..8→816 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 816) Fansidar (Sulphadoxine/ pyriméthamine) | OUI 1 NON..... 2→817 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→817 NE SAIT PAS..... 8→817 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→817 NE SAIT PAS..8→817 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 817) sulfate ferreux (Fer) | OUI 1 NON..... 2→818 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→818 NE SAIT PAS..... 8→818 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→818 NE SAIT PAS..8→818 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 818) Fer avec folique | OUI 1 NON..... 2→819 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→819 NE SAIT PAS..... 8→819 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→819 NE SAIT PAS..8→819 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 818a Acide folic | OUI 1 NON..... 2→819 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→819 NE SAIT PAS..... 8→819 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→819 NE SAIT PAS..8→819 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 819) Violet de gentianet | OUI 1 NON..... 2→820 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→820 NE SAIT PAS..... 8→820 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→820 NE SAIT PAS..8→820 | <input type="text"/> <input type="text"/> <input type="text"/> |

| MÉDICAMENTS ORAUX | (a) Ce MÉDICAMENT est-il disponible actuellement ? | (b) Enregistrer si au moins 1 médicament non-périmé a été observé | (c) Est-ce que vous avez observé un médicament périmé? | (d) Les médicaments, sont-ils rangés selon la date de péremption? | (e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENT ? | (f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ? |
|------------------------------|---|---|---|--|---|--|
| 820) INH | OUI 1 NON..... 2→821 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→821 NE SAIT PAS..... 8→821 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→821 NE SAIT PAS..8→821 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 821) Mebendazole | OUI 1 NON..... 2→822 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→822 NE SAIT PAS..... 8→822 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→822 NE SAIT PAS..8→822 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 822) Metronidazole | OUI 1 NON..... 2→823 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→823 NE SAIT PAS..... 8→823 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→823 NE SAIT PAS..8→823 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 823) Acide Nalidixic | OUI 1 NON..... 2→824 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→824 NE SAIT PAS..... 8→824 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS 8 | OUI 1 NON..... 2→824 NE SAIT PAS..8→824 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 824) Norfloxacin | OUI 1 NON..... 2→825 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→825 NE SAIT PAS..... 8→825 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→825 NE SAIT PAS..8→825 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 825) Nystatine Passaries | OUI 1 NON..... 2→826 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→826 NE SAIT PAS..... 8→826 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→826 NE SAIT PAS..8→826 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 826) SRO | OUI 1 NON..... 2→827 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→827 NE SAIT PAS..... 8→827 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→827 NE SAIT PAS..8→827 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 827) Paracétamol | OUI 1 NON..... 2→828 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→828 NE SAIT PAS..... 8→828 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→828 NE SAIT PAS..8→828 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 828) Probénicidic | OUI 1 NON..... 2→829 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→829 NE SAIT PAS..... 8→829 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→829 NE SAIT PAS..8→829 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 829) Pyrazinamide | OUI 1 NON..... 2→830 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→830 NE SAIT PAS..... 8→830 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→830 NE SAIT PAS..8→830 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 830) Rifampin ou Rifampincin | OUI 1 NON..... 2→831 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→831 NE SAIT PAS..... 8→831 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→831 NE SAIT PAS..8→831 | <input type="text"/> <input type="text"/> <input type="text"/> |

| MÉDICAMENTS ORAUX | (a) Ce MÉDICAMENT est-il disponible actuellement ? | (b) Enregistrer si au moins 1 médicament non-périmé a été observé | (c) Est-ce que vous avez observé un médicament périmé? | (d) Les médicaments, sont-ils rangés selon la date de péremption? | (e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENTS ? | (f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT |
|--|---|---|---|--|--|--|
| 831) Rifater (combined INH, rifampin & Pyrazinamide) | OUI 1 NON..... 2→832 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→832 NE SAIT PAS..... 8→832 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→832 NE SAIT PAS..8→832 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 832) Tétracycline | OUI 1 NON..... 2→833 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→833 NE SAIT PAS..... 8→833 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→833 NE SAIT PAS..8→833 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 833) Vitamine A 200,000 iu | OUI 1 NON..... 2→834 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→834 NE SAIT PAS..... 8→834 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→834 NE SAIT PAS..8→834 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 834) Vitamine A 25,000 iu | OUI 1 NON..... 2→835 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→835 NE SAIT PAS..... 8→835 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→835 NE SAIT PAS..8→835 | <input type="text"/> <input type="text"/> <input type="text"/> |
| OPHTHALMIQUE 835 Tétracycline en pommade ou gouttes de nitrate d'argent | OUI 1 NON..... 2→836 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→836 NE SAIT PAS..... 8→836 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→836 NE SAIT PAS..8→836 | <input type="text"/> <input type="text"/> <input type="text"/> |
| MÉDICAMENTS INJECTION | | | | | | |
| 836) Ampicillin injection | OUI 1 NON..... 2→837 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→837 NE SAIT PAS..... 8→837 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→837 NE SAIT PAS..8→837 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 837) Ceftriaxone inj | OUI 1 NON..... 2→838 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→838 NE SAIT PAS..... 8→838 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→838 NE SAIT PAS..8→838 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 838) Diazepam injection | OUI 1 NON..... 2→839 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→839 NE SAIT PAS..... 8→839 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→839 NE SAIT PAS..8→839 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 839) Gentamicine ou Kanamycine | OUI 1 NON..... 2→840 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→840 NE SAIT PAS..... 8→840 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→840 NE SAIT PAS..8→840 | <input type="text"/> <input type="text"/> <input type="text"/> |

| MÉDICAMENTS INJECTION | (a) Ce MÉDICAMENT est-il disponible actuellement ? | (b) Enregistrer si au moins 1 médicament non-périmé a été observé | (c) Est-ce que vous avez observé un médicament périmé? | (d) Les médicaments, sont-ils rangés selon la date de péremption? | (e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENT ? | (f) Pendant combien de jours au cours des 6 derniers mois est- ce que vous avez manqué du MÉDICAMENT ? |
|--|---|---|---|--|--|--|
| 840) Lidocaine ou xylocaine | OUI 1 NON..... 2→841 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→841 NE SAIT PAS..... 8→841 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→841 NE SAIT PAS..8→841 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 841) Lignocaine | OUI 1 NON..... 2→842 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→842 NE SAIT PAS..... 8→842 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→842 NE SAIT PAS..8→842 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 842) Sulfate de Magnésium ou hidralazine | OUI 1 NON..... 2→843 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→843 NE SAIT PAS..... 8→843 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→843 NE SAIT PAS..8→843 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 843) Oxytocines/ Ergometrine | OUI 1 NON..... 2→844 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→844 NE SAIT PAS..... 8→844 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→844 NE SAIT PAS..8→844 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 844) Procaine pénicilline | OUI 1 NON..... 2→845 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→845 NE SAIT PAS..... 8→845 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→845 NE SAIT PAS..8→845 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 845) Quinine | OUI 1 NON..... 2→846 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→846 NE SAIT PAS..... 8→846 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→846 NE SAIT PAS..8→846 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 846) Spectinomycin | OUI 1 NON..... 2→847 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→847 NE SAIT PAS..... 8→847 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→847 NE SAIT PAS..8→847 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 847) Streptomycine | OUI 1 NON..... 2→848 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→848 NE SAIT PAS..... 8→848 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→848 NE SAIT PAS..8→848 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 848) Eau stérile pour injections | OUI 1 NON..... 2→849 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→849 NE SAIT PAS..... 8→849 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→849 NE SAIT PAS..8→849 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 849) Antiretroviral | OUI 1 NON..... 2→850 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→850 NE SAIT PAS..... 8→850 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→850 NE SAIT PAS..8→850 | <input type="text"/> <input type="text"/> <input type="text"/> |

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| 850 | Est-ce que la formation sanitaire détermine la quantité des médicaments dont elle a besoin et passe la commande, ou est-ce que la quantité que vous recevez est déterminée par quelqu'un d'autre? | DETERMINE PROPRES BESOINS ET PASSE COMMANDE 1 BESOIN DETERMINE AILLEURS..... 2 | | | →852 |
| 851 | SI DETERMINE AILLEURS: Est-ce que vous recevez toujours une quantité fixe ou est-ce que la quantité que vous recevez varie avec votre niveau d'activités? | QUANTITE BASEE SUR NIVEAU D'ACTIVITE 1 APPROVISIONNEMENT STANDARD FIXE 2 | | | |
| 852 | OBSERVEZ L'ENDROIT OU SONT STOCKES LES MEDICAMENTS ET INDIQUEZ LA REPONSE CORRECTE POUR CHACUNE DES CONDITIONS SUIVANTES: | | | | |
| | LES MEDICAMENTS SONT PROTÉGÉS DE : | OUI | NON | NE SAIT PAS | |
| | a) EAU (Répondre NON si vous observez des traces sur les murs dues à l'eau, des trous au toit) | 1 | 2 | 8 | |
| | b) SOLEIL (Répondre NON s'il y a des ouvertures dans la chambre par les quels le soleil peut entrer) | 1 | 2 | 8 | |
| | c) PAS D'ÉVIDENCE DE RONGEUR (rat, souris, chauve souris) Répondre NON s'il y a des trous dans les boites causés par des rongeurs ou des produits partiellement consommés des excréments de rongeurs, etc.) | 1 | 2 | 8 | |
| 853 | Y-a-t-il un inventaire écrit pour les médicaments ? | OUI 1 NON..... 2 | | | →901 |
| 854 | ENQUETEUR: L'INVENTAIRE ÉCRIT EST-IL À JOUR ET COMPLET? | OUI, OBSERVÉ, A JOUR..... 1 OUI, OBSERVÉ, PAS A JOUR..... 2 OUI, A JOUR NON OBSERVÉ..... 3 NON, A JOUR NON OBSERVE 4 NE SAIT PAS..... 8 | | | |

SECTION 9 : FOURNITURES

**DEMANDEZ A OBSERVER LE MAGASIN OU L'ENDROIT OU SONT STOCKES
LES FOURNITURES**

| FOURNITURES | a) Les FOURNITURES sont-elles disponibles actuellement? | b) Vous-est-il arrivé, au cours des 6 derniers mois de manquer des FOURNITURES? | c) OBSERVER S'IL Y A, AU MOINS, 1 FOURNITURE |
|---|---|---|--|
| 901) Antiseptiques (chlorhexidine, alcool à 90° ou autre) | OUI 1 NON 2 → 902 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 902) Chlore ou eau de Javel | OUI 1 NON 2 → 903 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 903) Gants stérilés | OUI 1 NON 2 → 904 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 904) Gants propres | OUI 1 NON 2 → 905 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 905) Porte-aiguille | OUI 1 NON 2 → 906 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 906) Vêtements de protection | OUI 1 NON 2 → 907 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 907) Seringues à usage unique | OUI 1 NON 2 → 908 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 908) Seringues réutilisables | OUI 1 NON 2 → 909 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 909) Aiguilles à usage unique | OUI 1 NON 2 → 910 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 910) Des compresses pour la peau | OUI 1 NON 2 → 911 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 911) Aiguilles et matériel pour effectuer des sutures | OUI 1 NON 2 → 912 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |

912. NOTER L'HEURE DE FIN DE L'INTERVIEW

HEURE.....

MINUTES.....

COMMENTAIRES

QUESTIONNAIRE D'INVENTAIRE DE LA FORMATION SANITAIRE

IDENTIFICATION DE LA FORMATION SANITAIRE

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| Nom de la FOSA _____ Localisation de la FOSA _____ Code de la FOSA Type de la FOSA : (1= Hôpital de référence, 2 = Hôpital de district; 3 = Centre de Santé, 4 = Dispensaire, 6 = Autre) Province District sanitaire Commune Statut de la FOSA : (1=Public ; 2=Agrée ; 3=Privé ; 96=Autre) | CODE FOSA <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TYPE FOSA <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> PROVINCE..... <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DISTRICT <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> COMMUNE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> STATUT FOSA..... <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | |
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| Lecture GPS Lecture Longitude Altitude Waypoint | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">N/S</td> <td style="text-align: center;">Degrés</td> <td style="text-align: center;">Minutes</td> <td style="text-align: center;">Millièmes</td> </tr> <tr> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></td> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td style="text-align: center;">E/O</td> <td style="text-align: center;">Degrés</td> <td style="text-align: center;">Minutes</td> <td style="text-align: center;">Millièmes</td> </tr> <tr> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></td> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Mètres</td> </tr> <tr> <td colspan="4" style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> </table> | N/S | Degrés | Minutes | Millièmes | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> | | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | E/O | Degrés | Minutes | Millièmes | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> | | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Mètres | | | | | | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | |
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| E/O | Degrés | Minutes | Millièmes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Position de la personne interviewée : (1=Directeur/Titulaire de la FOSA ; 2=Médecin ; 3=Infirmier ; 4=Auxiliaire de santé ; 6=Autre) Date Nom de l'enquêteur _____ | POSITION INTERVIEWEE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> JOUR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MOIS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ANNEE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table> CODE ENQUETEUR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | 2 | 0 | 0 | 1 | | |
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| RÉSUMÉ DES QUESTIONNAIRES CONCERNANT L'ÉTABLISSEMENT DE SANTÉ Nombre de Interviews du personnel Observations de la consultation de l'enfant malade Interviews de sortie de la personne qui s'occupe de l'enfant malade Observations des soins prénatals Interviews de sortie pour les patientes ayant reçu les soins prénatals | PERSONNEL <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> OBSERV. ENF. MALADE..... <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> SORTIE ENFANT MALADE... <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> OBSERV.PRENATAL..... <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> SORTIE PRENATAL <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | |
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| HEURE DE DÉBUT DE L'INTERVIEW | HEURE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | |
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TROUVER L'AGENT TITULAIRE OU LA PERSONNE AYANT LA POSITION LA PLUS ÉLEVÉE PRÉSENTE DANS L'ÉTABLISSEMENT. DIRE LA PRÉSENTATION SUIVANTE :
 Bonjour. Je représente le Ministère de la Santé. Nous effectuons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens pour améliorer ces services. Nous aimerions parler avec vous de cet établissement et de votre expérience dans un service de santé. Soyez certain que nous ne relèverons aucun nom; vous pouvez interrompre cette interview quand vous le souhaitez.

SIGNATURE DE L'ENQUÊTEUR DATE

(indique que le consentement du répondant a été demandé)

| | | | |
|------|--------------------|------------|-------|
| 001a | Puis-je continuer? | OUI.....1 | → FIN |
| | | NON2 | |

Section 0. Interview/ Observation dès l'arrivée

| NO. | QUESTIONS | CODE | ALLER À | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 001b | À QUELLE HEURE L'ÉTABLISSEMENT A-T-IL OUVERT? | HEURE..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> TOUTES LES 24 HEURES.....24 NE SAIT PAS.....98 | → 004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 002 | À QUELLE HEURE LE PREMIER PATIENT EST-IL ARRIVÉ? | HEURE..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> NE SAIT PAS.....98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 003 | À QUELLE HEURE LE PREMIER PATIENT-A T-IL ÉTÉ VU? | HEURE..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> NE SAIT PAS.....98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 004 | Combien de jours par semaine, cet établissement est-il ouvert pour des consultations? (les patients de l'extérieur sont ceux qui viennent pour des soins préventifs ou ceux qui sont malades mais qui repartent chez eux le même jour) | JOURS <input type="text"/> NE SAIT PAS.....8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 005 | EST-CE QU'IL Y A DES AFFICHES POUR LES SUJETS SUIVANTS? | <table border="1"> <thead> <tr> <th colspan="3">OUI</th> <th rowspan="2">PAS D'AFFICHE</th> </tr> <tr> <th>EXTERIEUR SEULEMENT</th> <th>INTERIEUR SEULEMENT</th> <th>LES DEUX</th> </tr> </thead> <tbody> <tr> <td>a) PLANIFICATION FAMILIALE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b) SOINS PRÉNATALS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c) ASSISTANCE À L'ACCOUCHEMENT</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>d) SOINS POSTNATALS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>e) TRO/DIARRHÉE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>f) VACCINATIONS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>g) NUTRITION</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>h) ALLAITEMENT</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>li IST</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>j) VIH/SIDA</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table> | OUI | | | PAS D'AFFICHE | EXTERIEUR SEULEMENT | INTERIEUR SEULEMENT | LES DEUX | a) PLANIFICATION FAMILIALE | 1 | 2 | 3 | 4 | b) SOINS PRÉNATALS | 1 | 2 | 3 | 4 | c) ASSISTANCE À L'ACCOUCHEMENT | 1 | 2 | 3 | 4 | d) SOINS POSTNATALS | 1 | 2 | 3 | 4 | e) TRO/DIARRHÉE | 1 | 2 | 3 | 4 | f) VACCINATIONS | 1 | 2 | 3 | 4 | g) NUTRITION | 1 | 2 | 3 | 4 | h) ALLAITEMENT | 1 | 2 | 3 | 4 | li IST | 1 | 2 | 3 | 4 | j) VIH/SIDA | 1 | 2 | 3 | 4 | |
| OUI | | | PAS D'AFFICHE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXTERIEUR SEULEMENT | INTERIEUR SEULEMENT | LES DEUX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) PLANIFICATION FAMILIALE | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) SOINS PRÉNATALS | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) ASSISTANCE À L'ACCOUCHEMENT | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) SOINS POSTNATALS | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) TRO/DIARRHÉE | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) VACCINATIONS | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) NUTRITION | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) ALLAITEMENT | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| li IST | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j) VIH/SIDA | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS | CODE | ALLER À | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------------|--------------|---------------|--------------|--------------|------------|-------|------------------------|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|
| 006 | À quelle heure l'établissement est-il fermé pour les consultations extérieures? | HEURES MINUTES OUVERT 24H/24.....95 NE SAIT PAS98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 1: Informations Générales | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | En quelle année cet établissement a-t-il ouvert? INSISTER: depuis combien d'années cet établissement fonctionne-t-il? | ANNÉE D'OUVERTURE.....1 NBRE ANNÉES2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS9998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | Est-ce que cet établissement dispose d'un agent de santé professionnel présent dans la structure tout le temps (24 heures sur 24)? | OUI1 NON2 | → 104 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | Est-ce que cet établissement a un agent de santé professionnel disponible à l'appel, tout le temps après les heures normales de service ? | OUI.....1 NON2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | Maintenant, je voudrais vous poser des questions sur le personnel qui fournit les services qui nous intéressent dans le cadre de cette étude. Nous voudrions savoir les qualifications et l'effectif du personnel affecté de manière permanente aux services de consultation externe. Si quelqu'un est médecin ou infirmier spécialisé, nous voulons savoir quelle est sa qualification de base . Pour le personnel qui intervient dans plusieurs domaines, la réponse est « Plus d'une ». Compter chaque agent une seule fois dans le tableau ci-dessous: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>QUALIFICATION</th> <th>SOINS INFANTILES</th> <th>PF</th> <th>SOINS PRENAT.</th> <th>ACOUCHEMENTS</th> <th>IST/VIH/SIDA</th> <th>PLUS D'UNE</th> <th>AUTRE</th> </tr> </thead> <tbody> <tr> <td>a) MÉDECIN-SPECIALISTE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) MÉDECIN-GENERALISTE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) INFIRMIER A1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d) INFIRMIER A2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e) INFIRMIER A3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f) AUXILIAIRE DE SANTÉ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g) AUTRE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h) TOTAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | QUALIFICATION | SOINS INFANTILES | PF | SOINS PRENAT. | ACOUCHEMENTS | IST/VIH/SIDA | PLUS D'UNE | AUTRE | a) MÉDECIN-SPECIALISTE | | | | | | | | b) MÉDECIN-GENERALISTE | | | | | | | | c) INFIRMIER A1 | | | | | | | | d) INFIRMIER A2 | | | | | | | | e) INFIRMIER A3 | | | | | | | | f) AUXILIAIRE DE SANTÉ | | | | | | | | g) AUTRE | | | | | | | | h) TOTAL | | | | | | | | | |
| QUALIFICATION | SOINS INFANTILES | PF | SOINS PRENAT. | ACOUCHEMENTS | IST/VIH/SIDA | PLUS D'UNE | AUTRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) MÉDECIN-SPECIALISTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) MÉDECIN-GENERALISTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) INFIRMIER A1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) INFIRMIER A2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) INFIRMIER A3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) AUXILIAIRE DE SANTÉ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) AUTRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104a | ENQUÊTEUR: AJOUTER LES TOTAUX PARTIELS ET DEMANDER AU REpondANT SI LE TOTAL GENERAL EST CORRECTE. | TOTAL PERSONNEL DE LA FOSA <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 | Avez-vous une estimation de la population de la zone de rayonnement de cette structure c'est-à-dire la taille de la population qui vit dans la zone desservie par cet établissement? SI OUI: quelle est la population de la zone? | POPULATION ZONE DE RAYONNEMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N'A PAS DE ZONE DE RAYONNEMENT99995 NE SAIT PAS.....99998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. | QUESTIONS | CODE | ALLER À | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | A |
|-----|--|---|-----|-------------|
| 106 | Est-ce que cet établissement admet des patients pour hospitalisation? | OUI 1 NON 2 | | →108 |
| 107 | Est-ce que cet établissement a des lits pour les patients placés sous observation durant la nuit? | OUI 1 NON 2 | | →111 |
| 108 | Combien y-a-t-il de lits disponibles pour les patients hospitalisés dans cet établissement? | NOMBRE ... <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998 | | |
| 109 | Combien de patients ont été hospitalisés ou placés sous observation durant la nuit, au cours des 12 derniers mois? | NOMBRE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 9998 | | |
| 110 | Si la période à laquelle se réfère le nombre de patients est inférieure à 12 mois, indiquez le nombre de mois concerné. | MOIS DES DONNEES . <input type="text"/> <input type="text"/> NE SAIT PAS..... 98 | | |
| 111 | Combien de patients non hospitalisés ont été vus dans cet établissement le mois dernier? | NOMBRE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 9998 | | |
| 112 | Cet établissement a-t-il un programme de stratégie avancée? (c'est-à-dire quand le personnel de l'établissement visite régulièrement les villages ou cellule pour offrir des services) | OUI 1 NON 2 | | →115 |
| 113 | Est-ce que ce programme de stratégie avancée comprend des activités en matière de : | OUI | NON | NE SAIT PAS |
| | a) ÉDUCATION OU CONSEILS ? | 1 | 2 | 8 |
| | b) TRAITEMENT DES ENFANTS MALADES? | 1 | 2 | 8 |
| | c) CONSEIL EN PLANIFICATION FAMILIALE OU PROVISION? | 1 | 2 | 8 |
| | d) VACCINATIONS? | 1 | 2 | 8 |
| | e) DÉPISTAGE DE GROSSESSES PRÉCOCES ET ADMISSION EN SOINS PRÉNATALS ? | 1 | 2 | 8 |
| | f) ACCOUCHEMENT? | 1 | 2 | 8 |
| | g) VISITES À DOMICILE ? | 1 | 2 | 8 |
| | h) DISTRIBUTION DE COMPRIMÉS DE FER/FOLATES? | 1 | 2 | 8 |
| | i) SOINS POSTPARTUM? | 1 | 2 | 8 |
| | j) SURVEILLANCE DE LA CROISSANCE DE L'ENFANT? | 1 | 2 | 8 |
| | k) TRAINEMENT DES IST? | 1 | 2 | 8 |
| | l) CONSEIL OU TEST HIV? | 1 | 2 | 8 |
| | m) AUTRE _____ ? | 1 | 2 | 8 |
| 114 | Combien de cellules différentes sont régulièrement visitées dans le cadre de la stratégie avancée, au cours d'un trimestre ? | NOMBRE <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998 | | |
| 115 | Est-ce que cet établissement a un Comité de Santé, c'est-à-dire de discussions de ses méthodes de gestion et administratives? | OUI..... 1 NON 2 | | →120 |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|---|---|-------------------------|
| 116 | Quel est la fréquence des réunions du Comité de Santé ? | MOIS1 TRIMESTRE2 SEMESTRE3 AUTRE6 JAMAIS0 | → 120 |
| 117 | A quel mois remonte la dernière réunion du Comité ? (ECRIVEZ LE MOIS DE CETTE REUNION). | MOIS <input type="text"/> <input type="text"/> NE SAIT PAS98 | → 120 |
| 118 | Y-a-t-il un compte rendu de la dernière réunion du Comité de Santé ? | OUI, OBSERVÉ1 OUI, rapporte2 NON3 NE SAIT PAS8 | |
| 119 | Est-ce que les membres de la communauté participent aux réunions du Comité? | OUI1 NON2 | |
| 120 | Est-ce que cette FOSA a un système de MUTUELLE ? | OUI1 NON2 NE SAIT PAS8 | |
| 121 | Une visite de supervision est une visite formative de quelqu'un de votre organisation ou du MINISANTE pour se rendre compte de ce qui se passe et pour travailler avec le personnel pour améliorer le service. A quand remonte votre dernière visite de supervision ? | LE MOIS DERNIER1 LES 3 DERNIERS MOIS2 LES 6 DERNIERS MOIS3 IL Y A PLUS DE 6 MOIS4 PAS DE VISITE DE SUPERVISION5 NE SAIT PAS8 | → 126 → 126 → 126 |
| 122 | Que s'est-il passé durant cette visite de supervision? (ENTOURER TOUT CE QUI EST MENTIONNÉ) INSISTER: rien d'autre? | RÉVISION DE FICHIERS/DOSSIERS A TENUE DE RÉUNIONS B VÉRIFICATION/ACHATS DE FOURNITURE C OBSERVATION DE CONSULTATIONS D DISCUSSION DE PROBLÈMES E ÉVALUATION MEDICAMENTS ... F EVALUATION FINANCES G AUTRE (PRECISER) X NE SAIT PAS W | |
| 123 | Quels sont les services qui ont été visités par un superviseur au cours des 6 derniers mois? | GESTION A LABORATOIRE B PHARMACIE C SERVICE NUTRITION D SERVICE CROISSANCE DES ENFANTS E SERVICE PEV F SERVICE MATERNITÉ G SERVICE INFANTILE H PLANIFICATION FAMILIALE I SERVICE CONSULATION J AUTRE (PRECISER) X NE SAIT PAS W | |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|---|---|---------|
| 124 | Qui a effectué une visite de supervision dans cet établissement au cours des 6 derniers mois? (ENTOURER TOUT CE QUI EST MENTIONNÉ) VÉRIFIER: personne d'autre? | EQUIPE CADRE DE DISTRICT A COORDINATEUR DE PLANIFICATION FAMILIALE..... B COORDINATEUR SANTÉ MATERNELLE/INFANTILE C COORDINATEUR VACCINATION D COORDINATEUR EDP E COORDINATEUR PROGRAMME IST/VIH F AUTRE (PRÉCISER)..... X NE SAIT PAS..... W | |
| 125 | Combien de visites de supervision séparées avez-vous eu au cours des 6 derniers mois? DEMANDER A VOIR LE REGISTRE DE SUPERVISION | NOMBRE <input type="text"/> <input type="text"/> NE SAIT PAS..... 98 | |
| 126 | Y-a-t-il dans cet établissement un moyen pour connaître l'opinion des patients qui viennent ici ? | OUI.....1 NON2 | → 129 |
| 127 | Comment évaluez-vous l'opinion des patients/clients? (Encercler tout ce qui est mentionné) INSISTER: Aucun autre moyen? | INTERVIEW EN FIN DE CONSULTATION..... A SUIVI DU PATIENT B BOITE POUR SUGGESTION..... C QUESTIONNAIRE AUTO-ADMINISTRÉ..... D REUNIONS COMMUNAUTAIRES E AUTRE..... X | |
| 128 | Au cours de l'année passée, l'établissement a-t-il modifié ses programmes ou services à cause de l'opinion de patients? | OUI.....1 NON2 NE SAIT PAS.....8 | |
| 129 | Est-ce que cet établissement dispose de l'électricité? | OUI.....1 NON2 | → 132 |
| 130 | Pendant combien d'heures par jour l'électricité est-elle disponible? | HEURES PAR JOUR <input type="text"/> <input type="text"/> NE SAIT PAS.....98 | |
| 131 | Est-ce qu'il vous arrive de manquer d'électricité durant les heures où il y a des patients qui ont besoin de services ou quand vous avez besoin d'utiliser les équipements électriques pour le service des patients ? SI OUI, INDIQUER LA FREQUENCE DE CES COUPURES | FREQUEMMENT..... 1 RAREMENT 2 JAMAIS 3 | |
| 132 | Quelle est la source habituelle d'approvisionnement en eau de cette structure? | ROBINET10 FONTAINE PUBLIQUE11 PUITS PROTEGE20 PUITS NON PROTEGE.....21 EAU DE PLUIE22 RIVIERE/LAC/MARRE30 MULTIPLES SOURCES40 AUTRE..... 96 PAS D'EAU00 | → 136 |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|---|---|---------|
| 133 | Comment l'eau utilisée lors des examens/consultations est-elle fournie? | ROBINET1 SEAU/BASSINE..... 2 PAS DE SYSTEME FIXE3 | |
| 134 | À quelle distance se trouve la source d'approvisionnement de l'eau utilisée par cet établissement ? | À MOINS DE 500 MÈTRES.....1 ENTRE 500 ET 1000 MÈTRES2 À PLUS D'1 KM..3 NE SAIT PAS.....8 | |
| 135 | Est-ce que l'eau est disponible toute l'année ou seulement saisonnièrement ? | TOUTE L'ANNÉE.....1 SAISONNIÈREMENT2 NE SAIT PAS.....8 | |
| 136 | Y-a-t-il de l'eau filtrée pour boire disponible pour les patients ? | OUI.....1 NON2 | |
| 137 | Est-ce que cet établissement est équipé d'un téléphone qui marche ou d'un système de phonie ? | OUI.....1 NON2 | → 139 |
| 138 | Est-ce que, dans cet établissement, il est possible d'avoir accès à un téléphone ou à une phonie en cas d'urgence? | OUI.....1 NON2 | |
| 139 | Y-a-t-il des toilettes ou des latrines pour les patients ? | OUI, FONCTIONNENT1 OUI, NE FONCTIONNENT PAS.....2 NON3 | |
| 140 | Puis-je voir la salle d'attente pour les patientes? ENQUÊTEUR: VÉRIFIER S'IL Y A DES PLACES ABRITÉES DU SOLEIL ET DE LA PLUIE. | ABRITÉES1 NON ABRITÉES2 | |
| 141 | Que faites-vous des objets qui peuvent être contaminés, que vous voulez détruire? | BRULÉS..... A ENTERRÉS B JETÉS DANS LA POUBELLE C AUTRE X | |
| 142 | ENQUÊTEUR: DEMANDER A VOIR L'ENDROIT OU ON DEPOSE LES ORDURES (LES OBJETS DE LA QUESTION 141) | ORDURES VISIBLES1 ORDURES NON VISIBLES2 ENDROIT DE DEPOT NON INSPECTE3 | |

POUR CHACUN DES ARTICLES SUIVANTS, VÉRIFIER D'ABORD POUR VOIR S'IL EST DISPONIBLE DANS L'ÉTABLISSEMENT. SI L'ARTICLE Y EST, VÉRIFIER S'IL FONCTIONNE OU PAS.

| | ARTICLE | a) L'ARTICLE EST -IL DISPONIBLE? POSER LA QUESTION POUR CHAQUE ARTICLE | | | | b) L'ARTICLE FONCTIONNE-T-IL? | | |
|-----|---|---|----------|----------------|-------------|-------------------------------|-----|-------------|
| | | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIT PAS | OUI | NON | NE SAIS PAS |
| 143 | GROUPE ELECTROGENE | 1 | 2 | 3→145 | 8→145 | 1 | 2 | 8 |
| 144 | CARBURANT POUR GROUPE ELECTROGENE | 1 | 2 | 3→145 | 8→145 | | | |
| 145 | AUTOCLAVE (STERILISATEUR AVEC CHALEUR HUMIDITE) | 1 | 2 | 3→146 | 8→146 | 1 | 2 | 8 |
| 146 | POUPENEL (STERILISATEUR AVEC CHALEUR SECHE) | 1 | 2 | 3→147 | 8→147 | | | |
| 147 | STERILISATEUR AVEC VAPEUR | 1 | 2 | 3→148 | 8→148 | 1 | 2 | 8 |

| | ARTICLE | a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHAQUE ARTICLE | | | | b) L'ARTICLE FONCTIONNE-T-IL? | | |
|---|---|--|----------|----------------|---|-------------------------------|-------------|-------------|
| | | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIT PAS | OUI | NON | NE SAIT PAS |
| 148 | MANOMETRE, MINUTERIE | 1 | 2 | 3→149 | 8→149 | 1 | 2 | 8 |
| 149 | SOURCE D'ECLAIRAGE | 1 | 2 | 3→150 | 8→150 | 1 | 2 | 8 |
| NO. | QUESTIONS | | | | CODE | | | ALLER À |
| 150 | Quelle est la méthode la plus fréquemment utilisée pour la stérilisation des seringues et aiguilles . | | | | POUPENEL..... 01 AUTOCLAVE..... 02 STÉRILISATION A VAPEUR 03 EBULLITION & P. CHIMIQUES ... 04 PRO.CHIMIQUES SEULEMENT . 05 EBULLITION SEULEMENT 06 AUCUN..... 95 AUTRE (PRÉCISER)..... 96 NE SAIT PAS 98 SERINGUES USAGE UNIQUE....00 | | | |
| 151 | Quelle est la méthode la plus fréquemment utilisée pour la stérilisation des autres équipements médicaux? (par ex. les instruments chirurgicaux). | | | | POUPENEL..... 01 AUTOCLAVE..... 02 STÉRILISATEUR VAPEUR 03 EBULLITION ET P.CHIMIQUES.. 04 P.CHIMIQUES SEULEMENT..... 05 EBULLITION SEULEMENT 06 AUCUN..... 95 AUTRE (PRÉCISER)..... 96 NE SAIT PAS 98 | | | |
| SI LA RÉPONSE DE Q.150 ET Q.151 EST « AUCUN » OU NE SAIT PAS, CHERCHEZ SI UNE AUTRE PERSONNE PLUS INFORMÉE POURRAIT FOURNIR DES RÉPONSES À CES QUESTIONS. SI NON, PASSEZ À →Q.201 | | | | | | | | |
| 152 | DEMANDER COMBIEN DE TEMPS DURENT LES STÉRILISATIONS OU DÉSINFECTION APRÈS QUE LA TEMPÉRATURE, LA PRESSION OU L'EBULLITION REQUISE AIENT ÉTÉ ATTEINTE ? (INDIQUER LES DURÉES EN MINUTES) . | | | | TEMPS SOUS CHALEUR APRÈS AVOIR ATTEINT LA TEMPÉRATURE DESIRÉE | SYSTEME PAS UTILISÉ | NE SAIT PAS | |
| | A) AUTOCLAVE: TEMPS SANS EMBALLAGE | | | | <input type="text"/> <input type="text"/> Minutes | 3 | 8 | |
| | TEMPS AVEC EMBALLAGE | | | | <input type="text"/> <input type="text"/> Minutes | 3 | 8 | |
| | B) EBULLITION OU VAPEUR SOUS PRESSION - DÉSINFECTION DE HAUT NIVEAU (DHN) - | | | | <input type="text"/> <input type="text"/> Minutes | 3 | 8 | |
| | C) PRODUITS CHIMIQUES - DÉSINFECTION DE HAUT NIVEAU (DHN)- | | | | <input type="text"/> <input type="text"/> Minutes | 3 | 8 | |

| NO. | QUESTIONS | CODE | | | ALLER À |
|-----|---|--|-----|----------------|-------------|
| | | OUI | NON | PAS DISPONIBLE | |
| 153 | CONSERVATION DES ARTICLES STERILISES | | | | NE SAIS PAS |
| | A) Articles stérilisés à l'autoclave enveloppés dans un tissu stérile, scellés avec un ruban adhésif. Le lieu de conservation est propre et sec. | 1 | 2 | 3 | 8 |
| | B)Articles stérilisés à l'autoclave ou désinfectés, conservés dans une récipient avec un couvercle qui ferme hermétiquement (demandez à voir le récipient ; n'ouvrez pas le récipient). | 1 | 2 | 3 | 8 |
| | C) Autres (préciser) | | 2 | 3 | 8 |
| 154 | Est-ce qu'il y a une indication de la date à laquelle les équipements ont été stérilisés ? (VERIFIER UN OU DEUX ARTICLES) | OUI.....1 NON2 NE SAIT PAS.....8 | | | |
| 155 | ÉVALUER SI L'ÉTABLISSEMENT EST PROPRE OU NON. UNE STRUCTURE EST PROPRE SI ON A BALAYE ; SI ON A ESSUYE LA TABLE ; S'IL N Y A PAS DE POUSSIÈRE OU AUTRE SALETTE PARTOUT. LA FOSA N'EST PAS PROPRE S'IL Y A DE LA SALETTE/POUSSIÈRE/DEBRIS AU SOL OU SUR LES TABLES OU AUTRE GUICHET. | PROPRE1 N'EST PAS PROPRE2 | | | |

Section 2: Services de soins infantiles

| N°. | QUESTIONS | CODES | ALLER À |
|-----|--|---|---------|
| 201 | Est-ce que cet établissement dispose de services de soins de santé infantile? (Les services de santé infantile comprennent des soins préventifs et curatifs pour les enfants) | OUI.....1 NON.....2 | →301 |
| 202 | Pendant combien de jours par semaine y-a t-il des consultations pour les enfants malades? | JOURS..... <input type="checkbox"/> NE SAIT PAS.....8 | |
| 203 | Pendant combien d'heures par jour, y-a t-il des consultations pour les enfants malades? | HEURES..... <input type="checkbox"/> <input type="checkbox"/> NE SAIT PAS.....98 | |

SERVICES DE SOINS INFANTILES DISPONIBLES DANS L'ÉTABLISSEMENT: Je voudrais maintenant vous poser des questions sur les services disponibles dans cet établissement; je voudrais savoir aussi pendant combien de temps ces services sont disponibles. POSER LA QUESTION NO.204 POUR CHAQUE SERVICE/ VACCINATION ET S'IL EST DISPONIBLE, CONTINUER DANS LE TABLEAU AVEC LA QUESTION SUIVANTE. SI LE SERVICE N'EST PAS DISPONIBLE CONTINUER AVEC LE SERVICE SUIVANT. SI LA RÉPONSE À Q. 207 EST NÉGATIVE, CONTINUER AVEC LE SERVICE SUIVANT.

| SERVICE/ VACCIN | 204 Est-ce que l'établissement fournit le service à l'extérieur et/ou l'intérieur? | 205 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ? | 206 Combien des jours par semaine est-ce le service disponible à l'intérieur ? | 207 Avez-vous eu une interruption du service ou un manque de vaccins pour assurer le service au cours des 6 derniers mois? | 208 Pendant combien de jours le service a-t-il été interrompu/ n'avez-vous pas pu fournir le service au cours des 6 derniers mois? Ne sais pas=998 | 209 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE. |
|---------------------------------|---|--|---|---|---|---|
| a) vaccination BCG | OUI..... 1 NON..... 2 → 204b | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI 1 NON..... 2 → 204b | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE VACCINA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| b) vaccination Polio | OUI..... 1 NON → 204c | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI 1 NON..... → 204c | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE VACCINA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| c) vaccination DTCoq | OUI..... 1 NON → 204d | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI 1 NON..... → 204d | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE VACCINA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| (d) Vaccination Rougeole | OUI..... 1 NON → 204e | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI 1 NON..... → 204e | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE VACCINA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| e) Vaccination Hépatite B | OUI..... 1 NON → 204f | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI 1 NON..... → 204f | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE VACCINA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| f) Anti- tétanique | OUI..... 1 NON → 204g | OUI 1 NON..... 2 | <input type="checkbox"/> JOURS | OUI 1 NON → 204g | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE VACCINA MANQUE LES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |

| SERVICE POUR L'ENFANT | 204 Est-ce que l'établissement fournit le service a l'extérieur et/ou l'intérieur? | 205 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ? | 206 Combien des jours par semaine est-ce le service à l'intérieur ? | 207 Avez-vous eu une interruption du service ou un manqué de médicament pour assurer le service dans les 6 dernier mois? | 208 Pendant combine de jours le service a-t-il été interrompu/n'avez-vous pas pu fournir le service dans les 6 dernier mois? Ne sais pas=998 | 209 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE |
|--|---|--|--|---|---|--|
| g) Surveillance de la croissance de l'enfant | OUI..... 1 NON 2 → 204h | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI..... 1 NON..... 2 → 204h | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE MEDICAMENTA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRESCISER) |
| h) Conseils en nutrition traitement de la malnutrition | OUI..... 1 NON → 204i | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI..... 1 NON..... → 204i | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE MEDICAMENTA MANQUE DES AUTRES FOURNITURESPOUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| i) TRAITEMENT de la diarrhée/ provision de SRO | OUI..... 1 NON → 204j | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI..... 1 NON..... → 204j | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE MEDICAMENTA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECOSER).....X |
| j) TRAITEMENT des maladies respiratoires de l'enfant | OUI..... 1 NON → 204k | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI..... 1 NON..... → 204k | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE MEDICAMENTA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |
| k) TRAITEMENT de Paludisme | OUI..... 1 NON 2 → 210 | OUI..... 1 NON 2 | <input type="checkbox"/> JOURS | OUI..... 1 NON..... → 210 | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE MEDICAMENTA MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL C AUTRES (PRECISER)X |

| | | | |
|--|---|----------------------|--|
| 210 | Combien coûte le service suivant, en situation ordinaire, en FRANCS RWANDAIS ? (NE SAIT PAS=9998 ; GRATUIT=0000 ; NE FOURNIT PAS LE SERVICE=9995) ; | | |
| a) Carnet pour l'enfant vaccination | UNE FOIS | <input type="text"/> | |
| b) vaccination BCG | SERINGUES | <input type="text"/> | |
| | CONSULTATION/SERVICE | <input type="text"/> | |
| c) vaccination Polio | CONSULTATION/SERVICE | <input type="text"/> | |
| d) vaccination DTCoq | SERINGUES | <input type="text"/> | |
| | CONSULTATION/SERVICE | <input type="text"/> | |
| e) Vaccination Rougeole | SERINGUES | <input type="text"/> | |
| | CONSULTATION/SERVICE | <input type="text"/> | |
| f) Vaccination Hépatite B | SERINGUES | <input type="text"/> | |
| | CONSULTATION/SERVICE | <input type="text"/> | |
| g) Anti-tétanique | CARTE (UNE FOIS) | <input type="text"/> | |
| | SERINGUES | <input type="text"/> | |
| | CONSULTATION/SERVICE | <input type="text"/> | |
| h) Surveillance de la croissance de l'enfant | CARTE (UNE FOIS) | <input type="text"/> | |
| | CONSULTATION | <input type="text"/> | |
| i) Conseils en nutrition traitement de la malnutrition | CONSULTATION | <input type="text"/> | |
| j) TRAITEMENT de la diarrhée/ provision de SRO | CONSULTATION | <input type="text"/> | |
| k) TRAITEMENT des maladies respiratoires de l'enfant | CONSULTATION | <input type="text"/> | |
| l) TRAITEMENT de Paludisme | | <input type="text"/> | |
| | CONSULTATION | <input type="text"/> | |

| NO. | QUESTIONS | CODE | ALLER À | | | |
|-----|--|--|--------------|----------------|-------------|--|
| 211 | FILTRE: SI UN OUI EST ENCERCLÉ À Q. 204 [de a) à f)], ENCERCLER '1', SI NON, ENCERCLER '2' | OUI 1 NON 2 | →243 | | | |
| 212 | Pendant combien de heures par jour effectue-t-on les vaccinations? | HEURES PAR JOUR <input type="text"/> <input type="text"/> NE SAIT PAS..... 98 | | | | |
| 213 | Depuis combien d'années cette structure effectue –t-elle des vaccinations ? | ANNÉES VACC DISPONIBLES <input type="text"/> <input type="text"/> NE SAIT PAS..... 98 | | | | |
| 214 | POUR CHACUN DES ARTICLES SUIVANTS, VERIFIER D'ABORD POUR VOIR S'IL EST DISPONIBLE DANS LA PIECE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE A UNE DISTANCE RAISONNABLE DANS LA STRUCTURE. | | | | | |
| | FOURNITURES POUR VACCINATION | OBSERVÉ | RAP- PORTE | PAS DISPONIBLE | NE SAIT PAS | |
| | a) Boîte aiguilles/ | 1 | 2 | 3 | 8 | |
| | b) Seringues à usage unique | 1 | 2 | 3 | 8 | |
| | c) Seringues réutilisables | 1 | 2 | 3 | 8 | |
| | d) Produits pour laver les mains (savon, serviette) | 1 | 2 | 3 | 8 | |
| | e) Eau | 1 | 2 | 3 | 8 | |
| | f) Carnet de vaccination pour enfants | 1 | 2 | 3 | 8 | |
| 215 | Y-a-t-il un registre des vaccinations ? | OUI, REGISTRE VU 1 OUI, REGISTRE PAS VU 2 PAS DE REGISTRE TENU..... 3 | →217 →217 | | | |
| 216 | A quand remonte l'inscription la plus récente ? | AU COURS DE 7 DERNIERS JOURS 1 PLUS DE 7 JOURS..... 2 | | | | |
| 217 | Avez-vous une estimation de la population cible d'enfants à vacciner dans la zone de rayonnement de cette structure ? SI OUI : Combien d'enfants avez-vous à vacciner? | POPULATION ZONE RAYONNEMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N'A PAS DE ZONE DE RAYONNEMENT9995 NE SAIT PAS9998 | →222 →222 | | | |
| 218 | Quel était le taux de déperdition de DTCoq sur les douze derniers mois de l'année écoulée? | TAUX DE DEPERDITION DTCoq(%) <input type="text"/> <input type="text"/> NE SAIT PAS..... 98 | | | | |
| 219 | Quel est le taux de couverture pour la rougeole sur les douze derniers mois de l'année écoulée ? | TAUX COUVERT. ROUGEOLE (%) <input type="text"/> <input type="text"/> NE SAIT PAS..... 98 | | | | |
| 220 | FILTRE: SI 218 ET 219 EST ENCERCLÉ À « 98 » (NE SAIT PAS) ENCERCLER '1', SINON, ENCERCLER '2' | OUI 1 NON..... 2 | →222 | | | |
| 221 | COMMENT LE REpondant A-T-IL OBTENU L'INFORMATION SUR LA COUVERTURE VACCINALE ? | RAPPORT 1 GRAPHIQUE 2 AUTRE 6 (PRECISER) NE SAIT PAS 8 | | | | |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|---|---|---------|
| 222 | Est-ce que cet établissement conserve des vaccins ou les obtenez-vous d'une autre structure? | CONSERVE VACCINS 1 SE RAVITAILLE AILLEURS 2 | → 231 |
| 223 | Quel type d'équipement utilisez-vous pour conserver les vaccins? | REFRIGERATEUR 1 GLACIERE 2 | → 226 |
| 224 | Quelle est la source d'énergie utilisée par le réfrigérateur ? (ENTOURER TOUT CE QUI EST MENTIONNÉ) | ÉLECTRICITÉ A KÉROSÈNE B GAZ C ÉNERGIE SOLAIRE D AUTRE X | |
| 225 | Y-a-t-il un thermostat pour la congélation? | OUI 1 NON 2 PAS DE CONGÉLATION 3 | |
| 226 | Y-a-t-il un thermomètre en état de marche à l'intérieur du réfrigérateur ou de la glacière? | OUI 1 NON 2 | → 231 |
| 227 | ENQUÊTEUR: QUELLE EST LA TEMPÉRATURE DANS LE RÉFRIGÉRATEUR OU LA GLACIERE ? | TEMPÉRATURE EN ° C <input type="text"/> <input type="text"/> | |
| 228 | Y-a-t-il un graphique des températures ? | OUI 1 NON 2 | → 231 |
| 229 | ENQUÊTEUR: EST-CE QUE LE RELEVÉ DE TEMPÉRATURE EST À JOUR POUR LES 30 DERNIERS JOURS? | OUI 1 NON 2 | |
| 230 | ENQUÊTEUR: ENREGISTRER LE NOMBRE DE JOURS PENDANT LESQUELS LA TEMPÉRATURE ÉTAIT AU-DESSUS DE 8° C OU AU-DESSOUS DE 0° C AU COURS DES 30 DERNIERS JOURS. | NOMBRES DE JOURS <input type="text"/> <input type="text"/> | |
| 231 | Quels sont les moyens normaux de maintien de la chaîne de froid pendant les visites extérieures? | ACCUMULATEUR DE FROID 1 ACHETE DE LA GLACE 2 ACCU FROID + ACHAT GLACE 3 PAS DE VISITES EXTERIEURES 4 | |
| 232 | Y-a-t-il des accumulateurs de froid dans le réfrigérateur? | OUI 1 NON 2 | |
| 233 | Combien de glacières avec accumulateurs de froid avez-vous disponibles ? | UN ENSEMBLE 1 DEUX ENSEMBLES OU PLUS 2 AUCUN 3 | |

| Puis-je voir vos stocks des vaccins (OBSERVEZ DANS LE RÉFRIGÉRATEUR S'IL Y A, AU MOINS, UNE AMPOULE NON PÉRIMÉE) | | | | | |
|--|---|---|--|--|--|
| VACCINE | 234 Enregistrer si au moins 1 vaccin non-périmé a été observé | 235 Est-ce que vous avez observé un vaccin périmé? | 236 Les vaccins, sont-ils rangés selon la date de péremption? | 237 Au cours des 6 derniers mois, est-il arrivé que l'établissement manque de VACCIN? | 238) Pendant combien de jours au cours des 6 derniers mois, est- que vous avez manqué de VACCIN? |
| a) BCG | OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237a NSP..... 8→237a | OUI..... 1 NON 2 NE SAIS PAS 8 | OUI.....1 NON2 NE SAIS PAS.....8 | OUI 1 NON 2→234b NSP..... 8→234b | <input type="text"/> <input type="text"/> <input type="text"/> |
| b) POLIO | OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237b NSP..... 8→237b | OUI..... 1 NON 2 NE SAIS PAS 8 | OUI.....1 NON2 NE SAIS PAS.....8 | OUI 1 NON 2→234c NSP..... 8→234c | <input type="text"/> <input type="text"/> <input type="text"/> |
| c) DTCoq | OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237c NSP..... 8→237c | OUI..... 1 NON 2 NE SAIS PAS 8 | OUI.....1 NON2 NE SAIS PAS.....8 | OUI 1 NON 2→234d NSP..... 8→234d | <input type="text"/> <input type="text"/> <input type="text"/> |
| d) ROUGEOLE avec diluant | OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237d NSP..... 8→237d | OUI..... 1 NON 2 NE SAIS PAS 8 | OUI.....1 NON2 NE SAIS PAS.....8 | OUI 1 NON 2→234e NSP..... 8→234e | <input type="text"/> <input type="text"/> <input type="text"/> |
| e) HÉPATITE B | OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237e NSP..... 8→237e | OUI..... 1 NON 2 NE SAIS PAS 8 | OUI.....1 NON2 NE SAIS PAS.....8 | OUI 1 NON 2→234f NSP..... 8→234f | <input type="text"/> <input type="text"/> <input type="text"/> |
| f) ANTI- TETANIQUE | OUI, OBSERVE..... 1 RAPPORTE, PAS VU.. 2 PAS DISPONIBLE 3→237f NSP..... 8→237f | OUI..... 1 NON 2 NE SAIS PAS 8 | OUI.....1 NON2 NE SAIS PAS.....8 | OUI 1 NON 2→239 NSP..... 8→239 | <input type="text"/> <input type="text"/> <input type="text"/> |

| No | QUESTIONS | CODES | ALLER À |
|-----|--|--|---------|
| 239 | Y-a-t-il un inventaire écrit pour les VACCINS? | OUI 1 NON 2 | →241 |
| 240 | ENQUETEUR: L'INVENTAIRE ÉCRIT EST-IL À JOUR ET COMPLET? | OUI, OBSERVÉ, A JOUR 1 OUI, OBSERVÉ, PAS A JOUR 2 OUI, NON OBSERVÉ 3 NON 4 | |
| 241 | Est-ce que la formation sanitaire détermine la quantité de vaccins dont elle a besoin et passe la commande, ou est-ce que la quantité que vous recevez est déterminée par quelqu'un d'autre? | DETERMINE PROPRES BESOINS ET PASSE COMMANDE 1 BESOIN DETERMINE AILLEURS. 2 | →243 |
| 242 | SI DETERMINE AILLEURS: Est-ce que vous recevez toujours une quantité fixe ou est-ce que la quantité que vous recevez varie avec votre niveau d'activités? | QUANTITE BASEE SUR NIVEAU D'ACTIVITES 1 APPROVISIONNEMENT STANDARD FIXE 2 | |
| 243 | Est-ce que cet établissement organise des discussions sur la santé de l'enfant? | OUI 1 NON 2 | → 245 |
| 244 | Est-ce que ces conseils ou ces discussions portent sur les sujets suivants: a) Prévention de la diarrhée? b) Identification et/ou traitement des IRA? c) Réhydratation Orale d) Nutrition de l'enfant? e) Vaccination? f) Paludisme? | OUI NON NSP DIARRHÉE..... 1 2 8 IRA 1 2 8 RÉHYDRATATION 1 2 8 NUTRITION..... 1 2 8 VACCINATION..... 1 2 8 PALUDISME..... 1 2 8 | |

POUR CHACUN DES ARTICLES SUIVANTS, VERIFIER D'ABORD POUR VOIR S'IL EST DISPONIBLE DANS LA PIECE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE A UNE DISTANCE RAISONNABLE DE LA SERVICE. SI IL Y A L'ARTICLE, VERIFIER S'IL FONCTIONNE OU NON.

| ARTICLE | (a) L'ARTICLE EST-IL DISPONIBLE? | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
|--|----------------------------------|-----------|----------------|-------------|--------------------------------|-----|-------------|
| | OBSERVÉ | RAPPO RTE | PAS DISPONIBLE | NE SAIS PAS | OUI | NON | NE SAIS PAS |
| 245 | | | | | | | |
| a) Pèse bébé | 1 | 2 | 3→245b | 8→245b | 1 | 2 | 8 |
| b) Pèse enfants (de 25 +kg) | 1 | 2 | 3→245c | 8→245c | 1 | 2 | 8 |
| c) Thermomètre | 1 | 2 | 3→245d | 8→245d | 1 | 2 | 8 |
| d) Montre avec une troteuse ou un dispositif pour chronométrer | 1 | 2 | 3→245e | 8→245e | 1 | 2 | 8 |
| e) Article pour l'hygiène des mains (savon, serviettes) | 1 | 2 | 3 | 8 | | | |
| f) Eau | 1 | 2 | 3 | 8 | | | |
| g) Récipient pour mélanger SRO | 1 | 2 | 3 | 8 | | | |
| h) Tasse et cuillère | 1 | 2 | 3 | 8 | | | |

| | | | | | | | | |
|-----|--|---------|-----------|----------------|-------------|--|--|--|
| 246 | PROTOCOLES/MATERIELS POUR ENSEIGNEMENT | OBSERVÉ | RAPPO RTE | PAS DISPONIBLE | NE SAIS PAS | | | |
| | a) Des manuels de référence pour la prise en charge des maladies de l'enfant (PCIME) | 1 | 2 | 3 | 8 | | | |
| | b) Brochures (PCIME) | 1 | 2 | 3 | 8 | | | |
| | c) Graphique (PCIME) | 1 | 2 | 3 | 8 | | | |
| | d) Les fiches de conseil pour l'éducation de l'accompagnatrice de l'enfant | 1 | 2 | 3 | 8 | | | |
| | e) des brochures ou des prospectus que les patients peuvent prendre au sujet de le santé infantile | 1 | 2 | 3 | 8 | | | |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|--|---|--------------|
| 247 | Y-a-t-il un registre des patients où l'information sur la consultation de chaque enfant est écrite? SI OUI : Puis-je le voir? | OUI, REGISTRE VU 1 OUI, REGISTRE PAS VU 2 PAS DE REGISTRE TENU 3 | →249 →249 |
| 248 | A quant remonte la plus récente inscription? | AU COURS DE 7 DERNIERS JOURS 1 PLUS DE 7 JOURS 2 | |
| 249 | Gardez-vous une fiche pour chaque patient? SI OUI : Puis-je voir une fiche non remplie? | OUI, FICHE OBSERVÉ 1 OUI, FICHE PAS VUE 2 PAS DE FICHE INDIVIDUELLES | →301 |
| 250 | Gardez-vous l'adresse de chaque patient pour un éventuel suivi? | OUI..... 1 NON..... 2 | |

SECTION 3: SERVICES DE LA PLANIFICATION FAMILIALE

| NO. | QUESTIONS | CODE | ALLER À |
|-----|---|--|---------|
| 301 | Est-ce que cet établissement fournit des services de planification familiale (La planification familiale est une méthode ou un dispositif pour espacer ou limiter les naissances) | OUI 1 NON 2 | →401 |
| 302 | Pendant combien de jours par semaine, cet établissement fournit-il normalement des services de planification familiale? | JOURS <input type="text"/> NE SAIT PAS 8 | |
| 303 | Pendant combien d'heures par jour, cet établissement fournit-il normalement des services de planification familiale? | HEURES <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |

| MÉTHODE | 304 Est-ce que l'établissement fournit le service à l'extérieur et/ou l'intérieur? | 305 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ? | 306 Combien des jours par semaine est-ce le service disponible à l'intérieur? | 307 Avez-vous eu une interruption du service ou un manqué de médicament pour assurer le service dans les 6 dernier mois? | 308 Pendant combine de jours le service a-t-il été interrompu/n'avez-vous pas pu fournir le service dans les 6 dernier mois? Ne sais pas=998 | 309 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE |
|---|---|--|--|---|---|---|
| a) Pilules oestro-progestatives | OUI 1 NON 2 → 304b | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON 2 → 304b | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| b) Pilules à base de progestérone seulement | OUI 1 NON → 304c | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON → 304c | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| c) Injections pour chaque deux mois (Norigynon ?) | OUI 1 NON → 304d | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON → 304d | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (SPECIFY) X |
| d) Injections pour chaque trois mois (Depo) | OUI 1 NON → 304e | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON → 304e | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE LES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| e) implants | OUI 1 NON 2 → 304f | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON → 304f | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| f) Condom masculin | OUI 1 NON 2 → 304g | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON 2 → 304g | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |

| MÉTHODE | 304 Est-ce que l'établissement fournit le service à l'extérieur et/ou l'intérieur? | 305 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ? | 306 Combien des jours par semaine est-ce le service disponible à l'intérieur ? | 307 Avez-vous eu une interruption du service ou un manqué de médicament pour assurer le service au cours dans les 6 dernier mois? | 308 Pendant combien de jours le service a-t-il été interrompu/n'avez-vous pas pu fournir le service dans les 6 dernier mois? Ne sais pas=998 | 309 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE |
|---|---|--|---|--|---|---|
| g) Condom féminin | OUI 1 NON →304h | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON →304h | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| h) DIU | OUI 1 NON →304i | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON →304i | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| i) Stérilisation masculine | OUI 1 NON →304j | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON →304 | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| j) Stérilisation féminine | OUI 1 NON →304k | OUI 1 NON 2 | <input type="text"/> Jours | OUI 1 NON →304 | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| k) Méthode naturelle de planification familiale | OUI 1 NON →304l | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON →304l | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |
| l) Spermicides | OUI 1 NON 2 →304 | OUI 1 NON 2 | <input type="text"/> JOURS | OUI 1 NON 2 →304 | <input type="text"/> <input type="text"/> <input type="text"/> JOURS | MANQUE DE METHODE A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE B MANQUE DE PERSONEL C AUTRES (PRECISER) X |

| | MÉTHODE | 310 SERVICE DISPONIBLE | 311 Nombre de clients au cours du dernier trimestre. NSP=998 | 312 Il y a combien d'années que l'établissement a commencé à offrir la méthode ? |
|----|--|---------------------------------|--|---|
| a) | Pilules oestro-progestatives | OUI 1 NON 2→310b | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| b) | Pilules à base de progestérone seulement | OUI 1 NON 2→310c | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| c) | Injections tous les deux mois (Noristerat) | OUI 1 NON 2→310d | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| d) | Injections tous les trois mois (Depo) | OUI 1 NON 2→310e | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| e) | implants | OUI 1 NON 2→310f | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| f) | Condom masculin | OUI 1 NON 2→310g | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| g) | Condom féminin | OUI 1 NON 2→310h | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| h) | DIU | OUI 1 NON 2→310i | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| i) | Stérilisation masculine | OUI 1 NON 2→310j | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| j) | Stérilisation féminine | OUI 1 NON 2→310k | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| k) | Méthode naturelle planification familiale | OUI 1 NON 2→310l | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |
| l) | Spermicides | OUI 1 NON 2→313 | NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/> EN COURS <input type="text"/> <input type="text"/> <input type="text"/> | MOINS D'1 ANNÉE 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8 |

| NO. | QUESTIONS | CODE | | | | ALLER À |
|-----|--|--|----------------------|--|----------------------|--------------|
| 313 | En moyenne, combien de (unités/cycles) de MÉTHODE sont données | a) Nouvelle utilisatrice? pas disponible.....95 | | b) Utilisatrice en cours continu? pas disponible.....95 | | |
| | a) Pilules oestro-progestatives? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | b) Pilules à base de progestérone seulement | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | c) Condoms (masculin) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 314 | Est-ce que cet établissement fournit des conseils de façon spécifique pour les groupes suivants: a) Aux non-utilisatrices? b) Aux nouvelles utilisatrices? c) aux utilisatrices en cours? d) aux adolescentes? e) Aux mères célibataires? f) Aux hommes? | <p style="text-align: right;">OUI NON NSP</p> NON-UTILISATRICES 1 2 8 NOUVELLES UTILISATRICES 1 2 8 UTILISATRICES EN COURS 1 2 8 ADOLESCENTES 1 2 8 MÈRE CELIBATAIRE 1 2 8 HOMMES 1 2 8 | | | | |
| 315 | SI UNE RÉPONSE À 314 EST '1', ENCERCLER 'OUI'. SINON, ENCERCLER 'NON'. | OUI.....1 NON2 | | | | →317 |
| 316 | Est-ce- que ces conseils portent sur : a) Les effets secondaires? b) Les IST ? c) L'éducation et la prévention contre les IST et le VIH/SIDA ? | <p style="text-align: right;">OUI NO N NSP</p> EFFETS SECONDAIRES 1 2 8 IST 1 2 8 PRÉVENTION 1 2 8 | | | | |
| 317 | Est-ce que cet établissement dispose de formulaires de consentement ? SI OUI, DEMANDER A VOIR LE FORMULAIRE DE CONSENTEMENT | OUI, OBSERVE1 OUI, PAS VU2 NON3 | | | | →319 →319 |
| 318 | Indiquer pour chacune des méthodes suivantes si on utilise un formulaire de consentement | OUI | NON | PAS DISPO- NIBLE | NE SAIS PAS | |
| | a) PILULES ORAUX | 1 | 2 | 3 | 4 | |
| | b) INJECTION | 1 | 2 | 3 | 4 | |
| | c) IMPLANTS | 1 | 2 | 3 | 4 | |
| | d) DIU | 1 | 2 | 3 | 4 | |
| | e) STÉRILISATION FÉMININE | 1 | 2 | 3 | 4 | |
| | f) STÉRILISATION MASCULINE | 1 | 2 | 3 | 4 | |
| 319 | Puis-je voir la salle où les clients en planification familiale reçoivent des conseils ? ENQUÊTEUR: EXAMINER LA SALLE. | PIÈCE SÉPARÉE1 SALLE AVEC RIDEAUX2 AUTRES ÉLÉMENTS3 MEME SALLE QUE SALLE D'ATTENTE4 | | | | |

| NO. | QUESTIONS | CODE | | | ALLER À | | | |
|--|---|---|-----------------|-----------------------|--|------------|------------|--------------------|
| | | OBSERVÉ | RAPPORTÉ | PAS DISPONIBLE | | | | |
| 320 | Lesquels des matériaux suivants sont disponibles pour le counselling ? | | | | NE SAIT PAS | | | |
| | a) Modèle pour démontrer l'usage du condom | 1 | 2 | 3 | 8 | | | |
| | b) Brochures/dépliants à donner aux patientes? | 1 | 2 | 3 | 8 | | | |
| | c) Boîtes à images pour les différentes méthodes? | 1 | 2 | 3 | 8 | | | |
| | d) Affiche de promotion de la planification familiale disponible? | 1 | 2 | 3 | 8 | | | |
| 321 | Est-ce que le prestataire de services de planification familiale traite les IST de manière routinière où les clients sont-ils envoyés à une autre prestataire ou à une autre structure pour traitement? | TRAITE IST1 ENVOIE AILLEURS DANS LE MÊME FOSA2 ENVOIE À AUTRE FOSA.....3 PAS DE TRAITEMENT.....4 | | | | | | |
| DEMANDER A VOIR L'ENDROIT OU LES EXAMENS POUR LA PLANIFICATION FAMILIALE SONT EFFECTUES. POUR CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE (CECI COMPREND LA SALLE DE CONSULTATION PELVIENNE SI ELLE EST DIFFERENTE DE LA SALLE DE CONSULTATION GENERALE). SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNE OU NON. | | | | | | | | |
| 322 | Si la salle a déjà été observée pour les autres services, Indiquer à quelle service. | SOINS PRÉNATALS..... 1 CONSULTATIONS IST 2 ACCOUCHEMENTS 3 SALLE PAS OBSERVEE4 | | | → 325 → 325 → 325 | | | |
| 323 | ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GENERAL DANS LA SALLE D'EXAMEN | ÉCLAIRAGE VERTICAL 1 LAMPE 2 LUMIÈRE DU JOUR/ FENETRES. 3 MAL ÉCLAIRÉE 4 | | | | | | |
| | LES ARTICLES POUR LE SERVICE DE PLANIFICATION FAMILIALE | (a) L'ARTICLE EST-IL DISPONIBLE? (POSER LA QUESTION POUR CHACUN DES ARTICLES) | | | (b) L'ARTICLE FONCTIONNE- T-IL? | | | |
| 324 | LA SALLE ET LES FOURNITURES | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIT PAS | OUI | NON | NE SAIT PAS |
| | a) Intimité visuelle | 1 | 2 | 3 | 8 | | | |
| | b) Intimité auditive | 1 | 2 | 3 | 8 | | | |
| | c) Lampes baladeuses/gynéco/torches | 1 | 2 | 3→324d | 8→324d | 1 | 2 | 8 |
| | d) Table gynécologique ou lit d'examen | 1 | 2 | 3→324e | 8→324e | 1 | 2 | 8 |
| | e) Produits pour laver les mains (savon, serviette) | 1 | 2 | 3 | 8 | | | |
| | f) Eau | 1 | 2 | 3 | 8 | | | |
| | g) Gants propres | | | | | | | |
| | h) Boîte d'objets tranchants (Boite aiguilles/Tambour) | 1 | 2 | 3 | 8 | | | |
| | i) Désinfectant 0,5% | 1 | 2 | 3 | 8 | | | |

| 325 | LES ARTICLES POUR LE SERVICE PLANIFICATION FAMILIALE EQUIPEMENT PRÉCISER DE METHOD | (a) L'ARTICLE EST-IL DISPONIBLE? (POSER LA QUESTION POUR CHACUN DES ARTICLES) | | | | (b) FONCTIONNER? | | |
|-----|---|--|----------|----------------|-------------|------------------|-----|-------------|
| | | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIT PAS | OUI | NON | NE SAIT PAS |
| | a) Tensiomètre | 1 | 2 | 3→325b | 8→325b | 1 | 2 | 8 |
| | b) Stéthoscope | 1 | 2 | 3→325c | 8→325c | 1 | 2 | 8 |
| | c) Balance pour adulte | 1 | 2 | 3→325d | 8→325d | 1 | 2 | 8 |
| | d) Spéculum vaginal | 1 | 2 | 3→325e | 8→325e | 1 | 2 | 8 |
| | e) Gants stériles | 1 | 2 | 3 | 8 | | | |
| | f) Pince porte tampon | 1 | 2 | 3 | 8 | | | |
| | g) Pince à servir | 1 | 2 | 3 | 8 | | | |
| | h) Pince anatomique | 1 | 2 | 3 | 8 | | | |
| | i) Ciseaux | 1 | 2 | 3 | 8 | | | |
| | j) Kit DIU | 1 | 2 | 3 | 8 | | | |
| | k) Kit Norplant | 1 | 2 | 3 | 8 | | | |
| 326 | Protocoles de SR pour chaque méthode de PF offerte | 1 | 2 | 3 | 8 | | | |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|--|---|--------------|
| 327 | Y-a-t-il un registre des patients où l'information sur la consultation de chaque cliente est écrite? SI OUI : Puis-je le voir? | OUI, REGISTRE VU 1 OUI, REGISTRE PAS VU 2 PAS DE REGISTRE TENU 3 | →329 →329 |
| 328 | A quand remonte la plus récente inscription? | AU COURS DE 7 DERNIERS JOURS 1 PLUS DE 7 JOURS 2 | |
| 329 | Gardez-vous une fiche pour chaque patient? SI OUI : Puis-je voir une fiche non remplie? | OUI, FICHE OBSERVÉE 1 OUI, FICHE PAS VUE 2 PAS DE FICHE 3 | |
| 330 | Gardez-vous l'adresse de chaque patient pour un éventuel suivi? | OUI..... 1 NON 2 | |
| 331 | NOTER LE NOMBRE DE PATIENTS EN PLANIFICATION FAMILIALE QUI ONT ETE REFERES AU LABORATOIRE POUR ETRE TESTÉS DES IST AU COURS DES 12 DERNIERS MOIS | NOMBRE PATIENTS TESTÉS IST <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998 | → 333 |
| 332 | Si la période à laquelle se réfère le nombre de patients est inférieure à 12mois, indiquez le nombre de mois concerné. | MOIS DES DONNEES . <input type="text"/> <input type="text"/> NE SAIT PAS.....98 | |
| 333 | Noter le nombre de patients envoyés chez un spécialiste le mois dernier par le service de planification familiale | NOMBRE PATIENTS REFERES <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998 | |
| 334 | Est-ce que cet établissement fait payer les patients en planification familiale ou bien demande-t-il une donation pour un des services de planification familiale fournis? | OUI 1 NON.....2 | →401 |
| 335 | Est-ce que l'établissement fait payer la consultation en planification familiale ? | OUI 1 NON.....2 | →337 |
| 336 | A combien s'élève le tarif d'une consultation? | FRW <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 337 | Est-ce que l'établissement fait payer pour la fiche/carte pour patient ? | OUI 1 NON.....2 | →339 |

| | | | | | | | |
|-----|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| 338 | À combien s'élève le tarif d'un fiche/carte pour patient? | FRW | <input type="text"/> |
| 339 | Combien l'établissement fait-il payer pour chacune des méthodes ? | COUT EN FRW GRATUIT 00000 PAS DISPONIBLE 99995 NSP 99998 | | | | | |
| | a) PILULE (1 CYCLE) | | <input type="text"/> |
| | b) INJECTIONS | | <input type="text"/> |
| | c) IMPLANT | | <input type="text"/> |
| | d) CONDOM MASCULIN (3 UNITS) | | <input type="text"/> |
| | e) DIU | | <input type="text"/> |
| | f) STÉRILISATION FÉMININE | | <input type="text"/> |
| | g) STERILISATION MASCULINE | | <input type="text"/> |

Section 4: Services de santé maternelle (sous-section 1: Soins Prénatals)

| NO. | QUESTIONS | CODE | | | | ALLER À |
|-----|--|------------------------------------|----------------------|----------------|-------------|---------|
| 401 | Est-ce que cet établissement offre des services de santé maternelle ? (Les services de santé maternelle sont les services qui s'occupent des grossesses) | OUI..... 1 | NON 2 | | | →501 |
| 402 | Est-ce que cet établissement organise des sessions d'enseignement ou des discussions sur la santé maternelle? | OUI..... 1 | NON 2 | | | →405 |
| 403 | Est-ce que ces sessions ou discussions sur la santé couvrent les sujets suivants: | OUI NON NSP | | | | |
| | a) Besoins nutritifs durant la grossesse | ALIMENTATION..... 1 | 2 | 8 | | |
| | b) Allaitement | ALLAITEMENT..... 1 | 2 | 8 | | |
| | c) Signes de danger pendant la grossesse | SIGNES DE DANGER . 1 | 2 | 8 | | |
| | d) Soins des nouveau-nés | NOUVEAU-NÉS..... 1 | 2 | 8 | | |
| | e) Soins prénatals | SOINS PRÉNATALS..... 1 | 2 | 8 | | |
| | f) Préparation à la naissance | NAISSANCE 1 | 2 | 8 | | |
| | g) Anémie durant la grossesse | ANÉMIE 1 | 2 | 6 | | |
| | h) Besoins en fer | FER..... 1 | 2 | 6 | | |
| | i) Planification familiale | PLANIFICATION FAMILIALE..... 1 | 2 | 6 | | |
| | j) Visites dans les salles d'accouchement | VISITES SALLES ACCOUCHEMENT..... 1 | 2 | 8 | | |
| 404 | Est-ce -que l'établissement dispose du matériel suivant: | OBSERVE | RAPPORTE | PAS DISPONIBLE | NE SAIT PAS | |
| | a) POSTERS | 1 | 2 | 3 | 8 | |
| | b) BROCHURES | 1 | 2 | 3 | 8 | |
| | c) FICHES DE TRAVAIL | 1 | 2 | 3 | 8 | |
| | d) FICHES DE CONSEILS POUR LA MÈRE | 1 | 2 | 3 | 8 | |
| 405 | Est-ce que cet établissement offre des soins prénatals? | OUI..... 1 | NON 2 | | | →428 |
| 406 | Pendant combien de jours par semaine, cet établissement fournit-il normalement des services prénatal ? | JOURS | <input type="text"/> | | | |
| | | NE SAIT PAS | 8 | | | |
| 407 | Pendant combien d'heures par jour, cet établissement fournit-il normalement des services prénatals | HEURES | <input type="text"/> | | | |
| | | NE SAIT PAS | 98 | | | |
| 408 | Est-ce que l'établissement fournit le service aujourd'hui A L'INTERIEUR? | OUI..... 1 | NON 2 | | | |

| NO. | QUESTIONS | CODE | | | | ALLER À |
|-----|---|--|-----------------|---------------|---------|---------|
| 409 | Est-ce que, dans cet établissement, les services suivants sont normalement effectués au cours de la première visite prénatale, lors des visites suivantes ou est-ce qu'ils ne sont pas effectués du tout? | 1ERE VISITE | VISITE SUIVANTE | CHAQUE VISITE | AUCUNE. | |
| | a) Obtenir le DOSSIER MÉDICAL et obstétrique de la patiente? | 1 | 2 | 3 | 5 | |
| | b) PESER la patiente? | 1 | 2 | 3 | 5 | |
| | c) PRENDRE LA TENSION de la patiente? | 1 | 2 | 3 | 5 | |
| | d) FAIRE à la patiente une INJECTION ANTI-TÉTANIQUE? | 1 | 2 | 3 | 5 | |
| | e) Prescrire de la CHIMIO PRÉVENTION CONTRE LE PALUDISME? | 1 | 2 | 3 | 5 | |
| | f) Offrir le COUNSELING ET TEST volontaire pour VIH/SIDA ? | 1 | 2 | 3 | 5 | |
| 410 | Est-ce que, dans cet établissement, les services suivants sont normalement effectués au cours de la première visite prénatale, lors des visites suivantes ou est-ce qu'ils ne sont pas effectués du tout? | 1ERE VISITE | VISITE SUIVANTE | CHAQUE VISITE | AUCUNE. | |
| | a) Rechercher la syphilis? | 1 | 2 | 3 | 5 | |
| | b) Mesurer l'hémoglobine? | 1 | 2 | 3 | 5 | |
| | c) Analyser l'urine pour protéine ? | 1 | 2 | 3 | 5 | |
| 411 | Est-ce que le prestataire de soins prénatals traite les IST de manière systématique ou les clients sont-ils envoyés à un(e) autre prestataire ou à une autre structure pour traitement? | TRAITE IST 1 ENVOIE AILLEURS DANS LE MÊME FOSA..... 2 ENVOIE À AUTRE FOSA 3 PAS DE TRAITEMENT 4 | | | | |
| 412 | Puis-je voir la salle où les patientes ayant besoin de soins prénatals sont examinées? ENQUETEUR: EXAMINER LA SALLE. | PIÈCE SÉPARÉE 1 SALLE AVEC RIDEAUX 2 AUTRES ÉLÉMENTS 3 MEME SALLE QUE SALLE D'ATTENTE 4 | | | | |

| NO. | QUESTIONS | CODE | ALLER À |
|--|---|--|---|
| | DEMANDER A VOIR OU LES EXAMENS POUR LA SOINS PRÉNATALS SONT EFFECTUES. POU CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE (CECI COMPREND LA SALLE DE CONSULTATION PELVINNE SI ELLE EST DIFFERENTE DE LA SALLE DE CONSULTATION GENERALE) . SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNE OU NON. | | |
| 413 | Si la salle a déjà été observée pour les autres services, Indiquer à quelle service. | SERVICE PF1 CONSULTATIONS IST.....2 ACCOUCHEMENT3 SALLE PAS OBSERVEE4 | →416 →416 →416 |
| 414 | ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GENERAL DANS LA SALLE D'EXAMEN | ÉCLAIRAGE VERTICAL.....1 LAMPE.....2 LUMIÈRE DU JOUR/ FENETRES .3 | |
| ARTICLES POUR LES SOINS PRÉNATALS | | | |
| | | (a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHAQUE ARTICLE | (b) L'ARTICLE FONCTIONNE-T-IL? |
| 415 | LA SALLE ET L'EQUIPEMENT | OBSERVÉ RAPPORTE PAS DISPONIBLE NE SAIT PAS | OUI NON NSP |
| | a) Intimité visuelle | 1 2 3 8 | |
| | b) Intimité auditive | 1 2 3 8 | |
| | c) Lampes baladeuses/ gynéco/torches | 1 2 3→415d 8→415d | 1 2 8 |
| | d) Table gynécologique ou lit d'examen | 1 2 3→415e 8→415e | 1 2 8 |
| | e) Produits pour laver les mains (savon, serviette) | 1 2 3 8 | |
| | f) Eau | 1 2 3 8 | |
| | g) Gants propres | | |
| | h) Boite objets tranchants (Boite aiguilles) | 1 2 3 8 | |
| | i) Désinfectant 0,5% | 1 2 3 8 | |
| 416 | EQUIPEMENT | | |
| | a) Tensiomètre | 1 2 3→416b 8→416b | 1 2 8 |
| | b) Stéthoscope | 1 2 3→416c 8→416c | 1 2 8 |
| | c) Balance pour adultes | 1 2 3→416d 8→416d | 1 2 8 |
| | d) Stéthoscope de Pinard (pour le fœtus) | 1 2 3→416e 8→416e | 1 2 8 |
| | e) Pèse-bébé (avec graduation de 100 gm) | 1 2 3→416f 8→416f | 1 2 8 |
| | f) Thermomètre | 1 2 3→416g 8→416g | 1 2 8 |
| | g) Ruban de mesure | 1 2 3 8 | |
| | h) Protocoles pour soins de santé maternelle | 1 2 3 8 | |
| NO. | QUESTIONS | CODE | ALLER À |

| | | | |
|-----|--|---|--------------|
| 417 | Est-ce que cet établissement a une relation formelle avec les accoucheuses traditionnelles (AT)? | OUI 1 NON 2 | →419 |
| 418 | Est-ce que cet établissement a un document sur le programme des accoucheuses traditionnelles, par ex. la liste des accoucheuses affiliées à l'établissement et la formation qu'elles ont suivies? SI OUI : Puis-je voir la documentation? | OUI, OBSERVÉ 1 OUI, PAS VU 2 NON 3 NE SAIT PAS 8 | |
| 419 | Y-a-t-il un registre des patients où l'information sur la consultation de chaque cliente est écrite? SI OUI : Puis-je le voir? | OUI, REGISTRE VU 1 OUI, REGISTRE PAS VU 2 PAS DE REGISTRE TENU 3 | →421 →421 |
| 420 | A quand remonte la plus récente inscription? | AU COURS DE 7 DERNIERS JOURS 1 PLUS DE 7 JOURS 2 | |
| 421 | NOTER LE NOMBRE DE CONSULTATIONS PRÉNATALES VUES AU COURS D'UNE PERIODE DE 12 MOIS Y COMPRIS LES FEMMES QUI VIENNENT POUR UNE OU PLUSIEURS VISITES | NOMBRE DE VISITE PRÉNATALES <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS 998 | →423 |
| 422 | Si la période à laquelle se réfère le nombre de consultations est inférieure à 12mois, indiquez le nombre de mois concerné. | MOIS DE DONNEES <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |
| 423 | Avez-vous une estimation du nombre total de naissances dans la zone de rayonnement de l'établissement au cours des 12 derniers mois? SI OUI: Combien de naissances y-a-t-il eu? | ESTIMATION LES NAISSANCE <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS 998 | →426 |
| 424 | Quel est le taux de couverture des consultations prénatales au cours des 12 derniers mois? | % COUVERTURE <input type="text"/> <input type="text"/> PRÉNATALE NE SAIT PAS 98 | →426 |
| 425 | Comment le répondant-a-t-il obtenu les informations sur la couverture des consultations prénatales? | RAPPORT 1 GRAPHIQUE 2 AUTRE 6 (PRECISER) NE SAIT PAS 8 | |
| 426 | Gardez-vous une carte/fiche pour chaque patient prénatales? SI OUI: Puis-je voir une carte/ fiche non remplie? | OUI, CARTE OBSERVÉE 1 OUI, CARTE PAS VUE 2 PAS DE CARTE INDIVIDUELLE 3 | |
| 427 | Gardez-vous l'adresse de chaque patient pour un éventuel suivi? | OUI 1 NON 2 | |
| 428 | Avez-vous eu une visite de supervision dans les services de maternité au cours des 6 derniers mois? | OUI 1 NON 2 | →430 |
| 429 | Combien de visites de supervision séparées avez-vous eu au cours des 6 derniers mois? | NOMBRE DE VISITES DE SUPERVISION <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |
| 430 | Est-ce que cet établissement dispose de procédures pour le transport de femmes en urgence obstétrique? | OUI 1 NON 2 | →434 |

| NO. | QUESTIONS | CODE | | | ALLER À | |
|---|---|---|--------------------|-------------|---------|------|
| 431 | Laquelle des situations suivantes décrit le mieux le système Le plus fréquemment utilisé pour le transport en cas d'urgence? | DISPONIBILITÉ | | | | |
| | | 24 HEURES | HEURES OFFICIELLES | NE SAIT PAS | | |
| | A) VEHICULE POUR URGENCE SEULEMENT QUI RESTE À LA FOSA | 1 | 2 | 8 | | |
| | B) VEHICULE A L'HOPITAL DE DISTRICT (ON DOIT DEMANDER A CE QU'IL SOIT ENVOYÉ A LA FOSA) | 1 | 2 | 8 | | →433 |
| | C) VEHICULE POUR CAS NON URGENTS | 1 | 2 | 8 | | →433 |
| D) LOCATION DE VEHICULE QUAND DE BESOIN (AVEC SOUTIEN FINANCIER DE L'ETABLISSEMENT) | 1 | 2 | 8 | →433 | | |
| 432 | Est-ce que le véhicule est disponible et en état d'entretien? SI OUI: Puis-je voir le véhicule? | OUI, VU/FONCTIONNE 1 OUI, VU/NE FONCTIONNE PAS 2 VEHICULE EN DEPLACEMENT, PAS VU 3 NE SAIT PAS 4 | | | | |
| 433 | En utilisant ce véhicule en combien de minutes arrive-t-on à l'établissement de référence le plus proche? | SAISON SECHE <input type="text"/> <input type="text"/> <input type="text"/> SAISON PLUVIEUSE <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS 998 | | | →435 | |
| 434 | Quel est le moyen le plus couramment utilisé pour transporter les femmes en cas d'urgence obstétrique? | PERSONNES PORTENT 1 VEHICULE TRACTION ANIMALE . 2 VEHICULE A MOTEUR 3 COMBINAISON DE CE QUI PRECEDE 4 AUTRE (PRECISER) 6 NE SAIT PAS 8 | | | | |

SECTION 4: Service de Santé Maternelle (Sous-Section 2 Accouchements)

| NO. | QUESTIONS | CODE | ALLER À |
|--|--|--|----------------------|
| 435 | Y-a-t-il une maternité qui dépend de cet établissement? | OUI..... 1 NON 2 | →501 |
| 436 | Combien de lits de maternité y-a-t-il dans cet établissement? | NOMBRE DE LITS..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DE MATERNITÉ PAS DE LITS PROPRE POUR LA MATERNITE 95 NE SAIT PAS 98 | |
| 437 | Est-ce que les personnels de santé font des accouchements à domicile de manière routinière où en cas d'urgence? | OUI, ROUTINE..... 1 OUI, URGENCE SEULEMENT..... 2 NON 3 | →440 |
| 438 | Est-ce qu'il y a un trousseau d'urgence pour l'accouchement à domicile en cas d'urgence? | OUI, SAC D'URGENCE VU..... 1 OUI, SAC D'URGENCE PAS VU 2 NON 3 | →440 →440 |
| 439 | AU MINIMUM, LE TROUSSEAU D'URGENCE DOIT CONTENIR: - Savon; ciseaux ou lame, pince; lien pour cordon ombilical; injectable ergométrine avec seringues et aiguilles | TOUS LES ARTICLES PRESENTS..... 1 CERTAINS ARTICLES MANQUENT ... 2 | |
| 440 | Est-ce qu'un agent avec des compétences en matière d'accouchements est présent ou disponible à l'appel 24 heures sur 24 y compris les week-end pour prodiguer des soins? | OUI, PRESENT..... 1 OUI, A L'APPEL 2 NON 3 | |
| DEMANDER A VOIR OU SONT LES LA SALLES D'ACCOUCHEMENTS. POUR CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNE OU PAS. | | | |
| 441 | Si la salle a déjà été observée pour les autres services, Indiquer à quelle service. | SERVICE PF 1 CONSULTATIONS IST..... 2 SOINS PRÉNATALS 3 SALLE PAS OBSERVEE 4 | →444 →444 →444 |
| 442 | ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GÉNÉRALE DANS LA SALLE D'EXAMINATION | ÉCLAIRAGE VERTICAL 1 LAMPE..... 2 LUMIÈRE DU JOUR/ FENETRES . 3 | |

| 443 | LES ARTICLES POUR LES ACCOUCHEMENTS | (a) L'ARTICLE EST DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES. | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
|-----|---|--|----------|----------------|-------------|--------------------------------|-----|-----|
| | LA SALLE ET L'EQUIPEMENT | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIS PAS | OUI | NON | NSP |
| | a) Intimité visuelle | 1 | 2 | 3 | 8 | | | |
| | b) Intimité auditive | 1 | 2 | 3 | 8 | | | |
| | c) Lampes baladeuses/gynéco/torches | 1 | 2 | 3→443d | 8→443d | 1 | 2 | 8 |
| | d) Table gynécologique ou lit d'examen | 1 | 2 | 3→443e | 8→443e | 1 | 2 | 8 |
| | e) Produits pour laver les mains (savon, serviette) | 1 | 2 | 3 | 8 | | | |
| | f) Eau | 1 | 2 | 3 | 8 | | | |
| | g) Gants propres | | | | | | | |

| LES ARTICLES POUR LES ACCOUCHEMENTS | | (a) L'ARTICLE EST DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES. | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
|-------------------------------------|---|--|-----------------|-------------|--------|--------------------------------|-----|---|
| LA SALLE ET L'EQUIPEMENT | OBSERVÉ | RAPPOR-TE | PAS DISPONI-BLE | NE SAIT PAS | OUI | NON | NSP | |
| | h) Boite objets tranchants (Boite aiguilles) | 1 | 2 | 3 | 8 | | | |
| | i) Désinfectant 0,5% | 1 | 2 | 3 | 8 | | | |
| 444 | EQUIPEMENT POUR L'ACCOUCHEMENT | | | | | | | |
| | a) Source de lumière fonctionnant 24h/24 | 1 | 2 | 3→445 | 8→445 | 1 | 2 | 8 |
| 445 | POUR L'ENFANT | | | | | | | |
| | a) Table de réanimation pour bébé | 1 | 2 | 3→445b | 8→445b | | | |
| | b) Appareil manuel de respiratoire (Ambu bag, Hudson silicone réanimation) | 1 | 2 | 3→445c | 8→445c | 1 | 2 | 8 |
| | c) Aspirateur néonatal (Delee ou poire) | 1 | 2 | 3→445d | 8→445d | 1 | 2 | 8 |
| | d) Source de chaleur pour bébé prématuré (couveuse ou lumière) | 1 | 2 | 3→445e | 8→445e | 1 | 2 | 8 |
| | e) Pèse-bébé | 1 | 2 | 3→445f | 8→445f | 1 | 2 | 8 |
| | f) Liens/catgut pour corde ombilicale | 1 | 2 | 3 | 8 | | | |
| | g) Couverture ou serviette pour envelopper le bébé | 1 | 2 | 3 | 8 | | | |
| 446 | Equipement et fourniture | | | | | | | |
| | a) Perfusion Intra-venous (sodium chloride; ou solution physiologique de Ringer, ou dextros) non périmée. | 1 | 2 | 3 | 8 | | | |
| | b) Ensemble perfusion intraveineuse | 1 | 2 | 3 | 8 | | | |
| | c) Ergométrine maléate (non périmée) | 1 | 2 | 3 | 8 | | | |
| | d) Seringues et aiguilles | 1 | 2 | 3 | 8 | | | |
| | e) Aiguilles et matériel pour effectuer des sutures | 1 | 2 | 3 | 8 | | | |
| | f) Ciseaux/lames | 1 | 2 | 3→446g | 8→446g | 1 | 2 | 8 |
| | g) Porte aiguilles | 1 | 2 | 3→446h | 8→446h | 1 | 2 | 8 |
| | h) Antiseptiques pour la peau (chlorhexodome) | 1 | 2 | 3 | 8 | | | |
| 447 | PROTOCOLES | | | | | | | |
| | a) Partogrammes | 1 | 2 | 3 | 8 | | | |
| | b) Protocoles pour la prise en charge des accouchements d'urgence | 1 | 2 | 3 | 8 | | | |

| NO. | QUESTIONS | CODE | | | | ALLER À | | |
|-----|---|---|----------|----------------|-------------|---------------------------------------|-----|-----|
| 448 | Est-ce que cet établissement effectue des accouchements à l'aide de forceps ou de ventouse? | OUI 1 NON 2 | | | | → 450 | | |
| | SI OUI: DEMANDER A VOIR L'EQUIPEMENT | a) L'ARTICLE EST DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES. | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
| 449 | | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIS PAS | OUI | NON | NSP |
| | A) Forceps | 1 | 2 | 3→449b | 8→449b | 1 | 2 | 8 |
| | B) Ventouse | 1 | 2 | 3→450 | 8→450 | 1 | 2 | 8 |
| 450 | Est-ce que cet établissement fournit des soins après un avortement? | OUI 1 NON 2 | | | | → 452 | | |
| | | (a) L'ARTICLE EST DISPONIBLE? | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
| 451 | SI OUI: DEMANDER A VOIR L'EQUIPEMENT | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIT PAS | OUI | NON | NSP |
| | A) Aspirateur évacuation | 1 | 2 | 3→451b | 8→451b | 1 | 2 | 8 |
| | B) Kit de curetage (curettes) | 1 | 2 | 3→451c | 8→451c | | | |
| | C) Autre (préciser) | 1 | 2 | 3→452 | 8→452 | 1 | 2 | 8 |
| 452 | Est-ce que cet établissement effectue systématiquement les opérations suivantes immédiatement après la naissance d'un bébé? | OUI NON NE SAIS PAS | | | | | | |
| | A) ASPIRER AVEC SONDE | 1 2 8 | | | | | | |
| | B) SECHER AVEC TISSU | 1 2 8 | | | | | | |
| | C) DONNER A LA MÈRE | 1 2 8 | | | | | | |
| | D) PESER L'ENFANT | 1 2 8 | | | | | | |
| | E) Baigner l'enfant | 1 2 8 | | | | | | |
| 453 | Est-ce que cet établissement donne systématiquement au nouveau-né OPV (Polio 0) avant qu'il ne quitte l'établissement? | OUI 1 NON 2 | | | | | | |
| 454 | Est-ce que cet établissement donne systématiquement de la vitamine A à la mère avant qu'elle ne quitte l'établissement ? | OUI 1 NON 2 | | | | | | |
| 455 | Est-ce que cet établissement organise régulièrement des sessions pour passer en revue les cas de décès maternels ou des nouveaux-nés ; aussi que de ceux qui ont été sauvés de justesse ? | OUI, POUR MÈRE 1 OUI, POUR NOUVEAUX-NÉS 2 OUI, POUR LES DEUX 3 NON 4 | | | | | | |
| 456 | Puis-je voir un partogramme complété? | OBSERVÉ 1 NON OBSERVÉ 2 N'EN A PAS 3 | | | | | | |
| 457 | Est-ce que cet établissement dispose d'un registre contenant l'information sur les femmes ayant accouché dans l'établissement? | OUI, OBSERVÉ 1 OUI, NON OBSERVÉ 2 NON 3 | | | | → 459 → 459 | | |

| NO. | QUESTIONS | CODE | ALLER A |
|---|--|---|--------------------------------|
| 458 | A quand remonte la dernière naissance? | AU COURS DES 30 DERNIERS JOURS.....1 PLUS DE 30 JOURS2 | |
| 459 | Combien de femmes ont accouché dans cet établissement au cours des 12 derniers mois? | NOMBRE D'ACCOUCHEMENTS <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998 | →463 |
| 460 | Si le nombre de naissances se rapporte à une période de moins de 12 mois, indiquer la durée considérée, en mois. | MOIS DE DONNEES.... <input type="text"/> <input type="text"/> NE SAIT PAS.....98 | |
| 461 | Quel est le taux de couverture des naissances au cours des 12 derniers mois? | % COUVERTURE <input type="text"/> <input type="text"/> NAISSANCES NE SAIT PAS.....98 | →463 |
| 462 | Comment le répondant a-t-il obtenu l'information sur la couverture des naissances? | RAPPORT1 GRAPHIQUE2 AUTRE6 (PRECISER) NE SAIT PAS.....8 | |
| 463 | Est-ce que cet établissement effectue des césariennes? | OUI1 NON.....2 | →469 |
| DEMANDER A VOIR LA SALLE D'OPERATIONS, VERIFIER LES ELEMENTS DE LA LISTE SUIVANTE D'EQUIPEMENTS ET FOURNITURES SONT DISPONIBLES DANS LA SALLE | | | |
| | DEMANDER A VOIR L'EQUIPEMENT | (a) L'ARTICLE EST-IL DISPONIBLE? | (b) L'ARTICLE FONCTIONNE-T-IL? |
| 464 | | OBSERVÉ RAPPORTE PAS DISPONIBLE NE SAIS PAS | OUI NON NSP |
| | A) TABLE D'OPERATION | 1 2 3→464b 8→464b | 1 2 8 |
| | B) LUMIERE POUR OPERATION | 1 2 3→464c 8→464c | 1 2 8 |
| | C) ZONE DE STERILISATION CONTIGUE A LA SALLE D'OPERATION | 1 2 3→464d 8→464d | |
| | D) PLATEAU AVEC OBJETS STERILISES PRET | 1 2 3→465 8→465 | |
| 465 | Est-ce que cet établissement dispose d'un personnel formé pour effectuer des césariennes, présent dans l'établissement ou "à l'appel" 24h/24(y compris les week-ends)? | OUI1 NON.....2 | |
| 466 | Combien de césariennes ont été effectuées dans cet établissement au cours des 12 derniers mois? | NOMBRE DE CÉSARIENNES <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS998 | →468 |
| 467 | Si le nombre de césariennes se rapporte à une période de moins de 12 mois, indiquer la durée considérée, en mois. | MOIS DES DONNEES <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |

| NO. | QUESTIONS | CODE | ALLER À |
|-----|--|---|---------|
| 468 | A quand remonte la dernière césarienne? NE SAIS PAS = 98, 9998 | JOUR..... <input type="text"/> <input type="text"/> MOIS <input type="text"/> <input type="text"/> ANNEE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 469 | Est-ce que cet établissement effectue des transfusions sanguines? | OUI 1 NON..... 2 | →472 |
| 470 | Est-ce que cet établissement a une BANQUE DE SANG ? | OUI 1 NON..... 2 | |
| 471 | Est-ce qu'il y a un registre de l'établissement concernant les transfusions sanguines? SI OUI, DEMANDER A LE VOIR | OUI, REGISTRE VU..... 1 OUI, PAS VU 2 PAS DE REGISTRE 3 | |
| 472 | Dans cet établissement, quelle est la durée moyenne d'un séjour après un accouchement normal? | NUMBRES D'HEURES <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |
| 473 | Dans cet établissement, combien coûtent normalement les services suivants?: a) Une consultation prénatale? b) Un accouchement sans épisiotomie ? c) Des soins postnatals? NE SAIT PAS.....99998 GRATUIT00000 PAS DISPONIBLE99995 | COUT EN FRW PRÉNATAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ACCOU- CHEMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POST NATAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

Section 5: Services IST/VIH/SIDA

| NO. | QUESTIONS | CODE | ALLER À |
|------|--|---|--------------|
| 501 | Est-ce que cet établissement offre des conseils concernant les IST? | OUI 1 NON 2 | |
| 502 | Est ce que cet établissement offre la possibilité d'effectuer des tests pour les IST? | OUI 1 NON 2 | |
| 503 | Est-ce que cet établissement offre la possibilité de recevoir un traitement contre les IST avec un service spécialisé ou en consultations générales | OUI, CLINIQUE SPECIALE 1 OUI, CONSULTATIONS GENERALES 2 PAS DE SERVICE 3 | |
| 504 | SI LA RÉPONSE À 501, 502 OR 503 EST " OUI", ENCERCLER '1', SINON ENCERCLER '2'. | OUI 1 NON 2 | →506 |
| 505 | Est ce que cet établissement dirige les patients vers des spécialistes pour des conseils, des tests ou des traitement des IST? | OUI 1 NON 2 | →518 →518 |
| 506 | Depuis combien d'années offrez-vous des services pour les IST? | NOMBRE D'ANNÉES <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |
| 507 | Combien de jours par semaine, ces services concernant les IST sont-ils disponibles ? | JOURS <input type="text"/> | |
| 508 | Comment établit-on les diagnostics de IST dans cet établissement ? | APP.SYNDROMIQUE (OBSERVATION DES SYMPTOMES) 1 APP.CLINIQUE (LABORATOIRE). 2 AUTRE 6 (PRECISER) | |
| 509 | Y-a-t-il un registre des patients avec IST où l'information sur la consultation de chaque cliente est écrite? SI OUI : Puis-je le voir? | OUI, REGISTRE VU 1 OUI, REGISTRE PAS VU 2 PAS DE REGISTRE TENU..... 3 | →512 →512 |
| 510 | A quant remonte la plus récente inscription? | AU COURS DE 7 DERNIERS JOURS 1 PLUS DE 7 JOURS 2 | |
| 511 | NOTER LE NOMBRE DE PATIENTS IST VUS DANS UN PERIODE DE 12 MOIS. | NOMBRE PATIENTS IST <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS 998 | |
| 511a | Si la période à laquelle se réfère le nombre de patients est inférieure à 12mois, indiquez le nombre de mois concerné. | MOIS DES DONNEES.. <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |
| 512 | Est-ce que cet établissement déclare au gouvernement ou à son siège de l'organisation dont il dépend, les cas suivants : | OUI NON NSP SYPHILIS 1 2 8 GONORRHÉE 1 2 8 VIH 1 2 8 | |
| 513 | Est-ce que cet établissement a mis en place un règlement qui garantit la confidentialité aux patients ayant une IST? SI OUI, PUIS-JE VOIR LE PROTOCLE/FORMULAIRE/RÉGLEMENT ? | OUI,OBSERVÉ 1 OUI, PAS VU 2 PAS DE RÉGLEMENT 3 | |
| 514 | Y-a-t-il un tarif des consultations pour les IST dans cet établissement ? | OUI 1 NON 2 | →516 |

| NO. | QUESTIONS | CODE | ALLER À | | | | | |
|-----|--|--|--------------|--|--|--|--|--|
| 515 | Quel est le tarif d'une consultation pour IST? (en Francs Rwandais)) | COUT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NE SAIT PAS 99998 | | | | | | |
| | | | | | | | | |
| 516 | Est-ce que l'établissement fournit des médicaments pour le traitement des IST? | OUI 1 NON 2 | →518 | | | | | |
| 517 | Ces médicaments sont-ils gratuits? | OUI 1 NON 2 | | | | | | |
| 518 | Est-ce que cet établissement offre des services de conseils pour le VIH/SIDA? | OUI 1 NON 2 | | | | | | |
| 519 | Est-ce que cet établissement offre la possibilité d'effectuer des tests de détection du VIH/SIDA? | OUI 1 NON 2 | | | | | | |
| 520 | SI LES RÉPONSES À 518 OU 519 SONT " OUI", ENCERCLER '1', SINON ENCERCLER '2'. | OUI 1 NON 2 | →522 | | | | | |
| 521 | Est-ce que l'établissement dirige les patients vers des spécialistes pour des conseils, des tests ou des traitements du VIH/SIDA? | OUI 1 NON 2 | →527 →527 | | | | | |
| 522 | Depuis combien d'années offrez-vous des services qui traitent le VIH/SIDA? | NOMBRES D'ANNÉES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NE SAIT PAS 98 | | | | | | |
| | | | | | | | | |
| 523 | Combien de jours par semaine ces services sont-ils disponibles? | JOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | |
| | | | | | | | | |
| 524 | Est-ce que cet établissement a mis en place un règlement qui garantit la confidentialité aux patients soignés pour le VIH/SIDA? SI OUI, DEMANDER A VOIR LE PROTOCOLE/FORMULAIRE/REGLEMENT. | OUI,OBSERVÉ 1 OUI, PAS VU..... 2 PAS LE RÉGLEMENT 3 | | | | | | |
| 525 | Est-ce que cet établissement a un formulaire de consentement pour les test du VIH/SIDA ? SI OUI, DEMANDER DE VOIR UN FORMULAIRE DE CONSENTEMENT. | OUI,OBSERVÉ 1 OUI, PAS VU..... 2 NON, PAS DE FORMULAIRE 3 NE FAIT PAS LE TEST 4 | | | | | | |
| 526 | Est-ce que cet établissement fournit aux patients atteints du VIH/SIDA une formation/des conseils pour effectuer des soins à la maison? | OUI 1 NON 2 | | | | | | |
| 527 | L'établissement offre-t-il les services suivants aux patients testés positifs au VIH/SIDA : a) Soutien psycho-social par un spécialiste b) Suivi chez un spécialiste pour des soins spéciaux | OUI NON NSP | | | | | | |
| | | PSYCHO-SOCIA..... 1 2 8 SUIVI..... 1 2 8 | | | | | | |
| 528 | Est-ce que cet établissement se charge normalement d'informer le partenaire du client atteint de MST ou VIH/SIDA? (ACTIVE=PAR FOSA ; PASSIVE=PAR CLIENT) | OUI, NOTIFICATION ACTIVE 1 OUI, NOTIFICATION PASSIVE 2 NON 3 | | | | | | |
| 529 | Est-ce que cet établissement fournit aux patients hospitalisés pour une MST ou pour le SIDA des séances d'éducation ? SI OUI, DEMANDER A OBSERVER LES MATERIELS D'EDUCATION UTILISES POUR LES SÉANCES D'EDUCATION (Posters, brochures, fiches de conseils) | OUI 1 NON 2 | →531 | | | | | |

| NO. | QUESTIONS | | CODE | | | ALLER À | | |
|--|--|---|--|-----------------------|---------------------------------------|----------------------|-------------|------------|
| | | | OBSERVÉ | RAPPORTÉ | PAS DISPONIBLE | | NE SAIS PAS | |
| 530 | LES MATERIELS POUR ENSEIGNEMENT | OBSERVÉ | RAPPORTÉ | PAS DISPONIBLE | NE SAIS PAS | | | |
| | UTILISATION DU CONDOM | 1 | 2 | 3 | 8 | | | |
| | MOYEN DE PRÉVENTION DU VIH/SIDA | 1 | 2 | 3 | 8 | | | |
| | LES CONSÉQUENCES DU VIH/SIDA | 1 | 2 | 3 | 8 | | | |
| 531 | Des condoms sont-ils disponibles sur place pour les patients HIV/IST? | | OUI..... 1 NON 2 | | | →534 | | |
| 532 | Y-a-t-il un tarif pour les condoms? | | OUI..... 1 NON 2 | | | →534 | | |
| 533 | Combien coûte les condoms (pour 4 unités)*? | | FRW | | | | | |
| 534 | Est-ce que cet établissement offre la possibilité de suivre un traitement pour la tuberculose? | | OUI..... 1 NON 2 | | | | | |
| 535 | Puis-je voir la salle où les patients en HIV/MST reçoivent des conseils ? ENQUETEUR: EXAMINER LA SALLE. | | PIÈCE SÉPARÉE 1 SALLE AVEC RIDEAUX 2 AUTRES ÉLÉMENTS 3 MEME SALLE QUE SALLE D'ATTENTE 4 | | | | | |
| DEMANDER A VOIR OU LES EXAMENS POUR LES IST OU VIH/SIDA SONT EFFECTUES. POUR CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNER OU NON. | | | | | | | | |
| 536 | Si la salle a déjà été observée pour les autres services, Indiquer à quelle service. | | SERVICE PF..... 1 SERVICE ACCOUCHEMENT 2 SOINS PRÉNATALS 3 SALLE PAS OBSERVEE 4 | | | →539 →539 →539 | | |
| 537 | ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GÉNÉRALE DANS LA SALLE D'EXAMINATION | | ÉCLAIRAGE VERTICAL..... 1 LAMPE 2 LUMIÈRE DU JOUR/ FENETRES. 3 | | | | | |
| | LES ARTICLES POUR LES EXAMINATIONS | (a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES. | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | | |
| 538 | LA SALLE ET L'ÉQUIPEMENT | OBSERVÉ | RAPPORTÉ | PAS DISPONIBLE | NE SAIS PAS | OUI | NON | NSP |
| | a) Intimité visuelle | 1 | 2 | 3 | 8 | | | |
| | b) Intimité auditive | 1 | 2 | 3 | 8 | | | |
| | c) Lampes baladeuses/gynéco/torches | 1 | 2 | 3→538d | 8→538d | 1 | 2 | 8 |
| | d) Table gynécologique ou lit d'examen | 1 | 2 | 3→538e | 8→538e | 1 | 2 | 8 |
| | e) Produits pour laver les mains (savon, serviette) | 1 | 2 | 3 | 8 | | | |
| | f) Eau | 1 | 2 | 3 | 8 | | | |
| | g) Gants propres | | | | | | | |
| | h) Boîte objets tranchants (Boîte aiguilles) | 1 | 2 | 3 | 8 | | | |
| | i) Désinfectant 0,5% | 1 | 2 | 3 | 8 | | | |

| | LES ARTICLES POUR LES EXAMINATIONS | (a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES. | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
|-----|--|--|----------|----------------|-------------|--------------------------------|-----|-----|
| | | OBSERVÉ | RAPPORTÉ | PAS DISPONIBLE | NE SAIS PAS | OUI | NON | NSP |
| | LA SALLE ET L'EQUIPEMENT | | | | | | | |
| 539 | EQUIPEMENTS ET FOURNITURES | | | | | | | |
| | a) Speculum | 1 | 2 | 3 → 539b | 8 → 539b | 1 | 2 | 8 |
| | b) Ecoillor monté (Tige) | 1 | 2 | 3 | 8 | | | |
| 540 | PROTOCOLES/MATERIELS D'ENSEIGNEMENT | | | | | | | |
| | a) Protocoles cliniques pour IST | 1 | 2 | 3 | 8 | | | |
| | b) Protocoles pour utilisation de l'approche syndromique dans la prise en charge des IST | 1 | 2 | 3 | 8 | | | |
| | c) Protocoles pour traitement VIH/SIDA | 1 | 2 | 3 | 8 | | | |
| | d) Brochure d'information sur VIH/SIDA pour donner au client | 1 | 2 | 3 | 8 | | | |

LES TEST CLINIQUE POUR IST/VIH/SIDA

| TEST | | 541. Est-ce que les agents de santé de cet établissement ordonnent des tests? | 542. Où le test est-il effectué? CODES: 1=À L'ÉTABLISSEMENT; 2=ÉCHANTILLON PRÉLEVÉ À L'ÉTABLISSEMENT ET ENVOYÉ AILLEURS POUR ETRE TESTÉ; 3=PATIENT ENVOYÉ DANS UN AUTRE ÉTABLISSEMENT POUR ETRE TESTER; 6=AUTRE | 543. Au bout de combien de jours le patient reçoit-il les résultats? | 544. Combien coûte le TEST en Francs Rwandais? |
|--------------------|----------------|---|--|--|--|
| Syphilis | a) RPR ou VDRL | OUI..... 1 NON.. 2 → 541b | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| | b) TPHA | OUI..... 1 NON.. 2 → 541c | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| c) Coloration Gram | | OUI..... 1 NON.. 2 → 541d | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| d) Culot Frais | | OUI..... 1 NON.. 2 → 541e | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| VIH | e) Elisa | OUI..... 1 NO..... 2 → 541f | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| | f) VIH Rapide | OUI..... 1 NO..... 2 → 541g | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

| | | | | | |
|--|------------------------|-------------------------------|--|---|---|
| | g) Western Blott | OUI..... 1 NO..... 2 → 600 | OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|--|------------------------|-------------------------------|--|---|---|

SECTION 6 : LABORATOIRE

| | | | |
|-----|--|---------------------------|--------------|
| 600 | Est-ce que cette FOSA fait les tests de laboratoire à l'établissement ? (Si une réponse quelconque à la question 542 ou à la question 410 est « 1 », la réponse est OUI) | OUI..... 1 NON 2 | →601 →701 |
|-----|--|---------------------------|--------------|

DEMANDER A VOIR OU SONT EFFECTUES LES EXAMENS DE LABORATOIRES SI DES TESTS SONT EFFECTUES DANS L'ETABLISSEMENT

| | | | |
|-----|--|---------------------------|--|
| 601 | Est-ce que l'établissement a, au moins, un technicien de laboratoire? | OUI 1 NON..... 2 | |
| 602 | Dans cet établissement, effectuez-vous des tests pour les trichomonas? | OUI 1 NON..... 2 | |

| | LES EQUIPEMENT ET RÉACTIFS LABORATOIRE | (a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES.. | | | | (b) L'ARTICLE FONCTIONNE-T-IL? | | |
|-----|---|--|----------|----------------|-------------|--------------------------------|-----|-----|
| | | OBSERVÉ | RAPPORTE | PAS DISPONIBLE | NE SAIS PAS | OUI | NON | NSP |
| 603 | Microscope | 1 | 2 | 3→604 | 8→604 | 1 | 2 | 8 |
| 604 | Centrifugeuse | 1 | 2 | 3→604 | 8→604 | 1 | 2 | 8 |
| 605 | Lame pour GE | 1 | 2 | 3 | 8 | | | |
| | a) Giemsa | 1 | 2 | 3 | 8 | | | |
| | b) Leishman | 1 | 2 | 3 | 8 | | | |
| 606 | Bandelette Réactive (Albumine, Protéine, Sucre) | 1 | 2 | 3 | 8 | | | |
| 607 | Acide Acétique (Albumine, Protéine) | 1 | 2 | 3 | 8 | | | |
| | TEST POUR REACTIF | | | | | | | |
| 608 | HEMOGLOBINMETRE | 1 | 2 | 3→609 | 8→609 | 1 | 2 | 8 |
| | a) DRABKIN. Solution ou Photomètre | 1 | 2 | 3 | 8 | | | |
| 609 | Centrifugeuse à Hématocrite | 1 | 2 | 3 | 8 | | | |
| 610 | Echelle de TARQUIST | 1 | 2 | 3 | 8 | | | |
| | TEST POUR HIV/SIDA | | | | | | | |
| 611 | TEST RAPIDE | 1 | 2 | 3 | 8 | | | |
| 612 | ELISA+SCANNER | 1 | 2 | 3→613 | 8→613 | 1 | 2 | 8 |
| 613 | WESTERN BLOTT | 1 | 2 | 3 | 8 | | | |
| | TEST POUR IST | | | | | | | |
| 614 | VDRL | 1 | 2 | 3 | 8 | | | |
| | a) RPR (Réaginine Protéine Recherche) | 1 | 2 | 3 | 8 | | | |
| 615 | COLORATION AU GRAM | 1 | 2 | 3 | 8 | | | |
| | a) Cristal Violet solution | 1 | 2 | 3 | 8 | | | |
| | b) Réactif de Iugol | 1 | 2 | 3 | 8 | | | |
| | c) Acétone | 1 | 2 | 3 | 8 | | | |
| | d) SOFRANIME SOLUTION | 1 | 2 | 3 | 8 | | | |
| 616 | Milieu de culture (gélose au CHOCOLAT) | 1 | 2 | 3 | 8 | | | |

SECTION 7 LES MÉTHODES PLANIFICATION FAMILIALE

| | | | |
|-----|---|--|------|
| 700 | ENQUÊTEUR: VÉRIFIER 301. SI PLANIFICATION FAMILIALE DISPONIBLE OU NON | PF DISPONIBLE.....1 PF NON DISPONIBLE.....2 | →801 |
|-----|---|--|------|

DEMANDER A OBSERVER LA PHARMACIE/ESPACE DE RANGEMENT OU SONT STOCKES LES MÉTHODES DE PLANIFICATION FAMILIALE

CONTRACEPTIFS DISPONIBLES DANS L'ÉTABLISSEMENT: Je voudrais maintenant vous poser des questions sur les contraceptifs disponibles dans l'établissement. Je voudrais aussi voir les contraceptifs que vous avez en stocks. POSER LA QUESTION N°. (a) POUR CHAQUE CONTRACEPTIF.ET, S'IL N'EST PAS DISPONIBLE, PASSER À LA METHODE SUIVANTE.

| MÉTHODE | (a) Cette Méthode est-elle disponible actuellement ? | (b) Enregistrer si au moins 1 unité/cycle de la méthode non-périmée a été observé | (c) Est-ce que vous avez observé une méthode périmée? | (d) Les méthodes, sont-elles rangées selon la date de péremption? | (e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque de MÉTHODE ? | (f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué de MÉTHODE ? |
|---|---|--|--|--|--|---|
| 701 Pilule oestro progestative | OUI 1 NON..... 2→702 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→702 NE SAIT PAS..... 8→702 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI1 NON2 →702 NE SAIT PAS8→702 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 702 Pilule progestative | OUI 1 NON..... 2→703 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→703 NE SAIT PAS..... 8→703 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI1 NON2 →703 NE SAIT PAS8 →703 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 703 Injection (1 mois) NORIGYNON | OUI 1 NON..... 2→704 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→704 NE SAIT PAS..... 8→704 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI1 NON2 →704 NE SAIT PAS8→704 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 704 Injection (3 mois) DEPO OU NORISTAT | OUI 1 NON..... 2→705 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→705 NE SAIT PAS..... 8→705 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI.....1 NON.....2→705 NE SAIT PAS8→705 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 705 Implants | OUI 1 NON..... 2→706 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→706 NE SAIT PAS..... 8→706 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI.....1 NON.....2→706 NE SAIT PAS8→706 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 706 Condoms (masculins) | OUI 1 NON..... 2→707 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→707 NE SAIT PAS..... 8→707 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI.....1 NON.....2→707 NE SAIT PAS8→707 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 707 Condoms (féminins) | OUI 1 NON..... 2→708 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→708 NE SAIT PAS..... 8→708 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI1 NON.....2→708 NE SAIT PAS8→708 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 708 DIU | OUI 1 NON..... 2→709 | OUI, OBSERVE1 RAPPORTE,PAS VU 2→709 NE SAIT PAS..... 8→709 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI1 NON.....2→709 NE SAIT PAS8→709 | <input type="text"/> <input type="text"/> <input type="text"/> |

| | | | | | | |
|-------------------|---|--|--|---|--|--|
| 709 SPERMICIDE | OUI 1 NON..... 2→710 | OUI, OBSERVE RAPPORTE,PAS VU1 2→710 NE SAIT PAS.....8→710 | OUI 1 NON2 NE SAIT PAS.....8 | OUI 1 NON.....2 NE SAIT PAS.....8 | OUI1 NON.....2→710 NE SAIT PAS.....8→710 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 710 | EST-CE QUE LE SYSTEME DE COMMANDE DES PRODUITS DE PF EST LE MÊME QUE CELUI DE COMMANDE DES MÉDICAMENTS POUR LES MALADES ? | | | OUI, LE MÊME 1 NON, C'EST DIFFERENT..... 2 | →713 | |
| 711 | Est-ce que la formation sanitaire détermine la quantité de méthode dont elle a besoin et passe la commande, ou est-ce que la quantité que vous recevez est déterminée par quelqu'un d'autre? | | | DETERMINE PROPRES BESOINS ET PASSE COMMANDE 1 BESOIN DETERMINE AILLEURS. 2 | →713 | |
| 712 | SI DETERMINER AILLEURS: Est-ce que vous recevez toujours une quantité fixe ou est-ce que la quantité que vous recevez varie avec votre niveau d'activités? | | | QUANTITE BASEE SUR NIVEAU D'ACTIVITE...1 APPROVISIONNEMENT STANDARD FIXE.....2 | | |
| 713 | Est-ce que le magasin où les produits contraceptifs sont stockés est le même que le magasin des autres médicaments? | | | OUI, LA MÊME 1 NON, C'EST DIFFERENT..... 2 | →715 | |
| 714 | OBSERVER LA PLACE OU LES PRODUITS SONT STOCKES ET INDIQUER LES RÉPONSES CORRECTES POUR CHACUNE DES CONDITIONS SUIVANTES | | | | | |
| | LES PRODUITS CONTRACEPTIFS SONT PROTÉGÉS DE : | | | OUI | NON | NE SAIT PAS |
| | a) EAU (Répondre NON si vous observez des traces sur les murs dues à l'eau, des trous au toit) | | | 1 | 2 | 8 |
| | b) SOLEIL (Répondre NON s'il y a des ouvertures dans la chambre par lesquels le soleil peut entrer) | | | 1 | 2 | 8 |
| | c) PAS D'ÉVIDENCE DE RONGEUR (rat, souris, chauve souris) (Répondre NON s'il y a des trous dans les boîtes causés par des rongeurs ou des produits partiellement consommés, des excréments de rongeurs, etc.) | | | 1 | 2 | 8 |
| 715 | Y-a-t-il un inventaire écrit pour les METHODES? | | | OUI 1 NON 2 | →801 | |
| 716 | ENQUETEUR: L'INVENTAIRE ÉCRIT EST-IL À JOUR ET COMPLET? | | | OUI, OBSERVÉ, A JOUR 1 OUI, OBSERVÉ, PAS A JOUR 2 OUI, A JOUR NON OBSERVÉ 3 NON , A JOUR, NON OBSERVE .. 4 NE SAIT PAS8 | | |

SECTION 8: LES MÉDICAMENTS

DEMANDER D'OBSERVER LA PHARMACIE/ESPACE DE RANGEMENT OU SONT GARDES LES MÉDICAMENTS

| MÉDICAMENTS ORAUX | (a) Ce MÉDICAMENT est-il disponible actuellement ? | (b) Enregistrer si au moins 1 médicament non-périmé a été observé | (c) Est-ce que vous avez observé un médicament périmé? | (d) Les médicaments, sont-ils rangés selon la date de péremption? | (e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENT ? | (f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ? |
|--|---|--|---|--|---|--|
| 801) Aldomet PO | OUI..... 1 NON2→802 | OUI, OBSERVE1 RAPPORTE,PAS VU2→802 NE SAIT PAS.....8→802 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→802 NE SAIT PAS..8→802 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 802) Comprimés d'Amoxicilline ou sirop | OUI..... 1 NON2→803 | OUI, OBSERVE1 RAPPORTE,PAS VU2→803 NE SAIT PAS.....8→803 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→803 NE SAIT PAS..8→803 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 803) comprimé d'Ampicilline ou sirop | OUI..... 1 NON2→804 | OUI, OBSERVE1 RAPPORTE,PAS VU2→804 NE SAIT PAS.....8→804 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→804 NE SAIT PAS..8→804 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 804) aspirine | OUI..... 1 NON2→805 | OUI, OBSERVE1 RAPPORTE,PAS VU2→805 NE SAIT PAS.....8→805 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→805 NE SAIT PAS..8→805 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 805) Benzathine pénicilline | OUI..... 1 NON2→806 | OUI, OBSERVE1 RAPPORTE,PAS VU2→806 NE SAIT PAS.....8→806 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→806 NE SAIT PAS..8→806 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 806) Benzyl pénicilline | OUI..... 1 NON2→807 | OUI, OBSERVE1 RAPPORTE,PAS VU2→807 NE SAIT PAS.....8→807 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→807 NE SAIT PAS..8→807 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 807) Brufen | OUI..... 1 NON2→808 | OUI, OBSERVE1 RAPPORTE,PAS VU2→808 NE SAIT PAS.....8→808 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→808 NE SAIT PAS..8→808 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 808) Chloramphénicol | OUI..... 1 NON2→809 | OUI, OBSERVE1 RAPPORTE,PAS VU2→809 NE SAIT PAS.....8→809 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→809 NE SAIT PAS..8→809 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 809) Comprimés de Chloroquine | OUI 1 NON.....2→810 | OUI, OBSERVE1 RAPPORTE,PAS VU2→810 NE SAIT PAS.....8→810 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI..... 1 NON 2 NE SAIT PAS 8 | OUI1 NON.....2→810 NE SAIT PAS..8→810 | <input type="text"/> <input type="text"/> <input type="text"/> |

| MÉDICAMENTS ORAUX | (a) Ce MÉDICAMENT est-il disponible actuellement ? | (b) Enregistrer si au mois 1 médicament non-périmé a été observé | (c) Est-ce que vous avez observé quelque médicament périmé? | (d) Le médicament, sont-ils rangés selon la date de péremption? | (e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENTS ? | (f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ? |
|---|---|---|--|--|--|--|
| 810) Comprimés de Cotrimoxazole ou sirop | OUI 1 NON..... 2→811 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→811 NE SAIT PAS..... 8→811 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→811 NE SAIT PAS..8→811 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 811) Doxycycline | OUI 1 NON..... 2→812 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→812 NE SAIT PAS..... 8→812 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→812 NE SAIT PAS..8→812 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 812) EH (combiné Ethanbutol & INH) | OUI 1 NON..... 2→813 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→813 NE SAIT PAS..... 8→813 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→813 NE SAIT PAS..8→813 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 813) Ergométrine Maléate | OUI 1 NON..... 2→814 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→814 NE SAIT PAS..... 8→814 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→814 NE SAIT PAS..8→814 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 814) Érythromycine | OUI 1 NON..... 2→815 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→815 NE SAIT PAS..... 8→815 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→815 NE SAIT PAS..8→815 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 815) Éthanbutol ⁴ | OUI 1 NON..... 2→816 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→816 NE SAIT PAS..... 8→816 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→816 NE SAIT PAS..8→816 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 816) Fansidar (Sulphadoxine/ pyriméthamine) | OUI 1 NON..... 2→817 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→817 NE SAIT PAS..... 8→817 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→817 NE SAIT PAS..8→817 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 817) sulfate ferreux (Fer) | OUI 1 NON..... 2→818 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→818 NE SAIT PAS..... 8→818 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→818 NE SAIT PAS..8→818 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 818) Fer avec folique | OUI 1 NON..... 2→819 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→819 NE SAIT PAS..... 8→819 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→819 NE SAIT PAS..8→819 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 818a Acide folic | OUI 1 NON..... 2→819 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→819 NE SAIT PAS..... 8→819 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→819 NE SAIT PAS..8→819 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 819) Violet de gentianet | OUI 1 NON..... 2→820 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→820 NE SAIT PAS..... 8→820 | OUI 1 NON 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON 2→820 NE SAIT PAS..8→820 | <input type="text"/> <input type="text"/> <input type="text"/> |

| MÉDICAMENTS ORAUX | (a) Ce MÉDICAMENT est-il disponible actuellement ? | (b) Enregistrer si au moins 1 médicament non-périmé a été observé | (c) Est-ce que vous avez observé un médicament périmé? | (d) Les médicaments, sont-ils rangés selon la date de péremption? | (e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENT ? | (f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ? |
|------------------------------|---|---|---|--|---|--|
| 820) INH | OUI 1 NON..... 2→821 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→821 NE SAIT PAS..... 8→821 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→821 NE SAIT PAS..8→821 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 821) Mebendazole | OUI 1 NON..... 2→822 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→822 NE SAIT PAS..... 8→822 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→822 NE SAIT PAS..8→822 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 822) Metronidazole | OUI 1 NON..... 2→823 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→823 NE SAIT PAS..... 8→823 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→823 NE SAIT PAS..8→823 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 823) Acide Nalidixic | OUI 1 NON..... 2→824 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→824 NE SAIT PAS..... 8→824 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON..... 2 NE SAIT PAS 8 | OUI 1 NON..... 2→824 NE SAIT PAS..8→824 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 824) Norfloxacin | OUI 1 NON..... 2→825 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→825 NE SAIT PAS..... 8→825 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→825 NE SAIT PAS..8→825 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 825) Nystatine Passaries | OUI 1 NON..... 2→826 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→826 NE SAIT PAS..... 8→826 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→826 NE SAIT PAS..8→826 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 826) SRO | OUI 1 NON..... 2→827 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→827 NE SAIT PAS..... 8→827 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→827 NE SAIT PAS..8→827 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 827) Paracétamol | OUI 1 NON..... 2→828 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→828 NE SAIT PAS..... 8→828 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→828 NE SAIT PAS..8→828 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 828) Probénicidic | OUI 1 NON..... 2→829 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→829 NE SAIT PAS..... 8→829 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→829 NE SAIT PAS..8→829 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 829) Pyrazinamide | OUI 1 NON..... 2→830 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→830 NE SAIT PAS..... 8→830 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→830 NE SAIT PAS..8→830 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 830) Rifampin ou Rifampincin | OUI 1 NON..... 2→831 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→831 NE SAIT PAS..... 8→831 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→831 NE SAIT PAS..8→831 | <input type="text"/> <input type="text"/> <input type="text"/> |

| MÉDICAMENTS ORAUX | (a) Ce MÉDICAMENT est-il disponible actuellement ? | (b) Enregistrer si au moins 1 médicament non-périmé a été observé | (c) Est-ce que vous avez observé un médicament périmé? | (d) Les médicaments, sont-ils rangés selon la date de péremption? | (e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENTS ? | (f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT |
|--|---|---|---|--|--|--|
| 831) Rifater (combined INH, rifampin & Pyrazinamide) | OUI 1 NON..... 2→832 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→832 NE SAIT PAS..... 8→832 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→832 NE SAIT PAS..8→832 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 832) Tétracycline | OUI 1 NON..... 2→833 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→833 NE SAIT PAS..... 8→833 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→833 NE SAIT PAS..8→833 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 833) Vitamine A 200,000 iu | OUI 1 NON..... 2→834 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→834 NE SAIT PAS..... 8→834 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→834 NE SAIT PAS..8→834 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 834) Vitamine A 25,000 iu | OUI 1 NON..... 2→835 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→835 NE SAIT PAS..... 8→835 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→835 NE SAIT PAS..8→835 | <input type="text"/> <input type="text"/> <input type="text"/> |
| OPHTHALMIQUE 835 Tétracycline en pommade ou gouttes de nitrate d'argent | OUI 1 NON..... 2→836 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→836 NE SAIT PAS..... 8→836 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→836 NE SAIT PAS..8→836 | <input type="text"/> <input type="text"/> <input type="text"/> |
| MÉDICAMENTS INJECTION | | | | | | |
| 836) Ampicillin injection | OUI 1 NON..... 2→837 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→837 NE SAIT PAS..... 8→837 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→837 NE SAIT PAS..8→837 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 837) Ceftriaxone inj | OUI 1 NON..... 2→838 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→838 NE SAIT PAS..... 8→838 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→838 NE SAIT PAS..8→838 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 838) Diazepam injection | OUI 1 NON..... 2→839 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→839 NE SAIT PAS..... 8→839 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→839 NE SAIT PAS..8→839 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 839) Gentamicine ou Kanamycine | OUI 1 NON..... 2→840 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→840 NE SAIT PAS..... 8→840 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→840 NE SAIT PAS..8→840 | <input type="text"/> <input type="text"/> <input type="text"/> |

| MÉDICAMENTS INJECTION | (a) Ce MÉDICAMENT est-il disponible actuellement ? | (b) Enregistrer si au moins 1 médicament non-périmé a été observé | (c) Est-ce que vous avez observé un médicament périmé? | (d) Les médicaments, sont-ils rangés selon la date de péremption? | (e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENT ? | (f) Pendant combien de jours au cours des 6 derniers mois est- ce que vous avez manqué du MÉDICAMENT ? |
|--|---|---|---|--|--|--|
| 840) Lidocaine ou xylocaine | OUI 1 NON..... 2→841 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→841 NE SAIT PAS..... 8→841 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→841 NE SAIT PAS..8→841 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 841) Lignocaine | OUI 1 NON..... 2→842 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→842 NE SAIT PAS..... 8→842 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→842 NE SAIT PAS..8→842 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 842) Sulfate de Magnésium ou hidralazine | OUI 1 NON..... 2→843 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→843 NE SAIT PAS..... 8→843 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→843 NE SAIT PAS..8→843 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 843) Oxytocines/ Ergometrine | OUI 1 NON..... 2→844 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→844 NE SAIT PAS..... 8→844 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→844 NE SAIT PAS..8→844 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 844) Procaine pénicilline | OUI 1 NON..... 2→845 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→845 NE SAIT PAS..... 8→845 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→845 NE SAIT PAS..8→845 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 845) Quinine | OUI 1 NON..... 2→846 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→846 NE SAIT PAS..... 8→846 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→846 NE SAIT PAS..8→846 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 846) Spectinomycin | OUI 1 NON..... 2→847 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→847 NE SAIT PAS..... 8→847 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→847 NE SAIT PAS..8→847 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 847) Streptomycine | OUI 1 NON..... 2→848 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→848 NE SAIT PAS..... 8→848 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→848 NE SAIT PAS..8→848 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 848) Eau stérile pour injections | OUI 1 NON..... 2→849 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→849 NE SAIT PAS..... 8→849 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→849 NE SAIT PAS..8→849 | <input type="text"/> <input type="text"/> <input type="text"/> |
| 849) Antiretroviral | OUI 1 NON..... 2→850 | OUI, OBSERVE 1 RAPPORTE,PAS VU 2→850 NE SAIT PAS..... 8→850 | OUI 1 NON..... 2 NE SAIT PAS..... 8 | OUI 1 NON 2 NE SAIT PAS 8 | OUI 1 NON..... 2→850 NE SAIT PAS..8→850 | <input type="text"/> <input type="text"/> <input type="text"/> |

| | | | | | |
|-----|--|---|-----|-------------|------|
| 850 | Est-ce que la formation sanitaire détermine la quantité des médicaments dont elle a besoin et passe la commande, ou est-ce que la quantité que vous recevez est déterminée par quelqu'un d'autre? | DETERMINE PROPRES BESOINS ET PASSE COMMANDE 1 BESOIN DETERMINE AILLEURS..... 2 | | | →852 |
| 851 | SI DETERMINE AILLEURS: Est-ce que vous recevez toujours une quantité fixe ou est-ce que la quantité que vous recevez varie avec votre niveau d'activités? | QUANTITE BASEE SUR NIVEAU D'ACTIVITE 1 APPROVISIONNEMENT STANDARD FIXE 2 | | | |
| 852 | OBSERVEZ L'ENDROIT OU SONT STOCKES LES MEDICAMENTS ET INDIQUEZ LA REPONSE CORRECTE POUR CHACUNE DES CONDITIONS SUIVANTES: | | | | |
| | LES MEDICAMENTS SONT PROTÉGÉS DE : | OUI | NON | NE SAIT PAS | |
| | a) EAU (Répondre NON si vous observez des traces sur les murs dues à l'eau, des trous au toit) | 1 | 2 | 8 | |
| | b) SOLEIL (Répondre NON s'il y a des ouvertures dans la chambre par les quels le soleil peut entrer) | 1 | 2 | 8 | |
| | c) PAS D'ÉVIDENCE DE RONGEUR (rat, souris, chauve souris) Répondre NON s'il y a des trous dans les boites causés par des rongeurs ou des produits partiellement consommés des excréments de rongeurs, etc.) | 1 | 2 | 8 | |
| 853 | Y-a-t-il un inventaire écrit pour les médicaments ? | OUI 1 NON..... 2 | | | →901 |
| 854 | ENQUETEUR: L'INVENTAIRE ÉCRIT EST-IL À JOUR ET COMPLET? | OUI, OBSERVÉ, A JOUR..... 1 OUI, OBSERVÉ, PAS A JOUR..... 2 OUI, A JOUR NON OBSERVÉ..... 3 NON, A JOUR NON OBSERVE 4 NE SAIT PAS..... 8 | | | |

SECTION 9 : FOURNITURES

**DEMANDEZ A OBSERVER LE MAGASIN OU L'ENDROIT OU SONT STOCKES
LES FOURNITURES**

| FOURNITURES | a) Les FOURNITURES sont-elles disponibles actuellement? | b) Vous-est-il arrivé, au cours des 6 derniers mois de manquer des FOURNITURES? | c) OBSERVER S'IL Y A, AU MOINS, 1 FOURNITURE |
|---|---|---|--|
| 901) Antiseptiques (chlorhexidine, alcool à 90° ou autre) | OUI 1 NON 2 → 902 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 902) Chlore ou eau de Javel | OUI 1 NON 2 → 903 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 903) Gants stérilés | OUI 1 NON 2 → 904 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 904) Gants propres | OUI 1 NON 2 → 905 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 905) Porte-aiguille | OUI 1 NON 2 → 906 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 906) Vêtements de protection | OUI 1 NON 2 → 907 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 907) Seringues à usage unique | OUI 1 NON 2 → 908 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 908) Seringues réutilisables | OUI 1 NON 2 → 909 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 909) Aiguilles à usage unique | OUI 1 NON 2 → 910 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 910) Des compresses pour la peau | OUI 1 NON 2 → 911 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |
| 911) Aiguilles et matériel pour effectuer des sutures | OUI 1 NON 2 → 912 | OUI 1 NON 2 | OBSERVÉ 1 NON OBSERVÉ 2 |

912. NOTER L'HEURE DE FIN DE L'INTERVIEW

HEURE.....

MINUTES.....

COMMENTAIRES

| QUESTIONNAIRE INTERVIEW DE L'AGENT DE SANTE | |
|---|--|
| IDENTIFICATION DE LA FORMATION SANITAIRE | |
| <p>Nom de la FOSA _____</p> <p>Localisation de la FOSA _____</p> <p>Code de la FOSA</p> <p>Type de FOSA : (1 = Hôpital de référence; 2 = Hôpital de district; 3= Centre de santé; 4 = Dispensaire; 6 = Autre _____)</p> <p>Statut de la FOSA : (1 = Public; 2 = Agrée; 3 = Privé 96= Autre _____)</p> | <p>CODE FOSA <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>TYPE FOSA..... <input style="width: 20px; height: 20px;" type="text"/></p> <p>STATUT FOSA..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> |
| Information sur l'agent de santé | |
| <p>Fonction de l'agent de santé: (1 = Médecin Spécialiste ; 2 = Médecin Généraliste; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____)</p> <p>Sexe de l'agent de santé: (1 = féminin; 2 = masculin)</p> <p>Code de l'agent de santé (Utiliser le même code que pour les questionnaires observation)</p> | <p>FONCTION AGENT DE SANTÉ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>SEXE AGENT DE SANTÉ <input style="width: 20px; height: 20px;" type="text"/></p> <p>CODE AGENT DE SANTÉ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> |
| INFORMATION SUR L'INTERVIEW | |
| <p>Date: _____</p> <p>Nom de l'enquêteur _____</p> <p>Heure de début de l'interview:</p> | <p>JOUR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>MOIS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>ANNÉE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>CODE ENQUÊTEUR... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>HEURE..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>MINUTES <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> |

Interview de l'agent de santé

100 **ENQUÊTEUR:** A LIRE A L'AGENT DE SANTÉ.

Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais vous poser des questions à ce sujet.

Ces informations sont complètement confidentielles. Vous pouvez si vous le souhaitez, arrêter cette interview à n'importe quel moment.

Avez-vous des questions pour moi?
 Acceptez-vous de participer à cette interview?

SIGNATURE DE L'ENQUÊTEUR..... DATE.....
 (Indique que le consentement de l'agent a été demandé)

| NO. | QUESTIONS | MODALITÉS ET CODES | PASSER A |
|---|---|--|-------------|
| 1. Formation et Expérience de l'agent de santé | | | |
| 100a | Puis-je continuer? | OUI.....1 NON2 | → STOP |
| 101 | En quelle année, avez-vous commencé à travailler dans cette structure? | ANNÉE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| 102 | Maintenant, je voudrais vous poser des questions sur votre formation de base. Avant de commencer votre formation professionnelle, combien de années d'études, au total, avez-vous terminés avec succès? | ANNÉES..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| 103 | Quelle est votre qualification technique actuelle? | MEDECIN SPECIALISTE10 MEDECIN GENERALISTE11 INFIRMIER A120 INFIRMIER A221 INFIRMIER A322 AUXILIAIRE DE SANTÉ40 AUTRE96 | |
| 104 | En quelle année, avez-vous terminé votre formation à l'école de médecine, de sciences infirmiers ou tout autre établissement de formation ? | ANNÉE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| 105 | Combien d'années après la formation de base que vous avez eue (TELLE QUE SAISIE A LA QUESTION 102) sont nécessaires pour obtenir la qualification technique que vous avez actuellement (TELLE QUE SAISIE A LA QUESTION 103) ? (Si moins d'une année, écrire "00" et indiquer le nombre de mois). | ANNÉES..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MOIS..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |

| NO. | QUESTIONS | MODALITÉS ET CODES | PASSER A |
|-----|---|--|----------|
| 106 | En ce qui vous concerne maintenant, combien d'années de formation professionnelle, avez vous termin2 avec succès, en vue de l'obtention de votre qualification technique actuelle ? | ANNÉES <input type="text"/> <input type="text"/> | |

2. Soins de santé infantile

| NO. | QUESTIONS | MODALITÉS ET CODES | PASSER A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----------|--|------|------------------------------|---------------------------------|--|--------------------------|---|---|---|---|---|--------------------------------|---|---|-------------------------------|---|---|--|---|---|---|---|---|--------------------------------|---|---|--|
| 201 | Est-ce que vous donnez personnellement des soins de santé infantile? | OUI1 NON2 | →301 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 202 | Depuis combien d'années donnez-vous ces soins? SI MOINS D'UN AN ENRIGISTRER "00". | ANNÉES <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 203 | POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale ou infirmière ? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois? | <table border="1"> <thead> <tr> <th colspan="2">OUI</th> <th>NON,</th> </tr> <tr> <th>AU COURS DE 12 DERNIERS MOIS</th> <th>AU COURS DE 13-59 DERNIERS MOIS</th> <th>N'A PAS RECU DE FORMATION AU COURS DES 5 ANS</th> </tr> </thead> <tbody> <tr> <td>10) PEV/ CHAÎNE DE FROID</td> <td>2</td> <td>3</td> </tr> <tr> <td>21) TRAITEMENT INFÉCTION RESPIRATOIRE ALGUE (IRA) ?</td> <td>2</td> <td>3</td> </tr> <tr> <td>22) TRAITEMENT DE LA DIARRHÉE?</td> <td>2</td> <td>3</td> </tr> <tr> <td>23) TRAITEMENT DU PALUDISME ?</td> <td>2</td> <td>3</td> </tr> <tr> <td>30) NUTRITION/CARENCE EN MICRO-NUTRIMENTS?</td> <td>2</td> <td>3</td> </tr> <tr> <td>40 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?</td> <td>2</td> <td>3</td> </tr> <tr> <td>96 AUTRE _____ (À PRÉCISER)</td> <td>2</td> <td>3</td> </tr> </tbody> </table> | OUI | | NON, | AU COURS DE 12 DERNIERS MOIS | AU COURS DE 13-59 DERNIERS MOIS | N'A PAS RECU DE FORMATION AU COURS DES 5 ANS | 10) PEV/ CHAÎNE DE FROID | 2 | 3 | 21) TRAITEMENT INFÉCTION RESPIRATOIRE ALGUE (IRA) ? | 2 | 3 | 22) TRAITEMENT DE LA DIARRHÉE? | 2 | 3 | 23) TRAITEMENT DU PALUDISME ? | 2 | 3 | 30) NUTRITION/CARENCE EN MICRO-NUTRIMENTS? | 2 | 3 | 40 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ? | 2 | 3 | 96 AUTRE _____ (À PRÉCISER) | 2 | 3 | |
| OUI | | NON, | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AU COURS DE 12 DERNIERS MOIS | AU COURS DE 13-59 DERNIERS MOIS | N'A PAS RECU DE FORMATION AU COURS DES 5 ANS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10) PEV/ CHAÎNE DE FROID | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21) TRAITEMENT INFÉCTION RESPIRATOIRE ALGUE (IRA) ? | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22) TRAITEMENT DE LA DIARRHÉE? | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23) TRAITEMENT DU PALUDISME ? | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30) NUTRITION/CARENCE EN MICRO-NUTRIMENTS? | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ? | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96 AUTRE _____ (À PRÉCISER) | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

3. Planification familiale

| NO. | QUESTIONS | MODALITÉS ET CODES | PASSER A | | | | | | | | | |
|------------------------------|--|--|----------|--|------|------------------------------|---------------------------------|--|--|--|--|--|
| 301 | Est-ce que vous donnez personnellement des services de planification familiale aux patients de cette structure? | OUI1 NON2 | →401 | | | | | | | | | |
| 302 | Depuis combien d'années donnez-vous ce service? SI MOINS D'UN AN ENRIGISTRER "00". | ANNÉES <input type="text"/> <input type="text"/> | | | | | | | | | | |
| 303 | POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale ou infirmière ? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois? | <table border="1"> <thead> <tr> <th colspan="2">OUI</th> <th>NON,</th> </tr> <tr> <th>AU COURS DE 12 DERNIERS MOIS</th> <th>AU COURS DE 13-59 DERNIERS MOIS</th> <th>N'A PAS RECU DE FORMATION AU COURS DES 5 ANS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | OUI | | NON, | AU COURS DE 12 DERNIERS MOIS | AU COURS DE 13-59 DERNIERS MOIS | N'A PAS RECU DE FORMATION AU COURS DES 5 ANS | | | | |
| OUI | | NON, | | | | | | | | | | |
| AU COURS DE 12 DERNIERS MOIS | AU COURS DE 13-59 DERNIERS MOIS | N'A PAS RECU DE FORMATION AU COURS DES 5 ANS | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | | | |
|--|---|---|---|---|
| | 10) CONSEILS EN PLANIFICATION FAMILIALE ? | 1 | 2 | 3 |
| | 20 TECHNOLOGIE CONTRACEPTIVE (TC) ? | 1 | 2 | 3 |
| | 30 EN APPROCHE SYNDROMIQUE DES IST ? | 1 | 2 | 3 |
| | 96 AUTRE _____ (À PRECISER) | 1 | 2 | 3 |

4. Santé Maternelle

| NO. | QUESTIONS | MODALITÉS ET CODES | | PASSER A |
|-----|--|--|---------------------------------|--|
| 401 | Est-ce que vous donnez personnellement des soins prénatals? | OUI1 | NON.....2 | →404 |
| 402 | Depuis combien d'années donnez-vous ce service? SI MOINS D'UN AN ENRIGISTRER "00". | ANNÉES <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | | |
| 403 | POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale ou infirmière ? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois? | OUI | | NON, |
| | | AU COURS DE 12 DERNIERS MOIS | AU COURS DE 13-59 DERNIERS MOIS | N'A PAS RECU DE FORMATION AU COURS DES 5 ANS |
| | 10) SOINS PRÉNATALS ? | 1 | 2 | 3 |
| | 20 CONSEILS/EDUCATION POUR LA SANTÉ DES FEMMES ENCEINTES ? | 1 | 2 | 3 |
| | 30 PRISE EN CHARGE DES GROSSESSES À RISQUE ? | 1 | 2 | 3 |
| | 50 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ? | 1 | 2 | 3 |
| | 96 AUTRE _____ (À PRECISER) | 1 | 2 | 3 |
| 404 | Est-ce que personnellement vous donnez des soins à l'accouchement? Par là, je veux dire que c'est vous qui donnez les soins (personnellement). | OUI1 | NON.....2 | →409 |

| NO. | QUESTIONS | MODALITÉS ET CODES | PASSER A | | | | | | | | | | | | | | | | | | |
|------------------------------|---|---|----------|--|------|------------------------------|---------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|--|
| 405 | Depuis combien d'années donnez-vous ces soins à l'accouchement? SI MOINS D'UN AN ENRIGISTRER "00". | ANNÉES <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| 406 | POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois? | <table border="1"> <thead> <tr> <th colspan="2">OUI</th> <th>NON,</th> </tr> <tr> <th>AU COURS DE 12 DERNIERS MOIS</th> <th>AU COURS DE 13-59 DERNIERS MOIS</th> <th>N'A PAS RECU DE FORMATION AU COURS DES 5 ANS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table> | OUI | | NON, | AU COURS DE 12 DERNIERS MOIS | AU COURS DE 13-59 DERNIERS MOIS | N'A PAS RECU DE FORMATION AU COURS DES 5 ANS | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | |
| OUI | | NON, | | | | | | | | | | | | | | | | | | | |
| AU COURS DE 12 DERNIERS MOIS | AU COURS DE 13-59 DERNIERS MOIS | N'A PAS RECU DE FORMATION AU COURS DES 5 ANS | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | |
| | 10) SOINS DURANT LE TRAVAIL OU L' ACCOUCHEMENT ? | | | | | | | | | | | | | | | | | | | | |
| | 20 UTILISATION DES COURBES DE SUIVI DU TRAVAIL (PARTOGRAMME)? | | | | | | | | | | | | | | | | | | | | |
| | 30 FORMATION EN URGENCE OBSTETRICALE ? | | | | | | | | | | | | | | | | | | | | |
| | 96 AUTRE _____ (À PRÉCISER) | | | | | | | | | | | | | | | | | | | | |
| 407 | Approximativement, combien d'accouchements avez-vous effectué en tant qu'agent en charge, pendant les 12 derniers mois? (INCLURE LES ACCOUCHEMENTS EFFECTUÉS DANS LES FORMATIONS SANITAIRES PUBLIQUES AINSI QUE LES STRUCTURES PRIVÉES ET LES DOMICILES) | NOMBRE D'ACCOUCHEMENTS <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| 407a | SI LE NOMBRE D'ACCOUCHEMENTS DECLARE NE SE RAPPORTE PAS A UNE ANNEE COMPLETE , INDIQUER LE NOMBRE DE MOIS CONCERNE PAR CES ACCOUCHEMENTS | NOMBRE DE MOIS <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| 408 | Quand avez-vous utilisé un partogramme pour la dernière fois? | JAMAIS.....0 LA SEMAINE PASSÉE.....1 LE MOIS PASSÉ2 AU COURS DES 6 DER. MOIS.....3 IL YA 6 MOIS OU PLUS4 NE SAIT PAS.....8 | | | | | | | | | | | | | | | | | | | |
| 409 | Donnez-vous personnellement des soins aux nouveaux-nés? | OUI1 NON2 | →412 | | | | | | | | | | | | | | | | | | |
| 410 | Depuis combien d'années donnez-vous ces soins? SI MOINS D'UN AN ENRIGISTRER "00". | ANNÉES <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS | MODALITÉS ET CODES | | PASSER A |
|------------------------------|---|---|---------------------------------|--|
| 411 | POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale ou infirmière? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois? | OUI | | NON, N'A PAS RECU DE FORMATION AU COURS DES 5 ANS |
| | | AU COURS DE 12 DERNIERS MOIS | AU COURS DE 13-59 DERNIERS MOIS | |
| | 10) SOINS AU NOUVEAU NÉ NORMAL ? | 1 | 2 | 3 |
| | 20 RÉANIMATION NÉONATALE? | 1 | 2 | 3 |
| | 50 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ? | 1 | 2 | 3 |
| 96 AUTRE _____ (À PRÉCISER) | 1 | 2 | 3 | |
| 412 | Donnez-vous personnellement des soins post-natals? | OUI1 | NON.....2 | →501 |
| 413 | Depuis combien d'années donnez-vous ces soins ? SI MOINS D'UN AN ENRIGISTRER "00". | ANNÉES..... <input type="text"/> <input type="text"/> | | |
| 414 | POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois? | OUI | | NON, N'A PAS RECU DE FORMATION AU COURS DES 5 ANS |
| | | AU COURS DE 12 DERNIERS MOIS | AU COURS DE 13-59 DERNIERS MOIS | |
| | 10) SOINS POSTNATALS ? | 1 | 2 | 3 |
| | 20) PLANIFICATION FAMILIALE? | 1 | 2 | 3 |
| | 50) TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ? | 1 | 2 | 3 |
| 96) AUTRE _____ (À PRÉCISER) | 1 | 2 | 3 | |
| 5. MST/VIH/SIDA | | | | |
| 501 | Donnez-vous personnellement des soins aux patients atteints d'infections sexuellement transmises (IST)? | OUI1 | NON.....2 | →504 |
| 502 | Depuis combien d'années donnez-vous ces soins ? SI MOINS D'UN AN ENRIGISTRER "00". | ANNÉES..... <input type="text"/> <input type="text"/> | | |

| NO. | QUESTIONS | MODALITÉS ET CODES | | PASSER A |
|--------------------------------|---|---|---------------------------------|--|
| 503 | POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois? | OUI | | NON, N'A PAS RECU DE FORMATION AU COURS 5 ANS |
| | | AU COURS DE 12 DERNIERS MOIS | AU COURS DE 13-59 DERNIERS MOIS | |
| | 10) CONSEILS DE PREVENTION DES IST ? | 1 | 2 | 3 |
| | 20) DIAGNOSTIC ET TRAITEMENTS DES ITS ? | 1 | 2 | 3 |
| | 30 APPROCHE SYNDROMIQUE DES IST ? | 1 | 2 | 3 |
| | 50 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ? | 1 | 2 | 3 |
| 96 AUTRE _____ (À PRÉCISER) | 1 | 2 | 3 | |
| 504 | Donnez-vous personnellement des soins aux patients qui sont positifs au VIH/SIDA? | OUI | 1 | → 601 |
| | | NON | 2 | |
| 505 | Si oui, quel type de soins offrez-vous? | OUI NON | | |
| | | CONSEILS/ACCOMPAGNEMENT PSYCHO-SOCIAL..... 1 2 | | |
| | | PRISE EN CHARGE MÉDICALE DE LA MALADIE..... 1 2 | | |
| | | THÉRAPIE ANTI-RETROVIRALE.....1 2 | | |
| 506 | Depuis combien d'années donnez-vous ces soins ? SI MOINS D'UN AN ENREGISTRER "00". | ANNÉES | <input type="text"/> | <input type="text"/> |
| 507 | POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois? | OUI | | NON, N'A PAS RECU DE FORMATION AU COURS 5 ANS |
| | | AU COURS DE 12 DERNIERS MOIS | AU COURS DE 13-59 DERNIERS MOIS | |
| | 10) CONSEILS DE PREVENTION DU VIH/SIDA ? | 1 | 2 | 3 |
| | 11) CONSEILS/ACCOMPAGNEMENT PSYCHO-SOCIAL DE PATIENTS INFECTÉS PAR LE VIH/SIDA ? | 1 | 2 | 3 |
| | 20 PRISE EN CHARGE MÉDICALE DES PATIENTS INFECTÉS PAR LE VIH/SIDA ? | 1 | 2 | 3 |
| | 21 TRAITEMENT ANTI-RETROVIRAL DES PATIENTS INFECTÉS PAR LE VIH/SIDA ? | | | |
| | 50 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ? | 1 | 2 | 3 |
| 96 AUTRE _____ (À PRÉCISER) | 1 | 2 | 3 | |

6. Supervision

| NO | QUESTIONS | MODALITÉS ETCODES | PASSER A |
|-----|--|--|----------|
| 601 | Au cours des 6 derniers mois, avez-vous été supervisé dans votre travail? | OUI.....1 NON2 | →701 |
| 602 | Combien de fois, au cours des 6 derniers mois, avez-vous été supervisé dans votre travail? | NO DE FOIS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| 603 | Qu'a fait votre superviseur la dernière fois qu'il/qu'elle a effectué une visite? | OUI NON NSP | |
| | 1) Revu vos dossiers/rapports | VERIFIE DOSSIERS1 | 2 8 |
| | 2) Observé votre travail? | OBSERVE1 | 2 8 |
| | 3) Donné un feedback sur les performances? | DONNE FEEDBACK.....1 | 2 8 |
| | 4) Mise à niveau pour les questions administratives et techniques? | MISE A NIVEAU1 | 2 8 |
| | 5) Discuté des problèmes rencontrés? | DISCUSTE DES PROBLÈMES.....1 | 2 8 |
| | 6) Rien d'autre _____ ? (A PRECISER) | AUTRE _____ 1 | 2 8 |

7. Opinion de l'agent de santé

| | | | |
|-----|--|---|--|
| 701 | Dites-moi, trois principales solutions (ou problèmes dont la résolution) sont susceptibles d'améliorer votre travail ? | PÉNURIE DE PERSONNEL.....A TRAITER LE PERSONNEL MIEUX..... B PAYER MIEUX C PLUS DE FORMATION D MEILLEUR/PLUS DE SUPERVISION; PLUS DE CONSEILS SUR LE TRAVAIL..... E PLUS/MEILLEURS EQUIPEMENTS OU FOURNITURES..... F TRANSPORT INADAPTÉS POUR LES PATIENTS G MEILLEUR ENVIRONNEMENT PHYSIQUE DE LA FOSA H MEILLEURE SECURITÉ I AUTRE _____ X | |
| 702 | MARQUER L'HEURE DE FIN DE L'INTERVIEW. | HEURE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTES..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| 703 | COMMENTAIRES DE L'ENQUÊTEUR | | |

| OBSERVATION DE LA CONSULTATION DE L'ENFANT MALADE | | | | | | | |
|--|---|----------------------|----------------------|-----------------|----------------------|------------------|----------------------|
| IDENTIFICATION DE LA FORMATION SANITAIRE | | | | | | | |
| Nom de la FOSA _____ | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">CODE FOSA</td> <td style="width: 20%; text-align: center;"><input type="text"/></td> </tr> <tr> <td>TYPE FOSA</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>STATUT FOSA.....</td> <td style="text-align: center;"><input type="text"/></td> </tr> </table> | CODE FOSA | <input type="text"/> | TYPE FOSA | <input type="text"/> | STATUT FOSA..... | <input type="text"/> |
| CODE FOSA | | <input type="text"/> | | | | | |
| TYPE FOSA | | <input type="text"/> | | | | | |
| STATUT FOSA..... | | <input type="text"/> | | | | | |
| Localisation de la FOSA _____ | | | | | | | |
| Code de la FOSA | | | | | | | |
| Type de FOSA: (1 = Hôpital de référence; 2 = Hôpital de district; 3= Centre de santé; 4=Dispensaire; 6= Autre _____) | | | | | | | |
| Statut de la FOSA (1= Public; 2 = Agrée; 3 = Privé; 96 = Autre _____) | | | | | | | |
| INFORMATION AGENT DE SANTE /ENFANT MALADE | | | | | | | |
| Fonction de l'agent de santé: (1 = Médecin Spécialiste ; 2 = Médecin Généraliste ; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____) | FONCTION AGENT DE SANTÉ..... <input type="text"/> | | | | | | |
| Sexe de l'agent de santé: (1 = FÉMININ 2 = MASCULIN)..... | SEXE DE L'AGENT DE SANTÉ..... <input type="text"/> | | | | | | |
| Code de l'agent de santé | CODE DE L'AGENT DE SANTÉ..... <input type="text"/> | | | | | | |
| Code de l'enfant | CODE DE L'ENFANT | | | | | | |
| Sexe de l'enfant malade: (1 = FÉMININ 2 = MASCULIN) | SEXE DE L'ENFANT MALADE | | | | | | |
| Age de l'enfant | AGE EN MOIS | | | | | | |
| INFORMATION SUR L'INTERVIEW | | | | | | | |
| Date : _____ | JOUR..... <input type="text"/> | | | | | | |
| Nom de l'enquêteur _____ | MOIS..... <input type="text"/> | | | | | | |
| | ANNÉE <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; padding: 2px 5px;">2</td><td style="border: 1px solid black; padding: 2px 5px;">0</td><td style="border: 1px solid black; padding: 2px 5px;">0</td><td style="border: 1px solid black; padding: 2px 5px;">1</td></tr></table> | 2 | 0 | 0 | 1 | | |
| 2 | 0 | 0 | 1 | | | | |
| Heure de début de l'interview : | CODE ENQUETEUR..... <input type="text"/> | | | | | | |
| | HEURE..... <input type="text"/> | | | | | | |
| | MINUTES..... <input type="text"/> | | | | | | |

Observation de la consultation de l'enfant malade

100 **AGENT ENQUÊTEUR:** OBTENEZ LA PERMISSION DE LA PERSONNE QUI ACCOMPAGNE L'ENFANT MALADE AINSI QUE CELLE DE L'AGENT DE SANTÉ AVANT DE COMMENCER L'OBSERVATION. SOYEZ AUSSI DISCRET QUE POSSIBLE ET, EN AUCUNE MANIÈRE, NE PRENEZ PART A LA CONVERSATION. ASSUREZ-VOUS QUE L'AGENT DE SANTÉ SAIT QUE VOUS N'ETES PAS LA POUR L'EVALUER ET QUE VOUS N'ETES PAS UN EXPERT A CONSULTER DURANT LA VISITE. ESSAYEZ DE VOUS ASSEoir DERRIÈRE LE PATIENT, MAIS SANS FAIRE FACE DIRECTEMENT A L'AGENT DE SANTÉ. POUR CHACUNE DES QUESTIONS LISTÉES CI-DESSOUS, ENCECERLEZ LA RÉPONSE QUI REFLÈTE LE PLUS FIDÈLEMENT POSSIBLE VOTRE EVALUATION DE CE QUI S'EST PASSÉ DURANT CES DIALOGUES.

À LIRE À L'AGENT DE SANTÉ : Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais assister à la consultation de cette femme en tant qu'observateur, pour savoir comment est fourni un service de santé dans ce pays. Ces informations sont complètement confidentielles. Vous pouvez, si vous le souhaitez, arrêter cette interview à n'importe quel moment. Puis-je rester pour observer la consultation?

DATE _____

SIGNATURE DE L'ENQUÊTEUR
(Indique que le consentement de l'agent a été demandé)

| | | |
|------|--|----------------------------|
| 100a | PERMISSION ACCORDÉE PAR L'AGENT DE SANTÉ | OUI 1 NON 2 |
|------|--|----------------------------|

→ FIN

À LIRE À LA PERSONNE QUI S'OCCUPE DE L'ENFANT: Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais assister à la consultation, en tant qu'observateur, pour savoir comment est fourni un service de santé dans ce pays. Ces informations sont complètement confidentielles et n'affecteront pas la qualité des soins que vous allez recevoir maintenant et dans le futur. Après la consultation, mon collègue souhaiterait parler avec vous de votre expérience ici. Vous pouvez me dire d'arrêter l'observation à n'importe quel moment. Puis-je rester?

DATE _____

SIGNATURE DE L' ENQUÊTEUR
(Indique que le consentement de l'accompagnante a été demandé)

| | | |
|------|---|----------------------------|
| 100b | PERMISSION ACCORDÉE PAR LA PERSONNE QUI S'OCCUPE DE L'ENFANT MALADE | OUI 1 NON 2 |
|------|---|----------------------------|

→ FIN

1. Interaction entre l'agent de santé et la personne qui s'occupe de l'enfant malade

| NO | QUESTIONS | CODES | | |
|-----|---|-----------|-----------|-----------|
| | | OUI | NON | NSP |
| 101 | Est-ce que l'agent de santé a posé des questions sur ou est-ce que l'accompagnatrice a mentionné l'information suivante: | | | |
| | A) TOUX OU DIFFICULTÉS RESPIRATOIRES? | 1 | 2 | 8 |
| | B) DIARRHÉE? | 1 | 2 | 8 |
| | C) FIÈVE/CORPS CHAUD? | 1 | 2 | 8 |
| 102 | Est-ce que l'agent de santé a posé des questions sur ou est-ce que la personne accompagnatrice a mentionné si l'enfant: | | | |
| | A) EST INCAPABLE DE BOIRE OU DE TETER? | 1 | 2 | 8 |
| | B) VOMIT TOUT? | 1 | 2 | 8 |
| | C) A EU DES CONVULSIONS DURANT CETTE MALADIE? | 1 | 2 | 8 |
| 103 | Est-ce que l'agent de santé procède <u>à l'examen</u> ? | | | |
| | A) PREND LA TEMPERATURE DE L'ENFANT AVEC LA MAIN? | | | |
| | B) PREND LA TEMPERATURE DE L'ENFANT EN UTILISANT UN THERMOMETRE? | 1 | 2 | 8 |
| | C) COMPTE RYTHME RESPIRATOIRE? | 1 | 2 | 8 |
| | D) PINCE LA PEAU DE L'ABDOMEN? | 1 | 2 | 8 |
| | E) CHERCHE PALEUR DES PAUMES? | 1 | 2 | 8 |
| | F) VERIFIE PALEUR DE LA CONJONCTIVE OU BOUCHE? | 1 | 2 | 8 |
| | G) PESE L'ENFANT ? | 1 | 2 | 8 |
| | H) EST-CE QUE LE POIDS DE L'ENFANT EST REPRESENTÉ SUR UN GRAPHIQUE? | 1 | 2 | 8 |
| 104 | SI A CETTE FOSA ON DONNE LES SERVICES SUIVANTS AVANT LA CONSULTATION ET SI AUJOURD'HUI VOUS POUVEZ VERIFIER QUE CE SYSTEME FONCTIONNE , ENCERCLER "1" SI NON, ENCERCLER "2". | | | |
| | A) ON PESE L'ENFANT | 1 | 2 | 8 |
| | B) ON PREND LA TEMPERATURE | 1 | 2 | 8 |
| 105 | EST-CE QUE L'AGENT DE SANTÉ A REGARDÉ LE CARNET DE SANTÉ DE L'ENFANT AVANT OU DURANT LA CONSULTATION? | OUI.....1 | NON.....2 | NSP.....8 |
| 106 | Est-ce que l'agent de santé pose d'autres questions ou effectue d'autres évaluations de la santé de l'enfant? | OUI | NON | NSP |
| | A) OBSERVÉ L'ENFANT EN TRAIN DE BOIRE OU DE TETER? | 1 | 2 | 8 |
| | B) POSE DES QUESTIONS SUR L'ALLAITEMENT DE L'ENFANT DURANT LA MALADIE? | 1 | 2 | 8 |
| | C) POSE DES QUESTIONS SUR LA NOURRITURE COMPLEMENTAIRE DE L'ENFANT PENDANT LA MALADIE? | 1 | 2 | 8 |
| | D) CONSULTE LE CARNET DE VACCINATIONS OU POSE DES QUESTIONS A LA PERSONNE ACCOMPAGNATRICE SUR LES VACCINS DE L'ENFANT? | 1 | 2 | 8 |

| NO | QUESTIONS | CODES | | |
|-----|--|---|---------|---------|
| | | 1 | 2 | 8 |
| | E) MENTIONNE LE POIDS DE L'ENFANT OU COMMENTE LE GRAPHIQUE DE LA COURBE DE CROISSANCE DE L'ENFANT AVEC L'ACCOMPAGNATRICE? | 1 | 2 | 8 |
| 107 | Est-ce que l'agent de santé a: | OUI | NON | NSP |
| | A) EXPLIQUE A L'ACCOMPAGNATRICE LA NECESSITE DE DONNER PLUS DE LIQUIDES? | 1 | 2 | 8 |
| | B) EXPLIQUE A L'ACCOMPAGNATRICE LA NECESSITE DE CONTINUER A DONNER DE LA NOURRITURE A L'ENFANT OU DE L'ALLAITER A LA MAISON? | 1 | 2 | 8 |
| | C) COMMUNIQUÉ A LA PERSONNE QUI S'OCCUPE DE L'ENFANT LE DIAGNOSTIC? | 1 | 2 | 8 |
| | D) DÉCRIT LES SIGNES ET LES SYMPTÔMES A L'APPARITION DESQUELS IL FAUT RAMENER L'ENFANT EN CONSULTATION? | 1 | 2 | 8 |
| 108 | Est-ce que l'agent de santé a prescrit ou donné des médicaments au cours de cette consultation? Si oui, est-ce que l'agent de santé a : | 1 | 2 → 109 | 8 → 109 |
| | A) EXPLIQUÉ COMMENT ADMINISTRER LES MÉDICAMENTS ORAUX? | 1 | 2 | 8 |
| | B) DONNE LES PREMIERES DOSES DES MÉDICAMENTS PAR VOIE ORALE? | 1 | 2 | 8 |
| 109 | Est-ce que l'agent de santé a utilisé une boîte d'images durant cette consultation pour donner des conseils d'éducation en matière de santé? | 1 | 2 | 8 |
| 110 | SI À CETTE FOSA ON DONNE LES CONSEILS SUIVANTS AVANT LA CONSULTATION ET AUJOURD'HUI VOUS POUVEZ VÉRIFIER QUE CE SYSTEME FONCTIONNE , ENCERCLER "1". SI NON, ENCERCLE "2". | | | |
| | A) EFFECTUE L'ÉDUCATION POUR LA SANTÉ (AVANT OU APRÈS LA CONSULTATION) | 1 | 2 | 8 |
| | B) UN AUTRE AGENT DE SANTÉ OU PHARMACIEN DONNE LES CONSEILS POUR LES MÉDICAMENTS, APRÈS LA CONSULTATION. | 1 | 2 | 8 |
| 111 | Est-ce que l'agent de santé a inscrit quelque chose dans le carnet de consultation ou dans le registre des patients? | OUI.....1 NON.....2 IL N'Y A PAS DE CARNET OU REGISTRE.....3 NE SAIT PAS.....8 | | |
| 112 | RESULTAT DE LA CONSULTATION: EST-CE QUE L'ENFANT EST: | ENVOYE POUR TEST OU POUR PRENDRE MÉDICAMENT AILLEURS DANS LA FOSA.....1 ENVOYE A LA MAISON.....2 REFERE À UN AUTRE AGENT DANS LA MÊME FOSA POUR CONSULTATION.....3 HOSPITALISE DANS LA FOSA.....4 ENVOYE À UNE AUTRE FOSA.....5 NSP.....8 | | |

| NO. | QUESTIONS | MADALITES ET CODES | ALLER A. |
|-----|--|---|----------|
| 113 | MARQUER L'HEURE DE LA FIN DE L'OBSERVATION | HEURE <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> | |

2. Classification et Traitement

| NO. | QUESTIONS | CODES | ALLER A |
|------|---|---|---------|
| | L'INFORMATION SUIVANTE DOIT ETRE OBTENUE AUPRES DE L'AGENT DE SANTÉ APRES LA CONSULTATION. L'INFORMATION CONCERNE LA CLASSIFICATION OU DIAGNOSTIC DE LA MALADIE DE L'ENFANT ET DES TRAITEMENTS SPÉCIFIQUES ET CONSEILS DONNÉS PAR L'AGENT DE SANTÉ. | | |
| 201a | QUEL EST LE DIAGNOSTIC DE L'AGENT DE SANTÉ EN CE QUI CONCERNE LES DIFFICULTÉS RESPIRATOIRES/TOUX DE L'ENFANT? (ENTOURER TOUT CE QUI S'APPLIQUE) SI L'ENFANT N'A PAS DE DIFFICULTÉS RESPIRATOIRES/TOUX SELON L'AGENT DE SANTÉ, ENTOURER LE CODE "Y". | PNEUMONIE GRAVE A PNEUMONIE..... B TOUX SEULEMENT C OUI DIFFICULTÉS RESPIRATOIRE MAIS IL NE SAIT PAS CLASSIFIER . W AUTRE _____ .. X (PRECISER) PAS DE TOUX/DIFFICULTÉS RESPIRATOIRES Y | → 202 |
| 201b | QU'EST-CE QUE L'AGENT DE SANTÉ ADMINISTRE OU PRESCRIT CONTRE LES DIFFICULTÉS RESPIRATOIRES/ <u>TOUX</u> DE L'ENFANT? ENTOURER TOUT CE QUI S'APPLIQUE | ENVOI IMMÉDIATMENT AILLEURS A INJECTION ANTIBIOTIQUE B COMPRIMÉS/SIROP ANTIBIOTIQUE C AUTRE MÉDICAMENT DONNE PAR VOIE ORALE _____ . W (PRECISER) AUTRE _____ ... X (PRECISER) RIEN Y | |

| NO. | QUESTIONS | CODES | ALLER A |
|------|---|--|---------|
| 202a | <p>QUEL EST LE DIAGNOSTIC DE L'AGENT DE SANTÉ EN CE QUI CONCERNE <u>LA DIARRHÉE OU DESHYDRATATION</u> DE L'ENFANT?</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p> | <p>DIARRHÉE DIARRHÉE GRAVE PERSISTANTE.. A DIARRHÉE PERSISTANTE B DYSENTERIE C OUI DIARRHÉE MAIS NE SAIT PAS CLASSIFIER..... W AUTRE.....X (PRECISER) PAS DE DIARRHÉE Y</p> <p>DESHYDRATATION DESHYDRATATION GRAVE A DESHYDRATATION LÉGÈRE B OUI DESHYDRATION MAIS NE SAIT PAS CLASSIFIER..... W AUTRE..... X (PRECISER) PAS DE DESYDRATATION Y</p> | |
| 202b | <p>SI L'ENFANT N'A PAS EU DE DIARRHÉE SELON L'AGENT DE SANTÉ, ENTOURER LE CODE "Y".</p> | | |
| 202c | <p>QU'EST-CE QUE L'AGENT DE SANTÉ ADMINISTRE OU PRESCRIT CONTRE LA <u>DIARRHÉE/DESHYDRATATION</u>?</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p> | <p>ENVOI IMMÉDIAT AILLEURS..... A INJECTION ANTIBIOTIQUE..... B COMPRIMÉS/SIROP ANTIBIOTIQUE..... C SRO/SOLUTION MAISON..... D 4 HEURES EN CLINIQUE E PERFUSION LIQUIDES F ENVOI AILLEURS..... G CONSEILS NOURRITURE/ALLAITEMENT H AUTRE.....X (PRECISER) RIEN..... Y</p> | →203 |

| NO. | QUESTIONS | CODES | ALLER A |
|------|---|--|-------------|
| 203a | <p>QUEL EST LE DIGNOSTIC DE L'AGENT DE SANTÉ EN CE QUI CONCERNE LA FIÈVRE DE L'ENFANT?</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p> <p>SI L'ENFANT N'A PAS EU DE FIÈVRE SELON L'AGENT DE SANTÉ. ENTOURER LE CODE "Y".</p> | <p>ÉTAT FÉBRILE TRÈS GRAVE A</p> <p>PALUDISME..... B</p> <p>FIÈVRE, MAIS NE PENSE PAS LE PALUDISME C</p> <p>FIÈVRE, PAS DE PALUDISME D</p> <p>ROUGEOLE AVEC COMPLICATIONS GRAVES E</p> <p>ROUGEOLE AVEC COMPLICATIONS DES YEUX OU DE LA BOUCHE F</p> <p>ROUGEOLE SIMPLE..... G</p> <p>OUI FIÈVRE MAIS NE SAIT PAS CLASSIFIER W</p> <p>AUTRE X</p> <p>(PRECISER)</p> <p>PAS DE FIÈVRE Y</p> | <p>→204</p> |
| 203b | <p>QU'EST-CE QUE L'AGENT DE SANTÉ ADMINISTRE OU PRESCRIT CONTRE LA FIÈVRE?</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p> | <p>ENVOI IMMÉDIAT AILLEURS A</p> <p>INJECTION ANTIBIOTIQUE B</p> <p>COMPRIMÉS/SIROP ANTIBIOTIQUE C</p> <p>INJECTION ANTIPALUDÉENNE..... D</p> <p>COMPRIMÉS/SIROP ANTIPALUDÉENS E</p> <p>PARACETAMOL/ASPIRINE F</p> <p>AUTRE INJECTION: W (PRECISER)</p> <p>AUTRE X (PRECISER)</p> <p>RIEN..... Y</p> | |
| 204 | <p>EST-CE QUE L'AGENT DE SANTÉ VACCINE L'ENFANT OU L'ENVOIE AILLEURS POUR ETRE VACCINÉ?</p> | <p>AGENT DE SANTÉ A VACCINÉ 1</p> <p>AGENT DE SANTÉ A REFERE AILLEURS DANS LA FOSA..... 2</p> <p>PAS D'ACTIVITÉS DE VACCINATION 3</p> | |
| 205 | <p>MARQUER L'HEURE DE FIN DE L'INTERVIEW</p> | <p>HEURE..... <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p> | |

| INTERVIEW DE SORTIE DE CONSULTATION DE LA PERSONNE QUI S'OCCUPE DE L'ENFANT MALADE | |
|---|--|
| IDENTIFICATION DE LA FORMATION SANITAIRE | |
| Nom de la FOSA _____ Localisation de la FOSA _____ Code de la FOSA..... Type de la FOSA : (1= Hôpital de référence; 2= Hôpital de district; 3= Centre de santé; 4=Dispensaire; 6= Autre _____) Statut de la structure (1= Public; 2 = Agréée; 3 = Privé; 96 = Autre _____) | CODE FOSA <input type="text"/> <input type="text"/> <input type="text"/> TYPE FOSA <input type="checkbox"/> STATUT FOSA <input type="text"/> <input type="text"/> |
| INFORMATION AGENT DE SANTE/ENFANT MALADE | |
| Fonction de l'agent de santé: (1 = Médecin Spécialiste; 2 = Médecin Généraliste ; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____) Sexe de l'agent de santé: (1= FÉMININ 2 = MASCULIN) Code de l'agent de santé Code de l'enfant malade | FONCTION AGENT DE SANTÉ <input type="text"/> <input type="text"/> SEXE DE L'AGENT DE SANTÉ <input type="checkbox"/> CODE DE L'AGENT DE SANTÉ <input type="text"/> <input type="text"/> CODE DE L'ENFANT MALADE <input type="text"/> <input type="text"/> |
| INFORMATION SUR L'INTERVIEW | |
| Date : _____ Nom de l'enquêteur _____ Heure de début de l'interview : | JOUR <input type="text"/> <input type="text"/> MOIS <input type="text"/> <input type="text"/> ANNÉE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 0 1 CODE ENQUETEUR <input type="text"/> <input type="text"/> HEURE <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> |

SECTION 1. Information sur la visite

| N° | QUESTIONS | MODALITÉS ET CODES | PASSER A |
|------|---|---|----------------------|
| 100 | <p>ENQUETEUR: PRESENTEZ-VOUS A LA PERSONNE QUI S'OCCUPE DE L'ENFANT</p> <p>Bonjour: En vue d'améliorer la qualité des soins offerts dans cette FOSA, nous aimerions connaître votre expérience ici. Toute information que vous fournissez restera strictement confidentielle. De même, votre participation ou refus de collaborer à cette interview, n'aura aucun effet négatif sur les futures prestations de services que vous aurez à recevoir dans cette structure de santé. Par ailleurs, vous pourrez également refuser de répondre à certaines questions ou mettre fin à cette interview dès que vous le souhaitez.</p> <p>Avez-vous des questions à me poser à ce propos?</p> <p>SIGNATURE DE L'ENQUETEUR : _____ DATE: _____</p> | | |
| 100a | Puis-je commencer l'interview ? | OUI/l'accompagnant accepte 1 NON/l'accompagnant refuse 2 | → FIN |
| 101 | Quel est le nom de l'enfant malade ? | NOM _____ | |
| 102 | <p>En quel mois et en quelle année (NOM) est-il né ?</p> <p>Poussez vos investigations et estimer l'âge de l'enfant si la personne qui s'en occupe ne connaît pas la date de naissance exacte de celui-ci.</p> | MOIS..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> NSP MOIS 98 ANNÉE..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> NSP ANNÉE..... 9998 | → 102a → 102a |
| 102a | <p>SI L'ACCOMPAGNATRICE NE CONNAIT PAS LA DATE DE NAISSANCE COMPLETE DE (NOM), INSISTER :</p> <p>Quel âge (NOM) a ?</p> | ÂGE EN MOIS <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> | |
| 103 | <p>Pouvez-vous me dire la raison pour laquelle vous avez amené (NOM) à cette structure aujourd'hui?</p> <p>A) (NOM) tousse ou a des difficultés pour respirer?</p> <p>B) (NOM) a une diarrhée?</p> <p>C) (NOM) a une fièvre/le corps chaud?</p> | OUI NON TOUSSE /DIFFICULTÉ POUR RESPIRER 1 2 DIARRHÉE. 1 2 FIÈVRE/CORPS CHAUD... 1 2 | |
| 104 | <p>Pour quelle autre raison avez-vous amené (NOM) à cette structure?</p> <p>(ENTOURER TOUTES LES MODALITES CITÉES.)</p> <p>POUSSEZ VOS INVESTIGATIONS EN INSISTANT : Quoi d'autre?</p> | PROBLÈMES DES YEUX..... A PLAIE SUR LA PEAU B BLÉSSURE..... C PAS D'AUTRE RAISOND AUTRE A PRECISER X | |
| 105 | Avant que vous ne l'amenez à cette structure, pendant combien de temps (NOM) a-t-il souffert de cette maladie ? | NOMBRES DE JOURS <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> | |
| 106 | ENQUETEUR : vérifier 102 et 102a | | |
| | ENFANT NE DEPUIS JANVIER 1999 | ENFANT NE AVANT JANVIER 1999 | |

| | OU ÂGE DE MOINS DE 36 MOIS ↓ | OU ÂGE DE 36 MOIS OU PLUS | → 109 |
|-----|--|--|-------|
| 107 | (NOM) est-il allaité actuellement? | OUI 1 NON 2 | → 109 |
| 108 | Qu'est-ce que l'agent de santé a dit quant à la fréquence à laquelle on donne le sein à (NOM) durant la maladie? Est-ce qu'il a dit de lui donner moins que d'habitude, avec la même fréquence ou plus que d'habitude? | DONNE MOINS 1 DONNE MÊME QUANTITÉ 2 DONNE PLUS 3 DONNE RIEN A BOIRE 4 N'A RIEN DIT 5 NE SAIT PAS 8 | |
| 109 | (NOM) est-il nourri avec d'autres aliments ou boissons? | OUI 1 NON 2 | → 112 |
| 110 | Que-est que l'agent de santé a dit quant à la fréquence à laquelle on donne à (NOM) à boire, durant la maladie. Est-ce qu'il a dit de lui donner moins que d'habitude, avec la même fréquence ou plus que d'habitude? | DONNE MOINS 1 DONNE MÊME QUANTITÉ 2 DONNE PLUS 3 DONNE RIEN A BOIRE 4 N'A RIEN DIT 5 NE SAIT PAS 8 | |
| 111 | Que-est que l'agent de santé a dit quant à la fréquence à laquelle on donne à (NOM) à manger, durant la maladie? Est-ce qu'il a dit de lui donner moins que d'habitude, avec la même fréquence ou plus que d'habitude? | DONNE MOINS 1 DONNE MÊME QUANTITÉ 2 DONNE PLUS 3 DONNE RIEN A MANGER 4 N'A RIEN DIT 5 NE SAIT PAS 8 | |
| 112 | L'agent de santé vous a-t-il dit la maladie dont (NOM) souffrait ? | OUI 1 NON 2 | |
| 113 | Est-ce que l'agent de santé a donné ou prescrit un médicament à (NOM)? | OUI 1 NON 2 | → 119 |
| 114 | Avez-vous tous les médicaments maintenant? | OUI 1 NON, 2 | |
| 115 | Puis-je voir les médicaments donnés ou prescrits ? | VU TOUS LES MEDICAMENTS 1 VU QUELQUES MEDICAMENTS ET QUELQUES ORDONNANCES 2 VU SEULEMENT LES ORDONNANCES 3 | |
| 116 | Est-ce qu'un personnel de la structure de santé vous a expliqué comment donner ces médicaments à (NOM) à la maison ? | OUI 1 NON 2 | |
| 117 | Est-ce qu'un personnel de la structure de santé vous a montré comment donner ces médicaments à (NOM) à la maison ? | OUI 1 NON 2 | |
| 118 | Est-ce qu'un personnel de la structure de santé a donné une dose de ces médicaments à (NOM)? | OUI 1 NON 2 | |
| 119 | (NOM) a-t-il été vacciné aujourd'hui ? | OUI 1 NON 2 | |
| 120 | Est ce qu'un personnel de la structure de santé a pesé (NOM) aujourd'hui ? | OUI 1 NON 2 | → 122 |

| | | | |
|-----|--|---|--------------------------------|
| 121 | Est ce qu'un personnel de la structure de santé a discuté le résultat de la pesée, si le poids de (NOM) est bon ou non? | OUI 1 NON 2 | |
| 122 | Est-ce qu'un personnel de la structure de santé vous a donné des conseils concernant l'alimentation en générale de (NOM)? | OUI 1 NON 2 | |
| 123 | ENQUETEUR: vérifier 102 et 102a. ENFANT NE DEPUIS JANVIER 1999 OU AGE DE MOINS DE 36 MOIS ↓ ENFANT NE AVANT JANVIER 1999 OU AGE DE 36 MOIS OU PLUS | | →201 |
| 124 | Est-ce que vous avez le carnet de santé de (NOM) avec vous ? | OUI 1 NON 2 | →201 |
| 125 | ENQUETEUR : DEMANDER POLIMENT A VOIR LE CARNET VACCINATION DE DE L'ENFANT. INDIQUER SI UNE VACCINATION A ÉTÉ MENTIONNÉE DANS LE CARNET DE SANTÉ DE L'ENFANT. | OUI 1 NON 2 | →201 |
| 126 | ENQUETEUR : VERIFIER DANS LE CARNET DE VACCINATION ET NOTER SI L'ENFANT A RECU LES VACCINATIONS SUIVANTES. VERIFIER AUSSI LA DATE A LAQUELLE CHAQUE VACCINATION A ÉTÉ FAITE ET INSCRIRE CETTE DATE A LA COLONNE 2. SI AUCUNE DATE N'A ÉTÉ MENTIONNÉE DANS LE CARNET, INSCRIRE '98' POUR LE JOUR ET LE MOIS ET '9998' POUR L'ANNÉE. | | |
| | | L'ENFANT A RECU UN VACCIN | DATE |
| | POLIO-0 | OUI 1 NON/AUCUNE INSCRIPTION 2 | ___/___/___ JOUR MOIS ANNEE |
| | BCG | OUI 1 NON/AUCUNE INSCRIPTION 2 | ___/___/___ JOUR MOIS ANNEE |
| | POLIO-1 | OUI 1 NON/AUCUNE INSCRIPTION 2 | ___/___/___ JOUR MOIS ANNEE |
| | POLIO-2 | OUI 1 NON/AUCUNE INSCRIPTION 2 | ___/___/___ JOUR MOIS ANNEE |
| | POLIO-3 | OUI 1 NON/AUCUNE INSCRIPTION 2 | ___/___/___ JOUR MOIS ANNEE |
| | DTCoq-1 | OUI 1 NON/AUCUNE INSCRIPTION 2 | ___/___/___ JOUR MOIS ANNEE |
| | DTCoq-2 | OUI 1 NON/AUCUNE INSCRIPTION 2 | ___/___/___ JOUR MOIS ANNEE |
| | DTCoq-3 | OUI 1 NON/AUCUNE INSCRIPTION 2 | ___/___/___ JOUR MOIS ANNEE |

| | | | |
|----------|---|------------------------------------|--|
| ROUGEOLE | OUI..... 1 NON/AUCUNE INSCRIPTION 2 | ___ / ___ / ___ JOUR MOIS ANNEE | |
|----------|---|------------------------------------|--|

Section 2. Satisfaction du patient

| N° | QUESTIONS | MODALITÉS ET CODES | PASSER A |
|-----|--|--|----------|
| 201 | <p>Maintenant, permettez-moi de vous poser des questions concernant les soins que (NOM) a reçu aujourd'hui. Toutefois, pour nous permettre d'améliorer les services de soins de santé des enfants, j'aimerais recueillir votre véritable opinion sur les questions que nous allons aborder ensemble.</p> <p>Quand vous êtes arrivé ici, combien de temps avez-vous attendu avant qu'un personnel de la structure vienne consulter (NOM)?</p> | <p>NOMBRE DE MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>A ÉTÉ CONSULTÉ AUSSITÔT000 NE SAIT PAS 998</p> | |
| 202 | A votre avis, l'agent de santé vous a-t-il consacré suffisamment de temps pour la consultation ? | OUI, ASSEZ DE TEMPS1 NON, PAS ASSEZ DE TEMPS.....2 | |
| 203 | Est-ce que l'agent de santé vous a parlé de la nature de la maladie de l'enfant? | OUI1 NON2 | |
| 204 | Aviez-vous des questions que vous auriez aimé discuter avec l'agent de santé au moment de la consultation? | OUI1 NON2 | →207 |
| 205 | Aviez-vous la possibilité de poser toutes vos questions, quelques unes seulement ou n'aviez-vous même pas la possibilité de poser une seule question au moment de la consultation? | OUI, TOUTES MES QUESTIONS ...1 OUI, QUELQUES UNES2 NON, AUCUNE3 | →207 |
| 206 | Est-ce que l'agent de santé a répondu à toutes vos questions, à certaines seulement ou n'a-t-il pas répondu du tout? | OUI, ENTIÈREMENT.....1 OUI, PARTIELLEMENT2 NON, AUCUNE RÉPONSE3 PAS SÛR.....4 | |
| 207 | Êtes-vous membre d'une mutuelle de santé? | OUI1 NON2 | |
| 208 | <p>Au total, combien avez-vous payé pour les soins que vous avez reçu aujourd'hui?</p> <p>INCLURE TOUS LES FRAIS RELEVANT DE LA CONSULTATION, Y COMPRIS LES EXAMENS DU LABORATOIRE, LES MÉDICAMENTS ET TOUT AUTRE SERVICE QUE VOUS AVEZ RECU AUJOURD'HUI.</p> | <p>SOMME TOTALE (en FRW) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N' A RIEN PAYÉ00000 NE SAIT PAS99998</p> | |

| | | | | | | | |
|-----|---|-------------------|---|---|---|---|------------------|
| 209 | Maintenant, je vais vous poser des questions concernant des problèmes que les patients rencontrent fréquemment dans les structures de santé. Pour chacun des problèmes que je vais vous citer, dites moi, à votre avis, s'il est très sérieux, s'il est mineur ou s'il n'existe pas du tout dans cette structure. | | | | | | SER MIN INEX NSP |
| | A) Le temps d'attente pour voir l'agent de santé? | TEMPS ATTENTE | 1 | 2 | 3 | 4 | |
| | B) Disponibilité des médicaments ou autres fournitures? | DISP. MÉDIC/FOURN | 1 | 2 | 3 | 4 | |
| | C) Heures d'ouverture? | HEURES | 1 | 2 | 3 | 4 | |
| | D) Etat de propreté? | PROPRETE LOCAUX | 1 | 2 | 3 | 4 | |
| | E) Accueil disponibilité? | ACCUEIL | 1 | 2 | 3 | 4 | |

SECTION 3. Caractéristiques individuelles du patient

| No. | QUESTIONS | MODALITÉS ET CODES | PASSER A |
|-----|---|---|----------|
| 301 | Quel est votre lien de parenté avec {NOM}? | MÈRE.....1 PÈRE.....2 FRÈRE/SOEUR3 TANTE/ONCLE4 AUTRE (A PRECISER) 5 | |
| 302 | Quel âge aviez-vous à votre dernier anniversaire? | ÂGE EN ANNÉES ... <input type="text"/> | |
| 303 | Avez-vous fréquenté l'école? | OUI1 NON..... 2 | →306 |
| 304 | Quel est le niveau d'instruction le plus élevé que vous avez atteint : primaire, primaire réformé, post-primaire (CERAI/CERAR/ FAMILIALE), secondaire, supérieur? | PRIMAIRE.....1 PRIMAIRE REFORME2 POST-PRIMAIRE (CERAI/CERAR/FAMILIALE).....3 SECONDAIRE4 SUPÉRIEUR5 NE SAIT PAS8 | |
| 305 | Quelle est la classe la plus élevée que vous avez achevé dans ce niveau? | CLASSE/ANNÉE <input type="text"/> | |

CODES POUR Q.303 ET Q.304

| NIVEAU | PRIMAIRE (ANCIEN OU NOUVEAU SYSTEME 6ANS) CODE =1 | PRIMAIRE REFORME (8ans) CODE =2 | POST-PRIMAIRE (CERAR, CERAI, familiale) CODE= 3 | SECONDAIRE CODE = 4 | SUPERIEUR CODE = 5 | NE SAIT PAS CODE = 8 |
|-----------------------------|--|--|---|--|---|----------------------------|
| CLASSE/ ANNEE ACHEVEE | CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 NE SAIT PAS 98 | CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 7EME ANNEE 07 8EME ANNEE 08 NE SAIT PAS 98 | CODE MOINS D'1 AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 7E FAMILIALE 01 8E FAMILIALE 02 9E FAMILIALE 03 NE SAIT PAS 98 | CODE MOINS D'1 AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 7EME ANNEE 07 NE SAIT PAS 98 | CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6E ANNEE ET + 06 NE SAIT PAS 98 | |

| | | | | | | | |
|-----|---------------------------|------------------------------|--|--|--|--|--|
| 306 | HEURE DE FIN D'INTERVIEW. | HEURE MINUTES | <table border="1"><tr><td data-bbox="1224 201 1276 254"></td><td data-bbox="1276 201 1328 254"></td></tr><tr><td data-bbox="1224 281 1276 333"></td><td data-bbox="1276 281 1328 333"></td></tr></table> | | | | |
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| | |
|-----|------------------------------------|
| 307 | OBSERVATIONS DE L'ENQUETEUR |
|-----|------------------------------------|

| OBSERVATION DES PATIENTES AYANT REÇU DES SOINS PRENATALS | |
|---|--|
| IDENTIFICATION DE LA FORMATION SANITAIRE | |
| Nom de la FOSA _____ Localisation de la FOSA _____ Code de la FOSA..... Type de FOSA (1 = Hôpital de référence; 2 = Hôpital de district; 3 = Centre de santé; 4 = Dispensaire; 6 = Autre _____) Statut de la FOSA: (1= Public; 2 = Agrée; 3 = Privée; 96 = Autre _____) | CODE FOSA..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> TYPE FOSA <input style="width: 20px; height: 20px;" type="text"/> STATUT FOSA..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| INFORMATION AGENT DE SANTE / CLIENTE | |
| Fonction de l'agent de santé: (1 = Médecin Spécialiste ; 2 = Médecin Généraliste ; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____) Sexe de l'agent de santé: (1 = FÉMININ 2 = MASCULIN)..... Code de l'agent de santé Code de la cliente | FONCTION AGENT DE SANTÉ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> SEXE DE L'AGENT DE SANTÉ <input style="width: 20px; height: 20px;" type="text"/> CODE DE L'AGENT DE SANTÉ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> CODE DE LA CLIENTE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| INFORMATIONS SUR L'INTERVIEW | |
| Date: _____ Nom de l'enquêteur _____ Heure de début de l'interview | JOUR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MOIS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> ANNÉE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> 2 0 0 1 CODE ENQUETEUR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> HEURE..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

| No | QUESTIONS | MODALITÉS ET CODES | | | ALLER À |
|-----|---|--------------------|-----|-----|---------|
| | | OUI | NON | NSP | |
| 101 | INDIQUER SI LA PATIENTE EFFECTUE SA PREMIÈRE VISITE PRÉNATALE POUR CETTE GROSSESSE? SI L'AGENT DE SANTÉ NE POSE PAS LA QUESTION ET QUE LA PATIENTE NE FOURNIT PAS L'INFORMATION, ENRIGISTRER 8 (NE SAIT PAS.) | | | | |
| | | 1 | 2 | 8 | |
| 102 | INDIQUER SI L'AGENT DE SANTÉ DEMANDE OU SI LA PATIENTE FOURNIT LES INFORMATIONS SUR LES POINTS SUIVANTS: | | | | |
| | | OUI | NON | NSP | |
| | A) ÂGE? | 1 | 2 | 8 | |
| | B) NOMBRE DE GROSSESSES? | 1 | 2 | 8 | |
| | C) DATE DES DERNIÈRES RÈGLES? | 1 | 2 | 8 | |
| | D) FAUSSE COUCHE? | 1 | 2 | 8 | |
| | E) ENFANTS DÉCÉDÉS DURANT LA PREMIÈRE SEMAINE? | 1 | 2 | 8 | |
| | F) SAIGNEMENTS GRAVES PENDANT OU APRES ACCOUCHEMENT DURANT UNE GROSSESSE PRÉCÉDENTE? | 1 | 2 | 8 | |
| | G) ACCOUCHEMENT ASSISTÉ DURANT UNE GROSSESSE PRÉCÉDENT? (Césarienne, ventouse, ou forceps) | 1 | 2 | 8 | |
| 103 | LES SYMPTÔMES DE CETTE GROSSESSE | | | | |
| | A) SAIGNEMENTS DURANT CETTE GROSSESSE? | 1 | 2 | 8 | |
| | B) EST-CE QUE LA PATIENTE PREND DES MÉDICAMENTS? | 1 | 2 | 8 | |
| | C) EST-CE QUE LA PATIENTE SENT LE BÉBÉ BOUGER? | 1 | 2 | 8 | |
| | D) AUCUN AUTRE PROBLEME LIÉ A LA GROSSESSE ACTUELLE? | 1 | 2 | 8 | |
| 104 | INDIQUER SI L'AGENT DE SANTÉ EFFECTUE LES TESTS SUIVANTS? | | | | |
| | | OUI | NON | NSP | |
| | A) VERIFIÉ LA TENSION DE LA PATIENTE? | 1 | 2 | 8 | |
| | B) PALPÉ LA PATIENTE POUR CONNAITRE LA POSITION DU FOETUS? | 1 | 2 | 8 | |
| | C) ECOUTÉ L'ABDOMEN DE LA PATIENTE POUR ENTENDRE LES BATTEMENTS DU COEUR DU FOETUS? | 1 | 2 | 8 | |
| | D) EFFECTUE OU ENVOIE-T-IL AILLEURS POUR LE TEST DE SYPHILIS? | 1 | 2 | 8 | |
| | E) EFFECTUE OU ENVOIE-T-IL AILLEURS POUR LE TEST DE VIH? | 1 | 2 | 8 | |
| | F) EFFECTUE OU ENVOIE-T-IL AILLEURS POUR LE CONSEIL ET TRAITEMENT VOLONTAIRE DU VIH/SIDA? | 1 | 2 | 8 | |
| 105 | A CETTE FOSA, EST-CE QU'ON PREND LA TENSION A UN AUTRE ENDROIT, AVANT LA CONSULTATION? | 1 | 2 | 8 | |

| No | QUESTIONS | MODALITÉS ET CODES | | | ALLER À |
|-----|---|--------------------|-----|-----|---------|
| 106 | EST-CE QUE L'AGENT SANTE A REGARDE LE CARNET DE SANTÉ DE LA FEMME AVANT OU DURANT LE CONSULATION? | OUI | 1 | | |
| | | NON..... | 2 | | |
| | | NSP | 3 | | |
| | INDIQUER SI L'AGENT DE SANTÉ PRESCRIT OU FOURNIT LES MÉDICAMENTS SUIVANTS A LA PATIENTE ET EST-CE QUE L'AGENT DE SANTÉ DONNE A LA PATIENTE DES CONSEILS : | | | | |
| 107 | PRESCRIT OU FOURNIT LES MÉDICAMENTS SUIVANTS | OUI | NON | NSP | |
| | 1) PRESCRIT OU FOURNIT COMPRIMÉS DE FER ET/OU ACIDE FOLIQUE ? | 1 | 2 | 8 | |
| | 2) EXPLIQUE CE QUE C'EST LE FER ET POURQUOI ON EN A BESOIN? | 1 | 2 | 8 | |
| | 3) EXPLIQUE COMMENT ON DOIT PRENDRE LE FER? | 1 | 2 | 8 | |
| 108 | 1) PRESCRIT OU FOURNIT LE VACCIN ANTI-TETANIQUE | 1 | 2 | 8 | |
| | 2) EXPLIQUE POURQUOI ON A BESOIN DU VACCIN ANTI-TETANIQUE? | 1 | 2 | 8 | |
| 109 | 1) PRESCRIT OU FOURNIT DES ANTIPALUDÉENS? | 1 | 2 | 8 | |
| | 2) EXPLIQUE POURQUOI ON A BESOIN DES MÉDICAMENTS ANTI-PALUDÉENS? | 1 | 2 | 8 | |
| | 3) EXPLIQUE COMMENT ON DOIT PRENDRE LES MÉDICAMENTS ANTI-PALUDÉENS? | 1 | 2 | 8 | |
| 110 | EST-CE QUE L'AGENT DE SANTÉ DONNE A LA PATIENTE DES CONSEILS SUR: | | | | |
| | A) LE TYPE ET LA QUANTITÉ DE NOURRITURE A MANGER DURANT LA GROSSESSE? | 1 | 2 | 8 | |
| | B) DES SYMPTÔMES SUIVANTS ET L'AGENT DE SANTÉ A DIT A LA PATIENTE QU'ELLE DEVRA ALLER À UNE FORMATION DE SANTÉ SI ELLE RESSENT UN DES SYMPTOMES? | | | | |
| | 1) SAIGNEMENTS VAGINAUX? | 1 | 2 | 8 | |
| | 2) FIÈVRE? | 1 | 2 | 8 | |
| | 3) GRANDE FATIGUE ET ESSOUFLEMENT? | 1 | 2 | 8 | |
| | 4) VISAGE ET PIEDS GONFLÉS? | 1 | 2 | 8 | |
| | C) INFORME LA PATIENTE SUR L'EVOLUTION DE SA GROSSESSE? | 1 | 2 | 8 | |
| 111 | EST-CE QUE L'AGENT DE SANTÉ DONNE A LA PATIENTE DES CONSEILS : | | | | |
| | A) D'AVOIR RECOURS A UN PROFESSIONNEL DE LA SANTÉ POUR L'ASSISTER PENDANT L'ACCOUCHEMENT? | 1 | 2 | 8 | |
| | B) DISCUTER OU ELLE VA ACCOUCHER? | 1 | 2 | 8 | |
| | C) DISCUTER AVEC ELLE CE QU'ELLE DOIT AVOIR PRÊT AVANT L'ACCOUCHEMENT | 1 | 2 | 8 | |
| | D) L'ALLAITEMENT EXCLUSIF JUSQU'A 6 MOIS? | 1 | 2 | 8 | |
| | E) DISCUTER SI ELLE VEUT UTILISER LA PLANIFICATION FAMILIALE APRÈS L'ACCOUCHEMENT | 1 | 2 | 8 | |

| No | QUESTIONS | MODALITÉS ET CODES | | | ALLER À |
|-----|---|---|---|---|------------|
| 112 | DEMANDE A LA PATIENTE SI ELLE A DES QUESTIONS A POSER? | 1 | 2 | 8 | |
| 113 | UTILISE BOÎTE D'IMAGES EN DONNANT DES CONSEILS? | 1 | 2 | 8 | |
| 114 | EST-CE QUE L'AGENT DE SANTÉ A ECRIT QUELQUE CHOSE DANS LE CARNET DE SANTÉ/FICHE/REGISTRE DURANT OU APRÈS LA CONSULTATION? | 1 | 2 | 8 | |
| 115 | NOTER L'HEURE DE FIN DE L'INTERVIEW | HEURE <input type="text"/> <input type="text"/> MINUTES... <input type="text"/> <input type="text"/> | | | |
| 116 | COMMENTAIRES DE L'ENQUÊTEUR | | | | |

| INTERVIEW DE SORTIE POUR LES PATIENTES AYANT REÇU DES SOINS PRENATALS | |
|--|--|
| IDENTIFICATION DE LA FORMATION SANITAIRE | |
| Nom de la FOSA _____ Localisation de la FOSA _____ Code de la FOSA..... Type de structure: (1 = Hôpital de référence; 2 = Hôpital de district; 3= Centre de santé; 4=Dispensaire; 96=Autre _____) Statut de la FOSA (1= Public; 2 = Agrée; 3 = Privé; 96 = Autre _____) | CODE FOSA..... <input type="text"/> <input type="text"/> <input type="text"/> TYPE FOSA <input type="text"/> STATUT FOSA <input type="text"/> <input type="text"/> |
| PROVIDER/CLIENT INFORMATION | |
| Fonction de l'agent de santé: (1 = Médecin Spécialiste ; 2 = Médecin Généraliste ; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____) Sexe de l'agent de santé: (1 = FÉMININ 2 = MASCULIN) CODE de l'agent de santé Code de la cliente | FONCTION AGENT DE SANTÉ <input type="text"/> <input type="text"/> SEXE DE L'AGENT DE SANTÉ <input type="text"/> CODE DE L'AGENT DE SANTÉ <input type="text"/> <input type="text"/> CODE DE LA CLIENTE <input type="text"/> <input type="text"/> |
| INFORMATION SUR L'INTERVIEW | |
| Date : _____ Nom de l'enquêteur _____ Heure de début de l'interview : | JOUR <input type="text"/> <input type="text"/> MOIS..... <input type="text"/> <input type="text"/> ANNÉE <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 1 CODE ENQUETEUR <input type="text"/> <input type="text"/> HEURE <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> |

| NO. | QUESTIONS | MODALITÉS ET CODES | PASSER A |
|-----|--|---|--------------|
| 107 | Est-ce que l'agent de santé vous a dit ce que vous devez manger pendant la grossesse? | OUI 1 NON 2 | |
| 108 | Qu'est-ce que l'agent de santé vous a conseillé de faire si vous avez des problèmes durant cette grossesse? (ENTOURER TOUT CE QUI EST MENTIONNÉ). | CONSULTER A LA FOSA A DIMINUER LES ACTIVITÉS ... B CHANGER DE REGIME ALIMENTAIRE C RIEN D AUTRE _____ X (PRÉCISER) | |
| 109 | Est-ce que l'agent de santé vous a parlé de l'importance de l'allaitement exclusif? | OUI 1 NON 2 | |
| 110 | Pendant combien de mois l'agent de santé vous a conseillé d'allaiter exclusivement votre enfant au sein? | MOIS..... <input type="text"/> <input type="text"/> NE SAIT PAS 98 | |
| 111 | Où pensez-vous que vous allez accoucher? | FOSA 1 HORS FOSA..... 2 NE SAIT PAS 8 | →113 →201 |
| 112 | Pour quelle raison, n'irez-vous pas accoucher dans une formation sanitaire? (ENTOURER TOUT CE QUI EST MENTIONNÉ.) INSISTER: Rien d'autre? | TROP CHER..... A TROP LOIN/ PAS ACCESSIBLE B PRÉFÈRE ACCOUCHER A DOMICILE C AUTRE _____ X (PRÉCISER) | |
| 113 | Est-ce que l'agent de santé vous a indiqué le matériel nécessaire qu'on doit avoir en cas d'accouchement en dehors de la FOSA? | OUI 1 NON 2 | |

Section 2. Satisfaction du patient

| NO. | QUESTIONS | MODALITÉS ET CODES | PASSER A | | | | | | |
|-----|---|--|----------|--|--|--|--|--|--|
| 201 | <p>Maintenant, permettez-moi de vous poser des questions concernant les soins que vous avez reçus aujourd'hui. Toutefois, pour nous permettre d'améliorer les services de soins prénatales, j'aimerais recueillir votre véritable opinion sur les questions que nous allons aborder ensemble.</p> <p>Quand vous êtes arrivée ici, combien de temps avez-vous attendu avant qu'un personnel de la structure vienne vous consulter (NOM)?</p> | <p>NOMBRE DE MINUTES.....</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>A ÉTÉ CONSULTÉE AUSSITÔT 000 NE SAIT PAS 998</p> | | | | | | | |
| | | | | | | | | | |
| 202 | Pensez-vous que vous avez eu assez de temps avec l'agent de santé? | OUI, ASSEZ DE TEMPS 1 NON, PAS ASSEZ DE TEMPS..... 2 | | | | | | | |
| 203 | Est-ce que l'agent de santé vous a dit comment progressait votre grossesse? | OUI 1 NON 2 | | | | | | | |
| 204 | Aviez-vous des questions à poser à l'agent de santé sur votre grossesse? | OUI 1 NON 2 | → 207 | | | | | | |
| 205 | Avez-vous la possibilité de poser à l'agent de santé toutes les questions que vous aviez, seulement quelques unes, ou n'avez-vous du tout pu poser aucune de vos questions ? | OUI, TOUTES MES QUESTIONS 1 OUI, QUELQUES UNES 2 NON AUCUNE 3 | → 207 | | | | | | |
| 206 | Est-ce que l'agent de santé a répondu à vos questions entièrement, partiellement ou il n'a pas du tout répondu? | OUI, ENTIÈREMENT 1 OUI, PARTIELLEMENT 2 NON, AUCUNE RÉPONSE..... 3 PAS SÛR 8 | | | | | | | |
| 207 | Pensez-vous que les autres patientes pouvaient voir ce qui se passait durant votre consultation? | OUI 1 NON 2 PAS SÛR 8 | | | | | | | |
| 208 | Pensez-vous que les autres patientes pouvaient entendre ce qui se disait durant votre consultation? | OUI 1 NON 2 PAS SÛR 8 | | | | | | | |
| 209 | Êtes-vous membre d'une mutuelle de santé? | OUI 1 NON 2 | | | | | | | |
| 210 | <p>Au total, combien avez-vous payé pour les soins que vous avez reçu aujourd'hui?</p> <p>INCLURE TOUS LES FRAIS RELEVANT DE LA CONSULTATION, Y COMPRIS LES EXAMINS DE LABORATOIRE, LES MÉDICAMENTS ET TOUT AUTRE SERVICE QUE VOUS AVEZ REÇU AUJOURD'HUI.</p> | <p>SOMME TOTALE (en Frw)</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>N' A RIEN PAYÉ00000 NE SAIT PAS99998</p> | | | | | | | |
| | | | | | | | | | |

| NO. | QUESTIONS | MODALITÉS ET CODES | PASSER A |
|-----|--|---|----------|
| 211 | Maintenant, je vais vous poser des questions concernant des problèmes que les patients rencontrent fréquemment dans les structures de santé. Pour chacun des problèmes que je vais vous citer, dites moi, à votre avis, s'il est très sérieux, s'il est mineur ou s'il n'existe pas du tout dans cette structure. A) Le temps d'attente pour voir l'agent de santé? B) Disponibilité des médicaments ou autres fournitures? C) Heures d'ouverture? D) Etat de propreté? E) Accueil / disponibilité? | SER MIN INEX NSP TEMPS ATTENTE 1 2 3 4 DISP MÉDIC/FOURN 1 2 3 4 HEURES OUV 1 2 3 4 PROPRETE LOCAUX 1 2 3 4 ACCUEIL 1 2 3 4 | |

Section 3. Caractéristiques personnelles du patient

| NO. | QUESTIONS | MODALITÉS ET CODES | PASSER A |
|-----|--|--|----------|
| 301 | Quel âge aviez-vous à votre dernier anniversaire? | ÂGE EN ANNÉES ... <input type="text"/> <input type="text"/> | |
| 302 | Avez-vous fréquenté l'école? | OUI.....1 NON2 | →305 |
| 303 | Quel est le niveau d'instruction le plus élevé que vous avez atteint : Primaire, Primaire réformé, Post-Primaire, Secondaire, Supérieur? | PRIMAIRE.....1 PRIMAIRE REFORME2 POST-PRIMAIRE/CERAR/ CERAI/FAMILIALE.....3 SECONDAIRE.....4 SUPÉRIEUR5 NSP8 | |
| 304 | Quelle est la classe la plus élevée que vous avez achevé à ce niveau? | CLASSE/ANNÉE <input type="text"/> <input type="text"/> | |

CODES POUR Q.303 ET Q.304

| NIVEAU | PRIMAIRE (ANCIEN OU NOUVEAU SYSTEME 6ANS) CODE =1 | PRIMAIRE REFORME (8ans) CODE =2 | POST-PRIMAIRE (CERAR, CERAI, familiale) CODE= 3 | SECONDAIRE CODE = 4 | SUPERIEUR CODE = 5 | NE SAIT PAS CODE = 8 |
|-----------------------------|--|--|---|--|---|----------------------------|
| CLASSE/ ANNEE ACHEVEE | CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 NE SAIT PAS 98 | CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 7EME ANNEE 07 8EME ANNEE 08 NE SAIT PAS 98 | CODE MOINS D'1 AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 7E FAMILIALE 01 8E FAMILIALE 02 9E FAMILIALE 03 NE SAIT PAS 98 | CODE MOINS D'1 AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 7EME ANNEE 07 NE SAIT PAS 98 | CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6E ANNEE ET + 06 NE SAIT PAS 98 | |

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|-----|------------------------------------|-------------|---|--|
| 305 | HEURE DE FIN DE L'INTERVIEW. | HEURE | <input type="text"/> <input type="text"/> | |
| | | MINUTES | <input type="text"/> <input type="text"/> | |
| 306 | COMMENTAIRES DE L'ENQUETEUR | | | |